

ALL ELIGIBLE PARTICIPANTS AND QUALIFIED RETIREES
00424146



ARCHDIOCESE OF DENVER WELFARE BENEFITS TRUST Benefits Plan

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

- Dental

Find a Provider Online. It's easy.

- Search by: specialty, languages spoken, and more
- Side-by-side comparisons of provider information
- Get maps and driving direction
- Save your search criteria for easy access ...and much more

Go to www.Guardianlife.com. Click on "Find a Provider"

Questions? Concerns?

Helpline (888) 600-1600

*Call weekdays, 8:00AM to 8:30PM, EST. And refer
to your plan number: 00424146*

Dental Plans

Option 1 or 2 or 3: SILVER or GOLD or PLATINUM 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: SILVER		Option 2: GOLD		Option 3: PLATINUM	
Network	DentalGuard Preferred		DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$25	\$25	\$25	\$50	\$50	\$50
Family limit	3 per family		3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	80%	100%	80%
Basic Care	80%	80%	80%	60%	80%	80%
Major Care	Not Covered	Not Covered	50%	Not Covered	60%	50%
Orthodontia	Not Covered (applies to all levels)		60%	60%	50%	50%
Annual Maximum Benefit	\$750		\$2000	\$750 Combined In-Network and Out-of-Network maximum of \$750 with an additional \$1250 of benefit In-Network	\$1500	
Lifetime Orthodontia Maximum	Not Applicable		\$1500		\$1500	
Dependent Age Limits	26		26		26	

YOUR GUARDIAN PLAN OFFERS:

No charge for preventive care (subject to plan limits)

Coverage of ViziLite Plus early cancer detection screening exams

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.Guardianlife.com

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

CATEGORY	PLAN DETAILS	Option 1: SILVER <i>Plan pays (on average)</i>		Option 2: GOLD <i>Plan pays (on average)</i>		Option 3: PLATINUM <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</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%	100%	80%	100%	80%
	Frequency:	2 in 12 Months	1 in 6 Months	2 in 12 Months	1 in 6 Months	2 in 12 Months	1 in 6 Months
	Fluoride Treatments	100%	100%	100%	80%	100%	80%
	Limits:	No Age Limits		No Age Limits		No Age Limits	
	Oral Exams	100%	100%	100%	80%	100%	80%
	Periodontal Maintenance	100%	100%	100%	80%	100%	80%
	Frequency:	Once Every 3 Months		Once Every 3 Months		Once Every 3 Months	
	Sealants (per tooth)	100%	100%	100%	80%	100%	80%
X-rays	100%	100%	100%	80%	100%	80%	
Basic Care	Anesthesia*	80%	80%	80%	60%	80%	80%
	Fillings‡	80%	80%	80%	60%	80%	80%
	Perio Surgery	80%	80%	80%	60%	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	80%	60%	80%	80%
	Root Canal	80%	80%	80%	60%	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%	80%	60%	80%	80%
	Simple Extractions	80%	80%	80%	60%	80%	80%
	Surgical Extractions	80%	80%	80%	60%	80%	80%
Major Care	Bridges and Dentures	0%	0%	50%	0%	60%	50%
	Inlays, Onlays, Veneers**	0%	0%	50%	0%	60%	50%
	Single Crowns	0%	0%	50%	0%	60%	50%
Orthodontia	Orthodontia	Not Covered		60%	60%	50%	50%
	Limits:			Adults & Child(ren)	Adults & Child(ren)	Adults & Child(ren)	Adults & Child(ren)

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.

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 plan DOES NOT include coverage of pediatric dental services for members under age 19 as required under The Patient Protection and Affordable Care, Pub, L. 111-148 and the Health Care and Education Reconciliation Act of 2010, Pub, L. 111-152. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.

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.

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.