2024 GUARDIAN DENTAL GUARD			
IN-NETWORK COVERAGE * (Dentist is a participating Provider with The Guardian)			
100% Preventive Services	\$50 Per Person Benefit Year Deductible		50% Orthodontic Services
	100% Basic Services	60% Major	Children to age 19
Teeth Cleaning Fluoride treatments for Children Space maintainers Emergency Treatment Oral Examinations X-Rays Topical Sealants	Laboratory tests Fillings- Amalgam, Silicate, and Acrylic Stainless steel Crowns Diagnostic Casts	Gold and porcelain Installation of bridge work and crowns Periodontal Services Extractions & other Oral Surgery Periodontal Surgery Endontics Root canal Repair and Main. of Bridgework & Dentures	Active Orthodontic Appliances All other orthodontic services 50% copayment
		40% copayment	\$1,500 Lifetime Maximum
\$1,000 Per Person Calendar Year Maximum			

OUT-OF-NETWORK COVERAGE *(Dentist is not participating Provider with The Guardian) 100 %* \$50 Per Person Benefit Year Deductible 50%* **Orthodontic Preventive** 80%* 50%* **Services Services Basic** Major Children to age 19 **Services Services** Gold and porcelain Teeth Cleaning Active Orthodontic Installation of bridge Laboratory tests Fluoride treatments **Appliances** work and crowns Fillingsfor Children All other orthodontic Periodontal Services Amalgam, Extractions & other services Space maintainers Silicate, and Oral Surgery **Emergency Treatment** Acrylic Periodontal Surgery **Oral Examinations** Stainless steel **Endontics** X-Rays Root canal Crowns **Topical Sealants** Repair and Main. of Diagnostic Casts Bridgework & 50% copayment Dentures 20% copayment \$1500 Lifetime Maximum 50% copayment \$1,000 Per Person Calendar Year Maximum

Monthly Premiums: Individual \$57.75 Family \$165.18