

## Dental

## BENEFITS

		All Eligible Employees	
		In-Network	Out-of-Network
<b>Contribution/Participation</b>		Voluntary, assumes 61% of eligible employees.	
<b>Deductible</b>		<b>\$50</b>	<b>\$100</b>
Period		Calendar Year	
Family Limit		3 per family	
Waived For		Preventive	Preventive
<b>Annual Maximum</b>		<b>\$2,000 plus Maximum Rollover</b>	
<b>Maximum Rollover</b>			
Threshold		\$800	
Rollover Amount		\$400	
In-Network only Rollover		\$600	
Account Limit		\$1,500	
<b>Claim Payment Basis</b>		Negotiated Fee Schedule	Negotiated Fee Schedule
<b>Network</b>		DentalGuard Preferred	
<b>Coinsurance - Preventive</b>		<b>100%</b>	<b>100%</b>
		♦ Oral Exams (once/6 mos.) ♦ Cleanings (once/6 mos.) ♦ Fluoride Treatment (to age 19, once/6 mos.) ♦ X-Rays (Bitewings only) ♦ Sealants (to age 16, once/36 mos.) ♦ Space Maintainers/Harmful Habit Appliances	
<b>Coinsurance - Basic</b>		<b>80%</b>	<b>80%</b>
		♦ X-Rays (Other than Bitewings)(Full-mouth series once/60 mos.) ♦ Fillings ♦ Perio Maintenance Procedure (once/6 mos.) ♦ Periodontal Services (eg Scaling and Root Planing) ♦ Periodontal Surgery ♦ Simple Extractions ♦ Complex Extractions ♦ Endodontic Services (eg. Root Canal) ♦ Repair & Maintenance of Crowns, Bridges & Dentures ♦ General Anesthesia	
<b>Coinsurance - Major</b>		<b>50%</b>	<b>50%</b>
		♦ Bridges & Dentures ♦ Implants ♦ Single Crowns ♦ Inlays, Onlays & Veneers	
<b>Dependent Age Limits</b>		20 (26 if a full-time or part-time student)	
<b>Waiting Periods</b>		Major - 12 months for future enrollees	
<b>Plan Type &amp; Code</b>		Flex Value Plan (VU0Y)	

## PLAN HIGHLIGHTS

**Strong Network Coverage Nationwide - providing choice and savings**

- Guardian has one of the nation's largest selection of network dentists and we're growing fast, with over 115,000 dentists at more than 370,000 locations.
- It's easy to find a network dentist at [GuardianAnytime.com](http://GuardianAnytime.com).

**Dental Flex Value Plan**

- With a Flex Value Plan, in-network and out-of-network benefits are paid at the same coinsurance percentages, and all benefits are paid based on the discounted PPO fees. When employees seek in-network care, they receive our regular PPO savings. If they choose to seek out-of-network care, they'll still receive benefits. However, they may be responsible for the difference between the discounted PPO fees and the out-of-network dentist's regular fees for the services that are performed. With some of the Flex Value Plans, you can include provisions that: set deductibles higher for out-of-network care than in-network care; waive deductibles for in-network preventive services, but not the out-of-network preventive deductible; and have a lower annual max for out-of-network care than in-network care.

**International Dental Travel Assistance**

- While traveling internationally, Guardian members can get a referral to a local dentist for immediate dental care through the International Dental Travel Assistance Program. This service is available 24/7, in over 200 countries. Coverage will be considered under the out-of-network benefits.
- International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with (The) Guardian Life Insurance (Company of America) ("Guardian"), and the services they provide are separate and apart from the benefits provided by Guardian.

**College Tuition Benefit**

- 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.) These rewards are yours for your lifetime and can be given to Children, Grandchildren, Nieces, Nephews and Godchildren. Visit [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com) to learn more!

## IMPORTANT NOTES

**Rates and Premiums were determined using a census of employees and dependents currently enrolled for coverage at time of quote. If the provided information was missing additional office locations or census counts for office locations, the rates shown are illustrative only. Final rates and premiums will be produced when information regarding office locations and related census counts is received and will be based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- We reserve the right to adjust rates if actual participation is below assumed level. We also reserve the right to adjust rates if there is an average of more than 4 children per dependent unit (EE+CH or FAM).
- We reserve the right to withdraw this proposal if actual employee participation is below 25%; minimum of 5 enrolled employees. This requirement does not apply to any Managed Dental Care plans quoted.
- A Dental Prosthesis will not be covered when replacing a tooth or teeth lost or extracted before being covered under this Plan unless they were extracted while covered by the Prior Plan.
- Cleanings and Perio Maintenance Procedures share the frequency. Limited to a total of one cleaning or one perio maintenance procedure in any 6 consecutive month period.
- If your plan includes Section 125/Flex Plan, open enrollment must be held the month prior to the renewal/anniversary date.

**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.
- Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Depending on plan type, deductibles, waiting periods, per service frequency limitations, and payment limits may apply.
- The list of dental services shown is not exhaustive.
- This coverage will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description.

### **This plan does not pay for:**

- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition.
- Cosmetic or experimental treatments, unless specifically listed in the BENEFIT DETAIL section of this proposal as a covered cosmetic service.
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device.
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws.
- Replacing an appliance or prosthetic device with a like appliance or device, unless: a) it is damaged while in the covered person's mouth in an injury suffered while insured, and can't be fixed; or b) can't be made usable and meets the replacement age criteria selected by the employer.
- Treatment for which no charge is made.
- The replacement of extracted or missing third molars/wisdom teeth.
- Treatment of congenital or developmental malformations, or the replacement of congenitally missing teeth.
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations.
- Any procedure performed in conjunction with, as part of, or related to a non-covered procedure.
- Any procedure not specifically listed as a covered benefit.
- GP-1-DG2000 et al.
- Guardian Dental is underwritten 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.