

CA-Dental Benefits and Coverage Disclosure

Part I: GENERAL INFORMATION

Plan Name: Plan #1 (W1)	Name of Product: DentalGuard
Type of Product Line: DPPO	Plan Phone #: 1-888-Guardian
Effective Date: 01/01/2024	Plan Website: guardianlife.com

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE PLAN WEBSITE AT GUARDIANLIFE.COM OR CALL 1-888-GUARDIAN.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

Deductible	In-Network	Out-of-Network
Dental	Per Individual \$25(no more than 3 deductibles per family)	Per Individual \$25(no more than 3 deductibles per family)
Orthodontia	None	None

The deductible applies to all services except Preventive.

A **deductible** is the amount you are required to pay for covered dental services each plan year before the plan begins to pay for the cost of covered dental treatment.

In-network services are dental care services provided by dentists or other licensed dental care providers that contract with your plan to provide dental services.

Out-of-network services are dental care services provided by dentists or other licensed dental care providers that are not contracted with your plan.

Part III: MAXIMUMS PLAN WILL PAY

Maximums	In-Network	Out-of-Network
Annual Maximum	\$3500	\$3500
Lifetime Maximum for Orthodontia	\$3000	\$3000

Annual maximum is the maximum dollar amount your plan will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period. **Not all services accrue to the annual maximum.**

Lifetime maximum means the maximum dollar amount your plan providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: A waiting period is the amount of time that must pass before you are eligible to receive benefits or services for all or certain dental treatments.

No waiting periods apply.

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

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Common Dental Procedures	Category	In-Network	Out-of-Network	Benefit Limitations and Exclusions
Oral Exam	Preventive	0%, deductible does not apply	0%, deductible does not apply	3 per calendar year. Please consult Your Certificate of Coverage for a Detailed Description of Coverage Benefits and Limitations.
Bitewing X-ray	Preventive	0%, deductible does not apply	0%, deductible does not apply	
Cleaning	Preventive	0%, deductible does not apply	0%, deductible does not apply	
Filling	Basic	0%	20%	4 prophylaxes and/or periodontal maintenance in a calendar year. Please consult Your Certificate of Coverage for a Detailed Description of Coverage Benefits and Limitations. Once per tooth every 12 months for those under the age of 19, and once per tooth every 36 months for those age 19 and older -Please consult Your Certificate of Coverage for Detailed Description of Coverage Benefits and Limitations.
Extraction, Erupted Tooth or Exposed Root	Basic	0%	20%	
Root Canal	Basic	0%	20%	
Scaling and Root Planing	Basic	0%	20%	
Ceramic Crown	Major	40%	50%	
Removable Partial Denture	Major	40%	50%	
Extraction, Erupted Tooth with Bone Removal	Basic	0%	20%	
Orthodontia	Orthodontia	50%	50%	This benefit is available for adults and children. Please consult Your Certificate of Coverage for a Detailed Description of Coverage Benefits and Limitations.