

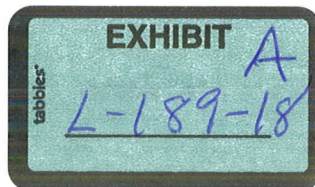
2019 Dental Insurance

**Guardian DHMO (Monthly Premiums):**

Employee (Single Coverage)	\$12.06
Employee + Spouse	\$19.90
Employee + Child(ren)	\$27.21
Employee + Spouse and Child(ren)	\$32.00

**Guardian PPO (Monthly Premiums):**

Employee (Single Coverage)	\$27.20
Employee + Spouse	\$54.11
Employee + Child(ren)	\$67.60
Employee + Spouse and Child(ren)	\$94.64





## Guardian - Dental Option

Dental	Sun Life		Sun Life		Guardian		Guardian		
	Deductible	Current	Current	Current	Option 1	Option 1	Option 1	Option 1	
Single	\$50	\$50	\$50	\$50	Network	Non-Network	Network	Non-Network	
Family	\$150	\$150	\$150	\$150	Yes	Yes	Yes	Yes	
Waived for Preventative?	Yes	Yes	Yes	Yes	100%	100%	100%	100%	
Waived for Orthodontia?	Yes	Yes	Yes	Yes	85%	75%	75%	75%	
Class I	100%	100%	100%	100%	90%	60%	60%	60%	
Class II	85%	50%	50%	50%	60%	60%	60%	60%	
Class III	60%	30%	30%	30%	Not Covered	Not Covered	Not Covered	Not Covered	
Class IV	60%	60%	60%	60%	DHMO				
Adult	Not Covered	Patient pays a scheduled amount for a given service.				DHMO			
Benefit	0-22 months for Class II (Luar)	Patient pays a scheduled amount for a given service.				Patient pays a scheduled amount for a given service.			
Waiting Periods	12 Months for Class III	No Waiting Periods				No Waiting Periods			
Annual Maximum	17 Months for Class IV	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
Lifetime Orthodontia Max.	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
Non-Network Percentile	90th	Percentile				Percentile			
Implants	Class III	Class III	Class III	Class III	Class III	Class III	Class III	Class III	
Endodontics	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	
Periodontics	Class II	Class II	Class II	Class II	Class II	Class II	Class II	Class II	
Crowns	Class III	Class III	Class III	Class III	Class III	Class III	Class III	Class III	
Maximum Rollover	Not Included	Not Included	Not Included	Not Included	Included	Included	Included	Included	

**RATES**

	1 Year Rate Guarantee		2 Year Rate Guarantee	
	Count	Rate	Count	Rate
Single	147	\$27.20	147	\$27.20
EE+Spouse	115	\$54.11	115	\$54.11
EE+Child(ren)	30	\$67.60	30	\$67.60
Family	164	\$94.64	164	\$94.64
Monthly		\$27,770.01		\$27,770.01
Annual		\$333,240.12		\$333,240.12
Rate Adjustment		0.00%		0.00%

Class I includes Preventative & Diagnostic; Class II includes Basic Services; Class III includes Major Services; Class IV includes Orthodontia

\*Be advised that the above rates are for illustrative purposes and are subject to final underwriting. The benefits illustrated above are only a summary of the coverages.