Guardian

Guardian® Standard for Families and Individuals

- ❑ See any dentist you want but you can save more when you visit a dentist that participates in Guardian's DentalGuard Preferred network. As one of the largest networks nationwide, chances are your dentist is already participating. Charges for services provided by participating dentists are reimbursed directly from Guardian.
- ❑ Get most preventive services, such as oral exams, cleanings and x-rays covered at 100% once the annual deductible has been reached.
- ❑ You can choose to see a dentist outside of the network and you'll be reimbursed based on the lower of your dentist's fees, or the maximum allowable charge, which is the amount that would be paid to dentists who have agreed to be reimbursed according to a negotiated fee schedule. You would be responsible for any amounts over the maximum allowable charge as well as any co-insurance.

Summary Of Benefits - This document is provided for summary purposes only and is not a complete description of plan benefits, limitations, and exclusions. Read your plan documents for details on plan benefits, limitations, and exclusions.

For Adults 19 and Over	In-Network	Out-of-Network
Deductibles *What you pay out-of-pocket before the plan pays benefits.*	You Pay	
Individual	$50	$50
Family *(3 or more insured adults)*	$150	$150
Plan Maximum *Applies to members 19 and over. The maximum amount that you can be reimbursed for services received.*		
Annual Maximum	$1,500	$1,500
Co-insurance *The amount Guardian pays toward the cost of a covered charge.*	Guardian Pays	
Preventive/Diagnostic Services *Most routine dental services, including: oral exams, cleanings, x-rays.*	100%	100%
Basic Services *Simple restorative services (fillings),endodontics, periodontics, adjunctive general services, and non- surgical extractions.*	80%	80%
Major Services *More complex dental services including: crowns, complex extractions, oral surgery, and prosthodontics.*	50%	50%
**The waiting period is the initial time period following the effective date of coverage for which no benefits would be paid. Applies to members age 19 and older.*		

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- ❑ Get most preventive services, such as oral exams, cleanings and x-rays covered at 100% once the annual deductible has been reached.
- ❑ **This plan also includes the pediatric dental Essential Health Benefit (EHB) as mandated by the Affordable Care Act (ACA), which is a comprehensive set of dental services for children under age 19.**
- ❑ You can choose to see a dentist outside of the network and you'll be reimbursed based on the lower of your dentist's fees, or the maximum allowable charge, which is the amount that would be paid to dentists who have agreed to be reimbursed according to a negotiated fee schedule. You would be responsible for any amounts over the maximum allowable charge as well as any co-insurance.

Summary Of Benefits - This document is provided for summary purposes only and is not a complete description of plan benefits, limitations, and exclusions. Read your plan documents for details on plan benefits, limitations, and exclusions.

For Children under 19	In-Network	Out-of-Network
Deductibles *What you pay out-of-pocket before the plan pays benefits.*	You Pay	
Per Child	$50	$100
Family *(2 or more insured under age 19)*	$100	$200
Out of Pocket Maximum *Applies to members under 19 only. Once this amount is reached, Guardian will pay 100% of your child's dental charges for the rest of the year.*		
Individual *(One Child)*	$450	n/a
Family *(2 or more Children)*	$900	n/a
Co-insurance *The amount Guardian pays toward the cost of a covered charge.*	Guardian Pays	
Preventive Services *Most routine dental services, including: oral exams, cleanings, x-rays.*	100%	100%
Basic Services *Simple restorative services (fillings) and diagnostic services.*	50%	50%
Major Services *More complex dental services including: crowns, complex extractions, oral surgery, periodontal and endodontic services.*	50%	50%
Medically Necessary Orthodontia *Applies to members under age 19 only.*	50%	50%

Limitations and Exclusions for Guardian Standard PPO Plans for Adults

The Exclusions listed here apply to Covered Persons over the age of 19.

No coverage is available under this Policy for the following:

A. Cosmetic Services
We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect, except for pediatric orthodontics as described in the Pediatric and Adult Dental Care sections of this Policy. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

B. Experimental or Investigative Treatment
We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

C. Felony Participation
We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

D. Government Facility
We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

E. Medical Services
We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

F. Medically Necessary
In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

G. Medicare or Other Governmental Program
We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

H. Military Service
We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

I. No-Fault Automobile Insurance
We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

J. Services Not Listed
We do not Cover services that are not listed in this Policy as being Covered.

K. Services Separately Billed by Hospital Employees
We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

L. Services with No Charge
We do not Cover services for which no charge is normally made.

M. Workers' Compensation
We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

Limitations and Exclusions for Guardian Standard PPO Plans for Children

The Exclusions listed here apply to Covered Persons under the age of 19.

No coverage is available under this Policy for the following:

A. Cosmetic Services
We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect, except for pediatric orthodontics as described in the Pediatric and Adult Dental Care sections of this Policy. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

B. Experimental or Investigative Treatment
We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

C. Felony Participation
We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

D. Government Facility
We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

E. Medical Services
We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

F. Medically Necessary
In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

G. Medicare or Other Governmental Program
We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

H. Military Service
We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

I. No-Fault Automobile Insurance
We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

J. Services Not Listed
We do not Cover services that are not listed in this Policy as being Covered.

K. Services Separately Billed by Hospital Employees
We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

L. Services with No Charge
We do not Cover services for which no charge is normally made.

M. Workers' Compensation
We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

The Guardian Life Insurance Company of America
New York, NY 10001

Dentalexchange.guardiandirect.com

Guardian Dental is underwritten by The Guardian Life Insurance Company of America, New York, NY. Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage. Individual Policy Form IP-DENFAS-EXCH-26-NY. This plan may not be available in all Counties. Please visit the See Plans and Prices section at www.healthcare.gov to confirm availability in your area.

Limitations and Exclusions for Guardian Standard PPO Plans

The Exclusions listed here apply to Covered Persons under the age of 19.

Limitations

Teeth Lost, Extracted or Missing Before A Covered Person Becomes Covered By This Plan: A Covered Person may have one or more congenitally missing teeth or may have had one or more teeth lost or extracted before he or she became covered by this Plan. We do not cover charges for a Dental Prosthesis which replaces such teeth unless the Dental Prosthesis also replaces one or more eligible natural teeth lost or extracted after the Covered Dependent became covered by this Plan.

Exclusions

We will not pay for:

- Treatment for which no charge is made. This usually means treatment furnished by: (1) the Covered Person's employer, labor union or similar group, in its dental or medical department or clinic; (2) a facility owned or run by any governmental body; and (3) any public program, except Medicaid, paid for or sponsored by any governmental body.
- Treatment needed due to: (1) an on-the-job or job-related Injury; or (2) a condition for which benefits are payable by Worker's Compensation or similar laws.
- Any procedure or treatment method which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.
- Any procedure performed in conjunction with, as part of, or related to a procedure which is not covered by this Plan.
- Any service furnished solely for cosmetic reasons. Excluded cosmetic services include but are not limited to: (1) characterization and personalization of a Dental Prosthesis; and (2) odontoplasty.
- Maxillofacial prosthetics that repair or replace facial and skeletal anomalies, maxillofacial surgery, orthognathic surgery or any oral surgery requiring the setting of a fracture or dislocation; that is incidental to or results from a medical condition.
- Educational services, including, but not limited to: (1) oral hygiene instruction; (2) plaque control; (3) tobacco counseling; or (4) diet instruction.
- Prescription medication
- Pulp vitality tests or caries susceptibility tests.
- Duplication of radiographs, the completion of claim forms, OSHA or other infection control charges.
- Any restoration, procedure, Appliance or prosthetic device used solely to: (1) alter vertical dimension; (2) restore or maintain occlusion; (3) treat a condition necessitated by attrition or abrasion; or (4) splint or stabilize teeth for periodontal reasons.
- Bite registration or bite analysis.
- Precision attachments and the replacement of part of a: (1) precision attachment; or (2) magnetic retention or overdenture attachment.
- Replacement of a lost, missing or stolen Appliance or Dental Prosthesis or the fabrication of a spare Appliance or Dental Prosthesis.
- The replacement of extracted or missing third molars/wisdom teeth.
- Overdentures and related services, including root canal therapy on teeth supporting an overdenture.
- A fixed bridge replacing the extracted portion of a hemisected tooth or the placement of more than one unit of crown and/or bridge per tooth.
- Any endodontic, periodontal, crown or bridge abutment procedure or Appliance performed for a tooth or teeth with a guarded, questionable or poor prognosis.
- Temporary or provisional Dental Prosthesis or Appliances except interim partial dentures/stayplates to replace Anterior Teeth extracted while covered under this Plan.
- The localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue.
- Desensitizing medicaments and desensitizing resins for cervical and/or root surface.
- The use of local anesthetic.
- Orthodontic Treatment that is not medically necessary.
- Replacing an existing Appliance or Dental Prosthesis with a like or unlike Appliance or Dental Prosthesis unless: (1) it is at least 60 months old and is no longer usable; or (2) it is damaged while in the Covered Person's mouth in an Injury suffered while covered, and cannot be made serviceable.
- Any procedure, Appliance, Dental Prosthesis, modality or surgical procedure intended to treat or diagnose disturbances of the temporomandibular joint (TMJ) that are incidental to or result from a medical condition.

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New York, NY 10001

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