

Not available in the following states*:

Alaska, Colorado, District of Columbia, Florida, 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)	\$500/\$750/\$1000		
Deductible	\$50 (Waived for Preventative)	\$50 (Not waived for Preventive 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 36-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	50%	50% (Fee schedule, except in: CT, IA, MO, NC, ND, NH, SC, and VT where OON is based on UCR.)	6 Months
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.

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Major Services	N/A	N/A	N/A
Dental Implants	Not Included		
Crown/Inlays/Onlays	Not Included		
Bridges	Not Included		
Dentures	Not Included		
Oral Surgery	Not Included		
Endodontics	Not Included		
Periodontic Services	Not Included		
Orthodontia Services (age limit 19)	Not Included		
Teeth Whitening	Not Included		

*States availability subject to change.

Available through Guardian’s third-party Brokers authorized to sell Guardian individual dental insurance products.
Authorized Selling Agent Directly to Individuals: DTC GLIC, LLC., (d/b/a DTC GLIC Insurance Sales, LLC in California).

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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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2024-176204