

Not available in the following states*:

Alaska, Massachusetts, Montana, New Mexico, Nevada, South Dakota, Virginia, Wyoming

	In Network	Out of Network (fee schedule)	Waiting Period
Benefit Year Maximum		\$1,500	
Deductible	\$50 (Waived for Preventive)	\$50 (Not waived for Preventive) With the exception: MS, GA, TX	
Preventative / Diagnostic	100%	100% (Fee schedule, except in: CT, IA, MO, NC, ND, NH, SC, and VT where OON is based on UCR.)	None
Office Visits	Oral evaluations; 1 in a 6-month period. Comprehensive evaluation: 1 in 36-month period		
Teledentistry Evaluation	1 in a 6-month period We pay up to \$50 per covered services		
Emergency Treatment	After-hours office visit or emergency palliative treatment: Limited to 1 in a 6-month period. Covered when no other treatment, other than radiographs, is performed in the same visit.		
Routine cleaning	1 cleaning in 6 consecutive months.		
Routine X-rays	Bitewings-limited to a max of 4 radiographic images or a set of vertical bitewings. 1 in 12 consecutive months. Panoramic radiographic image-limited to 1 in 60 consecutive months.		
Basic Restorative Services	80%	80% (Fee schedule, except in: CT, IA, MO, NC, ND, NH, SC, and VT where OON is based on UCR.)	None
Diagnostic	Diagnostic consultation with a Dentist other than the one providing treatment: Limited to 1 per dental specialty in a 12-month period. Covered when no other treatment, other than radiographs, is performed during the visit.		
Non-surgical extractions	Extraction erupted tooth or exposed root: Allowance includes the treatment plan, local anaesthetic, and post-treatment care.		
Prefabricated stainless steel crown	1 per tooth in a 24-month period.		

*States availability subject to change

Available through Guardian's third-party Brokers authorized to sell Guardian individual dental insurance products.
Authorized Selling Agent Directly to Individuals: DTC GLIC, LLC., (d/b/a DTC GLIC Insurance Sales, LLC in California).

Fillings Under 19: 1 in 12 months
19 and older: 1 in 36 months

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Major Services	50%	50% (Fee schedule, except in: CT, IA, MO, NC, ND, NH, SC, and VT where OON is based on UCR.)	12 months ME-no waiting period for Pediatric Services WA. -none VT. – 6 months
Dental Implants	Lifetime maximum for implants \$1000 Replacement: 10 years. Limited to the replacement of permanent teeth. Dental prosthesis replacement limitation and missing tooth provision apply.		
Crown/Inlays/Onlays	Limited to permanent teeth. Covered when needed because of decay or Injury and only when the tooth cannot be restored with amalgam or resin based composite filling material. Replacement: 10 years and unusable.		
Bridges	1 in 10 years		
Dentures	Replacement: 10 years and unusable /Upper or lower arch.		
Oral Surgery	Allowance includes the treatment plan, local anaesthetic, and post-surgical care. Surgical removal of erupted teeth, removal of impacted teeth, surgical removal of residual tooth roots.		
Endodontics	Limited to permanent teeth and one pulp cap per tooth, per lifetime; Considered when no other endo procedure has been performed on the same tooth.		
Periodontic Services	Limited to one periodontal maintenance or prophylaxis in a 6-month period. Periodontal scaling and root planning limited to once per quadrant in a 24-month period.		
Orthodontia Services	50%	50%	12 months ME-no waiting period for Pediatric Services VT. – 6 months/WA-none

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Ortho Max \$500 annual/\$1000 lifetime

Teeth Whitening Deductible Additional \$50

Additional \$50

	In Network	Out of Network (fee schedule)	Waiting Period
Teeth Whitening Limited to external whitening, once per arch in a 24-month period	50%	50%	6 months

Benefit Year Maximum for Teeth Whitening \$500

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Teeth whitening benefits may be considered taxable income. Furthermore, the IRS considers teeth whitening to be a cosmetic procedure, such that out-of-pocket costs for teeth whitening are not medical care expenses for tax purposes. Guardian does not provide tax or legal advice. Please consult your personal tax or legal advisor for more information on the tax consequences of teeth whitening coverage.

Please refer to your plan documents for a complete list of limitations and exclusions. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Dental provider networks vary by state, by market and by plan type. Rates are guaranteed for one year for the plan of benefits initially selected. Policies renew annually. Policy Form#IP-DEN-16-et al.

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