

## Guardian Elected Plans 1/1/07

Calendar year deductible	DentalGuard		Value Plan	
	In-network	Out-of-network	In-network	Out-of-network
Individual Family limit Waived for	\$ 50.00 3 per family Preventive care	\$ 50.00 3 per family Preventive care	\$ 50.00 3 per family Preventive care	\$ 50.00 3 per family Preventive care
<b>Charges covered for you</b>				
Preventive Care (e.g. cleanings)	100%	100%	100%	100%
Basic Care (e.g. fillings, extractions)	80%	80%	<b>100%</b>	<b>100%</b>
Major Care (e.g. crowns, dentures)	50%	50%	60%	60%
Orthodontia (braces)	50%	50%	50%	50%
<b>Maximum calendar year benefit</b>	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
<b>Lifetime Orthodontia Maximum</b>	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
<b>Network of Dentists</b>	DentalGuard Preferred	DentalGuard Preferred	DentalGuard Preferred	DentalGuard Preferred
<b>Partial list of dental services</b>				
Anesthesia	50%	50%	60%	60%
Bridges and dentures	50%	50%	60%	60%
Cleaning	100%	100%	100%	100%
Complex extractions	50%	50%	60%	60%
Fillings (one surface)	80%	80%	100%	100%
Inlays, Onlays, Veneers	50%	50%	60%	60%
Oral exams	100%	100%	100%	100%
Orthodontia (braces)	50%	50%	50%	50%
Perio surgery	50%	50%	60%	60%
Repair and maintenance of crowns, bridges and dentures	80%	80%	100%	100%
Root canal	50%	50%	60%	60%
Scaling & root planing (per quadrant)	80%	80%	100%	100%
Sealants (per tooth)	100%	100%	100%	100%
Simple extractions	80%	80%	100%	100%
Single crowns	50%	50%	60%	60%
X-rays	100%	100%	100%	100%
<b>Cost each pay period</b>				
Employee Only	\$ 4.76		\$ 4.76	
Employee & Spouse	\$ 10.37		\$ 10.37	
Employee & Child	\$ 12.99		\$ 12.99	
Employee & Family	\$ 18.75		\$ 18.75	