

PLANS INCLUDE:

Maximum Rollover (not available to cases with 0% major)
 Vision Access Discount Program
 Composite (white) Fillings covered
 National Seamless Network with over 150,000 Provider Locations
 Child Ortho available down to group of 5
 Rates assume 65% participation
 Rates are valid for quotes presented between 07/01/2012 and 12/31/2012



Philadelphia Small Group Dental Rates

	Groups of 2 - 4 (Enrolled)				Groups of 5 - 15 (Enrolled)			
	A2A3		A3A3		A2A3		A3A3	
Preventive Services: Examinations, X-rays, Prophylaxis, Fluoride Treatments, Sealants, etc	Alliance / DGP / OON 100% / 100% / 100%		Alliance / DGP / OON 100% / 100% / 100%		Alliance / DGP / OON 100% / 100% / 100%		Alliance / DGP / OON 100% / 100% / 100%	
Basic Services: Denture Repairs, Periodontal Services, Extractions, Root Canal Treatment, Oral Surgery and Fillings	100% / 80% / 80%		100% / 80% / 80%		100% / 80% / 80%		100% / 80% / 80%	
Major Services: Implants, Post/Core, Single Crowns, Bridgework, Full and Partial Dentures	60% / 50% / 50%		60% / 50% / 50%		60% / 50% / 50%		60% / 50% / 50%	
Orthodontic Services	N/A		N/A		50%		50%	
Deductible (WP - waived for preventive services; NWP - not waived for preventive services)	\$50(WP) / \$50(WP) / \$50(WP)		\$50(WP) / \$50(WP) / \$50(WP)		\$50(WP) / \$50(WP) / \$50(WP)		\$50(WP) / \$50(WP) / \$50(WP)	
Annual Maximum	\$1500 / \$1000 / \$1000		\$2000 / \$1500 / \$1500		\$1500 / \$1000 / \$1000		\$2000 / \$1500 / \$1500	
Orthodontia Lifetime Maximum	N/A		N/A		\$1,000		\$1,000	
Reimbursement	FS / FS / FS***		FS / FS / FS***		FS / FS / FS***		FS / FS / FS***	
Zip Codes: 168, 170-179, 182-188, 195-196	EE	\$27.51	EE	\$29.29	EE	\$25.45	EE	\$27.09
	EE/SP	\$60.03	EE/SP	\$63.91	EE/SP	\$55.53	EE/SP	\$59.11
	EE/CH	\$72.34	EE/CH	\$77.01	EE/CH	\$66.92	EE/CH	\$71.24
	FAM	\$104.85	FAM	\$111.63	FAM	\$97.00	FAM	\$103.26
	OPT.ORTHO	N/A	OPT.ORTHO	N/A	OPT.ORTHO	\$10.55	OPT.ORTHO	\$10.55
Zip Codes: 189-190, 193-194	EE	\$33.70	EE	\$35.88	EE	\$31.18	EE	\$33.20
	EE/SP	\$73.54	EE/SP	\$78.29	EE/SP	\$68.02	EE/SP	\$72.42
	EE/CH	\$88.62	EE/CH	\$94.35	EE/CH	\$81.99	EE/CH	\$87.28
	FAM	\$128.45	FAM	\$136.75	FAM	\$118.82	FAM	\$126.50
	OPT.ORTHO	N/A	OPT.ORTHO	N/A	OPT.ORTHO	\$11.81	OPT.ORTHO	\$11.81
Zip Codes: 180-181, 191-192	EE	\$31.77	EE	\$33.82	EE	\$29.40	EE	\$31.30
	EE/SP	\$69.31	EE/SP	\$73.79	EE/SP	\$64.13	EE/SP	\$68.27
	EE/CH	\$83.53	EE/CH	\$88.93	EE/CH	\$77.29	EE/CH	\$82.28
	FAM	\$121.08	FAM	\$128.90	FAM	\$112.02	FAM	\$119.25
	OPT.ORTHO	N/A	OPT.ORTHO	N/A	OPT.ORTHO	\$11.40	OPT.ORTHO	\$11.40

IMPORTANT NOTES

- » For non-transferred groups of 2-9 enrolled employees, a 12 month deferral of major and periodontic services applies. This wait will be waived for current employees and dependents if the group presently has dental coverage with major coverage (a copy of the current carrier's bill is required for proof). To waive the deferral requirement for all employees for 5-9 cases, multiply rates by 1.03 for Transfer Cases and by 1.15 for Non-Transfer Cases.
- » The administrative fee on all 2-15 groups is \$2 per employee per month, up to a maximum of \$10 per month. This will be waived if the planholder enrolls in Guardian Anytime and selects the online billing option.
- » Orthodontia rates are optional. Ortho rate gets added to FAM rate for 2-tier and to EE/CH and FAM rate for 4-tier. Groups with 5-9 lives require a 12 month waiting period for Ortho coverage (can be waived only for current enrolled employees of a transferred group if Ortho is in force with the prior plan).
- » If there is an average of more than 4 children per dependent (EE+CH or FAM) unit, call your Guardian Small Group Sales Office for more information.
- » Guardian requires either a minimum monthly premium of \$83.33 or minimum annual premium of \$1,000.
- » Dependent children are covered up to age 20, or age 26 if full-time student.
- » Rates assume contributory cases. For non-contributory, multiply rates by 0.96.
- » ***On plans with OON reimbursement based on the fee schedule, the dentist can balance bill the patient for the difference between the fee schedule and the actual charge.

Industry	SIC	% Load	Industry	SIC	% Load	Industry	SIC	% Load
Veterinary Services	074x	10%	Insurance and Real Estate	64xx, 653x	11%	Dentists	802x	50%
Automobile Sales & Services	55xx	5%	Entertainers	792x	50%	Legal Services	81xx	10%
Government Employees	43xx, 92xx - 97xx	8%	Sports Teams	7999	25%	Teachers	821x - 822x, 8243 - 8244, 8249, 829x	12%

DentalGuard Dental Insurance Plan General Limitations and Exclusions:

This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under Preventive Services), orthodontic (unless expressly provided for), cosmetic or experimental treatments, any to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. GP-1-DNTL-90-1 et al.

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Philadelphia Small Group Dental Rates

	Groups of 2 - 4 (Enrolled)				Groups of 5 - 15 (Enrolled)			
	D2B3		D3B3		D2B3		D3B3	
Preventive Services: Examinations, X-rays, Prophylaxis, Fluoride Treatments, Sealants, etc	Alliance / DGP / OON 100% / 80% / 80%		Alliance / DGP / OON 100% / 80% / 80%		Alliance / DGP / OON 100% / 80% / 80%		Alliance / DGP / OON 100% / 80% / 80%	
Basic Services: Denture Repairs, Periodontal Services, Extractions, Root Canal Treatment, Oral Surgery and Fillings	80% / 60% / 60%		80% / 60% / 60%		80% / 60% / 60%		80% / 60% / 60%	
Major Services: Implants, Post/Core, Single Crowns, Bridgework, Full and Partial Dentures	50% / 40% / 40%		50% / 40% / 40%		50% / 40% / 40%		50% / 40% / 40%	
Orthodontic Services	N/A		N/A		50%		50%	
Deductible (WP - waived for preventive services; NWP - not waived for preventive services)	\$50(WP) / \$50(WP) / \$50(NWP)		\$50(WP) / \$50(WP) / \$50(NWP)		\$50(WP) / \$50(WP) / \$50(NWP)		\$50(WP) / \$50(WP) / \$50(NWP)	
Annual Maximum	\$1500 / \$1000 / \$1000		\$2000 / \$1500 / \$1500		\$1500 / \$1000 / \$1000		\$2000 / \$1500 / \$1500	
Orthodontia Lifetime Maximum	N/A		N/A		\$1,000		\$1,000	
Reimbursement	FS / FS / FS***		FS / FS / FS***		FS / FS / FS***		FS / FS / FS***	
Zip Codes: 168, 170-179, 182-188, 195-196	EE	\$22.03	EE	\$22.79	EE	\$20.38	EE	\$21.08
	EE/SP	\$48.07	EE/SP	\$49.73	EE/SP	\$44.47	EE/SP	\$46.00
	EE/CH	\$57.93	EE/CH	\$59.92	EE/CH	\$53.59	EE/CH	\$55.44
	FAM	\$83.97	FAM	\$86.86	FAM	\$77.68	FAM	\$80.35
	OPT.ORTHO	N/A	OPT.ORTHO	N/A	OPT.ORTHO	\$10.55	OPT.ORTHO	\$10.55
Zip Codes: 189-190, 193-194	EE	\$26.99	EE	\$27.92	EE	\$24.97	EE	\$25.83
	EE/SP	\$58.89	EE/SP	\$60.92	EE/SP	\$54.48	EE/SP	\$56.35
	EE/CH	\$70.97	EE/CH	\$73.41	EE/CH	\$65.66	EE/CH	\$67.92
	FAM	\$102.87	FAM	\$106.41	FAM	\$95.16	FAM	\$98.43
	OPT.ORTHO	N/A	OPT.ORTHO	N/A	OPT.ORTHO	\$11.81	OPT.ORTHO	\$11.81
Zip Codes: 180-181, 191-192	EE	\$25.44	EE	\$26.31	EE	\$23.54	EE	\$24.35
	EE/SP	\$55.51	EE/SP	\$57.41	EE/SP	\$51.36	EE/SP	\$53.12
	EE/CH	\$66.90	EE/CH	\$69.20	EE/CH	\$61.89	EE/CH	\$64.02
	FAM	\$96.96	FAM	\$100.30	FAM	\$89.71	FAM	\$92.79
	OPT.ORTHO	N/A	OPT.ORTHO	N/A	OPT.ORTHO	\$11.40	OPT.ORTHO	\$11.40

IMPORTANT NOTES

- » For non-transferred groups of 2-9 enrolled employees, a 12 month deferral of major and periodontic services applies. This wait will be waived for current employees and dependents if the group presently has dental coverage with major coverage (a copy of the current carrier's bill is required for proof). To waive the deferral requirement for all employees for 5-9 cases, multiply rates by 1.03 for Transfer Cases and by 1.15 for Non-Transfer Cases.
- » The administrative fee on all 2-15 groups is \$2 per employee per month, up to a maximum of \$10 per month. This will be waived if the planholder enrolls in Guardian Anytime and selects the online billing option.
- » Orthodontia rates are optional. Ortho rate gets added to FAM rate for 2-tier and to EE/CH and FAM rate for 4-tier. Groups with 5-9 lives require a 12 month waiting period for Ortho coverage (can be waived only for current enrolled employees of a transferred group if Ortho is in force with the prior plan).
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- » Guardian requires either a minimum monthly premium of \$83.33 or minimum annual premium of \$1,000.
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- » ***On plans with OON reimbursement based on the fee schedule, the dentist can balance bill the patient for the difference between the fee schedule and the actual charge.

Industry	SIC	% Load	Industry	SIC	% Load	Industry	SIC	% Load
Veterinary Services	074x	10%	Insurance and Real Estate	64xx, 653x	11%	Dentists	802x	50%
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	O2A3		O2A3	
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Basic Services: Denture Repairs, Periodontal Services, Extractions, Root Canal Treatment, Oral Surgery and Fillings	100% / 80% / 80%		100% / 80% / 80%	
Major Services: Implants, Post/Core, Single Crowns, Bridgework, Full and Partial Dentures	0% / 0% / 0%		0% / 0% / 0%	
Orthodontic Services	N/A		N/A	
Deductible (WP - waived for preventive services; NWP - not waived for preventive services)	\$50(WP) / \$50(WP) / \$50(WP)		\$50(WP) / \$50(WP) / \$50(WP)	
Annual Maximum	\$1500 / \$1000 / \$1000		\$1500 / \$1000 / \$1000	
Orthodontia Lifetime Maximum	N/A		N/A	
Reimbursement	FS / FS / FS***		FS / FS / FS***	
Zip Codes: 168, 170-179, 182-188, 195-196	EE EE/SP EE/CH FAM OPT.ORTHO	\$21.65 \$47.25 \$56.94 \$82.53 N/A	EE EE/SP EE/CH FAM OPT.ORTHO	\$20.03 \$43.70 \$52.67 \$76.34 N/A
Zip Codes: 189-190, 193-194	EE EE/SP EE/CH FAM OPT.ORTHO	\$26.53 \$57.88 \$69.75 \$101.10 N/A	EE EE/SP EE/CH FAM OPT.ORTHO	\$24.54 \$53.54 \$64.53 \$93.52 N/A
Zip Codes: 180-181, 191-192	EE EE/SP EE/CH FAM OPT.ORTHO	\$25.00 \$54.55 \$65.75 \$95.30 N/A	EE EE/SP EE/CH FAM OPT.ORTHO	\$23.14 \$50.47 \$60.83 \$88.16 N/A

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Philadelphia Small Group Dental Rates

To make Guardian more competitive in the dental marketplace, we've made the following options available to all case sizes:

- » Enhanced Perio Maintenance - covered every 3 mths up to 4 total cleanings annually, as Preventive (multiply rates by 1.025)
- » Cleanings covered after the annual maximum is reached (multiply rates by 1.008)
- » By moving Endodontics, Periodontics and Complex Oral Surgery to Major, you can save 8% (multiply rates by 0.92)
- » X-rays (non-bitewings) can be moved from Preventive to Basic
- » Move services such as molar root canals, extractions (surgical or non-surgical), anesthesia, repairs and maintenance of crown, bridges and dentures from Basic to Major. For example, moving endodontics, periodontics, and complex oral surgery can reduce rates by 8% combined.
- » 5-year replacement of prosthetic devices/appliances is now an available option
- » Lifetime deductible options are now available for \$25-\$300 in \$25 increments
- » In-network only plans are now available in all allowed states
- » Variable coinsurance is now available for Indemnity, NAP, and Value Plans
- » Add a rate cap to limit your first year's renewal increase. For a 5% cap, multiply rates by 1.03. To make it a two year rate cap at 5% per year, multiply rates by 1.065. These loads can be waived for Value Plans and Split Value Plans.

Please contact your Guardian Small Group Sales Representative for more information.

Benefit Variations:

Cross Sell Discounts

If dental sold with other coverages, multiply rates by:	
Dental +1 Lines	0.92
Dental +2 Lines	0.90
Dental +3 Lines	0.88
Dental +4 Lines	0.86

Participation requirements:

If participation is not 65%, multiply rates by:	
80% - 100%	1.00
65% - 79%	1.00
60% - 64%	1.03
50% - 59%	1.06
45% - 49%	1.14
35% - 44%	1.22
30% - 34%	1.28
25% - 29%	1.35

Participation requirements:

Non-Voluntary Requirements:	
Eligible Employees	Required Participation
2-3	100% EEs & DEP
4-5	3 EEs & DEP
6-9	4 EEs & DEP
10-15	5 EEs & DEP

Voluntary Requirements:

Eligible Employees	Required Participation
5-15	5 EEs & DEP

Child Orthodontia Participation Requirements

For \$1,000 lifetime maximum benefit, a 10-15 life group must have a minimum of 4 child units and a 5-9 life group must have 3 child units (FF+CH FAM)

Additional Ortho Rate Options

\$1,000 Maximum Benefit			
ZIPs	Coinsurance Amount		
	50%	40%	25%
Range 1	--	\$10.34	\$10.02
Range 2	--	\$11.57	\$11.22
Range 3	--	\$11.17	\$10.83