

**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	\$60.00	\$120.00	
• Two (2) or More Members under Age 19	\$120.00	\$240.00	
<b>Out-of-Pocket Limit</b>			
• One (1) Member under Age 19	\$375.00	None	
• Two or More Members under Age 19	\$750.00	None	
<b>Annual and Lifetime Limits</b>	None	None	
<b>PEDIATRIC DENTAL</b>	<b>Participating Provider</b>	<b>Non-Participating Provider</b>	<b>Limits</b>

<b>ESSENTIAL HEALTH BENEFIT &amp; CARE</b>	<b>Member Responsibility for Cost-Sharing</b>	<b>Member Responsibility for Cost-Sharing</b>	
<b>Pediatric Dental Care</b> <ul style="list-style-type: none"> <li data-bbox="201 298 491 363">• Emergency Dental Care</li> <li data-bbox="201 396 491 461">• Preventive Dental Care</li> <li data-bbox="201 565 512 597">• Routine Dental Care</li> <li data-bbox="201 734 407 766">• Endodontics</li> <li data-bbox="201 902 407 935">• Periodontics</li> <li data-bbox="201 1071 449 1104">• Prosthodontics</li> <li data-bbox="201 1208 407 1240">• Oral Surgery</li> <li data-bbox="201 1344 407 1377">• Orthodontics</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="571 298 785 363">0% Coinsurance after Deductible</li> <li data-bbox="571 396 785 461">0% Coinsurance after Deductible</li> <li data-bbox="571 565 806 630">50% Coinsurance after Deductible</li> <li data-bbox="571 734 806 799">50% Coinsurance after Deductible</li> <li data-bbox="571 902 806 967">50% Coinsurance after Deductible</li> <li data-bbox="571 1071 806 1136">50% Coinsurance after Deductible</li> <li data-bbox="571 1208 806 1273">50% Coinsurance after Deductible</li> <li data-bbox="571 1344 856 1429">50% Coinsurance after Deductible – see Limits</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="928 298 1142 363">0% Coinsurance after Deductible</li> <li data-bbox="928 396 1142 461">0% Coinsurance after Deductible</li> <li data-bbox="928 565 1163 630">50% Coinsurance after Deductible</li> <li data-bbox="928 734 1163 799">50% Coinsurance after Deductible</li> <li data-bbox="928 902 1163 967">50% Coinsurance after Deductible</li> <li data-bbox="928 1071 1163 1136">50% Coinsurance after Deductible</li> <li data-bbox="928 1208 1163 1273">50% Coinsurance after Deductible</li> <li data-bbox="928 1344 1297 1409">50% Coinsurance after Deductible – see Limits</li> </ul>	<p data-bbox="1398 298 1604 428">One Dental Exam &amp; Cleaning Per 6-Month Period</p> <p data-bbox="1398 493 1621 760">Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals</p>
<b>COST-SHARING</b>			

<p><b>ADULT DENTAL CARE Other Covered Services</b></p> <p><b>Deductible</b></p> <ul style="list-style-type: none"> <li>• Per Member</li> <li>• Three (3) or more covered Members (When 3 Insureds meet the Deductible, no additional Deductibles will be required to be met for that Benefit Year.)</li> </ul> <p><b>Annual Maximum Per Covered Member</b></p> <p><b>Lifetime Maximum Benefit</b></p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$60.00</p> <p>\$180.00</p> <p>\$1,500.00</p> <p>None</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$120.00</p> <p>\$360.00</p> <p>\$1,500.00</p> <p>None</p>	
<p><b>ADULT DENTAL CARE – Other Covered Services</b></p> <p><b>Group I Services</b></p> <p><b>Group II Services</b></p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</p> <p>40% Coinsurance after Deductible – see Limits</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</p> <p>40% Coinsurance after Deductible – see Limits</p>	<p>Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.</p> <p>There is a 6 month waiting period for Group II Services.</p>