

389086 (Dental) & 487926 (Vision)  
00389086



# ESC Dental & Vision Plans 389086 & 487926 Benefits Plan

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.

- Dental
- Vision

## **Find a Provider Online. It's easy.**

- Search by: specialty, languages spoken, and more
- Side-by-side comparisons of provider information
- Get maps and driving direction
- Save your search criteria for easy access ...and much more

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com). Click on "Find a Provider"

## **Questions? Concerns?**

*Helpline (888) 600-1600*

*Call weekdays, 7:00AM to 8:30PM, EST. And refer  
to your plan number: 00389086*



# Dental Plans

**Option 1 or 2 or 3:** With your **Value Plan or Basic Plan or Enhanced Plan** 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: Value Plan		Option 2: Basic Plan		Option 3: Enhanced Plan	
<b>Network</b>						
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$0	\$50	\$0	\$50	\$0	\$50
Family limit	3 per family		3 per family		3 per family	
Waived for	Not applicable	Preventive	Not applicable	Preventive	Not applicable	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%	100%	100%
Basic Care	80%	50%	80%	50%	90%	60%
Major Care	0%	0%	50%	25%	50%	40%
Orthodontia	Not Covered		50%	50%	50%	50%
<b>Annual Maximum Benefit</b>	\$750	\$500	\$1000	\$750	\$1500	\$750
	Combined In-Network and Out-of-Network maximum of \$500 with an additional \$250 of benefit In-Network		Combined In-Network and Out-of-Network maximum of \$750 with an additional \$250 of benefit In-Network		Combined In-Network and Out-of-Network maximum of \$750 with an additional \$750 of benefit In-Network	
<b>Maximum Rollover</b>	No		Yes		Yes	
Rollover Threshold			\$300		\$300	
Rollover Amount			\$150		\$150	
Rollover In-network Amount			\$200		\$200	
Rollover Account Limit			\$500		\$500	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable		\$750		\$2000	
<b>Dependent Age Limits</b> (Non-Student/Student)	20/26		20/26		20/26	

## YOUR GUARDIAN PLAN OFFERS:

**No charge for preventive care** (subject to plan limits)

**Maximum rollover** If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

**Great selection of dentists** convenient to you - yours is likely in our network!

**Reliable claims payment** four days on average

**Find out** if your dentist is in Guardian's network at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: Value Plan		Option 2: Basic Plan		Option 3: Enhanced Plan	
		Plan pays (on average)		Plan pays (on average)		Plan pays (on average)	
Preventive Care	Cleaning (prophylaxis)	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
	Frequency:	100%	100%	100%	100%	100%	100%
		Once Every 6 Months		Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%	100%	100%
Basic Care	Sealants (per tooth)	100%	100%	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%	100%	100%
	Fillings†	80%	50%	80%	50%	90%	60%
	Periodontal Maintenance	80%	50%	80%	50%	90%	60%
	Frequency:	Once Every 6 Months (Standard)		Once Every 6 Months (Standard)		Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	50%	80%	50%	90%	60%
Major Care	Scaling & Root Planing (per quadrant)	80%	50%	80%	50%	90%	60%
	Simple Extractions	80%	50%	80%	50%	90%	60%
	Anesthesia*	0%	0%	80%	50%	90%	60%
	Bridges and Dentures	0%	0%	50%	25%	50%	40%
	Dental Implants	Not Covered	Not Covered	Not Covered	Not Covered	50%	40%
	Inlays, Onlays, Veneers**	0%	0%	50%	25%	90%	60%
	Perio Surgery	0%	0%	80%	50%	90%	60%
	Root Canal	0%	0%	50%	25%	90%	60%
Orthodontia	Single Crowns	0%	0%	50%	25%	90%	60%
	Surgical Extractions	0%	0%	80%	50%	90%	60%
	Orthodontia Limits:	Not Covered		50% Child(ren)		50% 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 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 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period.\*General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings- restrictions may apply to composite fillings.

*This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.*

## 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-1-DG2000 et al.

**For 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

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.

# Dental Maximum Rollover<sup>®</sup>

## 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](http://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
\$750	\$300	\$150	\$200	\$500
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 \$1,250 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.

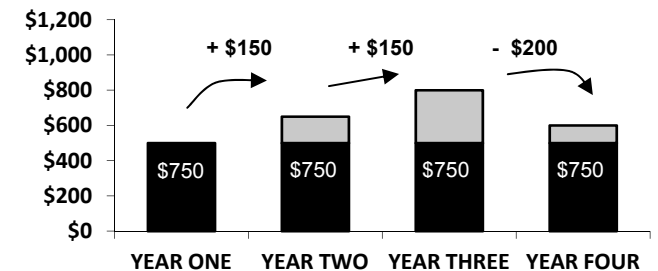
### Here's how the benefits work:

**YEAR ONE:** Jane starts with a \$750 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$300 Threshold, she receives a \$150 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$900. This year, she submits \$50 in claims and receives an additional \$150 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$1,050. This year, she submits \$950 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$850 (\$750 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.



# College Tuition Services

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## Special reward for participants enrolled in the Dental plan

Your employer has worked with Guardian to make College Tuition Benefit services available to eligible members enrolled in a Dental plan. Welcome to the College Tuition Benefits Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholar Consortium of colleges.

You can use your College Tuition Benefits Rewards at over 340 private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News and World Reports. Here is how the service works

- You will receive 2,000 rewards for each year you have Guardian Dental Plan benefits
- Each Tuition Reward point equals a \$1 tuition reduction
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren

To learn more about the program and how to get started, go to: [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com) to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at 215-839-0119.

## Register Today!

Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. #2014-15077 Exp. 12/16.

(Print and cut out ID Card)

College Tuition Benefits Rewards – ID Card

Register@

[www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com)

User ID: Is your Guardian Dental Plan Number that can be found on your Dental ID Card

Password: Guardian

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### The College Tuition Benefit

150 E. Swedesford Road, Suite 100

Wayne, PA 19087

Phone: (215) 839-0119

Fax: (215) 392-3255

# Vision Plans

**Option 1:** Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

**Option 2:** 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 Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, and Visionworks®.

Your Vision Plan	Option 1: VSP Choice Network	Option 2: Davis Network
<b>Network</b>	VSP Choice Network	Davis Vision
<b>Copay</b>		
Exams Copay	\$ 10	\$ 10
Materials Copay (waived for non-formulary elective contact lenses)	\$ 25	\$ 25
<b>Service Frequencies</b>		
Exams	Every calendar year	Every calendar year
Lenses ( <i>for glasses or contact lenses</i> ) <sup>##</sup>	Every calendar year	Every calendar year
Frames	Every two calendar years <sup>###</sup>	Every two calendar years
Network discounts (cosmetic extras, glasses and contact lenses)	Limitless within 12 months of exam.	Applies to first purchase & courtesy discount from most providers on subsequent purchases.
<b>Dependent Age Limits</b> (Non-Student/ Student)	20/26	20/26

With Dual Option a member can change the vendor elected during any open enrollment except if the plan has a 24 month or 2 calendar year materials frequency the member is locked into the vendor they choose for a benefit period of two years.

## YOUR GUARDIAN PLAN OFFERS:

**Reduced prices** VSP and Davis Vision both offer discounts on an extensive list of “cosmetic extras”, including special lenses and scratch-resistant coatings.

**National network** VSP offers a network of private practice providers, while Davis Vision offers both private practice and well-known retail centers.

**No claims submission** for in-network services and supplies.

### Did you know?

“Two-thirds of employees would rather trade a vacation day for eyecare benefits.” – Bests Review, 2006



## PLAN DETAILS

### OPTION 1: VSP CHOICE NETWORK

### OPTION 2: DAVIS NETWORK

*You pay (after copay if applicable):*

*You pay (after copay if applicable):*

	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$23	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$37	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$49	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$64	\$0	Amount over \$126
Frames	80% of amount over \$130 <sup>1</sup>	Amount over \$46	80% of amount over \$120* <sup>2</sup>	Amount over \$48
Contact Lenses <i>(Elective)</i>	Amount over \$130	Amount over \$100	N/A	N/A
Contact Lenses <i>(Elective and conventional)</i>	N/A	N/A	85% of amount over \$120*	Amount over \$105
Contact Lenses <i>(Planned replacement and disposable)</i>	N/A	N/A	85% of amount over \$120*	Amount over \$105
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	15% off UCR	No discounts	No discounts	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts	Avg. 40-60% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	20% off retail price**	No discounts	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	Up to 25% off the usual charge or 5% off promotional price	No discounts
Visit <a href="http://www.GuardianAnytime.com">www.GuardianAnytime.com</a> 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.*

## VSP

- ‡Benefit includes coverage for glasses or contact lenses, not both.
- \*\* For the discount to apply your purchase must be made within 12 months of the eye exam.
- 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. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- <sup>1</sup>Extra \$20 on select brands.
- ‡‡‡The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

## 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 Wal-mart and Sam's Club locations, discounts do not apply. Members will pay 100% of the amount over their allowance.
- 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.
- <sup>2</sup>Extra \$50 at Visionworks stores.

***This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.***

## **ADDITIONAL MATERIALS**

# It's quick and easy to view and print your Guardian ID card!

Simply register for [www.GuardianAnytime.com](http://www.GuardianAnytime.com) and follow these instructions!

**Step 1: Log-in and click on the ID card link on your Home page, or choose "Forms and Materials."**

The screenshot shows the Guardian Anytime website interface. The top navigation bar includes 'Guardian Anytime', 'Home', 'My Benefits', 'My Claims', 'Forms & Materials', 'Wellness', 'Reports', and 'Discounts & Savings'. The 'Forms & Materials' section is active, displaying a sidebar with links like 'Contact Us', 'Find a Provider', 'Claims Policy', and 'Search'. The main content area is titled 'Forms And Materials' and shows 'Group ID: 00475116' and 'Division ID: 0000'. It lists categories for viewing or printing forms and materials, including 'Forms', 'Certificate Booklets', 'Provider Directories', 'Customized Provider Directories', and 'ID Cards'. A 'CANCEL' button is at the bottom right.

**Step 2: Select View/Print next to the card you want to access**

The screenshot shows the 'View / Print ID Cards' section of the Guardian Anytime website. It displays 'Group ID: 00475116' and 'Division ID: 0000'. Below this is a table with two columns: 'Card Description' and 'View/Print'. The table lists 'Dental ID Card' and 'Vision ID Card', each with a 'VIEW/PRINT' button. A 'CANCEL' button is at the bottom right.

Card Description	View/Print
Dental ID Card	<a href="#">VIEW/PRINT</a>
Vision ID Card	<a href="#">VIEW/PRINT</a>

**Step 3: Choose Open and you can then save or print your ID card**

The screenshot shows the 'View / Print ID Cards' section of the Guardian Anytime website. It displays 'Group ID: 00475116' and 'Division ID: 0000'. Below this is a table with two columns: 'Card Description' and 'View/Print'. The table lists 'Dental ID Card' and 'Vision ID Card', each with a 'VIEW/PRINT' button. A 'CANCEL' button is at the bottom right.

Card Description	View/Print
Dental ID Card	<a href="#">VIEW/PRINT</a>
Vision ID Card	<a href="#">VIEW/PRINT</a>