SECTION XVII

PREFERRED 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

COST-SHARING	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	
PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT			
Deductible			
• One (1) Member under Age 19	$50.00	$100.00	
• Two (2) or More Members under Age 19	$100.00	$200.00	
Out-of-Pocket Limit			
• One (1) Member under Age 19	$450.00	None	
• Two or More Members under Age 19	$900.00	None	
Annual and Lifetime Limits	None	None	

PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care			
• Emergency Dental Care	0% Coinsurance after Deductible	0% Coinsurance after Deductible	One Dental Exam & Cleaning Per 6-Month Period
• Preventive Dental Care	0% Coinsurance after Deductible	0% Coinsurance after Deductible	
• Routine Dental Care	50% Coinsurance after Deductible	50% Coinsurance after Deductible	Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals
• Endodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Periodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Prosthodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Oral Surgery	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Orthodontics	50% Coinsurance after Deductible – see Limits	50% Coinsurance after Deductible – see Limits	

COST-SHARING **ADULT DENTAL CARE** **Other Covered Services** **Deductible** • Per Member • 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.) **Annual Maximum Per Covered Member** **Lifetime Maximum Benefit**	Participating Provider Member Responsibility for Cost-Sharing $50.00 $150.00 $1,000.00 None	Non-Participating Provider Member Responsibility for Cost-Sharing $100.00 $300.00 $1,000.00 None	
ADULT DENTAL CARE – Other Covered Services **Group I Services** • **Prophylaxis** • **Office Visits, Evaluations And Examination** • **Radiographs**	Participating Provider Member Responsibility for Cost-Sharing 0% Coinsurance after Deductible 0% Coinsurance after Deductible 0% Coinsurance after Deductible	Non-Participating Provider Member Responsibility for Cost-Sharing 0% Coinsurance after Deductible 0% Coinsurance after Deductible 0% Coinsurance after Deductible	Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.

Group II Services • **Restorative Services**	50% Coinsurance after Deductible – see Limits	50% Coinsurance after Deductible – see Limits	Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.
• **Diagnostic Services**	50% Coinsurance after Deductible – see Limits	50% Coinsurance after Deductible – see Limits	
• **Non-Surgical Extractions**	50% Coinsurance after Deductible – see Limits	50% Coinsurance after Deductible – see Limits	
• **Other Services**	50% Coinsurance after Deductible – see Limits	50% Coinsurance after Deductible – see Limits	