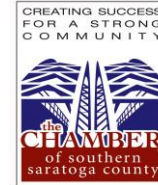




GUARDIAN DENTAL PLAN #295675 DIV #0001
Rates effective April 1, 2016 - March 31, 2017



Low Option #295675 Class 0003			High Option #295675 Class 0007		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Individual		\$42.04		\$45.81	
2-Person		\$81.44		\$90.76	
Family		\$116.28		\$130.46	
<i>Monthly Rates (Rates shown do not include the \$2 monthly administrative fee)</i>					
Office Visit Co-pay	None	None	None	None	None
<i>(One office visit may cover multiple services)</i>					
Preventive	100%	100%	100%	100%	100%
Basic	100%	80%	90%	80%	80%
Major	0%	0%	60%	50%	50%
Orthodontia	N/A	N/A	N/A	N/A	N/A
Calendar Year Deductible	\$50	\$50	\$50	\$50	\$75
<i>Once the annual deductible is met by each of three family members, no further deductibles apply.</i>					
Calendar Year Maximum	\$750		\$1,000		
<i>The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services</i>					
Maximum Rollover Detail			Maximum Rollover Detail		
N/A			Threshold	\$500	
			Rollover amount	\$250	
			In-network Only Rollover amount	\$350	
			Maximum Rollover Account Limit:	\$1,000	
			N/A		
If a member uses Guardian Preferred Providers exclusively during the benefits year, the amount is increased to \$350.					
Each employee and dependent maintain separate MRA's based on their own claim activity.					
Dependents covered to Age 26					
Group eligibility: 1-4 employees 100% participation required - 5-49 employees 75% participation required					
Coverage starts the 1st of the month following 30 days of Membership/hire - Employee must work minimum of 35 hours					
Open Enrollment is in March for April 1st when plan renews					

SUMMARY ONLY - TERMS OF THE CONTRACT PREVAIL