

Guardian Dental Plan Comparison

| Services | Option 3 | Option 4 |
|--|----------------------|---------------------|
| Preventative* (e.g., cleanings) | 100%** | 100%** |
| Perio Rider (4 visits) | Yes | Yes |
| Basic (e.g., fillings, extractions) | 80%** | 50%** |
| Major (e.g., crowns, dentures) | 50%** | 50%** |
| Orthodontia | See Rates below | See Rates below |
| | | |
| Individual Annual Deductible* | \$50 | \$25 |
| Maximum Annual Family Deductible | \$150 ~ 3 Per Family | \$50 ~ 2 Per Family |
| Calendar Year Maximum per Dependent | \$1,000 | \$1,000 |
| Benefit Type | 90% UCR | 90% UCR |
| | | |
| Maximum Rollover Benefit (see reverse side) | Yes | Yes |
| Rollover threshold | Less than \$500 | Less than \$500 |
| Rollover amount | \$250 | \$250 |
| | | |
| Dependent Coverage**** | Dep 20/26 FTS | Dep 20/26 FTS |
| | | |
| 2010 Rates | | |
| No Orthodontia | | |
| Single | \$43.66 | \$38.98 |
| Family | \$120.73 | \$107.79 |
| With \$1000 Orthodontia for Dependents*** | | |
| Single | \$43.66 | \$38.98 |
| Family | \$132.56 | \$119.62 |

* Deductible waived for Preventative Services

** Benefits are based on participating provider fee schedules

***Orthodontia benefits are available to groups with 5+ covered lives

****Dependents covered to Age 20 / Age 26 if Full Time Students



Plans contain a 12 month waiting period for Periodontal & Major Services for all employer groups size 2-9 WITHOUT prior dental coverage.

This benefit comparison is a brief summary of benefits. It is NOT a contract.