Guardian®

Watch our video
Learn how dental insurance can help you protect your long-term health and save.*

Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

Source: An Ounce of Prevention: The link between preventive dental care and better oral health and wellness, Guardian 12th Annual Workplace Benefits Study, 2024

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.

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EMERGENCY CARE PARTNERS, LLC
EASTERN CAROLINA EMERGENCY PHYSICIANS
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Your dental coverage

Option 1 or 2: Low or High plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**Option 1: Low**		**Option 2: High**	
	Tier 1	Tier 2	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Semi-monthly premium	**$15.33**		**$20.63**	
You and Spouse/Domestic Partner	$30.12		$40.73	
You and Child(ren)	$41.41		$55.51	
You, Spouse/Domestic Partner and Child(ren)	$62.73		$83.59	
Calendar year deductible	*Tier 1*	*Tier 2*	*Tier 1*	*Tier 2*
Individual	$100	$100	$50	$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*Tier 1*	*Tier 2*	*Tier 1*	*Tier 2*
Preventive Care	100%	100%	100%	100%
Basic Care	70%	70%	90%	90%
Major Care	50%	50%	65%	65%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	$1000 (applies to all levels)		$1500 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	$500		$700	
Rollover Amount	$250		$350	
Rollover In-network Amount	$350		$500	
Rollover Account Limit	$1000		$1250	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)		$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)*		26 (applies to all levels)*	

***Family coverage** for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: Low *Plan pays (on average)*		Option 2: High *Plan pays (on average)*	
		Tier 1	Tier 2	Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 per calendar year (applies to all levels)		2 per calendar year (applies to all levels)	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19 (applies to all levels)		Under Age 19 (applies to all levels)	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
Basic Care	Fillings‡	70%	70%	90%	90%
	Perio Surgery	70%	70%	90%	90%
	Periodontal Maintenance	70%	70%	90%	90%
	Frequency:	Once Every 3 Months (applies to all levels)		Once Every 3 Months (applies to all levels)	
	Root Canal	70%	70%	90%	90%
	Scaling & Root Planing (per quadrant)	70%	70%	90%	90%
	Simple Extractions	70%	70%	90%	90%
Major Care	Anesthesia*	50%	50%	65%	65%
	Bridges and Dentures	50%	50%	65%	65%
	Dental Implants	50%	50%	65%	65%
	Inlays, Onlays, Veneers**	50%	50%	65%	65%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	65%	65%
	Single Crowns	50%	50%	65%	65%
	Surgical Extractions	50%	50%	65%	65%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:	(applies to all levels)		Adults & Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

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Your dental coverage

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 filing material.
When Orthodontia coverage is for "Child(ren)" only, the dependent limiting age and the orthodontia limiting age may differ. Please review your certificate of benefits to confirm the age limit specific to orthodontic treatment. For Orthodontia to be covered, the orthodontic appliance must be placed prior to the orthodontia age limit set by your plan; If full-time status is required by your plan 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.

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

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 # DG7-P et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

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Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
$1,000 Maximum claims reimbursement	**$500** Claims amount that determines rollover eligibility	**$250** Additional dollars added to a plan's annual maximum for future years	**$350** Additional dollars added if only in-network providers were used during the benefit year	**$1,000** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

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Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
$1,500 Maximum claims reimbursement	**$700** Claims amount that determines rollover eligibility	**$350** Additional dollars added to a plan's annual maximum for future years	**$500** Additional dollars added if only in-network providers were used during the benefit year	**$1,250** The limit that cannot be exceeded within the maximum rollover account

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