

DENTAL BENEFIT SUMMARY

RATES				
	Employee Only	Employee + Spouse	Employee +Child(ren)	Family
Monthly Rate	\$43.80	\$87.60	\$93.36	\$142.33

Rate Guarantee: 1 Year

BENEFITS				
All Eligible Employees				
	In-Network		Out-of-Network	
Contribution/Participation	Voluntary, Enrollment Success Plan (ESP) included. If ESP guidelines are followed, minimum participation requirements will be waived.			
Deductible	Period	\$50 Calendar Year		3 per family
	Family Limit	Preventive		Preventive
	Waived For			
Annual Maximum	\$2,000 plus Maximum Rollover			
Maximum Rollover	Threshold	\$700		
	Rollover Amount	\$350		
	In-Network only Rollover	\$500		
	Account Limit	\$1,250		
Claim Payment Basis	Negotiated Fee Schedule		Negotiated Fee Schedule	
Network	DentalGuard Preferred			
Coinsurance - Preventive	100%		100%	
	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	80%		80%	
	Fillings Perio Maintenance Procedure (once/6 mos.) Periodontal Services (eg Scaling and Root Planing) Periodontal Surgery Simple Extractions w Endodontic Services (eg. Root Canal) Repair & Maintenance of Crowns, Bridges & Dentures General Anesthesia			
Coinsurance - Major	50%		50%	
	Bridges & Dentures Single Crowns w Complex Extractions Inlays, Onlays & Veneers			
Replacement Age for Prosthetic Devices (Crowns, Bridges & Dentures)	5 Years			
Dependent Age Limits	To Age 26			
Waiting Periods	None			
Plan Type & Code	Value Plan (VZ)			

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 Value Plan

- With Value Plan, in-network and out-of-network benefits are paid at the same coinsurance percentages, but all benefits are paid based on the discounted PPO fees. 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.

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.

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.

- 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.

DENTAL Maximum Rollover

Guardian's Innovative Dental Maximum Rollover

Members Can Accumulate Annual Maximum Dollars

With Maximum Rollover, we'll roll over a portion of each DentalGuard member's unused annual maximum into their personal Maximum Rollover Account (MRA). The MRA can be used in future years if a member reaches the plan's annual maximum. If a member uses the services of preferred providers exclusively during the benefit year, we'll increase the amount credited to his or her MRA.

To qualify, a member must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year.

Each member's MRA may not exceed the MRA limit.

The employee and each insured dependent maintain separate MRAs based on their own claim activity. Employers, employees, and dependents can view their annual MRA statements online at www.GuardianAnytime.com

How Maximum Rollover Works

Depending on the plan's annual maximum, an individual's claims dollars for the year must not exceed a certain amount called the "threshold". If the threshold is not exceeded, an individual can rollover the set Maximum Rollover Amount that is pre-determined based on the annual maximum. To encourage in-network care, more money is rolled over if in-network dentists are used exclusively during the benefit year. The Maximum Rollover Limit is the most money that can be kept in the Maximum Rollover Account.

Consider the following example: if a plan's annual maximum is \$1,500, up to \$500 of unused annual maximum could be rolled over to the next year as long as in-network dentists are used exclusively and annual claims do not exceed \$700. In this case, the Maximum Rollover Account Limit would be \$1,250.

Maximum Rollover Lite

For cost-conscious employers looking to control escalating costs at future renewals, Maximum Rollover Lite offers Maximum Rollover amounts and limits that are 50% lower than the traditional plans.

Key Facts on Maximum Rollover

If an amount has been rolled over into an individual's MRA and a claim for preventive services is not submitted the following benefit year, the member will not lose the amount currently in his/her MRA amount.

- For calendar year accumulation cases with a plan 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, claim activity in 2014 will be used by and applied to MRAs for use in 2015.
- The Maximum Rollover feature applies to new entrants who join the plan (calendar year or policy year accumulation) with 3 months or less remaining in the benefit year, as of the next benefit year.
- The Maximum Rollover feature 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.
- If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, the non-PPO maximum determines the Maximum Rollover plan.
- The Maximum Rollover feature is not available in some states and on cases that don't cover Major services.