

Dental Benefit Summary

Group Number: NJMEWA

About Your Benefits:

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check- ups can improve your health. Your dental insurance can also help save you money if more serious dental treatments are needed.

With your **DHMO, PRE PAID** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

	DHMO, PRE PAID
Network	Managed DentalGuard
Calendar year deductible	No deductible
Individual	
Family limit	
Waived for	
Charges covered for you (co-insurance)	<i>Network only</i>
Preventive Care (e.g. cleanings)	You pay a copay for each covered procedure. See “Plan Details”, for more information.
Basic Care (e.g. fillings)	
Major Care (e.g. crowns, dentures)	
Orthodontia	
Annual Maximum Benefit	Unlimited
Office visit copay	\$0
Dependent Age Limits	26

A Sample of Services Covered by Your Plan:

	DHMO, PRE PAID
	<i>You Pay</i>
	<i>Network only</i>
Anesthesia*	Restrictions Apply
Bleaching—Cosmetic Care	\$165
Bridges and Dentures	\$381-575
Cleaning (prophylaxis)	\$0
Frequency	2 times in 12 months [^]
Fillings [‡]	\$0
Fluoride Treatments	\$0
Limits	No Age Limits
Inlays, Onlays, Veneers**	\$250-370
Oral Exams	\$0
Orthodontia	\$2,500-2,800
Limits	Adults & Child(ren)
Perio Surgery	\$200-380
Periodontal Maintenance	\$0
Frequency	2 times in 12 months [^] (Standard)
Repair & Maintenance of Crowns, Bridges & Dentures	\$0-160
Root Canal	\$120-270
Scaling & Root Planing (per quadrant)	\$0
Sealants (per tooth)	\$0
Simple Extractions	\$0
Single Crowns	\$395
Surgical Extractions	\$30-200
X-rays	\$0

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡Fillings – restrictions may apply to composite fillings. ([^]Additional cleanings are available for an additional co-pay).

Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at www.guardiananytime.com

Find A Dentist:

Visit www.GuardianLife.com
Under "Contact Us", Click on "Find A Provider"

EXCLUSIONS AND LIMITATIONS

- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida, New York) Plan, Guardian's Managed DentalGuard (Colorado) Plan, Managed DentalGuard Inc.'s (Ohio) Plan, Managed Dental Care's DHMO (California) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard (New Jersey) Plan and Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan: This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime,

per member. Unless specifically included, the Managed DentalGuard plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-I-MDG-I, et al. or GP-I-MDG-FL-I-08, et al. (Florida), GP-I-MDG-NY-I, et al. or GP-I-MDG-NY-I-08, et al. (New York), GP-I-MDG-CO-I, et al. (Colorado), GP-IMDC-I, et al. or GP-I-MDC-CA-I-08, et al. (California), GP-I-MDG-I-NJ, et al. or GP-I-MDG-NJ-I-08, et al. (New Jersey), GP-I-MDG-TX-I, et al. or GP-I-MDG-TX-I-08, et al. (Texas), GP-I-MDG-OH-I, et al. (Ohio)