

HARRIS STOWE STATE UNIVERSITY



Dental Coverage

Here is your new coverage. Make sure you are aware of the deadline date for your coverage elections. If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year.



PLAN HIGHLIGHTS:

- Dental

Your Guardian plan number: 00431737

*Learn more about Guardian at
www.guardianlife.com.*



We're ready to get working for you

If you're like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we're here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytimesm, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytimesm at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!

Dental Plans

Option 1: With your **Managed Dental Care** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your **PPO** plan, you save money by visiting a PPO dentist. Out-of-network visits are not covered.

Option 3: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Managed Dental Care	Option 2: Guardian PPO (underwritten by The Guardian Life Insurance Company of America)		Option 3: Guardian PPO (underwritten by The Guardian Life Insurance Company of America)	
Network	First Commonwealth	DentalGuard Preferred		DentalGuard Preferred	
Your Monthly premium	\$16.22	\$24.51		\$36.54	
You and 1 dependent (Spouse or Child)	\$32.50	\$48.82		\$72.41	
You, spouse/domestic partner and child(ren)	\$46.57	\$79.30		\$122.39	
Plan year deductible		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No deductible	\$50	N/A	\$0	\$50
Family limit			3 per family		3 per family
Waived for		Preventive	Not applicable	Not applicable	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See "Plan Details", for more information.	100%	Not Covered	100%	100%
Basic Care		80%	Not Covered	100%	80%
Major Care		50%	Not Covered	60%	50%
Orthodontia		Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit		\$0	N/A	\$1000	\$1000
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	No			Yes
Rollover Threshold					\$500
Rollover Amount					\$250
Rollover In-network Amount					\$350
Rollover Account Limit					\$1000
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable	Not Applicable		\$1000
Office visit copay	\$5	None			None
Dependent Age Limits (Non-Student/Student)	25/26	25/26		25/26	

YOUR GUARDIAN PLAN OFFERS:

Coverage of ViziLite Plus
early cancer detection screening exams

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

Great selection of dentists
convenient to you - yours is likely in our network!

Reliable claims payment four days on average

Find out if your dentist is in Guardian's network at www.GuardianAnytime.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: Managed Dental Care	Option 2: Guardian PPO (underwritten by The Guardian Life Insurance Company of America)		Option 3: Guardian PPO (underwritten by The Guardian Life Insurance Company of America)	
		<i>Plan Pays (on average)</i>	<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	Not Covered	100%	100%
	Frequency:	Once every 6 months	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	Not Covered	100%	100%
	Limits:	No Age Limits	No Age Limits		No Age Limits	
	Oral Exams	100%	100%	Not Covered	100%	100%
	Periodontal Maintenance	80%	100%	Not Covered	100%	100%
	Frequency:	Once every 6 months (applies to all tiers) (Standard)	Once Every 6 Months		Once Every 6 Months	
Sealants (per tooth)	80%	100%	Not Covered	100%	100%	
X-rays	100%	100%	Not Covered	100%	100%	
			X-rays other than bitewings in Basic 80%			
Basic Care	Anesthesia*	Not Covered	80%	Not Covered	100%	80%
	Fillings‡	80%	80%	Not Covered	100%	80%
	Root Canal	50-80%	80%	Not Covered	100%	80%
	Scaling & Root Planing (per quadrant)	80%	80%	Not Covered	60%	50%
	Simple Extractions	80%	80%	Not Covered	100%	80%
Major Care	Bridges and Dentures	50%	50%	Not Covered	60%	50%
	Inlays, Onlays, Veneers**	50%	50%	Not Covered	60%	50%
	Perio Surgery	50%	50%	Not Covered	60%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	Not Covered	60%	50%
	Single Crowns	50%	50%	Not Covered	60%	50%
	Surgical Extractions	50%	50%	Not Covered	60%	50%
Orthodontia	Orthodontia	\$1,000 Savings	Not Covered		50%	50%
	Limits:	Adults & Child(ren)			Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings-restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Please Note: For your Managed Dental Care plan, coinsurances relate to a fixed copayment amount, please refer to your plan schedule.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy's schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive

orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ("Guardian") or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to "DHMO" or "Prepaid" is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.

For PPO and or Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan.R3-DG2000

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DHMO PLAN 3000 (MO - \$5 Office Visit Copay) SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective as of 1/1/2018



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DIAGNOSTIC

D0999	Office Visit Copay	\$5
D0120	Periodic Oral Evaluation	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Eval for Patient under 3 & Counseling with Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$0
D0160	Detailed & Extensive Evaluation, Problem Focused	\$0
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)	\$0
D0171	Re-Evaluation - Post-Operative Office Visit	\$0
D0180	Comprehensive Periodontal Examination, New or Established Patient	\$0
D0210	Intraoral - Complete Series (Incl. Bitewings)	\$0
D0220	Intraoral - Periapical First Film	\$0
D0230	Intraoral - Periapical Each Additional Film	\$0
D0240	Intraoral - Occlusal Film	\$0
D0270	Bitewing - Single Film	\$0
D0272	Bitewing X-Rays - 2 Films	\$0
D0273	Bitewing X-Rays - 3 Films	\$0
D0274	Bitewing X-Rays - 4 Films	\$0
D0277	Vertical Bitewings - 7 to 8 Films	\$0
D0330	Panoramic Film	\$0
D0415	Bacteriological Studies	\$0
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0
D0600	Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0

PREVENTIVE

D1110	Prophylaxis - Adult	\$0
D1120	Prophylaxis - Child	\$0
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients	\$0
D1208	Topical Application Of Fluoride - Excluding Varnish	\$0
D1310	Nutritional Counseling for Control of Dental Disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$6
D1352	Preventive Resin Restoration in Mod - High Caries Risk Patient - Perm Tooth	\$6
D1510	Space Maintainer - Fixed - Unilateral	\$34
D1515	Space Maintainer - Fixed - Bilateral	\$52
D1520	Space Maint-Removable - Unilateral	\$34
D1525	Space Maint-Removable - Bilateral	\$52
D1550	Re-cement or Re-bond Space Maintainer	\$17
D1555	Removal of a Space Maintainer, By Dentist Who Did Not Originally Place	\$4
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral	\$34

MINOR RESTORATIVE

D2140	Analgam - 1 Surface, Primary or Permanent	\$12
D2150	Analgam - 2 Surfaces, Primary or Permanent	\$15
D2160	Analgam - 3 Surfaces, Primary or Permanent	\$18
D2161	Analgam - 4 or More Surfaces, Primary or Permanent	\$21
D2330	Resin-Based Composite - 1 Surface, Anterior	\$15
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$19
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$22
D2335	Resin-Based Comp - 4 or More Surfaces or Involving Incisal Angle (Anterior)	\$24
D2390	Resin-Based Composite Crown, Anterior	\$60
D2391	Resin-Based Composite - 1 Surface, Posterior	\$44
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$56
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$68
D2394	Resin-Based Composite - 4 or More Surfaces, Posterior	\$72
D2929	Prefabricated Porcelain/Ceramic Crown - Primary tooth	\$75
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$9

ENDODONTICS

D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$7
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$7
D3220	Therapeutic Pulpectomy (Excluding Final Restoration)	\$18
D3221	Pulpal Debridement, Primary & Permanent Teeth	\$11
D3222	Partial Pulpectomy for Apexogenesis - Perm. Tooth with Incomplete Root	\$18
D3230	Pulp Therapy, Anterior Primary	\$47
D3240	Pulp Therapy, Posterior Primary	\$52
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$74
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$93
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$324
D3351	Apexification/Recalcification Initial Visit	\$56
D3352	Apexification/Recalcification Interim Visit	\$37
D3353	Apexification/Recalcification Final Visit	\$130
D3410	Apicoectomy - Anterior	\$194
D3421	Apicoectomy - Premolar (First Root)	\$235
D3425	Apicoectomy - Molar (First Root)	\$242

D3426	Apicoectomy (Each Additional Root)	\$87
D3427	Periradicular Surgery without Apicoectomy	\$186
D3430	Retrograde Filling - Per Root	\$33
D3450	Root Amputation Per Root	\$110
D3920	Hemisection (Incl. Root Removal/Excludes Rod)	\$104
D3950	Canal Prep & Fit of Performed Post (By Other Than Dentist Who Placed Post)	\$11

PERIODONTICS

D4210	Gingivectomy Or Gingivoplasty - 4 or More Teeth Per Quadrant	\$151
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$55
D4240	Gingival Flap Procedure, w/Root Planning - 4 or More Teeth Per Quadrant	\$177
D4241	Gingival Flap Procedure, w/Root Planning - 1 to 3 Teeth, Per Quadrant	\$112
D4212	Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth	\$39
D4245	Apically Positioned Flap	\$187
D4249	Clinical Crown Lengthening - Hard Tissue	\$223
D4260	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad	\$335
D4261	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad	\$235
D4268	Surgical Revision Procedure, Per Tooth, Inclusive in Surgery	\$0
D4341	Scaling & Root Planning - 4 or More Teeth Per Quadrant	\$28
D4342	Scaling & Root Planning - 1 to 3 Teeth, Per Quadrant	\$20
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, after Oral Evaluation	\$0
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$12
D4381	Loc. Deliv. Chemo Agent, Controlled Release into Crevos. Per Tooth	\$8
D4910	Periodontal Maintenance	\$17
D4921	Gingival Irrigation - Per Quadrant	\$2

ORAL SURGERY

D7111	Extraction, Coronar Remnants - Primary Tooth	\$9
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$14
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$70
D7220	Removal of Impacted Tooth - Soft Tissue	\$85
D7230	Removal of Impacted Tooth - Partially Bony	\$114
D7240	Removal of Impacted Tooth - Completely Bony	\$139
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp	\$152
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$67
D7280	Exposure of an Unerupted Tooth	\$139
D7310	Alveoloplasty w/Extractions - Per Quadrant	\$61
D7311	Alveoloplasty w/Ext - 1 to 3 Teeth or Spaces, Per Quadrant	\$50
D7320	Alveoloplasty Not w/Extractions - Per Quadrant	\$98
D7321	Alveoloplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant	\$71
D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm)	\$96
D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter > 1.25 Cm)	\$107
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$50
D7560	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$29
D7963	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$102
D7972	Frenulectomy	\$130
D7972	Surgical Reduction of Fibrous Tuberosity	\$67

CROWNS

D2510	Inlay - Metallic - 1 Surface*	\$182
D2520	Inlay - Metallic - 2 Surfaces*	\$217
D2530	Inlay - Metallic - 3 or More Surfaces*	\$268
D2542	Inlay - Metallic - 2 Surfaces*	\$245
D2543	Inlay - Metallic - 3 Surfaces*	\$288
D2544	Inlay - Metallic - 4 or More Surfaces*	\$290
D2610	Inlay - Porcelain Ceramic 1 Surf	\$207
D2620	Inlay - Porcelain Ceramic 2 Surf	\$230
D2630	Inlay - Porcelain Ceramic 3 Surf	\$429
D2642	Inlay - Porcelain Ceramic 2 Surf	\$260
D2643	Inlay - Porcelain Ceramic 3 Surf	\$291
D2644	Inlay - Porcelain Ceramic 4 Surf	\$311
D2650	Inlay - Resin 1 Surf	\$172
D2651	Inlay - Resin 2 Surf	\$190
D2652	Inlay - Resin 3 Surf	\$206
D2662	Inlay - Resin 2 Surf	\$200
D2663	Inlay - Resin 3 Surf	\$230
D2664	Inlay - Resin 4 Surf	\$240
D2710	Crown - Resin-Lab	\$205
D2720	Crown - Resin, High Noble Metal*	\$309
D2721	Crown - Resin, Base Metal	\$308
D2722	Crown - Resin, Noble Metal	\$308
D2740	Crown - Porcelain/Ceramic	\$323

DHMO PLAN 3000 (MO - \$5 Office Visit Copay)

D2750	Crown - Porcelain Fused to High Noble Metal*	\$302
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$266
D2752	Crown - Porcelain Fused to Noble Metal	\$297
D2780	Crown - 3/4 Cast High Noble Metal	\$203
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$303
D2782	Crown - 3/4 Cast Noble Metal	\$299
D2783	Crown - 3/4 Porcelain/Ceramic	\$323
D2790	Crown - Full Cast High Noble Metal*	\$323
D2791	Crown - Full Cast Predominantly Base Metal	\$303
D2792	Crown - Full Cast Noble Metal	\$196
D2794	Crown - Titanium	\$323
D2910	Re- cement or Re- bond Inlay, Overlay, Veneer or Partial Coverage Restoration	\$8
D2915	Re- cement or Re- bond Indirectly Fabricated or Prefabricated Post & Core	\$8
D2920	Re- cement or Re- bond Crown	\$8
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$69
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$71
D2932	Prefabricated Resin Crown	\$75
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$75
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$75
D2940	Protective Restoration	\$10
D2941	Interim Therapeutic Restoration - Primary Dentition	\$7
D2949	Restorative Foundation for an Indirect Restoration	\$32
D2950	Core Buildup, Incl. any Pins When Required	\$58
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$13
D2952	Cast Post & Core in Addition to Crown*	\$107
D2953	Each Additional Cast Post - Same Tooth*	\$10
D2954	Prefabricated Post & Core in Addition to Crown	\$78
D2957	Each Additional Prefabricated Post - Same Tooth	\$7
D2971	Additional Procedures to Construct New Crown Under Existing Partial Crown Repair	\$59
D2980	Crown Repair	\$54

FIXED BRIDGES

D6205	Pontic - Indirect Resin Based Composite	\$205
D6210	Pontic - Cast High Noble Metal*	\$323
D6211	Pontic - Cast Predominantly Base Metal	\$303
D6212	Pontic - Cast Noble Metal	\$299
D6214	Pontic - Titanium	\$323
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$323
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$244
D6242	Pontic - Porcelain Fused to Noble Metal	\$291
D6245	Pontic - Porcelain/Ceramic	\$323
D6250	Pontic - Resin, High Noble Metal*	\$323
D6251	Pontic - Resin, Noble Metal	\$289
D6252	Pontic - Resin, Base Metal	\$302
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$111
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$111
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	\$55
D6601	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$230
D6602	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$268
D6603	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$291
D6604	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$245
D6605	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$288
D6606	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$217
D6607	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$217
D6608	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$268
D6609	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$260
D6610	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$291
D6611	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$245
D6612	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$288
D6613	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$245
D6614	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$288
D6615	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$245
D6616	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$288
D6624	Retainer Inlay - Titanium	\$217
D6634	Retainer Overlay - Titanium	\$245
D6710	Retainer Crown - Indirect Resin Based Composite	\$205
D6720	Retainer Crown - Resin with High Noble Metal*	\$308
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$308
D6722	Retainer Crown - Resin with Noble Metal	\$308
D6740	Retainer Crown - Porcelain/Ceramic	\$308
D6750	Retainer Crown - Porcelain Fused to High Noble Metal*	\$323
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$243
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$291
D6780	Retainer Crown - 3/4 Cast High Noble Metal*	\$322
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$303
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$299
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$323
D6790	Retainer Crown - Full Cast High Noble Metal*	\$323
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$275
D6792	Retainer Crown - Full Cast Noble Metal	\$299
D6794	Retainer Crown - Titanium	\$323
D6930	Re- cement or Re- bond Fixed Partial Denture	\$12
D6980	Fixed Partial Denture Repair, by report	\$55

LABIAL VENEERS

D2960	Labial Veneer (Resin Laminate) - Chairside	\$176
D2961	Labial Veneer (Resin Laminate) - Lab	\$199
D2962	Labial Veneer (Porcelain Laminate) - Lab	\$268

DENTURES

D5110	Complete Denture - Maxillary	\$403
D5120	Complete Denture - Mandibular	\$403
D5130	Immediate Denture - Maxillary	\$417
D5140	Immediate Denture - Mandibular	\$417
D5211	Maxillary Partial - Resin Base	\$268
D5212	Mandibular Partial - Resin Base	\$268
D5213	Maxillary Partial - Cast Metal Framework w/Resin Bases	\$436
D5214	Mandibular Partial - Cast Metal Framework w/Resin Bases	\$436
D5221	Immediate Maxillary Partial - Resin Base	\$281
D5222	Immediate Mandibular Partial - Resin Base	\$281
D5223	Immediate Maxillary Partial - Cast Metal Framework w/Resin Bases	\$458
D5224	Immediate Mandibular Partial - Cast Metal Framework w/Resin Bases	\$458
D5225	Maxillary Partial - Flexible Base	\$436
D5226	Mandibular Partial - Flexible Base	\$436
D5281	Removable Unilateral Partial Denture	\$210
D5410	Adjust Complete Denture - Maxillary	\$18
D5411	Adjust Complete Denture - Mandibular	\$18
D5421	Adjust Partial Denture - Maxillary	\$18
D5422	Adjust Partial Denture - Mandibular	\$18
D5511	Repair Broken Complete Denture Base, Mandibular	\$55
D5512	Repair Broken Complete Denture Base, Maxillary	\$55
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$43
D5611	Repair Resin Partial Denture Base, Mandibular	\$40
D5612	Repair Resin Partial Denture Base, Maxillary	\$40
D5621	Repair Cast Partial Framework, Mandibular	\$41
D5622	Repair Cast Partial Framework, Maxillary	\$41
D5630	Repair or Replace Broken Clasp - Per Tooth	\$51
D5640	Replace Broken Teeth - Per Tooth	\$33
D5650	Add Tooth to Existing Partial Denture	\$44
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$57
D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$174
D5671	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$174
D5711	Release Complete Maxillary Denture	\$141
D5720	Release Complete Mandibular Denture	\$139
D5721	Release Maxillary Partial Denture	\$139
D5722	Release Mandibular Partial Denture	\$139
D5730	Reline Complete Maxillary Denture (Chairside)	\$78
D5731	Reline Complete Mandibular Denture (Chairside)	\$78
D5740	Reline Maxillary Partial Denture (Laboratory)	\$71
D5741	Reline Mandibular Partial Denture (Chairside)	\$71
D5750	Reline Complete Maxillary Denture (Laboratory)	\$118
D5751	Reline Complete Mandibular Denture (Laboratory)	\$114
D5760	Reline Maxillary Partial Denture (Laboratory)	\$107
D5761	Reline Mandibular Partial Denture (Laboratory)	\$107
D5850	Tissue Conditioning, Maxillary	\$44
D5851	Tissue Conditioning, Mandibular	\$44

ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	\$3,172
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	\$3,453
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	\$205
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(S))	\$260
D8681	Removable Orthodontic Retainer Adjustment	\$0

MISCELLANEOUS

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$9
D9210	Local Anesthetic, Not in Conjunction with Operative Procs.	\$0
D9215	Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D9230	Analgesia, Nitrous Oxide	\$5
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$12
D9311	Consultation with a Medical Health Care Professional	\$0
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$5
D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$5
D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D9910	Application of Desensitizing Medicament, Per Visit	\$5
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$6
D9951	Occlusal Adjustment - Limited	\$11
D9952	Occlusal Adjustment - Complete	\$28
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	\$0

DHMO PLAN 3000 (MO - \$5 Office Visit Copay)

SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective as of 1/1/2018

D9992	Dental Case Management - Care Coordination	\$0
D9993	Dental Case Management - Motivational Interviewing	\$0
D9994	Dental Case Management - Patient Education to Improve Oral Health Literacy	\$0



* Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid as of January 1, 2018. The payment responsibilities are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate.
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The best way to save money through your dental plan is by seeing a dentist in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dentist that meets your needs.

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- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of dentists' information (ie. office status, distance)
- Create a quick-list of "favorite" dentists — for easy reference online
- Get maps and directions to a dentist's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

Just go to www.GuardianAnytime.com and click on "Find a Provider". You can also find a dentist on the go from your smart phone – simply download our app.

DHMO PLAN 3000 (MO - \$5 Office Visit Copay) SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective as of 1/1/2016



DIAGNOSTIC		
D0999	Office Visit Copy.....	\$5
D0120	Periodic Oral Evaluation.....	\$0
D0140	Limited Oral Evaluation - Problem Focused.....	\$0
D0145	Oral Eval for Patient under 3 & Counseling with Primary Caregiver.....	\$0
D0150	Comprehensive Oral Evaluation - New or Established Patient.....	\$0
D0160	Detailed & Extensive Evaluation, Problem Focused.....	\$0
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative).....	\$0
D0171	Re-Evaluation - Post-Operative Office Visit.....	\$0
D0180	Comprehensive Periodontal Examination, New or Established Patient.....	\$0
D0210	Intraoral - Complete Series (Incl. Bitewings).....	\$0
D0220	Intraoral - Periapical First Film.....	\$0
D0230	Intraoral - Periapical Each Additional Film.....	\$0
D0240	Intraoral - Occlusal Film.....	\$0
D0270	Bitewing - Single Film.....	\$0
D0272	Bitewing X-Rays - 2 Films.....	\$0
D0273	Bitewing X-Rays - 3 Films.....	\$0
D0274	Bitewing X-Rays - 4 Films.....	\$0
D0277	Vertical Bitewings - 7 to 8 Films.....	\$0
D0330	Panoramic Film.....	\$0
D0415	Bacteriological Studies.....	\$0
D0460	Pulp Vitality Tests.....	\$0
D0470	Diagnostic Casts.....	\$0

PREVENTIVE		
D1110	Prophylaxis - Adult.....	\$0
D1120	Prophylaxis - Child.....	\$0
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients.....	\$0
D1208	Topical Application Of Fluoride - Excluding Varnish.....	\$0
D1310	Nutritional Counseling for Control of Dental Disease.....	\$0
D1330	Oral Hygiene Instructions.....	\$0
D1351	Sealant - Per Tooth.....	\$6
D1352	Preventive Resin Restoration in Mod - High Caries Risk Patient - Perm Tooth.....	\$6
D1510	Space Maintainer - Fixed - Unilateral.....	\$34
D1515	Space Maintainer - Fixed - Bilateral.....	\$52
D1520	Space Maint-Removable - Unilateral.....	\$34
D1525	Space Maint-Removable - Bilateral.....	\$52
D1550	Re-cement or Re-bond Space Maintainer.....	\$17
D1555	Removal of a Space Maintainer, By Dentist Who Did Not Originally Place.....	\$4

MINOR RESTORATIVE		
D2140	Amalgam - 1 Surface, Primary or Permanent.....	\$12
D2150	Amalgam - 2 Surfaces, Primary or Permanent.....	\$15
D2160	Amalgam - 3 Surfaces, Primary or Permanent.....	\$18
D2161	Amalgam - 4 or More Surfaces, Primary or Permanent.....	\$21
D2330	Resin-Based Composite - 1 Surface, Anterior.....	\$15
D2331	Resin-Based Composite - 2 Surfaces, Anterior.....	\$19
D2332	Resin-Based Composite - 3 Surfaces, Anterior.....	\$22
D2335	Resin-Based Comp - 4 or More Surfaces or Involving Incisal Angle (Anterior).....	\$24
D2380	Resin-Based Composite Crown, Anterior.....	\$60
D2391	Resin-Based Composite - 1 Surface, Posterior.....	\$44
D2392	Resin-Based Composite - 2 Surfaces, Posterior.....	\$56
D2393	Resin-Based Composite - 3 Surfaces, Posterior.....	\$68
D2394	Resin-Based Composite - 4 or More Surfaces, Posterior.....	\$72
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth.....	\$75
D2990	Resin Infiltration of Incipient Smooth Surface Lesions.....	\$9

ENDODONTICS		
D3110	Pulp Cap - Direct (Excluding Final Restoration).....	\$7
D3120	Pulp Cap - Indirect (Excluding Final Restoration).....	\$7
D3220	Therapeutic Pulpotomy (Excluding Final Restoration).....	\$18
D3221	Pulpal Debridement, Primary & Permanent Teeth.....	\$11
D3222	Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root.....	\$18
D3230	Pulp Therapy, Anterior Primary.....	\$47
D3240	Pulp Therapy, Posterior Primary.....	\$52
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration).....	\$74
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration).....	\$93
D3330	Endodontic Therapy, Molar (Excluding Final Restoration).....	\$324
D3351	Apexification/Recalcification Initial Visit.....	\$56
D3352	Apexification/Recalcification Interim Visit.....	\$37
D3353	Apexification/Recalcification Final Visit.....	\$30
D3410	Apicoectomy - Anterior.....	\$194
D3421	Apicoectomy - Bicuspid (First Root).....	\$235
D3425	Apicoectomy - Molar (First Root).....	\$242
D3426	Apicoectomy (Each Additional Root).....	\$87
D3427	Perradicular Surgery without Apicoectomy.....	\$186
D3430	Retrograde Filling - Per Root.....	\$53

D3450	Root Amputation Per Root.....	\$110
D3920	Hemisection (Incl. Root Removal/Excludes Root).....	\$104
D3950	Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post).....	\$11

PERIODONTICS		
D4210	Gingivectomy Or Gingivoplasty - 4 or More Teeth Per Quadrant.....	\$151
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant.....	\$55
D4240	Gingival Flap Procedure, w/Root Planning - 4 or More Teeth Per Quadrant.....	\$177
D4241	Gingival Flap Procedure, w/Root Planning - 1 to 3 Teeth, Per Quadrant.....	\$112
D4212	Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth.....	\$39
D4245	Apically Positioned Flap.....	\$187
D4249	Clinical Crown Lengthening - Hard Tissue.....	\$223
D4260	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad.....	\$335
D4261	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad.....	\$235
D4268	Surgical Revision Procedure, Per Tooth, Inclusive in Surgery.....	\$0
D4341	Scaling & Root Planning - 4 or More Teeth Per Quadrant.....	\$28
D4342	Scaling & Root Planning - 1 to 3 Teeth, Per Quadrant.....	\$20
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis.....	\$12
D4381	Loc. Deliv. Chem Agent, Controlled Release into Crevice, Per Tooth.....	\$8
D4910	Periodontal Maintenance.....	\$17
D4921	Gingival Irrigation - Per Quadrant.....	\$2

ORAL SURGERY		
D7111	Extraction, Coronal Remnants - Deciduous Tooth.....	\$9
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Foregus Removal).....	\$14
D7210	Surg Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, Inc. Mucoepithelial Flap if Indicated.....	\$70
D7220	Removal of Impacted Tooth - Soft Tissue.....	\$85
D7230	Removal of Impacted Tooth - Partially Bony.....	\$114
D7240	Removal of Impacted Tooth - Completely Bony.....	\$139
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp.....	\$152
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure).....	\$67
D7280	Surgical Access of an Unerupted Tooth (Non-Orthodontic).....	\$139
D7310	Alveoloplasty w/Extractions - Per Quadrant.....	\$61
D7311	Alveoloplasty w/Ex - 1 To 3 Teeth or Spaces, Per Quadrant.....	\$98
D7320	Alveoloplasty Not w/Extractions - Per Quadrant.....	\$98
D7321	Alveoloplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant.....	\$71
D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm).....	\$96
D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm).....	\$107
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue.....	\$50
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated.....	\$29
D7660	Frenulotomy (Frenectomy or Frenotomy) - Separate Procedure.....	\$102
D7963	Frenuloplasty.....	\$130
D7972	Surgical Reduction of Fibrous Tuberosity.....	\$67

CROWNS		
D2510	Inlay - Metallic - 1 Surface*.....	\$182
D2520	Inlay - Metallic - 2 Surfaces*.....	\$217
D2530	Inlay - Metallic - 3 or More Surfaces*.....	\$268
D2542	Onlay - Metallic - 2 Surfaces*.....	\$245
D2543	Onlay - Metallic - 3 Surfaces*.....	\$288
D2544	Onlay - Metallic - 4 or More Surfaces*.....	\$290
D2610	Inlay - Porcelain Ceramic 1 Surf.....	\$207
D2620	Inlay - Porcelain Ceramic 2 Surf.....	\$230
D2630	Inlay - Porcelain Ceramic 3 Surf.....	\$429
D2642	Onlay - Porcelain Ceramic 2 Surf.....	\$260
D2643	Onlay - Porcelain Ceramic 3 Surf.....	\$291
D2644	Onlay - Porcelain Ceramic 4 Surf.....	\$311
D2650	Inlay - Resin 1 Surf.....	\$172
D2651	Inlay - Resin 2 Surf.....	\$190
D2652	Inlay - Resin 3 Surf.....	\$206
D2662	Onlay - Resin 2 Surf.....	\$200
D2663	Onlay - Resin 3 Surf.....	\$230
D2664	Onlay - Resin 4 Surf.....	\$240
D2710	Crown - Resin-Lab.....	\$205
D2720	Crown - Resin, High Noble Metal*.....	\$309
D2721	Crown - Resin, Noble Metal.....	\$308
D2722	Crown - Resin, Base Metal.....	\$308
D2724	Crown - Porcelain/Ceramic Substrate.....	\$323
D2750	Crown - Porcelain Fused to High Noble Metal*.....	\$302
D2751	Crown - Porcelain Fused to Predominantly Base Metal.....	\$266
D2752	Crown - Porcelain Fused to Noble Metal.....	\$297
D2780	Crown - 3/4 Cast High Noble Metal*.....	\$323
D2781	Crown - 3/4 Cast Predominantly Base Metal.....	\$303
D2782	Crown - 3/4 Cast Noble Metal.....	\$299
D2783	Crown - 3/4 Porcelain/Ceramic.....	\$323

DHMO PLAN 3000 (MO - \$5 Office Visit Copay)

CROWNS (cont.)

D2790	Crown - Full Cast High Noble Metal*	\$323
D2791	Crown - Full Cast Predominantly Base Metal	\$303
D2792	Crown - Full Cast Noble Metal	\$196
D2794	Crown - Titanium	\$223
D2910	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post & Core	\$8
D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post & Core	\$8
D2920	Re-cement or Re-bond Crown	\$8
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$69
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$71
D2932	Prefabricated Resin Crown	\$75
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$75
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$75
D2940	Protective Restoration	\$10
D2941	Interim Therapeutic Restoration - Primary Dentition	\$7
D2949	Restorative Foundation for an Indirect Restoration	\$32
D2950	Core Buildup Incl. any Pins When Required	\$58
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$13
D2952	Cast Post & Core in Addition to Crown*	\$107
D2953	Each Additional Cast Post - Same Tooth	\$10
D2954	Prefabricated Post & Core in Addition to Crown	\$78
D2957	Each Additional Prefabricated Post - Same Tooth	\$7
D2971	Additional Procedures to Construct New Crown Under Existing Partial	\$59
D2980	Crown Repair	\$54

FIXED BRIDGES

D6205	Pontic - Indirect Resin Based Composite	\$205
D6210	Pontic - Cast High Noble Metal*	\$23
D6211	Pontic - Cast Predominantly Base Metal	\$303
D6212	Pontic - Cast Noble Metal	\$299
D6214	Pontic - Titanium	\$23
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$23
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$244
D6242	Pontic - Porcelain Fused to Noble Metal	\$291
D6245	Pontic - Porcelain/Ceramic	\$23
D6250	Pontic - Resin, High Noble Metal*	\$23
D6251	Pontic - Resin, Base Metal	\$289
D6252	Pontic - Resin, Noble Metal	\$302
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$111
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$55
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	\$30
D6600	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$230
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$29
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$217
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$268
D6604	Retainer Inlay - Cast Predominately Base Metal, Two Surfaces	\$217
D6605	Retainer Inlay - Cast Predominately Base Metal, Three or More Surfaces	\$268
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$217
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$268
D6608	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$260
D6609	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$291
D6610	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$245
D6611	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$245
D6612	Retainer Inlay - Cast Predominately Base Metal, Two Surfaces	\$288
D6613	Retainer Inlay - Cast Predominately Base Metal, Three or More Surfaces	\$288
D6614	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$245
D6615	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$288
D6624	Retainer Inlay - Titanium	\$217
D6634	Retainer Onlay - Titanium	\$245
D6710	Retainer Crown - Indirect Resin Based Composite	\$205
D6720	Retainer Crown - Resin with High Noble Metal*	\$308
D6721	Retainer Crown - Resin with Predominately Base Metal	\$308
D6722	Retainer Crown - Resin with Noble Metal	\$308
D6740	Retainer Crown - Porcelain/Ceramic	\$23
D6750	Retainer Crown - Porcelain Fused to High Noble Metal*	\$23
D6751	Retainer Crown - Porcelain Fused to Predominately Base Metal	\$243
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$291
D6780	Retainer Crown - 3/4 Cast High Noble Metal*	\$22
D6781	Retainer Crown - 3/4 Cast Predominately Base Metal	\$303
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$299
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$23
D6790	Retainer Crown - Full Cast High Noble Metal*	\$23
D6791	Retainer Crown - Full Cast Predominately Base Metal	\$275
D6792	Retainer Crown - Full Cast Noble Metal	\$299
D6794	Retainer Crown - Titanium	\$23
D6930	Re-cement or Re-bond Fixed Partial Denture	\$12
D6980	Fixed Partial Denture Repair, by report	\$55

LABIAL VENEERS

D2960	Labial Veneer (Resin Laminate) - Chairside	\$176
D2961	Labial Veneer (Resin Laminate) - Lab	\$199
D2962	Labial Veneer (Porcelain Laminate) - Lab	\$268

DENTURES

D5110	Complete Denture - Maxillary	\$403
D5120	Complete Denture - Mandibular	\$403
D5130	Immediate Denture - Maxillary	\$417
D5140	Immediate Denture - Mandibular	\$417
D5211	Maxillary Partial - Resin Base	\$268
D5212	Mandibular Partial - Resin Base	\$268
D5213	Maxillary Partial - Cast Metal Framework w/Resin Bases	\$436
D5214	Mandibular Partial - Cast Metal Framework w/Resin Bases	\$420
D5221	Immediate Maxillary Partial - Resin Base	\$281
D5222	Immediate Mandibular Partial - Resin Base	\$281
D5223	Immediate Maxillary Partial - Cast Metal Framework w/Resin Bases	\$458
D5224	Immediate Mandibular Partial - Cast Metal Framework w/Resin Bases	\$440
D5225	Maxillary Partial - Flexible Base	\$436
D5226	Mandibular Partial - Flexible Base	\$440
D5281	Removable Unilateral Partial Denture	\$210
D5410	Adjust Complete Denture - Maxillary	\$18
D5411	Adjust Complete Denture - Mandibular	\$18
D5421	Adjust Partial Denture - Maxillary	\$18
D5422	Adjust Partial Denture - Mandibular	\$18
D5510	Repair Broken Complete Denture Base	\$55
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$43
D5610	Repair Resin Denture Base	\$40
D5620	Repair Cast Framework	\$41
D5630	Repair or Replace Broken Clasp - Per Tooth	\$31
D5640	Replace Broken Teeth - Per Tooth	\$33
D5650	Add Tooth to Existing Partial Denture	\$44
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$57
D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$174
D5710	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$174
D5711	Rebase Complete Maxillary Denture	\$141
D5712	Rebase Complete Mandibular Denture	\$139
D5720	Rebase Maxillary Partial Denture	\$139
D5721	Rebase Mandibular Partial Denture	\$139
D5730	Reline Complete Maxillary Denture (Chairside)	\$78
D5731	Reline Complete Mandibular Denture (Chairside)	\$78
D5740	Reline Maxillary Partial Denture (Chairside)	\$71
D5741	Reline Mandibular Partial Denture (Chairside)	\$71
D5750	Reline Complete Maxillary Denture (Laboratory)	\$118
D5751	Reline Complete Mandibular Denture (Laboratory)	\$114
D5760	Reline Maxillary Partial Denture (Laboratory)	\$107
D5761	Reline Mandibular Partial Denture (Laboratory)	\$107
D5850	Tissue Conditioning, Maxillary	\$44
D5851	Tissue Conditioning, Mandibular	\$44

ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	\$3,172
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	\$3,453
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D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))	\$260
D8681	Removable Orthodontic Retainer Adjustment	\$0

MISCELLANEOUS

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$9
D9210	Local Anesthetic, Not in Conjunction with Operative Procs.	\$0
D9215	Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D9230	Analgesia, Nitrous Oxide	\$5
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$12
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$5
D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$5
D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D9910	Application of Desensitizing Medicament, Per Visit	\$5
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$6
D9951	Occlusal Adjustment - Limited	\$11
D9952	Occlusal Adjustment - Complete	\$28

*Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid as of January 1, 2016. The payment responsibilities are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate.

Welcome to the College Tuition Benefits Rewards program! Your Plan Sponsor has worked with Guardian to make College Tuition Benefit services available to eligible participants enrolling in the following coverage/option(s):

Coverage	Option
Dental	Option 1: Managed Dental Care (underwritten by First Commonwealth of Missouri, Inc.) Option 2: Guardian PPO (underwritten by The Guardian Life Insurance Company of America) Option 3: Guardian PPO (underwritten by The Guardian Life Insurance Company of America)

Register Today!

You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at over 380 private colleges and universities across the nation. In 2016, over \$60 million in College Tuition Benefit Rewards were submitted by high school seniors. **Here is how it works:**

- Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities) for each line of Guardian coverage (up to four lines).
- Guardian Dental participants receive a bonus after year four.
- These rewards are yours for your lifetime and can be given to children, grandchildren, nieces, nephews and godchildren.

The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

Print and cut out ID Card

College Tuition Benefits Rewards- ID Card

Register@
www.Guardian.CollegeTuitionBenefit.com

User ID: Is Your Guardian Group Plan Number that can be found on your benefit booklet
Password: Guardian

The College Tuition Benefit
435 Devon Park Drive
Building 400, Suite 410
Wayne, PA 19087
Phone: (215) 839-0119
Fax: (215) 392-3255

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The Guardian Life Insurance Company of America

The Guardian Life Insurance company of America underwrites group term life, accidental death and dismemberment, short term disability, Long term disability, critical illness, dental And vision coverages.

First Commonwealth of Missouri, Inc.

First Commonwealth of Missouri, Inc. underwrites group pre-paid dental coverage

Enrollment/Change Form

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Plan Administrator: **Stephanie Coleman**

GUARDIAN®

Guardian Life, P.O. Box 981585,
El Paso, TX 79993-1585

Please print clearly and mark carefully.

Employer Name: HARRIS STOWE STATE UNIVERSITY	Group Plan Number: 00431737	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX	Initial Enrollment	Re-Enrollment
Increase Amount	Family Status Change	Add Employee/Dependents
	Drop/Refuse Coverage	Information Change

Class: _____ Division: _____ Subtotal Code: _____
(If applicable, please obtain this from your Employer)

About You:
 First, MI, Last Name: _____ Social Security Number _____
 Address _____ City _____ State _____ Zip _____
 Gender: M F Date of Birth (mm-dd-yy): _____ - _____ - _____ Phone: () _____ - _____
 Email Address: _____ Are you married or do you have a spouse? Yes No Date of marriage/union: _____ - _____ - _____
 Do you have children or other dependents? Yes No Placement date of adopted child: _____ - _____ - _____

About Your Job: Hours worked per week: _____ Job Title: _____
 Work Status: _____
 Active Retired Cobra/State Continuation Date of full time hire: _____ - _____ - _____

About Your Family: Please include the names of the dependents you wish to enroll for coverage. A dependent is a person that you, as a taxpayer, claim; who relies on you for financial support; and for whom you qualify for a dependency tax exception. Dependency tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (First, MI, Last Name)	Gender	M	F	Social Security Number	
Address/City/State/Zip:				Date of Birth (mm-dd-yyyy)	
Phone: () -					
Child/Dependent 1:	Add	Drop	Gender	M	F
Address/City/State/Zip:				Social Security Number	Status (check all that apply) Student (post high school) Non standard dependent
Phone: () -				Date of Birth (mm-dd-yyyy)	
Child/Dependent 2:	Add	Drop	Gender	M	F
Address/City/State/Zip:				Social Security Number	Status (check all that apply) Student (post high school) Non standard dependent
Phone: () -				Date of Birth (mm-dd-yyyy)	

CEFF2015-RR-MO

www.guardianlife.com

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER
DATE FORM PUBLISHED: Aug 09, 2018

If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.

Plan design limitations and exclusions may apply. For complete details of coverage, please refer to your benefit booklet. State limitations may apply.

I hereby apply for the group benefit(s) that I have chosen above.

I understand that I must meet eligibility requirements for all coverages that I have chosen above.

I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.

I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.

I attest that the information provided above is true and correct to the best of my knowledge.

Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any knowingly, false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

The laws of New York require the following statement appear: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

SIGNATURE OF EMPLOYEE X _____

DATE _____

Enrollment Kit 00431737, 0001, EN

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Kansas, Nebraska, Oregon, and Vermont: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland and Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Thank You

If applicable, return your completed form to your plan administrator.

Please remember to:

Check the coverage you want

Include your social security number
(and those of your dependents, if applicable)

Include dates of birth

Indicate the best way to reach you

Include your name on each page of the form

Sign and date form

Date form submitted:



**Make the most of your Guardian benefits at
www.GuardianAnytime.com**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up amounts and services covered in your plan
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* claim is available online
- View and print dental or vision ID cards
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

HARRIS STOWE STATE UNIVERSITY Dental Benefits Plan