

Dental Benefit Summary

Group Number: 00460054

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

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

| Your Dental Plan | PPO | |
|---|-----------------------|-----------------------|
| Your Network is | DentalGuard Preferred | |
| Your Monthly premium | \$27.32 | |
| You and spouse/domestic partner | \$54.78 | |
| You and child(ren) | \$71.19 | |
| You, spouse/domestic partner and child(ren) | \$98.64 | |
| Calendar year deductible | <i>In-Network</i> | <i>Out-of-Network</i> |
| Individual | \$50 | \$50 |
| Family limit | 3 per family | |
| Waived for | Preventive | None |
| Charges covered for you (co-insurance) | <i>In-Network</i> | <i>Out-of-Network</i> |
| Preventive Care | 100% | 100% |
| Basic Care | 90% | 80% |
| Major Care | 60% | 50% |
| Orthodontia | 50% | 50% |
| Annual Maximum Benefit | \$1500 | \$1500 |
| Maximum Rollover | Yes | |
| Rollover Threshold | \$700 | |
| Rollover Amount | \$350 | |
| Rollover In-network Amount | \$500 | |
| Rollover Account Limit | \$1250 | |
| Lifetime Orthodontia Maximum | \$1000 | |
| Dependent Age Limits | 26 | |

A Sample of Services Covered by Your Plan:

| | | PPO Plan pays (on average) | |
|-----------------|---|--------------------------------------|----------------|
| | | In-network | Out-of-network |
| Preventive Care | Cleaning (prophylaxis) | 100% | 100% |
| | Frequency: | Once Every 6 Months | |
| | Fluoride Treatments | 100% | 100% |
| | Limits: | Under Age 19 | |
| | Oral Exams | 100% | 100% |
| | Sealants (per tooth) | 100% | 100% |
| | X-rays | 100% | 100% |
| Basic Care | Anesthesia* | 90% | 80% |
| | Fillings‡ | 90% | 80% |
| | Perio Surgery | 90% | 80% |
| | Periodontal Maintenance | 90% | 80% |
| | Frequency: | Once Every 6 Months (Standard) | |
| | Repair & Maintenance of Crowns, Bridges & Dentures | 90% | 80% |
| | Root Canal | 90% | 80% |
| | Scaling & Root Planing (per quadrant) | 90% | 80% |
| | Simple Extractions | 90% | 80% |
| | Surgical Extractions | 90% | 80% |
| Major Care | Bridges and Dentures | 60% | 50% |
| | Inlays, Onlays, Veneers** | 60% | 50% |
| | Single Crowns | 60% | 50% |
| Orthodontia | Orthodontia | 50% | 50% |
| | Limits: | 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.

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-I-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Vision Benefit Summary

Group Number: 00460054

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

| Your Vision Plan | Full Feature |
|--|----------------------------|
| Your Network is | VSP Network Signature Plan |
| Your Monthly premium | \$ 10.72 |
| You and spouse/domestic partner | \$ 18.04 |
| You and child(ren) | \$ 18.40 |
| You, spouse/domestic partner and child(ren) | \$ 29.12 |
| Copay | |
| Exams Copay | \$ 10 |
| Materials Copay (waived for elective contact lenses) | \$ 25 |

| Sample of Covered Services | <i>You pay (after copay if applicable):</i> | |
|--|--|-----------------------|
| | <i>In-network</i> | <i>Out-of-network</i> |
| Eye Exams | \$0 | Amount over \$46 |
| Single Vision Lenses | \$0 | Amount over \$47 |
| Lined Bifocal Lenses | \$0 | Amount over \$66 |
| Lined Trifocal Lenses | \$0 | Amount over \$85 |
| Lenticular Lenses | \$0 | Amount over \$125 |
| Frames | 80% of amount over \$120 ¹ | Amount over \$47 |
| Contact Lenses (Elective) | Amount over \$120 | Amount over \$120 |
| Contact Lenses (Medically Necessary) | \$0 | Amount over \$210 |
| Contact Lenses (Evaluation and fitting) | 15% off UCR | No discounts |
| Cosmetic Extras | Avg. 30% off retail price | No discounts |
| Glasses (Additional pair of frames and lenses) | 20% off retail price [^] | No discounts |
| Laser Correction Surgery Discount | Up to 15% off the usual charge or 5% off promotional price | No discounts |

| Service Frequencies | |
|--|-------------------------------------|
| Exams | Every 12 months |
| Lenses (for glasses or contact lenses)‡‡ | Every 12 months |
| Frames | Every 24 months |
| Network discounts (cosmetic extras, glasses and contact lens professional service) | Limitless within 12 months of exam. |

Dependent Age Limits 26

Visit www.GuardianAnytime.com and click on "Find a Provider"

VSP

- ‡Benefit includes coverage for glasses or contact lenses, not both.
- ^ For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- †Extra \$20 on select brands

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.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

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- I-VSN-96-VIS et al.

Laser Correction Surgery:

On average, 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.