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Watch our video Learn how dental insurance can protect your long-term health.

# 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 infections 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:** Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

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

### Your dental coverage

**Option I or 2: Low Plan or High Plan** plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier I reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

| Your Dental Plan                       | Option I: Low Plan                     |                | Option 2: High Plan                  |                |  |
|--|--|----------------|--------------------------------------|----------------|--|
|  | Tier I                                 | Tier 2         | Tier I                               | Tier 2         |  |
| Your Network is DentalGuard Preferred  | Gold *, Silver *                       | Non-Contracted | Gold *, Silver *                     | Non-Contracted |  |
| Your Bi-weekly premium                 | \$12.53                                |                | \$14.04                              |                |  |
| You and Spouse                         | \$25.43                                |                | \$28.5 I                             |                |  |
| You and Child(ren)                     | \$30.97                                |                | \$38.67                              |                |  |
| You, Spouse and Child(ren)             | \$46.71                                |                | \$56.93                              |                |  |
| Calendar year deductible               | Tier 1                                 | Tier 2         | Tier I                               | Tier 2         |  |
| Individual                             | \$25                                   | \$50           | \$25                                 | \$50           |  |
| Family limit                           | 3 per family (applies to all levels)   |                | 3 per family (applies to all levels) |                |  |
| Waived for                             | Preventive                             | Preventive     | Preventive                           | Preventive     |  |
| Charges covered for you (co-insurance) | Tier I                                 | Tier 2         | Tier I                               | Tier 2         |  |
| Preventive Care                        | 100%                                   | 100%           | 100%                                 | 100%           |  |
| Basic Care                             | 90%                                    | 80%            | 90%                                  | 80%            |  |
| Major Care                             | 60%                                    | 50%            | 60%                                  | 50%            |  |
| Orthodontia                            | Not Covered (applies to all levels)    |                | 50%                                  | 50%            |  |
| Annual Maximum Benefit                 | \$1000                                 | \$1000         | \$1500                               | \$1500         |  |
| Maximum Rollover                       | Yes (applies to all levels)            |                | Yes (applies to all levels)          |                |  |
| Rollover Threshold                     | \$500                                  |                | \$700                                |                |  |
| Rollover Amount                        | \$250                                  |                | \$350                                |                |  |
| Rollover Amount                        | \$350                                  |                | \$500                                |                |  |
| Rollover Account Limit                 | \$1000                                 |                | \$1250                               |                |  |
| Lifetime Orthodontia Maximum           | Not Applicable (applies to all levels) |                | \$1500 (applies to all levels)       |                |  |
| Dependent Age Limits                   | 26 (applies to all levels)             |                | 26 (applies to all levels)           |                |  |

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### Your dental coverage

A Sample of Services Covered by Your Plan:

|                 |   | Option I: L           | <b>Option I: Low Plan</b><br>Plan pays (on average) |                 | <b>Option 2: High Plan</b><br>Plan þays (on average) |  |
|-----------------|---|-----------------------|---|-----------------|--|--|
|                 |   | Plan þays (on         |   |                 |  |  |
|                 |   | Tier I                | Tier 2  | Tier I          | Tier 2   |  |
| Preventive Care | Cleaning (prophylaxis)                                | 100%                  | 100%  | 100%            | 100%   |  |
|                 | Frequency:  |                       | Once Every 6 Months (applies to all                 |                 | Once Every 6 Months (applies to al                   |  |
|                 | Fluoride Treatments                                   | levels)<br>100%       | 100%  | levels)<br>100% | 100%   |  |
|                 | Limits:   | Under Age I           | Under Age 14 (applies to all levels)                |                 | Under Age 14 (applies to all levels)                 |  |
|                 | Oral Exams  | 100%                  | 100%  | 100%            | 100%   |  |
|                 | Sealants (per tooth)                                  | 100%                  | 100%  | 100%            | 100%   |  |
|                 | X-rays  | 100%                  | 100%  | 100%            | 100%   |  |
| Basic Care      | Fillings‡   | 90%                   | 80%   | 90%             | 80%  |  |
|                 | Root Canal  | 90%                   | 80%   | 90%             | 80%  |  |
| Major Care      | Anesthesia*   | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Bridges and Dentures                                  | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Dental Implants                                       | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Inlays, Onlays, Veneers**                             | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Perio Surgery   | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Periodontal Maintenance                               | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Frequency:  | Once Every<br>levels) | Once Every 6 Months (applies to all levels)         |                 | Once Every 6 Months (applies to a levels)            |  |
|                 | Repair & Maintenance of<br>Crowns, Bridges & Dentures | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Scaling & Root Planing (per quadrant)                 | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Simple Extractions                                    | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Single Crowns   | 60%                   | 50%   | 60%             | 50%  |  |
|                 | Surgical Extractions                                  | 60%                   | 50%   | 60%             | 50%  |  |
| Orthodontia     | Orthodontia   | No                    | ot Covered  | 50%             | 50%  |  |
|                 | Limits:   | (applies t            | (applies to all levels)                             |                 | Child(ren) (applies to all levels)                   |  |

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

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 filing 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.

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### Your dental coverage

#### **Manage Your Benefits:**

Go to 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

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. \*In CO, NM, TX, DC, or NY the provider tiers are DentalGuard Preferred Alliance, DentalGuard Preferred Elite, and DentalGuard Preferred Connect.

#### **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

#### **Need Assistance?**

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00029179

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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-I-DG6 et al.

■ PPO and or Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG6

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