

## D. SCHEDULE OF COVERAGE

Coverage is subject to the exclusions in Sections 7 and 8 and to the limitations of this Plan.

Medically Necessary In-Network and Out-of-Network Services will be Covered as set forth below.

### SUMMARY OF BENEFITS

Effective January 1, 2021

Medically Necessary In-Network and Out-of-Network Services will be Covered as set for below.

#### CLASS I - PREVENTIVE AND DIAGNOSTIC SERVICES

| SERVICES   | IN-NETWORK  | OUT-OF-NETWORK   | NOTES  |
|--|---|--|--|
| <b>Prophylaxis (dental cleaning)</b>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Limited to maximum of 4 per Calendar Year.   |
| <b>Topical application of fluoride</b>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Limited to 1 every 6 months.   |
| <b>Dental sealants</b>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Covered for Covered Persons under age 16, limited to one every 36 months for permanent unrestored molars.  |
| <b>Oral Exams</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Limited to maximum of 4 per Calendar Year.   |
| <b>Emergency Palliative Treatment and other non-routine unscheduled visits</b> | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Covered only if no other services, except x-rays, are provided during the visit.   |
| <b>X-rays</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Intraoral x-ray - complete series including bitewings are limited to one every 60 months.<br>Intraoral periapical or occlusal X-rays-single films are limited to 4 periapical & 2 occlusal x-rays every 12 months.<br>Bitewing film are limited to 4 films per visit every 12 months<br>Panoramic Film, maxilla and mandible, is limited to one every 60 months.<br>Extraoral superior or inferior maxillary films are limited to 2 every 12 months. |

## CLASS II - MINOR RESTORATIVE SERVICES

| SERVICES   | IN-NETWORK  | OUT-OF-NETWORK   | NOTES  |
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| <b>Space Maintainers</b><br>Fixed and removable, bilateral and unilateral  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Under the age of 19.   |
| <b>Harmful Habit Appliances</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | To age 14 for thumb sucking, initial appliance only.   |
| <b>Amalgam restorations (fillings) for primary or permanent teeth Composite resin restorations (fillings) for primary or permanent teeth</b> | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | 1 in 12 months, if under age 19, 1 in 36 months if age 19 or older. An alternate benefit of an amalgam is given for resin-based composites performed on a posterior teeth.   |
| <b>Prefabricated (Stainless steel and resin) Crowns</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Limited to 1 in 24 months.   |
| <b>Non-Surgical Extractions</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Non-surgical extractions, surgical extractions, removal of impacted teeth, root removal, alveoloplasty, removal of exostosis, incision and drainage, frenulectomy, frenectomy and frenotomy, biopsy, surgical exposure of impacted or unerupted teeth, excision of tooth related tumors cysts or neoplasms, excision of tooth related lesions, excision of hyperplastic tissue and pericoronal gingiva, removal of torus, oroantral fistula closure, sialolithotomy, sialodochoplasty, closure of salivary fistula, excision of salivary gland, vestibuloplasty and maxillary sinusotomy for removal of tooth fragment or foreign body. Allowance includes local anesthetic and post- surgical care. |

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| <b>Oral surgery</b><br>- Removal exposed root<br>- Surgical removal of erupted tooth<br>- Removal of impacted tooth, soft or bony<br>- Alveoloplasty-per quadrant<br>- Excision of benign tumor lesion<br>- Removal of odontogenic cyst<br>- Incision/drainage of intraoral abscess<br>- Frenulectomy | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum |  |
| <b>Anesthesia</b><br>- local anesthesia<br>- regional block anesthesia<br>- trigeminal division block anesthesia<br>- general anesthesia-first 30 minutes   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | General anesthesia covered only if medically necessary; Considered with 3 or more non-surgical extractions (performed during the same visit) or with any covered surgical procedure. |
| <b>Prosthodontics</b><br>- Adding teeth to partial dentures to replace extracted natural teeth<br>- Repairs to crowns<br>- Recementation inlay, onlay, crown<br>- Crowns, acrylic or plastic  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Considered if performed more than 12 months after the insertion.   |
| <b>Crown and Fixed partial denture (bridge) repair</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | As needed.   |
| <b>Denture repairs</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | As needed.   |
| <b>Denture reline and rebasing procedures</b>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | 1 per denture in 24 months. Considered if performed more than 12 months after the denture.   |
| <b>Denture adjustments</b>  | Covered at 100% of Scheduled Allowance subject to Annual Maximum  | Covered to the Scheduled of Allowances, subject to Annual Maximum    | Considered if done more than 6 consecutive months after the insertion, rebase or reline.   |
| <b>Tissue conditioning</b>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | 1 treatment, per arch, in 12 months. Considered if performed more than 12 months after the denture.  |
| <b>Endodontics</b><br>- Pulp cap-direct and indirect (excluding final restoration)  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances,                           | Guardian considers pulp caps, pulpotomies, pulpal debridement, pulpal therapy, root  |

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| <ul style="list-style-type: none"> <li>- Therapeutic Pulpotomy (excluding final restoration)</li> <li>- Root canal-anterior, bicuspid, molar (excluding final restoration)</li> <li>- Apexification</li> <li>- Apicoectomy</li> </ul> |   | subject to Annual Maximum  | <p>canals, root canal retreatment, root canal obstruction, incomplete endodontic therapy, internal root repair, apexification, apicoectomies, bone grafts and guided tissue regeneration in conjunction with periradicular surgery, root amputation, retrograde fillings and hemisections. Allowance includes local anesthetic and routine follow up care.</p> |
| <p><b>Periodontics</b></p> <ul style="list-style-type: none"> <li>- Gingivectomy or Gingivoplasty-per tooth or quadrant</li> <li>- Mucogingival surgery-per quadrant</li> </ul>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Coverage is limited to a total of one service, per tooth, in 12 months. Considered part of the crown or bridge procedure if performed on the same day.   |
| <p><b>Bone replacement graft and Guided tissue regeneration</b></p>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | Coverage is limited to one per area or tooth (if performed on the same day), per lifetime, when the tooth is present.  |
| <p><b>Soft tissue grafts</b></p>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | Limited to once per quadrant in any 36-month period, when the tooth is present.  |
| <p><b>Scaling and root planing</b></p>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | Considered once per quadrant in 24 months.   |
| <p><b>Periodontal maintenance</b></p>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | 1 prophylaxis or periodontal maintenance in 6 months.  |
| <p><b>Full mouth debridement</b></p>  | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | 1 in 36 months when no preventive, diagnostic, periodontal services or periodontal surgery have been performed in the previous 36 months.  |
| <p><b>Occlusal guards</b></p>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | 1 per lifetime when performed within 6 months after osseous surgery.   |
| <p><b>Occlusal adjustment - limited</b></p>   | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | Limited to a total of two visits. Considered when performed within 6 consecutive months after covered scaling and root planing or osseous surgery.   |

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| <b>Occlusal adjustment, per quadrant</b> | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered up to the Scheduled of Allowances, subject to Annual Maximum | Coverage is limited to one service, per quadrant, in any 36-month period.  |
| <b>Consultations</b>                     | Covered at 100% of Scheduled Allowance, subject to Annual Maximum | Covered to the Scheduled of Allowances, subject to Annual Maximum    | Considered only when performed with a dentist other than the one providing treatment, limited to one consultation for each dental specialty in any 12-month period. Covered if no other treatment, other than radiographs, is performed on the same day. |
| <b>Therapeutic drug injection</b>        | Covered at 100% of Scheduled Allowance, subject to Annual Maximum |  | As needed.   |

### CLASS III - MAJOR RESTORATIVE SERVICES

| SERVICES   | IN-NETWORK   | OUT-OF-NETWORK  | NOTES   |
|--|--|---|---|
| <p><b>-Crowns, resin</b><br/> <b>- Crowns, porcelain fused to noble metal</b><br/> <b>- Crowns, full cast high noble metal or 3/4 cast metallic</b><br/> <b>- Inlay-metallic, one, two, three or more surfaces</b><br/> <b>- Onlay, in the presence of an inlay</b><br/> <b>- Core build-up, including any pins</b><br/> <b>- Pin retention/tooth (in addition to crown)</b><br/> <b>- Cast Post and Core (in addition to crown)</b><br/> <b>- Prefabricated Post and Core (in addition to crown)</b><br/> <b>- Temporary crown (fractured tooth)</b><br/> <b>- Pontic-cast noble metal, high noble metal or base metal</b><br/> <b>- Retainer-inlay or onlay-metallic</b><br/> <b>- Crown-Retainer-Porcelain fused to noble metal, high noble metal or base</b></p> | <p>Covered at 100% of Scheduled Allowance, subject to Annual Maximum</p> | <p>Covered up to the Scheduled of Allowances, subject to Annual Maximum</p> | <p>Replacement crowns, inlays and onlays are limited to one every 5 years; Considered on permanent teeth only. Allowed when needed due to decay or injury and when the tooth cannot be restored on molars.</p>  |
| <p><b>Prosthodontics</b><br/> <b>-Dental Implants</b><br/> <b>Complete upper or lower denture</b><br/> <b>- Partial upper or lower denture, resin base or chrome cast</b><br/> <b>- Removable unilateral partial denture</b><br/> <b>- Fixed bridgework</b><br/> <b>- Adjustments to complete or partial dentures, upper or lower</b><br/> <b>- Repair of dentures, bridges</b><br/> <b>- Reline or rebase complete or partial denture, upper or lower</b></p>   | <p>Covered at 100% of Scheduled Allowance, subject to Annual Maximum</p> | <p>Covered up to the Scheduled of Allowances, subject to Annual Maximum</p> | <p>Replacement prosthodontics are limited to one every 5 years.</p> <p>If implant coverage is elected we will consider the surgical placement of the implant, the implant abutment, the implant crown/appliance and any needed repairs. Implant maintenance procedures are not covered. See Replacement age and Missing tooth exclusion (top of document).</p> <p>If implant coverage is not elected the crown/appliance on top of the implant will be considered. See Replacement age and Missing tooth exclusion (top of document).</p> |

## CLASS IV - ORTHODONTIA SERVICES

| SERVICES                              | IN-NETWORK  | OUT-OF-NETWORK  | NOTES                                    |
|---------------------------------------|---|---|--|
| <b>Diagnostic services</b>            | Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400 | Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400 | Dependent Child Orthodontia Only.        |
| <b>Initial placement of appliance</b> | Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400 | Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400 | Must have placement under the age of 19. |
| <b>Monthly visits and adjustments</b> | Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400 | Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400 |  |