

Guardian Managed DentalGuard - FL

Coverage Summary
(see your policy for further details)

Choose any Dentist

In-Network Dentist	Under this plan, you must be assigned to a Primary Care Dentist of your choice from our network of contracted providers. All care must be provided or arranged by your Primary Care Dentist
Out-of-Network Dentist	No coverage

Your Plan Benefits	Guardian Pays
	Waiting period is the time period following the coverage start date during which no benefits are paid
<p>Preventive Services</p> <p>Most routine dental services, including oral exams, cleanings, x-rays, topical fluoride</p>	<p>Most preventive services covered at 100% without any copay No waiting period <u>Sample Copays:</u> (see full copay schedule below)</p> <ul style="list-style-type: none"> • Prophylaxis (dental cleaning) first 2 services in any 12-month period = \$0 • Sealant – per tooth (molars) = \$14
<p>Basic Services</p> <p>Moderately complex dental services, including fillings and simple extractions</p>	<p>100% less your copay No waiting period <u>Sample Copays:</u> (see full copay schedule below)</p> <ul style="list-style-type: none"> • Filling (amalgam – one surface; primary or permanent) = \$28 • Simple extraction (extraction, erupted tooth or exposed root removal) = \$35

<p>Major Services</p> <p>More complex dental services including crowns, complex extractions, oral surgery, periodontal, and endodontic services</p>	<p>100% less your copay No waiting period <u>Sample Copays:</u> (see full copay schedule below)</p> <ul style="list-style-type: none"> • Endodontic (root canal) therapy bicuspid tooth (excluding final restoration) = \$300 • Crowns (porcelain/ceramic substrate) = \$450
<p>Implants</p>	<p>0% Not covered</p>
<p>Orthodontia</p>	<p>100% less your copay No waiting period <u>Sample Copays:</u> (see full copay schedule below)</p> <ul style="list-style-type: none"> • Children under 19 = \$350 (note: copay in schedule of benefits below is higher, but is capped by the Out-of-Pocket Maximum for children under 19) • Adults 19 and over = \$2,800
<p>Special Affordable Care Act (ACA) Pediatric Dental Benefit</p>	<p>This plan includes the pediatric dental Essential Health Benefit (EHB) as mandated by the Affordable Care Act (ACA), which is a comprehensive set of dental services for children under age 19. See full copayment schedule below for details.</p>

Office Visit Charges Flat charge per office visit in addition to your copay for each procedure	You Pay (per insured member)
Charge for each Office Visit	\$15

Deductibles What you pay out-of-pocket before your plan pays benefits	You Pay
Preventive Services	\$0
All Other Dental Services	\$0

Maximum Payouts	Maximum Guardian Pays
The maximum amount Guardian will reimburse you for dental services received	
Total Benefit Maximum	No maximum
Implant Maximum	Not covered
Orthodontia Maximum	No maximum

Your Out-of-Pocket Maximum (for Children under 19 Only)	Maximum You Pay (for Children under 19 Only)
Once you pay this amount, Guardian will pay 100% of your child's dental charges for the rest of the year	
1 insured child	\$350
2 or more insured children	\$700

Copayment Schedule
Full Copay Schedule (/sites/default/files/inline-files/FL_IP-MDG-SCH-EXCH-17_2.pdf)

Limitations and Exclusions (see your policy for further details)
<p>Dental DHMO coverage in Florida underwritten by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all counties. Current Dental Terminology (c) 2013 American Dental Association (ADA). All rights reserved. Note: Procedures listed above are for sample purposes only and do not encompass all covered services. Actual patient charges will vary based on the procedure and are listed on the full co-payment schedule. Policy limitations and exclusions apply. Those shown above are illustrative only. The actual limitations and exclusions that apply to your Dental DHMO Plan are governed by the policy forms approved for use in Florida. 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.</p> <p style="text-align: center;">Policy Form #: IP-1-MDG-DHMO-FL-OFF-17</p> <p style="text-align: right;">#2017- 46446 (exp. 9/19)</p>