Guardian

Achiever 2.0 Plan

See what is included in your dental plan

	In network	Out of network*	Waiting period
Benefit year maximum	**$2,500**		**N/A**
Deductible	**$50** (Waived for preventive)	**$50** (Not waived for preventive with the exception: MS, GA, TX)	**N/A**
Preventive/diagnostic	**100%**	**100%**	**None**
Office visits	Oral evaluations: 1 in a 6-month period. Comprehensive evaluation: 1 in a 36-month period.		
Teledentistry evaluation	1 in a 6-month period. We pay up to $50 per covered services. $50 limit does not apply in MN.		
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 WITH maximum 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%**	**70%** **80%** AL, GA, LA, MS, TX	**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.		
Nonsurgical extractions	Extraction, erupted tooth, or exposed root: Allowance includes the treatment plan, local anesthetic, and post-treatment care.		
Prefabricated stainless steel crown	1 per tooth in a 24-month period.		
Fillings	Under 19: 1 in 12 months. 19 and older: 1 in 36 months.		

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Major services	**50%**	**40%** **50%** AL, CT, GA, IL, LA, MS, TX	**None**
Dental implants	**Lifetime maximum for implants $1,250** Replacement: 10 years. Limited to the replacement of permanent teeth. Dental prosthesis replacement limitation and missing tooth provision apply.		
Crowns/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 anesthetic, 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 endodontic 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 (Dependents under 19)	Not included.		
Teeth whitening, limited to external whitening, once per arch in a 24-month period	Not included.		

**Primary insureds age 50 and older are eligible for all select plans.

The Guardian Life Insurance Company of America

guardianlife.com

New York, NY

8756381.1 (2/28)

Not available in Alaska, Massachusetts, Montana, New Mexico, Nevada, South Dakota, Virgina, and Wyoming. States availability subject to change.

Available through Guardian's third-party brokers authorized to sell Guardian individual dental insurance products.

*Fee schedule except in: CT, IA, MO, NC, ND, NH, SC, and VT where Out-of-Network (OON) is based on Usual, Customary, and Reasonable (UCR).

Authorized Selling Agent Directly to Individuals: DTC GLIC, LLC, (d/b/a DTC GLIC Insurance Sales, LLC in California). DTC GLIC, LLC, (d/b/a DTC GLIC Insurance Sales, LLC in California) ("DTC GLIC, LLC") is the agent for Guardian Life Insurance Company of America and its subsidiaries ("Guardian") for all individual products underwritten and issued by Guardian and certain third-party insurers through guardianlife.com.

DTC GLIC, LLC is a wholly owned subsidiary of The Guardian Life Insurance Company of America and is licensed agent for life, accident and health insurance products. Individual dental insurance products are underwritten by The Guardian Life Insurance Company of America, New York, New York or by one of its wholly owned subsidiaries and sold directly to individuals by DTC GLIC, LLC. Products are not available in all states. Policy limitations and exclusions apply. The actual limitations and exclusions that apply to your Dental Plan are governed by the policy forms approved for use in your state. 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. 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.

IMPORTANT INFORMATION ABOUT GUARDIAN'S DENTALGUARD INDEMNITY AND GUARDIAN ADVANTAGE PPO PLANS.

Dental PPO plans provide in-network and out-of-network benefits. Use of an in-network provider may result in reduced out-of-pocket costs. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. Waiting periods may also apply for some services.

Unless specified in the policy, individual dental plans do not pay for oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments, any treatment 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.

Individual dental plans limit benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic and prosthodontic services. Listed services, exclusions and limitations do not constitute a contract and are a summary only. Plans availability, benefits and deductibles may vary by state.

Coverage begins on the first of the month following enrollment when paying with credit card or ACH. Waiting period may vary by state. Information on the approved state and product-specific online enrollment form numbers can be viewed here: Benefits Disclosures.