



THE CHOICE PLAN - J1

How it works:

The employees choose the plan that's right for them.

Which plan is the right the plan?

Option 1: Choose this option if your provider is out of network, providing you greater protection from balance billing with its 90% UCR out of network reimbursement.

Option 2: Choose this option if your provider is in-network or you're willing to seek a network provider to take advantage of the high in-network coinsurance levels.

	OPTION 1	OPTION 2
	Coinsurance	Coinsurance
	In & Out	In & Out
Preventive	100%	100%
Basic	80%	100%
Major	50%	60%
Deductible	\$50	\$50
	(waived for Preventive)	(waived for Preventive)
Out of Network Reimbursement	90% UCR	Fee Schedule
Annual Maximum	\$1,000	\$1,000

- ◊ Maximum Rollover
- ◊ Composite Fillings covered
- ◊ Vision Access
- ◊ National Network w/ Over 100,000 Provider Locations
- ◊ Perio & Endo covered under Basic Services

Area	ZIPs	Enrolled Employees													
		2-4 lives				5-9 lives (Ortho requires 3 child units)				10-15 lives (Ortho requires 4 child units)					
		EE	EE+SP	EE+CH	FAM	EE	EE+SP	EE+CH	FAM	Ortho	EE	EE+SP	EE+CH	FAM	Ortho
New York City	100-104,111-114,116	\$ 57.65	\$ 111.47	\$ 131.85	\$ 185.67	\$ 54.77	\$ 105.89	\$ 125.26	\$ 176.39	\$ 13.74	\$ 51.90	\$ 100.35	\$ 118.70	\$ 167.15	\$ 14.60
Putnam County, Long Island	105*,110,115,117-119	\$ 53.17	\$ 102.80	\$ 121.60	\$ 171.23	\$ 50.51	\$ 97.66	\$ 115.52	\$ 162.67	\$ 13.01	\$ 47.87	\$ 92.55	\$ 109.48	\$ 154.16	\$ 13.83
Lower Westchester, Putnam Area, Orange County	105*,106-108,109**	\$ 54.00	\$ 104.41	\$ 123.51	\$ 173.92	\$ 51.30	\$ 99.19	\$ 117.34	\$ 165.23	\$ 13.13	\$ 48.62	\$ 94.00	\$ 111.19	\$ 156.58	\$ 13.96
Rockland	109**	\$ 50.29	\$ 97.24	\$ 115.02	\$ 161.97	\$ 47.78	\$ 92.38	\$ 109.27	\$ 153.87	\$ 12.56	\$ 45.28	\$ 87.54	\$ 103.55	\$ 145.81	\$ 13.34

PREVENTIVE

Emergency Palliative Treatment
 Fluoride Treatments; every six months No Age Limit.
 Oral Examination - every six months
 Space Maintainers for Children - under age 16
 Teeth Cleaning - every six months
 Topical Sealants for unrestored molar teeth - one treatment for child(ren) under 16 in a three (3) year period
 X-Rays - four bitewings every twelve months full mouth series every five years

BASIC

Crowns: Stainless Steel
 Diagnostic Consultation- one per year
 Endodontic Services/Root Canal Therapy
 Fillings: Anterior and Posterior Composites
 General Anesthesia- surgical procedures only
 Injectable Antibiotics- treatment of a dental condition only
 Laboratory Test
 Oral Surgery- Uncomplicated extractions
 Periodontal Services (Maintenance every 3 months)
 Repairs of dentures, bridgework, crowns, etc.

MAJOR

Bridges Installation-fixed and removable
 Crowns: Resin, Metal and
 Dentures- Full and Partial
 Inlays
 Onlays
 Posts

- With Guardian Choice plan, employees select either a Network Access Plan (Option 1) or a Value Plan (Option 2) and can change their election annually. Premium rates are the same for both plans.
- With Value plan (Option 2), 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, the dentist may charge them the difference between the negotiated fee schedule and their regular fee.
- With a NAP plan (Option 1), in-network benefits are based on a negotiated PPO fee schedule; out-of-network benefits are based on local UCR charges. While employees retain complete freedom of choice, the employee benefits when using an in-network dentist because our significant PPO discounts result in less out-of-pocket expenses.
- For virgin groups of 2-9 enrolled employees, a 12 month deferral of major and periodontic services applies. This wait will be waived for current employees and dependents if the group presently has dental coverage with major coverage (a copy of the current carrier's bill is required for proof). To waive the deferral requirement for all employees for 5-9 cases, multiply rates by 1.03 for Transfer Cases and by 1.15 for Non-Transfer Cases.
- The administrative fee on all 2-15 groups is \$2 per employee per month, up to a maximum of \$10 per month. This will be waived if the planholder enrolls in Guardian Anytime and selects the online billing and payment option.
- If there is an average of more than 4 children per dependent (EE+CH or FAM) unit, call your Guardian Sales Office for more information.
- Guardian requires either a minimum monthly premium of \$83.33 or minimum annual premium of \$1,000.
- Rates assume contributory cases. For non-contributory, multiply rates by 0.96
- Dependent children are covered up to age 20, or age 26 if full-time student.
- Groups with 5-9 lives require a 12 month waiting period for Ortho coverage. The waiting period can be waived only for currently enrolled employees of a transferred group if Ortho is in force with the prior plan.
- Optional Child Orthodontia is permitted for 5-15 lives only (50% coinsurance; \$1000 lifetime max)
- Three deductibles per family
- Rates assume at least 65% participation
- Rates valid for quotes presented between 1/1/2010 and 6/30/2010

For rates specific to these occupations, please contact your sales office.

Veterinary Services: 074x
 Automobile Sales & Service: 55xx
 Government Employees: 43xx, 91xx-97xx
 Insurance and Real Estate: 64xx, 653x
 Entertainers: 792x
 Sports Teams: 7999
 Dentists: 802x
 Legal Services: 81xx
 Teachers: 821x-822x, 8243-8244, 8249, 8

DentalGuard Dental Insurance Plan General Limitations and Exclusions:

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 services (except as covered under Preventive Services), orthodontic (unless expressly provided for), cosmetic or experimental treatments, 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. GP-1-DNTL-90-1 et al.



THE CHOICE PLAN - J2

How it works:

The employees choose the plan that's right for them.

Which plan is the right the plan?

Option 1: Choose this option if your provider is out of network, providing you greater protection from balance billing with its 90% UCR out of network reimbursement.

Option 2: Choose this option if your provider is in-network or you're willing to seek a network provider to take advantage of the high in-network coinsurance levels.

	OPTION 1 Coinsurance In & Out	OPTION 2 Coinsurance In & Out
Preventive	100%	100%
Basic	60%	80%
Major	40%	50%
Deductible	\$50 (waived for Preventive)	\$50 (waived for Preventive)
Out of Network Reimbursement	90% UCR	Fee Schedule
Annual Maximum	\$1,000	\$1,000

- ◊ Maximum Rollover
- ◊ Composite Fillings covered
- ◊ Vision Access
- ◊ National Network w/ Over 100,000 Provider Locations
- ◊ Perio & Endo covered under Basic Services

Area	ZIPs	Enrolled Employees													
		2-4 lives				5-9 lives (Ortho requires 3 child units)				10-15 lives (Ortho requires 4 child units)					
		EE	EE+SP	EE+CH	FAM	EE	EE+SP	EE+CH	FAM	Ortho	EE	EE+SP	EE+CH	FAM	Ortho
New York City	100-104,111-114,116	\$ 48.36	\$ 93.49	\$ 110.59	\$ 155.73	\$ 45.94	\$ 88.82	\$ 105.06	\$ 147.94	\$ 13.74	\$ 43.53	\$ 84.17	\$ 99.56	\$ 140.20	\$ 14.60
Putnam County, Long Island	105*,110,115,117-119	\$ 44.60	\$ 86.22	\$ 102.00	\$ 143.62	\$ 42.37	\$ 81.91	\$ 96.90	\$ 136.44	\$ 13.01	\$ 40.15	\$ 77.63	\$ 91.82	\$ 129.30	\$ 13.83
Lower Westchester, Putnam Area, Orange County	105*,106-108,109**	\$ 45.30	\$ 87.58	\$ 103.60	\$ 145.88	\$ 43.03	\$ 83.20	\$ 98.42	\$ 138.58	\$ 13.13	\$ 40.78	\$ 78.84	\$ 93.26	\$ 131.33	\$ 13.96
Rockland	109**	\$ 42.18	\$ 81.56	\$ 96.48	\$ 135.85	\$ 40.07	\$ 77.48	\$ 91.65	\$ 129.06	\$ 12.56	\$ 37.98	\$ 73.42	\$ 86.85	\$ 122.30	\$ 13.34

PREVENTIVE

Emergency Palliative Treatment
 Fluoride Treatments; every six months No Age Limit.
 Oral Examination - every six months
 Space Maintainers for Children - under age 16
 Teeth Cleaning - every six months
 Topical Sealants for unrestored molar teeth - one treatment for child(ren) under 16 in a three (3) year period
 X-Rays - four bitewings every twelve months full mouth series every five years

BASIC

Crowns: Stainless Steel
 Diagnostic Consultation- one per year
 Endodontic Services/Root Canal Therapy
 Fillings: Anterior and Posterior Composites
 General Anesthesia- surgical procedures only
 Injectable Antibiotics- treatment of a dental condition only
 Laboratory Test
 Oral Surgery- Uncomplicated extractions
 Periodontal Services (Maintenance every 3 months)
 Repairs of dentures, bridgework, crowns, etc.

MAJOR

Bridges Installation-fixed and removable
 Crowns: Resin, Metal and
 Dentures- Full and Partial
 Inlays
 Onlays
 Posts

- With Guardian Choice plan, employees select either a Network Access Plan (Option 1) or a Value Plan (Option 2) and can change their election annually. Premium rates are the same for both plans.
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- With a NAP plan (Option 1), in-network benefits are based on a negotiated PPO fee schedule; out-of-network benefits are based on local UCR charges. While employees retain complete freedom of choice, the employee benefits when using an in-network dentist because our significant PPO discounts result in less out-of-pocket expenses.
- For virgin groups of 2-9 enrolled employees, a 12 month deferral of major and periodontic services applies. This wait will be waived for current employees and dependents if the group presently has dental coverage with major coverage (a copy of the current carrier's bill is required for proof). To waive the deferral requirement for all employees for 5-9 cases, multiply rates by 1.03 for Transfer Cases and by 1.15 for Non-Transfer Cases.
- The administrative fee on all 2-15 groups is \$2 per employee per month, up to a maximum of \$10 per month. This will be waived if the planholder enrolls in Guardian Anytime and selects the online billing and payment option.
- If there is an average of more than 4 children per dependent (EE+CH or FAM) unit, call your Guardian Sales Office for more information.
- Guardian requires either a minimum monthly premium of \$83.33 or minimum annual premium of \$1,000.
- Rates assume contributory cases. For non-contributory, multiply rates by 0.96
- Dependent children are covered up to age 20, or age 26 if full-time student.
- Groups with 5-9 lives require a 12 month waiting period for Ortho coverage. The waiting period can be waived only for currently enrolled employees of a transferred group if Ortho is in force with the prior plan.
- Optional Child Orthodontia is permitted for 5-15 lives only (50% coinsurance; \$1000 lifetime max)
- Three deductibles per family
- Rates assume at least 65% participation
- Rates valid for quotes presented between 1/1/2010 and 6/30/2010

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 Entertainers: 792x
 Sports Teams: 7999
 Dentists: 802x
 Legal Services: 81xx
 Teachers: 821x-822x, 8243-8244, 8249, 8

DentalGuard Dental Insurance Plan General Limitations and Exclusions:

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THE CHOICE PLAN - J3

How it works:

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	OPTION 1 Coinsurance In & Out	OPTION 2 Coinsurance In & Out
Preventive	100%	100%
Basic	50%	80%
Major	25%	50%
Deductible	\$50 (waived for Preventive)	\$50 (waived for Preventive)
Out of Network Reimbursement	90% UCR	Fee Schedule
Annual Maximum	\$1,000	\$1,000

- ◊ Maximum Rollover
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Area	ZIPs	Enrolled Employees													
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Putnam County, Long Island	105*,110,115,117-119	\$ 39.59	\$ 76.54	\$ 90.54	\$ 127.50	\$ 37.61	\$ 72.72	\$ 86.01	\$ 121.12	\$ 13.01	\$ 35.64	\$ 68.91	\$ 81.51	\$ 114.78	\$ 13.83
Lower Westchester, Putnam Area, Orange County	105*,106-108,109**	\$ 40.21	\$ 77.74	\$ 91.96	\$ 129.50	\$ 38.20	\$ 73.86	\$ 87.36	\$ 123.02	\$ 13.13	\$ 36.20	\$ 69.99	\$ 82.79	\$ 116.58	\$ 13.96
Rockland	109**	\$ 37.45	\$ 72.40	\$ 85.64	\$ 120.60	\$ 35.57	\$ 68.78	\$ 81.36	\$ 114.57	\$ 12.56	\$ 33.71	\$ 65.18	\$ 77.10	\$ 108.57	\$ 13.34

PREVENTIVE

Emergency Palliative Treatment
 Fluoride Treatments; every six months No Age Limit.
 Oral Examination - every six months
 Space Maintainers for Children - under age 16
 Teeth Cleaning - every six months
 Topical Sealants for unrestored molar teeth - one treatment for child(ren) under 16 in a three (3) year period
 X-Rays - four bitewings every twelve months full mouth series every five years

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Crowns: Stainless Steel
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MAJOR

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 Dentures- Full and Partial
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