

**LEGAL SERVICES FOR NEW YORK
DENTAL BENEFITS
GUARDIAN POLICY #291131**

DENTALGUARD PREFERRED

<u>ITEM</u>	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
Calendar Year Deductible	\$0	\$50.00/per person
Annual Maximum	\$1,500.00/per person	\$1,500.00/per person
Preventative and Diagnostic Services	100%	80%
Basic Services	90%	80%
Major Services	50%	50%

Out-of-Network charges are based on usual, customary and reasonable rates for a given area.

*Orthodontic services only for covered dependent children who are less than 19 years old when the active appliance is first placed.

Initial payment is made when active appliance is first placed. Further payments are made at the end of the subsequent 3 month period. Treatment must continue and the covered person must stay insured. Limit pay to a covered person's lifetime to \$1,000.00.