

Dental

RATES

Plan #3

	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premiums	Annual Premium
Monthly Rate	\$23.98	\$48.67	\$53.74	\$83.02	\$143.88	\$1,726.56
Census	6	0	0	0		
Rate Guarantee	1 Year					

BENEFITS

All Eligible Employees

	In-Network	Out-of-Network
Contribution/Participation	Voluntary, assumes 67% of eligible employees.	
Deductible	\$100	
Period	Lifetime	
Family Limit	3 per family	
Waived For	Preventive	Preventive
Annual Maximum	\$2,500 plus Maximum Rollover	
Maximum Rollover		
Threshold	\$900	
Rollover Amount	\$450	
In-Network only Rollover	\$700	
Account Limit	\$1,500	
Preventive Advantage	Included	Included
Claim Payment Basis	Negotiated Fee Schedule	Negotiated Fee Schedule
Network	DentalGuard Preferred	
Coinsurance - Preventive	100%	90%
	• Oral Exams (once/6 mos.) • Cleanings (once/6 mos.) • X-Rays (Full-mouth series once/60 mos.) • Fluoride Treatment (to age 19, once/6 mos.) • Sealants (to age 16, once/36 mos.) • Space Maintainers/Harmful Habit Appliances	
Coinsurance - Basic	100%	70%
	• Fillings (include posterior composites) • Perio Maintenance Procedure (once/6 mos.) • Periodontal Services (eg Scaling and Root Planing) • Periodontal Surgery • Endodontic Services (eg. Root Canal) • Repair & Maintenance of Crowns, Bridges & Dentures • General Anesthesia	
Coinsurance - Major	60%	40%
	• Bridges & Dentures • Implants • Single Crowns • Simple Extractions • Complex Extractions • Inlays, Onlays & Veneers	
Dependent Age Limits	To Age 26	
Waiting Periods	None	
Plan Type & Code	Split Value Plan (MQ)	

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.

Dental Split Value Plan

- With Split Value Plan, employees have a great incentive to use in-network dentists. Both in-network and out-of-network benefits are paid based on the discounted PPO fees, and in-network benefits are paid at a higher coinsurance percentage than out-of-network benefits. So, 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.

(continued)

Dental

PLAN HIGHLIGHTS (continued)

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.

Preventive Advantage

- Members have an unlimited preventive care maximum (frequency/age limitations still apply). Members obtain preventive care, including exams, cleanings, x-rays and fluoride treatments, without having the benefit deducted from their annual maximum. The entire annual maximum amount is preserved for basic and major services. Preventive care will continue to be covered even after the annual maximum is met. Preventive Advantage promotes preventive care to help keep members healthy and productive while extending the value of their annual maximum.

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 to learn more!

IMPORTANT NOTES

Rates and Premiums were determined using a census of eligible employees and dependents provided 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).
- 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.
- We reserve the right to withdraw this proposal if actual participation is below 30%; minimum of 4 enrolled employees.
- If your plan includes Section 125/Flex Plan, open enrollment must be held the month prior to the renewal/anniversary date.

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

PARTICIPATION

	Plan #1	Plan #2	Plan #3
0-24%	-	-	-
25-29%	-	x1.45	x1.42
30-34%	-	x1.38	x1.34
35-39%	-	x1.31	x1.28
40-44%	-	x1.30	x1.27
45-49%	-	x1.22	x1.19
50-54%	-	x1.13	x1.11
55-59%	-	x1.13	x1.11
60-64%	-	x1.05	x1.02
65-69%	-	x1.02	x1.00
70-74%	-	x1.02	x1.00
75-79%	-	x1.00	x0.98
80-84%	-	x1.00	x0.98
85-89%	-	x1.00	x0.98
90-94%	-	x0.99	x0.97
95-100%	-	x0.99	x0.97

Note: Multiply applicable rates by these factors for other participation rates.

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.