

**SECTION XVII**

**PARTICIPATING PROVIDER ORGANIZATION DENTAL INSURANCE  
SCHEDULE OF BENEFITS**

**The Guardian** Life Insurance Company of America  
A Mutual Company – Incorporated 1860 by the State of New York  
**10 Hudson Yards, New York, New York 10001**

<b>COST-SHARING</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	
<b>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>			
<b>Deductible</b>			
• One (1) Member under Age 19	\$75.00	\$150.00	
• Two (2) or More Members under Age 19	\$150.00	\$300.00	
<b>Out-of-Pocket Limit</b>			
• One (1) Member under Age 19	\$350.00	None	
• Two (2) or More Members under Age 19	\$700.00	None	
<b>Annual and Lifetime Limits</b>	None	None	

<b>PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT &amp; CARE</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<b>Pediatric Dental Care</b> <ul style="list-style-type: none"> <li data-bbox="216 362 506 391">• Emergency Dental</li> <li data-bbox="216 500 495 558">• Preventive Dental Care</li> <li data-bbox="216 634 527 664">• Routine Dental Care</li> <li data-bbox="216 773 426 802">• Endodontics</li> <li data-bbox="216 911 426 940">• Periodontics</li> <li data-bbox="216 1049 457 1078">• Prosthodontics</li> <li data-bbox="216 1187 432 1216">• Oral Surgery</li> <li data-bbox="216 1325 432 1354">• Orthodontics</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="583 362 793 423">0% Coinsurance after Deductible</li> <li data-bbox="583 500 793 561">0% Coinsurance after Deductible</li> <li data-bbox="583 634 814 696">50% Coinsurance after Deductible</li> <li data-bbox="583 773 814 834">50% Coinsurance after Deductible</li> <li data-bbox="583 911 814 972">50% Coinsurance after Deductible</li> <li data-bbox="583 1049 814 1110">50% Coinsurance after Deductible</li> <li data-bbox="583 1187 814 1248">50% Coinsurance after Deductible</li> <li data-bbox="583 1325 867 1386">50% Coinsurance after Deductible – see limits</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="919 362 1129 423">0% Coinsurance after Deductible</li> <li data-bbox="919 500 1129 561">0% Coinsurance after Deductible</li> <li data-bbox="919 634 1150 696">50% Coinsurance after Deductible</li> <li data-bbox="919 773 1150 834">50% Coinsurance after Deductible</li> <li data-bbox="919 911 1150 972">50% Coinsurance after Deductible</li> <li data-bbox="919 1049 1150 1110">50% Coinsurance after Deductible</li> <li data-bbox="919 1187 1150 1248">50% Coinsurance after Deductible</li> <li data-bbox="919 1325 1276 1386">50% Coinsurance after Deductible – see limits</li> </ul>	<p data-bbox="1381 362 1591 488">One Dental Exam &amp; Cleaning Per 6-Month Period</p> <p data-bbox="1381 561 1591 826">Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals</p>