

Guardian DentalGuard PPO Dental Plan

CHOICE OF DENTIST	You'll likely save most with a dentist who participates in the Guardian DentalGuard PPO network, and you'll likely save least with a non-participating dentist. Services provided by out-of-network providers will be reimbursed at the 90th percentile of usual and customary charges. Percentages below are based on Guardian's applicable allowances and not necessarily the dentist's actual charge.	
MAXIMUM BENEFIT/DEDUCTIBLE	\$1,000 per year per person \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person \$50 deductible per year per person; \$150 family maximum
TYPE I	STANDARD	ENRICHED
0150 Comprehensive Oral Evaluation - New or Established 0120 Periodic Oral Exam X-Rays 1110/20 Prophylaxis 1203 Fluoride Treatment (children up to the age 19) 1351 Sealant- per tooth 1510 Space Maintainers	Plan Pays (No deductible) 100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19	Plan Pays (No deductible) 100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19
TYPE II	STANDARD	ENRICHED
Fillings: (silver and white) 2330 one surface 2331 two surfaces 2332 three surfaces 2334 four or more surfaces Restorative Services: 2930 Prefabricated stainless steel primary tooth Root canals: 3310 Anterior 3320 Bicuspid 3330 Molar 3410 Apicoectomy Extractions: 7111 single tooth 7140 Extraction, erupted tooth or exposed tooth 7210 surgical extraction of erupted tooth Periodontics: (gum treatment) 4341 Periodontal scaling & root planing- per quadrant 4210 Gingivectomy/gingivoplasty - per quadrant 4910 Periodontal maintenance procedures	100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 75% for children to age 16 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%	100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 75% for children to age 16 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%
TYPE III	STANDARD	ENRICHED
Crown & Bridge: 2791 Crown full cast predominately base metal 2751 Crown Porcelain fused to base metal Pontics: 6210 Full cast 6240 Porcelain fused to metal Prosthodontics (Dentures): 5110 Complete upper 5120 Complete lower 5213/14 Partial upper or lower - cast metal base	50% 50% 50% 50% 50% 50% 50% 50%	50% 50% 50% 50% 50% 50% 50%
ORTHODONTIA	Consultation Not Covered Evaluation Not Covered Records Not Covered Children-Normal Class II Not Covered Adult - Normal Class II Not Covered 8750 Retention Not Covered	Adult & Child covered at 50% after a one time deductible of \$50 per person. \$1,000 lifetime maximum benefit
VISION	Examination Not Covered SINGLE VISION LENSES Not Covered Bifocal Lenses Not Covered Trifocal Lenses Not Covered Contact Lenses - Non-Elective Not Covered Contact Lenses - Elective Not Covered Frames Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

*All Type II and III charges subject to annual deductible.