



# Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

## Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

## What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

## Why should I consider it?

Poor oral health isn't just aesthetic; it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



## Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

**Cardiovascular disease:** Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

**Osteoporosis:** Weak and brittle bones may be linked to tooth loss.

**Diabetes:** Research shows that people with gum disease find it more difficult to control their blood sugar levels.

**Alzheimer's disease:** Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, [www.mayoclinic.com](http://www.mayoclinic.com). 2021.

You will receive these benefits if you meet the conditions listed in the policy.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America  
WHATNOT INC.

ALL OTHER ELIGIBLE EMPLOYEES

2023-157076 (07/25)



# Your dental coverage

**Option 1 or 2: BASE or BUY UP** plan, you can visit any dentist, but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan

Option 1: BASE

Option 2: BUY UP

| Your Network is                        |  | DentalGuard Preferred |                | DentalGuard Preferred |                |
|----------------------------------------|--|-----------------------|----------------|-----------------------|----------------|
| Calendar year deductible               |  | In-Network            | Out-of-Network | In-Network            | Out-of-Network |
| Individual                             |  | \$50                  | \$50           | \$50                  | \$50           |
| Family limit                           |  | 3 per family          |                | 3 per family          |                |
| Waived for                             |  | Preventive            | Preventive     | Preventive            | Preventive     |
| Charges covered for you (co-insurance) |  | In-Network            | Out-of-Network | In-Network            | Out-of-Network |
|                                        |  | 100%                  | 100%           | 100%                  | 100%           |
|                                        |  | 80%                   | 80%            | 90%                   | 90%            |
|                                        |  | 50%                   | 50%            | 60%                   | 60%            |
|                                        |  | 50%                   | 50%            | 50%                   | 50%            |
| Orthodontia                            |  | 50%                   | 50%            | 50%                   | 50%            |
| Annual Maximum Benefit                 |  | \$2000                |                | \$5000                |                |
| Maximum Rollover                       |  | Yes                   |                | Yes                   |                |
| Rollover Threshold                     |  | \$800                 |                | \$800                 |                |
| Rollover Amount                        |  | \$400                 |                | \$400                 |                |
| Rollover In-network Amount             |  | \$600                 |                | \$600                 |                |
| Rollover Account Limit                 |  | \$1500                |                | \$1500                |                |
| Lifetime Orthodontia Maximum           |  | \$1500                |                | \$2500                |                |
| Dependent Age Limits                   |  | 26                    |                | 26                    |                |



# Your dental coverage

A Sample of Services Covered by Your Plan:

|                 |                                                    | Option 1: BASE         |                | Option 2: BUY UP       |                |
|-----------------|----------------------------------------------------|------------------------|----------------|------------------------|----------------|
|                 |                                                    | Plan pays (on average) |                | Plan pays (on average) |                |
|                 |                                                    | In-network             | Out-of-network | In-network             | Out-of-network |
| Preventive Care | Cleaning (prophylaxis)                             | 100%                   | 100%           | 100%                   | 100%           |
|                 | Frequency:                                         | 2 in 12 Months         |                | 2 in 12 Months         |                |
|                 | Fluoride Treatments                                | 100%                   | 100%           | 100%                   | 100%           |
|                 | Limits:                                            | Under Age 14           |                | Under Age 14           |                |
|                 | Oral Exams                                         | 100%                   | 100%           | 100%                   | 100%           |
|                 | Sealants (per tooth)                               | 100%                   | 100%           | 100%                   | 100%           |
|                 | X-rays                                             | 100%                   | 100%           | 100%                   | 100%           |
| Basic Care      | Anesthesia*                                        | 80%                    | 80%            | 90%                    | 90%            |
|                 | Fillings†                                          | 80%                    | 80%            | 90%                    | 90%            |
|                 | Perio Surgery                                      | 80%                    | 80%            | 90%                    | 90%            |
|                 | Periodontal Maintenance                            | 80%                    | 80%            | 90%                    | 90%            |
|                 | Frequency:                                         | 2 in 12 months         |                | 2 in 12 months         |                |
|                 | Repair & Maintenance of Crowns, Bridges & Dentures | 80%                    | 80%            | 90%                    | 90%            |
|                 | Root Canal                                         | 80%                    | 80%            | 90%                    | 90%            |
|                 | Scaling & Root Planing (per quadrant)              | 80%                    | 80%            | 90%                    | 90%            |
|                 | Simple Extractions                                 | 80%                    | 80%            | 90%                    | 90%            |
|                 | Surgical Extractions                               | 80%                    | 80%            | 90%                    | 90%            |
| Major Care      | Bridges and Dentures                               | 50%                    | 50%            | 60%                    | 60%            |
|                 | Dental Implants                                    | 50%                    | 50%            | 60%                    | 60%            |
|                 | Inlays, Onlays, Veneers**                          | 50%                    | 50%            | 60%                    | 60%            |
|                 | Single Crowns                                      | 50%                    | 50%            | 60%                    | 60%            |
|                 | Orthodontia                                        | 50%                    | 50%            | 50%                    | 50%            |
| Limits:         |                                                    | Adults & Child(ren)    |                | Adults & Child(ren)    |                |

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age, then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*\*General Anesthesia – restrictions apply. †For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



# Your dental coverage

## Manage Your Benefits:

Go to [www.Guardianlife.com](http://www.Guardianlife.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

## Find A Dentist:

Visit [www.Guardianlife.com](http://www.Guardianlife.com) Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

## EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.  
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



## Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

## How maximum rollover works \*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

| Plan annual maximum**        | Threshold                                          | Maximum rollover amount                                              | In-network only rollover amount                                                         | Maximum rollover account limit                                        |
|------------------------------|----------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>\$2,000</b>               | <b>\$800</b>                                       | <b>\$400</b>                                                         | <b>\$600</b>                                                                            | <b>\$1,500</b>                                                        |
| Maximum claims reimbursement | Claims amount that determines rollover eligibility | Additional dollars added to a plan's annual maximum for future years | Additional dollars added if only in-network providers were used during the benefit year | The limit that cannot be exceeded within the maximum rollover account |

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2023 The Guardian Life Insurance Company of America.

**GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America**  
guardianlife.com

© Copyright 2023 The Guardian Life Insurance Company of America  
2023-158786 (07/25)

**THIS PAGE INTENTIONALLY LEFT BLANK**