Not available in the following states*:
Alaska, Massachusetts, Montana, New Mexico, Nevada, South Dakota, Virginia, Wyoming

	In Network	**Out of Network** (fee schedule)	**Waiting Period**
Benefit Year Maximum (Yr. 1/2/3)		**$1,000/$1,250/$1,500**	
Deductible	**$50** (Waived for Preventative)	**$50** (Not waived for Preventative With the exception: MS, GA, TX)	
Preventative / Diagnostic	**100%**	**100%** (Fee schedule, except in: CT, IA, MO, NC, ND, NH, SC, and VT where OON is based on UCR.)	**None**
Office Visits	Oral evaluations; 1 in a 6-month period. Comprehensive evaluation: 1 in 12-month period		
Teledentistry Evaluation	1 in a 6-month period. We pay up to $50 per covered services.		
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 max 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	**70%**	**70%** (Fee schedule, except in: CT, IA, MO, NC, ND, NH, SC, and VT where OON is based on UCR.)	**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.		
Non-surgical extractions	Extraction erupted tooth or exposed root: Allowance includes the treatment plan, local anaesthetic, 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.		

*States availability subject to change

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	In Network	Out of Network (fee schedule)	Waiting Period
Major Services	**50%**	**50%** (Fee schedule, except in: CT, IA, MO, NC, ND, NH, SC, and VT where OON is based on UCR.)	**12 months** ME-no waiting period for Pediatric Services WA. -none VT. – 6 months
Dental Implants	**Lifetime maximum for implants $1000** Replacement: 10 years. Limited to the replacement of permanent teeth. Dental prosthesis replacement limitation and missing tooth provision apply.		
Crown/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 anaesthetic, 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 endo 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 (age limit 19)	50%	50%	12 months ME-no waiting period for Pediatric Services VT. – 6 months/WA-none
Ortho Max	$500 annual/$1000 lifetime		
Teeth Whitening Limited to external whitening, once per arch in a 24-month period	Not Included		

*States availability subject to change

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DTC GLIC, LLC is a wholly owned subsidiary of The Guardian Life Insurance Company of America and is a 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.

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States availability subject to change [1]
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