

RATES

Plan #2						
	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premiums	Annual Premium
Monthly Rate	\$15.04	\$31.55	\$34.55	\$51.08	\$4,669.82	\$56,037.84
Census	213	27	3	10		
Rate Guarantee	1 Year					
Renewal Cap	8.0% at first renewal					

BENEFITS

		All Eligible Employees	
		In-Network	Out-of-Network
Contribution/Participation	Voluntary, assumes 77% of eligible employees.		
Deductible	\$50		
Period	Calendar Year		
Family Limit	3 per family		
Waived For	Preventive	Preventive	
Annual Maximum	\$1,000	Maximums for In-Network and Out-of-Network are inclusive	
Claim Payment Basis	Negotiated Fee Schedule		Negotiated Fee Schedule
Network	DentalGuard Preferred		
Coinsurance - Preventive	100%	100%	
	♦ Oral Exams (twice/12 mos.) ♦ Cleanings (twice/12 mos.) ♦ X-Rays (Full-mouth series once/36 mos.) ♦ Fluoride Treatment (to age 19, twice/12 mos.) ♦ Sealants (to age 16, once/36 mos.) ♦ Space Maintainers/Harmful Habit Appliances ♦ Oral Cancer Screenings, includes Vizilite (age 40 or older, once/24 mos.)		
Coinsurance - Basic	80%	80%	
	♦ Fillings ♦ Perio Maintenance Procedure (twice/12 mos.) ♦ Periodontal Services (eg Scaling and Root Planing) ♦ Periodontal Surgery ♦ Simple Extractions ♦ Complex Extractions ♦ General Anesthesia		
Coinsurance - Major	Not Covered	Not Covered	
	♦ Bridges & Dentures ♦ Endodontic Services (eg. Root Canal) ♦ Single Crowns ♦ Repair & Maintenance of Crowns, Bridges & Dentures ♦ Inlays, Onlays & Veneers		
Dependent Age Limits	To Age 26		
Waiting Periods	None		
Plan Type & Code	Value Plan (VZ)		

PLAN HIGHLIGHTS

Strong Network Coverage Nationwide

- Guardian's DentalGuard Preferred network is the #2 network nationally and we're growing fast. In many parts of the country, Guardian offers more providers than any other network (Netminder, 3/12).
- Guardian has over 100,000 dentists at more than 256,000 locations.
- Network dentists charge discounted fees - savings average 34%.
- Guardian has an easy to use provider online search. Just visit GuardianLife.com and select 'Find a Provider'.

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 PPO fee schedule. 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 substantial benefits, although the dentist may charge them up to their regular fee.

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 Guardian Life Insurance, and the services they provide are separate and apart from the benefits provided by Guardian Life Insurance.

IMPORTANT NOTES

Rates and Premiums were determined using a census of employees and dependents currently enrolled for coverage. Final rates and premiums are 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 pre-paid dental plans quoted.
- Cleanings and Perio Maintenance Procedures share the frequency. Limited to a total of two cleanings or two perio maintenance procedures in any 12 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

- 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.