



DENTAL

Dental Benefit Summary

Group Number: 00402754

About Your Benefits:

Taking care of your teeth can be expensive. That’s why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation’s largest dental networks offering significant discounts so you know there’s always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

Option 1: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Option 2: 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 limited to our PPO fee schedule.

Your Dental Plan	Option 1: NAP: OPEN NETWORK		Option 2: VALUE: GUARDIAN NETWORK ONLY	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Your Semi-monthly premium	\$22.29		\$22.29	
You and spouse	\$48.77		\$48.77	
You and child(ren)	\$65.04		\$65.04	
You, spouse and child(ren)	\$91.57		\$91.57	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	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>
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	100%	100%
Major Care	50%	50%	60%	60%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$2000	\$2000	\$2000	\$2000
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$800		\$800	
Rollover Amount	\$400		\$400	
Rollover Account Limit	\$1500		\$1500	
Lifetime Orthodontia Maximum	\$1000		\$1000	
Dependent Age Limits(Non-Student/Student)	25/26		25/26	

A Sample of Services Covered by Your Plan:

		Option 1: NAP: OPEN NETWORK Plan pays (on average)		Option 2: VALUE: GUARDIAN NETWORK Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%
Basic Care	Anesthesia*	80%	80%	100%	100%
	Fillings‡	80%	80%	100%	100%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	100%	100%
	Simple Extractions	80%	80%	100%	100%
	X-rays	80%	80%	100%	100%
Major Care	Bridges and Dentures	50%	50%	60%	60%
	Inlays, Onlays, Veneers**	50%	50%	60%	60%
	Perio Surgery	50%	50%	60%	60%
	Periodontal Maintenance	50%	50%	60%	60%
	Frequency:	Once Every 6 Months (Standard)		Once Every 6 Months (Standard)	
	Root Canal	50%	50%	60%	60%
	Scaling & Root Planing (per quadrant)	50%	50%	60%	60%
	Single Crowns	50%	50%	60%	60%
	Surgical Extractions	50%	50%	60%	60%
Orthodontia	Orthodontia	50%	50%	50%	50%
	Limits:	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 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.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.GuardianAnytime.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.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00402754

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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.

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	Maximum Rollover Account Limit
\$2000	\$800	\$400	\$1500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Plan Annual Maximum plus Maximum Rollover cannot exceed \$3,500 in total

* 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.

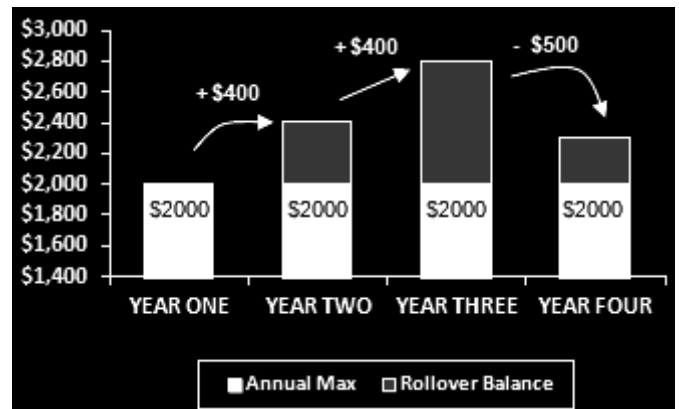
Here's how the benefits work:

YEAR ONE: Jane starts with a \$2000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$800 Threshold, she receives a \$400 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$2,400. This year, she submits \$50 in claims and receives an additional \$400 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$2,800. This year, she submits \$2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$2,300 (\$2,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, 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. Policy Form #GP-1-DG2000, et al.

Guardian Choice – Additional Details

You have the flexibility to choose the plan that can best meet your needs.

Both plans can meet your needs; the difference is how out-of-network benefits are reimbursed. If you visit a dentist in the Guardian network, you will receive the most savings through the Value Plan. If there is a possibility of using an out-of-network dentist then the Network Access Plan offers the highest out-of-network reimbursement.

Here's how this benefit works:

- **Premiums are the same for either plan**
- **Option to switch plans each year at annual enrollment time**
- **Save an average of 30% over what dentists usually charge by using network providers**

	Value Plan	Network Access Plan
Plan Description:	You receive a higher co-insurance level with this plan than you would if you selected the NAP plan – which means less out-of-pocket costs. All benefits are paid based on a fee schedule. Therefore, when using out-of-network care, the dentist may charge the difference between the fee schedule and their regular fee.	You will receive the same reimbursement for in and out-of-network dentists. Co-insurance percentages for in-network care are not as high as with the Value Plan. In-network benefits are based on a negotiated PPO fee schedule, out-of-network charges are based on local UCR (usual, customary, reasonable) charges.
Out-of-network:	<ul style="list-style-type: none"> ▪ Benefits are based on the discounted fee schedules agreed upon by our network dentists. ▪ Any amount that is charged over the fee schedule is the responsibility of the patient. 	<ul style="list-style-type: none"> ▪ Benefits are based on usual, customary and reasonable (UCR) charges that dentists in your area charge for each procedure.
Co-insurance:	<ul style="list-style-type: none"> ▪ Preventive services are covered 100%. ▪ Co-insurance for other services is higher than the Network Access Plan. 	<ul style="list-style-type: none"> ▪ Preventive services are covered 100%. ▪ Co-insurance for other services is lower than the Value Plan.

To find a dentist in your network, visit www.GuardianAnytime.com. You can also download our GuardianAnytime mobile app to use our Find-a-Provider tool.

For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

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VISION

Vision: Plan#1: VSP Network

RATES

Plan #1						
All Eligible Employees	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$8.19	\$13.79	\$14.06	\$22.26	\$1,012.38	\$12,148.56
Census	87	9	3	6		
Rate Guarantee	2 Years					

BENEFITS

All Eligible Employees	
Contribution/Participation	Voluntary, Assumes 25% of eligible employees. Vision is sold with Dental.
Dependent Age Limits	To Age 26
Network/Plan	VSP/Full Feature - Choice C
Copay	
Split(Exams/Materials)	\$20/\$20

SERVICE FREQUENCIES

Once Every:	
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Calendar Year

REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (Before Copay)
Eye Exams Benefit	\$20	\$39 max
Lenses Benefit		
Single Vision	\$20	\$23 max
Bifocal	\$20	\$37 max
Trifocal	\$20	\$49 max
Lenticular	\$20	\$64 max
Contact Lenses Benefit**		
Medically Necessary	Covered after copay	\$210 max
Elective	\$130 max (Copay waived)	\$100 max (Copay waived)
Fitting and Evaluation	Member pays up to \$60. 15% discount on the fee	Included in the Contact Lens Allowance
Frames Benefit	\$130 retail max + 20% off balance	\$46 max
Visions Upgrade Options Included	• Retail Chain Provider	Not Applicable

**In lieu of eyeglass lenses and/or frames

PLAN HIGHLIGHTS

- Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care network in the industry with over 70,000 provider access points nationwide. It's easy to find a network provider at GuardianAnytime.com.
- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.

(continued)

Plan #1: VSP Choice Plan

Flexible, Cost-Effective Vision Coverage

Members have nationwide access to quality vision providers and affordable pricing on all lens options (savings average 20%-25%), and can choose any frame, lens type or brand on the market.

Member Cost for Lens Options

LENS OPTION	SINGLE VISION	MULTI-FOCAL
Solid Plastic Dye (Pink I and II)	\$0	\$0
Solid Plastic Dye (Except Pink I & II)	\$15	\$15
Plastic Gradient Dye	\$17	\$17
UV Protection	\$16	\$16
Factory Applied Scratch-Resistant Coating	\$17	\$17
Polycarbonate Lenses (covered in full for dependent children)	\$31	\$35
Anti-Reflective Coating	\$41	\$41
Photochromatic Lenses – Plastic	\$70	\$82

Member Cost for Progressive Lens Options

LENS OPTION	MULTI-FOCAL
Custom Progressive – Plastic	\$150-\$175
Premium Progressive – Plastic	\$95-\$105
Standard Progressive – Plastic	\$55

IMPORTANT NOTES

- Premium options are negotiated and may vary.
- Prices shown reflect the standard option price for each respective category, are only available through VSP Choice Preferred Providers, and are subject to change without notice.
- Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms.
- VSP and VSP Choice Plan are registered trademarks of Vision Service Plan.
- Guardian's Vision 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.

Vision: Plan#1: VSP Network

PLAN HIGHLIGHTS (continued)

- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.
- Your plan includes Retail Chain Providers, your employees have the convenience of popular retail chains like Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates, Rxoptical and more. Benefits may vary at some retail chain provider locations.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. See the participation table for other participation rates. We reserve the right to withdraw this proposal if actual participation is below 25%.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

Vision: Plan #2 Guardian Network

RATES

Plan #2						
All Eligible Employees	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$7.47	\$12.58	\$12.82	\$20.30	\$923.37	\$11,080.44
Census	87	9	3	6		
Rate Guarantee	2 Years					

BENEFITS

All Eligible Employees	
Contribution/Participation	Voluntary, Assumes 25% of eligible employees. Vision is sold with Dental.
Dependent Age Limits	To Age 26
Network/Plan	Guardian Vision/Full Feature - C
Copay	
Split(Exams/Materials)	\$20/\$20

SERVICE FREQUENCIES

Once Every:	
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Calendar Year

REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (No Copay)
Eye Exams Benefit	\$20	\$59 max
Lenses Benefit		
Single Vision	\$20	\$30 max
Bifocal	\$20	\$50 max
Trifocal	\$20	\$65 max
Lenticular	\$20	\$100 max
Contact Lenses Benefit**		
Medically Necessary	Covered (Copay waived)	\$210 max
Elective	\$150 max (Copay waived)	\$120 max
Fitting and Evaluation	Member pays Standard: \$50; Custom: \$75	Included in the Contact Lens Allowance
Frames Benefit	\$150 retail max + 20% off balance	\$70 max

**In lieu of eyeglass lenses and/or frames

PLAN HIGHLIGHTS

- Significant out-of-pocket savings available by visiting one of Guardian Vision's network locations including retail centers such as Walmart, JC Penney, Sears, Target, Sam's Club, Costco, Pearle, America's Best, For Eyes and Visionworks.
- Members will receive up to 45% off the provider's UCR on lens options. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full.
- Members receive a 20% discount off the amount exceeding the copay and allowance on frames purchased from a participating provider.
- Members receive up to 25% off the national average for Laser Correction Surgery.
- Members receive 30-60% off retail for Hearing services when there's no insured benefit on the plan.
- Additional discounts are not available at Costco, Walmart and Sam's Club locations.

Vision: Plan #2 Guardian Network

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. See the participation table for other participation rates. We reserve the right to withdraw this proposal if actual participation is below 25%.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

Guardian Vision

- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eye.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-VSN-17, et al

VSP Network

- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-VSN-96-1 et al.
- Guardian's Vision Insurance products are underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.