



Name	Description
Preventive Services Coverage	100% Paid - In-Network; 100% Paid Out-of-Network
Preventive Services	Emergency Treatment, Oral Examinations, Teeth Cleaning, X-Rays, Fluoride Treatment for Children, Space Maintainers, Harmful Habit Appliances, Topical Sealants on unrestored permanent molars for children
Basic Services Coverage	80% Paid - In-Network; 70% Paid Out-of-Network
Basic Services	Fillings: Amalgam, Silicate, & Acrylic, Extractions, Oral Surgery, Periodontics, Endodontics
Major Services Coverage	60% Paid - In-Network; 50% Paid Out-of-Network
Major Services	Porcelain Fillings & Crowns, Bridges and Dentures, Repairs to Bridges & Dentures
Orthodontic Services Coverage	50% Paid - In-Network; 50% Paid Out-of-Network
Orthodontic Services	Orthodontic Services for children who are younger than 19 years of age when the active appliance is first placed.
Calendar Year Benefit Maximum	\$1,000.00
Orthodontic Lifetime Maximum	\$900
Covered Out-of-Network	Charges based on the maximum Network Fee Schedule Allowance for the area in which services are rendered

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