
Group Number: 00484359

POWER COMPONENT SYSTEMS, INC.

ALL OTHER ELIGIBLE EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Dental
- Vision

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00484359

Welcome

Dear POWER COMPONENT SYSTEMS, INC. Employee,

We are happy to have been chosen by POWER COMPONENT SYSTEMS, INC. to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are underwritten and issued 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.

2018-71635 (12/20)

Dental Benefit Summary

Group Number: 00484359

A Dental insurance plan through Guardian:

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation’s largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian’s find a provider mobile app
- Fast and easy claim payments

About Your Benefits:

Option 1: Dominion Select/Managed Dental Care plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: Guardian PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Your Dental Plan	Option 1: Dominion Select/Managed Dental Care	Option 2: Guardian PPO	
Your Network is	Dominion	DentalGuard Preferred	
Calendar year deductible		<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No deductible	\$50	\$100
Family limit		3 per family	
Waived for		Preventive	None
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See	100%	80%
Basic Care	“Plan Details”, for	80%	70%
Major Care	more information.	50%	40%
Orthodontia		Not Covered (applies to all levels)	
Annual Maximum Benefit		\$1500	\$1500
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$700	
Rollover Amount		\$350	
Rollover In-network Amount		\$500	
Rollover Account Limit		\$1250	
Lifetime Orthodontia Maximum	Unlimited	Not Applicable	
Office visit copay	\$10	None	
Dependent Age Limits	26	26	

A Sample of Services Covered by Your Plan:

		Option 1: Dominion Select/Managed Dental Care Your Coverage¥	Option 2: Guardian PPO Plan pays (on average)	
		Network only	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	85-100%	100%	80%
	Frequency:	2 per calendar year	2 per calendar year	
	Fluoride Treatments	85-100%	100%	80%
	Limits:	No Age Limits	Under Age 19	
	Oral Exams	85-100%	100%	80%
	Sealants (per tooth)	60-70%	100%	80%
	X-rays	85-100%	100%	80%
Basic Care	Fillings‡	60-70%	80%	70%
	Simple Extractions	60-70%	80%	70%
Major Care	Anesthesia*	50-60%	50%	40%
	Bridges and Dentures	50-60%	50%	40%
	Dental Implants	Discount	Not Covered	Not Covered
	Inlays, Onlays, Veneers**	50-60%	50%	40%
	Perio Surgery	50-60%	50%	40%
	Periodontal Maintenance	60-70%	50%	40%
	Frequency:	2 per calendar year	2 per calendar year	
	Repair & Maintenance of Crowns, Bridges & Dentures	50-60%	50%	40%
	Root Canal	50-60%	50%	40%
	Scaling & Root Planing (per quadrant)	50-60%	50%	40%
	Single Crowns	50-60%	50%	40%
Surgical Extractions	50-60%	50%	40%	
Orthodontia	Orthodontia	40-45%	Not Covered	
	Limits:	Adults & 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 (Veneers are not covered on the Select/Pre-Paid Plan) 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. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings. ¥Approximate percentage of coverage based on the Captiva Context Fee Schedule's 80th percentile. A specific copayment schedule is enclosed.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter 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.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00484359

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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.
- This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy's schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ("Guardian") or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to "DHMO" or "Prepaid" is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.
- **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

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700-Series Select Plan Exclusions & Limitations

Select Plan Exclusions

1. Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. **NON-'S' PLANS:** Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their UCR that will vary between specialists. **'S' PLANS:** Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is only required in Maryland. Participating Dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
15. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Select Plan Limitations

1. Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year.

700-Series Select Plan Exclusions & Limitations

3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year.
5. Two (2) bitewing x-rays are covered per calendar year.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
7. One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
10. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once every 24 months.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant.
14. Full mouth debridement is covered once per lifetime.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
17. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0145	Oral eval for a patient under 3 years of age	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	0
D0170	Re-evaluation - limited, problem focused	0
D0210	Intraoral - complete series (including bitewings).....	26
D0220	Intraoral - periapical first film.....	0
D0230	Intraoral - periapical each add. film.....	0
D0240	Intraoral - occlusal film.....	0
D0250/60	Extraoral - first film and each add. film	0
D0270-74	Bitewing x-rays - 1 to 4 films	0
D0277	Vertical bitewings - 7 to 8 films	0
D0330	Panoramic film	30
D0340	Cephalometric Film	0
D0350	Oral/facial photographic images	0
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D1110	Prophylaxis (cleaning) - adult	13
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1120	Prophylaxis (cleaning) - child	10
D1203	Topical application of fluoride - child	0
D1204	Topical application of fluoride - adult.....	0
D1206	Topical fluoride varnish for mod/high risk caries patients ..	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0
D1351	Sealant - per tooth	21
D1352	Prev resin rest. mod/high caries risk - perm. tooth	21
SPACE MAINTAINERS		
D1510/20	Space maintainer - fixed/removable - unilateral	143
D1515/25	Space maintainer - fixed/removable - bilateral	198
D1550	Re-cementation of space maintainer	34
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	41
D2150	Amalgam - two surfaces, prim. or perm.	51
D2160	Amalgam - three surfaces, prim. or perm.	64
D2161	Amalgam - >=4 surfaces, prim. or perm.	78
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	69
D2331	Resin-based composite - two surfaces, anterior	83
D2332	Resin-based composite - three surfaces, anterior	99
D2335	Resin-based composite - >=4 surfaces, anterior	119
D2391	Resin-based composite - one surface, posterior	73
D2392	Resin-based composite - two surfaces, posterior	87
D2393	Resin-based composite - three surfaces, posterior	102
D2394	Resin-based composite - >=4 surfaces, posterior	123
D2940	Sedative filling.....	39
D2951	Pin retention - per tooth, in addition to restoration	22
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	192
D2510	Inlay - metallic - one surface.....	407
D2520	Inlay - metallic - two surfaces	407
D2530	Inlay - metallic - three or more surfaces	425
D2542	Onlay - metallic-two surfaces.....	458
D2543	Onlay - metallic-three surfaces	524
D2544	Onlay - metallic-four or more surfaces	524
D2610	Inlay - porcelain/ceramic - one surface	427
D2620	Inlay - porcelain/ceramic - two surfaces	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D2642	Onlay - porcelain/ceramic - two surfaces.....	479
D2643	Onlay - porcelain/ceramic - three surfaces	499
D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D2650	Inlay - resin-based composite - one surface.....	440
D2651	Inlay - resin-based composite - two surfaces	440
D2652	Inlay - resin-based composite - >=3 surfaces	440
D2662	Onlay - resin-based composite - two surfaces.....	444
D2663	Onlay - resin-based composite - three surfaces	444
D2664	Onlay - resin-based composite - >=4 surfaces	444
D2710	Crown - resin based composite (indirect)	272
D2712	Crown - 3/4 resin-based composite (indirect)	485

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D2720/21/22	Crown - resin with metal	495
D2740	Crown - porcelain/ceramic substrate	560
D2750/51/52	Crown - porcelain fused metal	523
D2780/81/82	Crown - 3/4 cast with metal	478
D2783	Crown - 3/4 porcelain/ceramic	511
D2790/91/92	Crown - full cast metal	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43
D2930	Prefab. stainless steel crown - prim. tooth	110
D2931	Prefab. stainless steel crown - perm. tooth.....	121
D2932	Prefabricated resin crown	140
D2950	Core buildup, including any pins	125
D2952	Cast post and core in addition to crown.....	186
D2954	Prefab. post and core in addition to crown	154
D2955	Post removal (not in conj. with endo. therapy).....	105
D2970	Temporary crown (fractured tooth).....	0
D2980	Crown repair, by report	102
PROSTHETICS (DENTURES)		
D5110/20	Complete denture - maxillary/mandibular	697
D5130/40	Immediate denture - maxillary/mandibular	722
D5211/12	Maxillary/mandibular partial denture - resin base	649
D5213/14	Maxillary/mandibular partial denture - cast metal	750
D5225/26	Maxillary/mandibular partial denture - flexible base.....	750
D5281	Rem. unilateral partial denture - one piece cast metal	419
D5410/11	Adjust complete denture - maxillary/mandibular	38
D5421/22	Adjust partial denture - maxillary/mandibular	38
D5510/5610	Repair broken denture base (complete/resin)	87
D5520	Replace missing or broken teeth - complete denture	87
D5620	Repair cast framework	87
D5630/60	Clasp repaired, replaced or added	115
D5640	Replace broken teeth - per tooth	87
D5650	Add tooth to existing partial denture	87
D5670/71	Replace all teeth and acrylic on cast metal framework ..	287
D5710/11	Rebase complete maxillary/mandibular denture	260
D5720/21	Rebase maxillary/mandibular partial denture	260
D5730/31	Reline complete maxillary/mandibular denture (chairside) ..	159
D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D5750/51	Reline complete maxillary/mandibular denture (lab).....	224
D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D5810/11	Interim complete denture - maxillary/mandibular	362
D5820/21	Interim partial denture - maxillary/mandibular	362
D5850/51	Tissue conditioning - maxillary/mandibular	79
BRIDGE & PONTICS*		
D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
(incl. D0360-D0363 cone beam imaging w/ implants)		
D6210/11/12	Pontic - metal	495
D6240/41/42	Pontic - porcelain fused metal	523
D6245	Pontic - porcelain/ceramic	560
D6250/51/52	Pontic - resin with metal	495
D6545	Retainer - cast metal for resin bonded fixed prosthesis ..	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis ..	393
D6600	Inlay - porc./ceramic, two surfaces	427
D6601	Inlay - porc./ceramic, >=3 surfaces.....	445
D6602	Inlay - cast high noble metal, two surfaces	407
D6603	Inlay - cast high noble metal, >=3 surfaces	425
D6604	Inlay - cast predominantly base metal, two surfaces	407
D6605	Inlay - cast predominantly base metal, >=3 surfaces	425
D6606	Inlay - cast noble metal, two surfaces.....	407
D6607	Inlay - cast noble metal, >=3 surfaces	425
D6608	Onlay -porc./ceramic, two surfaces	479
D6609	Onlay - porc./ceramic, three or more surfaces	499
D6610	Onlay - cast high noble metal, two surfaces	458
D6611	Onlay - cast high noble metal, >=3 surfaces	524
D6612	Onlay - cast predominantly base metal, two surfaces ..	458
D6613	Onlay - cast predominantly base metal, >=3 surfaces ..	524
D6614	Onlay - cast noble metal, two surfaces.....	458
D6615	Onlay - cast noble metal, >=3 surfaces	524
D6720/21/22	Crown - resin with metal	495
D6740	Crown - porcelain/ceramic	560
D6750/51/52	Crown - porcelain fused metal	523
D6780	Crown - 3/4 cast high noble metal	470
D6781	Crown - 3/4 cast predominantly base metal	470
D6782	Crown - 3/4 cast noble metal	470
D6783	Crown - 3/4 porc./ceramic.....	511
D6790/91/92	Crown - full cast metal	495
D6930	Recement fixed partial denture	69
D6970	Post and core in addition to fixed part. dent. ret.	185
D6972	Prefab post and core in addition to fixed part. dent. ret. ..	154

Plan 703x

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D6973	Core build up for retainer, including any pins.....	125
D6975	Coping - metal	325
D6976	Each add. indirectly fabricated post - same tooth.....	130
D6977	Each add. prefab post - same tooth.....	60
D6980	Fixed partial denture repair, by report.....	172

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia	0
D9220	Deep sedation/general anesthesia - first 30 min.	205
D9221	Deep sedation/general anesthesia - each add. 15 min.	103
D9241	Intravenous conscious sedation/analgesia - first 30 min.	205
D9242	IV conscious sedation/analgesia - each add. 15 min.	103
D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide.....	37
D9310	Consultation (diagnostic service by nontreating dentist).....	43
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9990	Broken office appointment	50

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	94
D3310	Endodontic therapy, anterior tooth.....	341
D3320	Endodontic therapy, bicuspid tooth.....	418
D3330	Endodontic therapy, molar.....	512
D3333	Internal root repair of perforation defects.....	105
D3346	Retreat of prev. root canal therapy, anterior.....	387
D3347	Retreat of prev. root canal therapy, bicuspid.....	465
D3348	Retreat of prev. root canal therapy, molar.....	558
D3410	Apicoectomy/periradicular surgery, anterior.....	323
D3421	Apicoectomy/periradicular surgery, bicuspid (first root).....	364
D3425	Apicoectomy/periradicular surgery, molar (first root).....	418
D3426	Apicoectomy/periradicular surgery (each add. root).....	152
D3430	Retrograde filling - per root.....	119
D3450	Root amputation - per root.....	234
D3920	Hemisection, not inc. root canal therapy.....	234
D3950	Canal prep/fitting of preformed dowel or post.....	136

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D4241	Gingival flap proc., inc. root planing - <=3 cont. teeth, per quad.....	106
D4260	Osseous surgery - >3 cont. teeth, per quad.....	499
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392
D4268	Surgical revision proc., per tooth.....	358
D4274	Distal or proximal wedge procedure.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	63
D4355	Full mouth debridement.....	89
D4381	Localized delivery of chemotherapeutic agents.....	98
D4910	Periodontal maintenance.....	74
D9940	Occlusal guard, by report.....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	56
D7140	Extraction, erupted tooth or exposed root.....	69
D7210	Surgical rem. of erupted tooth req. bone cut.....	133
D7220	Removal of impacted tooth - soft tissue.....	151
D7230	Removal of impacted tooth - partially bony.....	196
D7240	Removal of impacted tooth - completely bony.....	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D7250	Surgical removal of residual tooth roots.....	141
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D7280	Surgical access of an unerupted tooth.....	153
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D7310/20	Alveoloplasty, per quad.....	141
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263

¹As performed by a Participating General Dentist. See Plan Exclusion #13.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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ORTHODONTICS²

D8660	Pre-orthodontic treatment visit.....	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

² Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

- Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Participating Dentist, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their UCR that will vary between specialists.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc. **10**
Current Dental Terminology © American Dental Association.

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1500	\$700	\$350	\$500	\$1250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,750 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

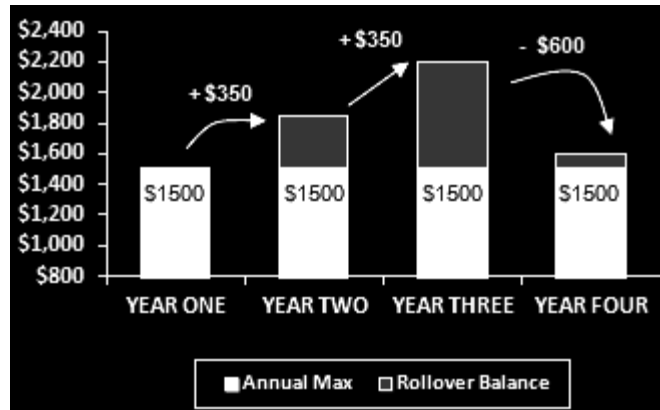
Here's how the benefits work:

YEAR ONE: Jane starts with a \$1,500 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$700 Threshold, she receives a \$350 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,850. This year, she submits \$50 in claims and receives an additional \$350 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$2,200. This year, she submits \$2,100 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,600 (\$1,500 Plan Annual Maximum + \$100 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an 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, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover 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. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, 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.

Policy Form #GP-1-DG2000, et al.

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Vision Benefit Summary
Group Number: 00484359

Why choose Guardian for your Vision insurance:

For just a few dollars a month, this coverage saves you money on optical wellness, as well as providing discounts on eyewear, contacts, and corrective vision services

- Extensive network of vision specialists and medical professionals
- Affordable coverage
- Quick and easy claim payments

About Your Benefits:

Option I: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, Visionworks®, and Visionworks Online®.

Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
Copay		
Exams Copay	\$ 10	
Materials Copay <i>(waived for elective contact lenses)</i>	\$ 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 \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$130* ²	Amount over \$70
Contact Lenses <i>(Elective and conventional)</i>	85% of amount over \$130*	Amount over \$105
Contact Lenses <i>(Planned replacement and disposable)</i>	85% of amount over \$130*	Amount over \$105
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$225
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses <i>(for glasses or contact lenses)††</i>	Every calendar year	
Frames	Every two calendar years	
Network discounts <i>(glasses and contact lens professional service)</i>	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26	
	Visit www.GuardianAnytime.com and click on "Find a Provider"	

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Davis

- Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Due to lower prices available at Costco, Wal-mart and Sam's Club locations, some private providers may not allow discounts
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only 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.
- ²Extra \$50 at Visionworks stores and at Visionworks.com. Members can also use their in network benefits at Visionworks.com.
- Davis Vision offers 2,000 College Tuition Benefit Rewards, which are administered by SAGE CTB, LLC.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter 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.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00484359.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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-DAVIS-05-VIS et al.

Laser Correction Surgery:

Up to 25% off for vision laser surgery.

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.

College Tuition Benefit Self-Registration

Welcome to the College Tuition Benefit Rewards program. Create your Rewards account to take advantage of Tuition Rewards® that can be used to pay up to one year's tuition at 400+ participating colleges and universities nationwide.

How it Works

- Go to guardian.collegetuitionbenefit.com to set up your SAGE Scholars Tuition Rewards account. Your User ID is your Guardian Group Plan Number that can be found in the card below or in your benefit booklet. Password is Guardian.
- You'll earn 2,000 Tuition Rewards every year you are enrolled in a plan that includes the College Tuition Benefit. Each Tuition Reward point equals a \$1 reduction in full tuition.
- Rewards can be given to children, stepchildren, grandchildren, nieces, nephews and Godchildren. Each student receives an additional 500 Tuition Rewards once registered. Rewards never expire and can be kept forever.

See how rewards add up when you enroll in your Guardian plan!

Guardian Insurance Product	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Davis Vision	2,000	2,000	2,000	2,000	2,000	2,000	2,000	14,000
Total	2,000	2,000	2,000	2,000	2,000	2,000	2,000	14,000

Guardian Davis Vision Rewards are offered by Davis Vision and are credited to your Guardian account like other Rewards. Registration is the same as other Guardian products that have CTB.


Important Deadlines

- You must register students in your Rewards account by August 24 of the year when the student begins 11th grade.
- The last day for allocating earned Tuition Rewards to a student registered in your Rewards account is August 24 of the year the student begins 12th grade.

Visit guardian.collegetuitionbenefit.com to register, see a full list of participating schools and learn more.

The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit (CTB) is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. 2019-79659 (05-21)

(Print and cut out ID Card)

College Tuition Benefits Rewards ID Card	 COLLEGE TUITION BENEFIT
Register @ Guardian.CollegeTuitionBenefit.com User ID: plan number Password: Guardian	The College Tuition Benefit Phone: 215 839 0119 Email: support@collegetuitionbenefit.com



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective: 05/01/2016

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your Protected Health Information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law.

Guardian is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. Copies of our current Notice may be obtained by contacting Guardian (using the information supplied below), or on our Web site at www.guardianlife.com/privacy-policy.

What is Protected Health Information (PHI):

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and long term care coverage).

In What Ways may Guardian Use and Disclose your Protected Health Information (PHI):

Guardian has the right to use or disclose your PHI without your written authorization to assist in your treatment, to facilitate payment and for health care operations purposes. There are certain circumstances where we are required by law to use or disclose your PHI. And there are other purposes, listed below, where we are permitted to use or disclose your PHI without further authorization from you. Please note that examples are provided for illustrative purposes only and are not intended to indicate every use or disclosure that may be made for a particular purpose.

Guardian has the right to use or disclose your PHI for the following purposes:

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to supply information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and resources you may receive. For example, we may disclose your PHI for payment purposes to a health care provider or a health plan. Such purposes may include: ascertaining your range of benefits; certifying that you received treatment; requesting details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations, such as administrative or business functions. For example, we may use your PHI for underwriting and premium rating purposes. However, we will not use or disclose your genetic information for underwriting purposes and are prohibited by law from doing so.

Appointment Reminders. Guardian may use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Plan Sponsors. Guardian may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Guardian is required to use or disclose your PHI:

- To you or your personal representative (someone with the legal right to make health care decisions for you);
- To the Secretary of the Department of Health and Human Services, when conducting a compliance investigation, review or enforcement action related to health information privacy or security; and
- Where otherwise required by law.

Guardian is Required to Notify You of any Breaches of Your Unsecured PHI.

Although Guardian takes reasonable, industry-standard measures to protect your PHI, should a breach occur, Guardian is required by law to notify affected individuals. Under federal medical privacy law, a breach means the acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted by law that compromises the security or privacy of the PHI.

Other Uses and Disclosures.

Guardian may also use and disclose your PHI for the following purposes without your authorization:

- We may disclose your PHI to persons involved in your care or payment for care, such as a family member or close personal friend, when you are present and do not object, when you are incapacitated, under certain circumstances during an emergency or when otherwise permitted by law.
- We may use or disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may use or disclose your PHI in an emergency, directly to or through a disaster relief entity, to find and tell those close to you of your location or condition
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to a government oversight agency authorized by law to conducting audits, investigations, or civil or criminal proceedings.
- We may use or disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for organ or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services.
- We may use or disclose your PHI to comply with workers' compensation and other similar programs.
- We may disclose your PHI to third party business associates that perform services for us, or on our behalf (e.g. vendors).
- We may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations authorized by law.
- We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (e.g., for the institution to provide you with health care services, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals).
- We may use or disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

We generally will not sell your PHI, or use or disclose PHI about you for marketing purposes without your authorization unless otherwise permitted by law.

Your Rights with Regard to Your Protected Health Information (PHI):

Your Authorization for Other Uses and Disclosures. Other than for the purposes described above, or as otherwise permitted by law, Guardian must obtain your written authorization to use or disclose your PHI. You have the right to revoke that authorization in writing except to the extent that: (i) we have taken action in reliance upon the authorization prior to your written revocation, or (ii) you were required to give us your authorization as a condition of obtaining coverage, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under federal and state law, certain kinds of PHI may require enhanced privacy protections. These forms of PHI include information pertaining to:

- HIV/AIDS testing, diagnosis or treatment
- Venereal and /or communicable Disease(s)
- Genetic Testing
- Alcohol and drug abuse prevention, treatment and referral
- Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

Your Right to an Accounting of Disclosures. An ‘accounting of disclosures’ is a list of certain disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures of your PHI that were made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

We ask that you submit your request in writing by completing our form. Your request may state a requested time period not more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g., paper, electronically). Our form for Accounting of Disclosure requests is available at www.guardianlife.com/privacy-policy.

Your Right to Obtain a Paper Copy of This Notice. You have a right to request a paper copy of this notice even if you have previously agreed to accept this notice electronically. You may obtain a paper copy of this notice by sending a request to the contact information listed at the end of this notice.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Guardian or the Secretary of U.S. Department of Health and Human Services. If you wish to file a complaint with Guardian, you may do so using the contact information below. You will not be penalized for filing a complaint.

Please submit any exercise of the Rights designated below to Guardian in writing using the contact information listed below. For some requests, Guardian may charge for reasonable costs associated with complying with your requests; in such a case, we will notify you of the cost involved and provide you the opportunity to modify your request before any costs are incurred.

Your Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Guardian is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

Your Right to Request Confidential Communications. You have the right to request that Guardian communicate with you about your PHI be in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We are required to accommodate all reasonable requests made in writing, when such requests clearly state that your life could be endangered by the disclosure of all or part of your PHI.

Your Right to Amend Your PHI If you feel that any PHI about you, which is maintained by Guardian, is inaccurate or incomplete, you have the right to request that such PHI be amended or corrected. Within your written request, you must provide a reason in support of your request. Guardian reserves the right to deny your request if: (i) the PHI was not created by Guardian, unless the person or entity that created the information is no longer available to amend it (ii) if we do not maintain the PHI at issue (iii) if you would not be permitted to inspect and copy the PHI at issue or (iv) if the PHI we maintain about you is accurate and complete. If we deny your request, you may submit a written statement of your disagreement to us, and we will record it with your health information.

Your Right to Access to Your PHI. You have the right to inspect and obtain a copy of your PHI that we maintain in designated record sets. Under certain circumstances, we may deny your request to inspect and copy your PHI. In an instance where you are denied access and have a right to have that determination reviewed, a licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

How to Contact Us:

If you have any questions about this Notice or need further information about matters covered in this Notice, please call the toll-free number on the back of your Guardian ID card. If you are a broker please call 800-627-4200. All others please contact us at 800-541-7846. You can also write to us with your questions, or to exercise any of your rights, at the address below:

Attention: Guardian Corporate Privacy Officer
National Operations

Address: The Guardian Life Insurance Company of America
Group Quality Assurance - Northeast
P.O. Box 981573
El Paso, TX 79998-1573

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Working Smarter

- Career development
- Effective managing
- Relocation

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



The Guardian Life Insurance Company of America

The Guardian Life Insurance Company Of America underwrites dental, And vision coverages.

Dominion Dental Services, Inc.

Dominion Dental Services, Inc. underwrites group pre-paid dental coverage.

Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: POWER COMPONENT SYSTEMS, INC.	Group Plan Number: 00484359	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Add Employee/Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		
<input type="checkbox"/> Increase Amount <input type="checkbox"/> Family Status Change		

Class: ALL OTHER ELIGIBLE EMPLOYEES Division: _____ Subtotal Code: _____ **(Please obtain this from your Employer)**

About You: First, MI, Last Name:	Social Security Number ____ - ____ - ____	
Address	City	State Zip
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yy): ____ - ____ - ____	Phone: () -
Email Address:	Are you married or do you have a spouse? The term spouse includes your domestic partner. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of marriage/union: ____ - ____ - ____	
	Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No Placement date of adopted child: ____ - ____ - ____	

About Your Job:	Hours worked per week: _____	Job Title:
Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Cobra/State Continuation	Date of full time hire: ____ - ____ - ____	

About Your Family: Please include the names of the dependents you wish to enroll for coverage. Additional information may be required for non-standard dependents such as a niece or a nephew.

Spouse (First, MI, Last Name)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____	
Address/City/State/Zip:		Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Phone: () -			
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent (Niece or Nephew)
Address/City/State/Zip:		Social Security Number ____ - ____ - ____	
Phone: () -		Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent (Niece or Nephew)
Address/City/State/Zip:		Social Security Number ____ - ____ - ____	
Phone: () -		Date of Birth (mm-dd-yyyy) ____ - ____ - ____	

Child/Dependent 3: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent (Niece or Nephew)
Child/Dependent 4: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent (Niece or Nephew)

Drop Coverage: <input type="checkbox"/> Drop Employee <input type="checkbox"/> Drop Dependents The date of withdrawal cannot be prior to the date this form is completed and signed. Last Day of Coverage: ____ - ____ - ____ <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Retirement Last Day Worked: ____ - ____ - ____ <input type="checkbox"/> Other Event: _____ Date of Event: ____ - ____ - ____	Coverage Being Dropped: <input type="checkbox"/> Dental <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Vision <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)
Loss Of Other Coverage: I and/or my dependents were previously covered under <u>another insurance plan</u> . Loss of coverage was due to: <input type="checkbox"/> Termination of Employment: ____ - ____ - ____ <input type="checkbox"/> Divorce ____ - ____ - ____ <input type="checkbox"/> Death of Spouse ____ - ____ - ____ <input type="checkbox"/> Termination/Expiration of Coverage ____ - ____ - ____ Coverage Lost <input type="checkbox"/> Dental <input type="checkbox"/> Vision	I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: <input type="checkbox"/> Covered under another insurance plan <input type="checkbox"/> Other _____ (additional information may be required)

Dental Coverage: You must be enrolled to cover your dependents. Check only one box.

	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)
Option 1: Dominion Select/Managed Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2: Guardian PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• If Dominion Dental Select Plan is selected, you must have a Participating Dentist (PD). Please designate your PD(s) by listing dental office location number(s) for each person. Please visit dominiondental.com for list of providers. If you do not select a PD, one will be assigned for you.

Employee _____ Spouse _____ Child(ren) _____

I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply:

I am covered under another Dental plan
 My spouse is covered under another Dental plan
 My dependents are covered under another Dental plan

Vision Coverage: You must be enrolled to cover your dependents. Check only one box.

	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)
Full Feature - Designer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I do not want this coverage. If you do not want this Vision Coverage, please mark all that apply:

I am covered under another Vision plan
 My spouse is covered under another Vision plan
 My dependents are covered under another Vision plan

Signature

- An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- I understand that the premium amounts shown above are estimations and are for illustrative purposes only.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
- If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.
- Plan design limitations and exclusions may apply. For complete details of coverage, please refer to your benefit booklet. State limitations may apply.
- The Select Plan is underwritten by Dominion Dental Services, Inc. in Virginia, Maryland, Pennsylvania, Delaware and Washington, D.C. DOMINION is licensed as a Dental Plan Organization in Virginia, Maryland, and Delaware, a Risk Assuming PPO in Pennsylvania, and an Accident and Health Insurer in Washington, D.C.
- If I am voluntarily paying 100% of the cost of DOMINION's Select Plan, without employer contribution, I agree to remain in the plan for 12 months. If I cancel before the end of the 12 month period, I may be responsible for the usual and reasonable charges for services received, reduced by the sum of the subscription dues and copayments paid. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to DOMINION for the purposes of investigation or evaluation of care in connection with a claim or complaint. Authorization will be limited to the term of coverage for this policy. A copy of this form will be made available to the subscriber or their authorized representative upon request.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.
- **I attest that the information provided above is true and correct to the best of my knowledge.**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

The laws of New York require the following statement appear: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

SIGNATURE OF EMPLOYEE X _____

DATE _____

Enrollment Kit 00484359, 0005, EN

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Nebraska, and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland : Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.