



**Chamber
Health
Benefits |**



Hello!

This informational packet compliments your Chamber Health Benefits renewal that was sent from your Account Manager.

Included in the packet:

- Plan design information
- Available network information
- Guardian Ancillary Benefit overview for Life, Dental, and Vision coverages available if applicable
- Health and Wellness services included with your health benefits plan.
- No cost value-added services included with your health benefits plan.

Summary of Benefits and Coverage (SBC) distribution for Renewal Groups:

It is the responsibility of the employer group to distribute the appropriate SBC(s) of any plan offering(s) to all eligible and enrolled employees. If any employees would like a hard copy of your SBC(s) mailed to them, please contact the Chamber Health Benefits Plan Customer Service toll free at 844-751-0437. The SBC(s) are also available at <https://www.summacare.com/find-a-document>

Should you need additional information or supplies, please contact your SummaCare Account Manager or your insurance broker.

Again, we thank you for selecting the Chamber Health Benefits Plan and we look forward to continuing to providing your company with the health insurance coverage that helps your employees experience the best health possible.

Sincerely,

Greater Akron Chamber and SummaCare



Chamber
Health
Benefits Plan

Plan Designs

Networks: *SCPremier*, *SCSelect* and *The Preferred Choice Network*

Plans effective 9/1/2024

	In-Network					Out-of-Network			RX
PPO	Qualified	Copay	Member Co-Ins	Deductible	OOP Maximum	Member Co-Ins	Deductible	OOP Maximum	Rider
MPlan 1A 7350	NO	\$30/\$60	0%	\$7,350/\$14,700	\$7,350/\$14,700	50%	\$22,050/\$44,100	\$29,400/\$58,800	MOF
MPlan 2A 6000	NO	\$25/\$60	0%	\$6,000/\$12,000	\$7,350/\$14,700	50%	\$18,000/\$36,000	\$22,050/\$44,100	MOF
MPlan 3A 5000 HSA	YES	\$25/\$50*	0%	\$5,000/\$10,000	\$6,650/\$13,300	50%	\$15,000/\$30,000	\$19,950/\$39,900	MOFD`
MPlan 4A 5000	NO	\$25/\$50	0%	\$5,000/\$10,000	\$7,000/\$14,000	50%	\$15,000/\$30,000	\$21,000/\$42,000	MOF
MPlan 5A 3500 HSA	YES	\$25/\$50*	0%	\$3,500/\$7,000	\$6,000/\$12,000	50%	\$10,500/\$21,000	\$18,000/\$36,000	MOFD`
MPlan 6A 3500	NO	\$25/\$50	20%	\$3,500/\$7,000	\$5,500/\$11,000	50%	\$10,500/\$21,000	\$16,500/\$33,000	MOF
MPlan 7A 2500	NO	\$25/\$50	20%	\$2,500/\$5,000	\$5,000/\$10,000	50%	\$7,500/\$15,000	\$15,000/\$30,000	MOF
MPlan 8A 2000	NO	\$25/\$50	0%	\$2,000/\$4,000	\$5,000/\$10,000	50%	\$6,000/\$12,000	\$15,000/\$30,000	MOF
MPlan 9A 1000	NO	\$25/\$50	20%	\$1,000/\$2,000	\$4,500/\$9,000	50%	\$3,000/\$6,000	\$13,500/\$27,000	MOF
MPlan 10A 500	NO	\$25/\$50	20%	\$500/\$1,000	\$4,000/\$8,000	50%	\$2,000/\$4,000	\$12,000/\$24,000	MOF
MPlan 11A 6750 HSA	YES	STD	0%	\$6,750/\$13,500	\$6,750/\$13,500	50%	\$20,250/\$40,500	\$27,000/\$50,400	MOFD`
MPlan 16A 2500 HSA^	YES	STD	0%	\$2,500/\$5,000	\$3,000/\$6,000	50%	\$7,500/\$15,000	\$9,000/\$18,000	MOFD`
MPlan 17A 4000 HSA	YES	STD	0%	\$4,000/\$8,000	\$4,000/\$8,000	50%	\$12,000/\$24,000	\$16,000/\$32,000	MOFD`
MPlan 19A 1000	NO	\$30/\$60	0%	\$1,000/\$2,000	\$6,000/\$12,000	50%	\$3,000/\$6,000	\$18,000/\$36,000	MOF`

- All plans include 100% Preventative Screening and Diagnostic
- Telemedicine covered in-network only at PCP office visit copay

*STD – subject to deductible

^Aggregate deductible

`Integrated RX Deductibles in and out-of-network

in partnership with SummaCareSM

Choose a Network

Choosing the right provider network to partner with your health plan is important.

SummaCare Networks

The Preferred Choice Network	SCSelect	SCPremier
20 participating hospitals	More than 50 participating hospitals	More than 60 participating hospitals
High quality, cost-competitive network including: <ul style="list-style-type: none"> • Summa Health • Cleveland Clinic (including Cleveland Clinic Akron General) • Akron Children's Hospital • Wooster Community Hospital 	Specialized network including: <ul style="list-style-type: none"> • Summa Health • Aultman Hospital • Crystal Clinic Orthopedic Center • Akron Children's Hospital • Cleveland Clinic Mercy Hospital • University Hospitals 	Broad network including: <ul style="list-style-type: none"> • Summa Health • Aultman Hospital • Crystal Clinic Orthopedic Center • Akron Children's Hospital • Cleveland Clinic Mercy Hospital • University Hospitals • Cleveland Clinic (including Cleveland Clinic Akron General)
National network for services received outside the primary service area.	National network for services received outside the primary service area.	National network for services received outside the primary service area.

The participating hospitals are current as of December 2023.

View a list of providers included in each network by visiting our website at **summacare.com** and clicking on **"Find Your Doctor"** on the right hand side.

Ancillary Benefit Offering

For members of The Greater Akron Chamber of Commerce (GAC)

Guardian is proud to partner with SummaCare and GAC to offer attractive Dental, Vision and Life insurance benefits for groups with 2–50 employees as part of the Chamber Health Benefits Plan.

Our 155 years of experience, exemplary financial ratings, and core values built on mutual ownership are confirmation that we'll be there for our customers.



Dental and Vision

- #1 in Group Dental cases sold for groups with 10+ and 50-1000 employees
- One of the nation's strongest dental PPO networks
- Fast and accurate claims processing: 2 day average claim turnaround time and 99.5% overall financial accuracy rate²
- Flexible products include PPO and Managed Dental care that includes features like Maximum Rollover that add even more value
- Vision plan options through two leading national networks (VSP and Davis Vision)



Life products

- #2 in new and inforce life cases⁴
- Employers have a choice of \$10,000, \$15,000, \$20,000 or \$25,000 benefit offerings



WorkLifeMatters

- Employee Assistance Program⁵ provides employees and their families with counseling for stress management, dependent/elder care, nutrition, fitness, and legal/financial issues
- Complimentary value-added service provided to groups who sponsor three Guardian products for no additional cost



Support you can count on

Sales and service representatives at both Guardian and SummaCare are ready to support you with ancillary benefits.

Optimal service

Ease of one bill for medical and ancillary products and ability to manage employee enrollments through SummaCare Plan Central.

Exemplary financial ratings*

Comdex**	98
A.M. Best	A++
Standard & Poor's	AA+
Fitch	AA+
Moody's	Aa2

Contact your broker or SummaCare representative for more information.

**The Guardian Life Insurance
Company of America**
New York, NY
guardianlife.com

¹ LIMRA U.S. Workplace Benefits Dental & Vision Insurance 2019 Sales and Inforce Reports.
² Guardian Reporting, 2019. ³ LIMRA 2019 Annual Sales and Inforce Reports. Excludes Individual business sold at the workplace. Life excludes specialty products (i.e. COLI, BOLI, TOLI). ⁵ WorkLifeMatters Employee Assistance services are provided by Integrated Behavioral Health, Inc. and its contractors. Work Life Matters Employees Assistance Program is not insurance benefits and may not be available in all states. Products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Some products may not be available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Documents are the final arbiter of coverage. *Ratings as of 12/2020 and are subject to change. **Comdex is not a rating, but a composite of all ratings that a company has received from the major rating agencies. Comdex percentile ranks the companies, on a scale of 1 to 100 (with 100 being the best). SummaCare is not a subsidiary or affiliate of The Guardian Life Insurance Company. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America ® ©Copyright 2022 The Guardian Life Insurance Company of America.



Dental Plans - PPO

Dental Benefits	PPO 1		PPO 2		PPO 3	
Plan Type & Code	Split Value Plan (NA)		Value Plan (VZ)		PPO (WD)	
Contribution/Participation	Contributory, Assumes 75% of eligible employees		Contributory, Assumes 75% of eligible employees		Contributory, Assumes 75% of eligible employees	
Dependent Age Limits	To Age 26		To Age 26		To Age 26	
Waiting Periods	None		None		None	
Network	DentalGuard Preferred		DentalGuard Preferred		DentalGuard Preferred	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$50	\$100	\$50	\$50	\$50	\$50
Period	Calendar Year		Calendar Year		Calendar Year	
Family Limit	3 per family		3 per family		3 per family	
Waived For	Preventive	Not Waived	Preventive	Preventive	Preventive	Preventive
Annual Maximum	\$1,000 plus Maximum Rollover		\$1,000 plus Maximum Rollover		\$1,000 plus Maximum Rollover	
Rollover Threshold	\$500		\$500		\$500	
Rollover Amount	\$250		\$250		\$250	
In-Network only Rollover	\$350		\$350		\$350	
Rollover Account Limit	\$1,000		\$1,000		\$1,000	
Deductible	\$1,000 plus Maximum Rollover		\$1,000 plus Maximum Rollover		\$1,000 plus Maximum Rollover	



Dental Plans – PPO, continued

Dental Benefits	PPO 1		PPO 2		PPO 3	
Claim Payment Basis	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	90th
	100%	100%	100%	100%	100%	100%
Coinsurance - Preventive	*Oral Exams (once/6 mos.) * Cleanings (once/6 mos.) * X-Rays (Full- mouth series once/60 mos.) * Fluoride Treatment (to age 14, once/6 mos.) * Sealants (to age 16, once/36 mos.) * Space Maintainers/Harmful Habit Appliances		*Oral Exams (once/6 mos.) * Cleanings (once/6 mos.) * X-Rays (Full- mouth series once/60 mos.) * Fluoride Treatment (to age 14, once/6 mos.) * Sealants (to age 16, once/36 mos.) * Space Maintainers/Harmful Habit Appliances		*Oral Exams (once/6 mos.) * Cleanings (once/6 mos.) * X-Rays (Full- mouth series once/60 mos.) * Fluoride Treatment (to age 14, once/6 mos.) * Sealants (to age 16, once/36 mos.) * Space Maintainers/Harmful Habit Appliances	
Coinsurance - Basic	80%	50%	80%	80%	90%	80%
	*Fillings * Perio Maintenance Procedure (once/6 mos.) * Periodontal Services (e.g. Scaling and Root Planing) * Periodontal Surgery * Simple Extractions * Complex Extractions * Endodontic Services (e.g. Root Canal) * General Anaesthesia		*Fillings * Simple Extractions * General Anaesthesia		*Fillings * Perio Maintenance Procedure (once/6 mos.) * Periodontal Services (e.g. Scaling and Root Planing) * Periodontal Surgery * Simple Extractions * Complex Extractions * Endodontic Services (e.g. Root Canal) * General Anaesthesia	
Coinsurance - Major	50%	25%	50%	50%	60%	50%
	*Bridges & Dentures * Implants * Single Crowns * Repair & Maintenance of Crowns, Bridges & Dentures * Inlays, Onlays & Veneers		*Bridges & Dentures * Endodontic Services (e.g. Root Canal) * Implants * Single Crowns * Complex Extractions * Repair & Maintenance of Crowns, Bridges & Dentures * Perio Maintenance Procedure (once/6 mos.) * Combined Cleanings/Perio Maintenance Limit (2 in a 12 consecutive months period) * Periodontal Services (e.g. Scaling and Root Planing) * Periodontal Surgery * Inlays, Onlays & Veneers		*Bridges & Dentures * Implants * Single Crowns * Repair & Maintenance of Crowns, Bridges & Dentures * Inlays, Onlays & Veneers	
Orthodontia			Employer Option (Rates Below)		Employer Option (Rates Below)	
Coinsurance			50% for Children		50% for Children	
Lifetime Maximum			\$1,000		\$1,000	
Rate Guarantee	through 8/31/2025		through 8/31/2025		through 8/31/2025	



Dental Plans – HMO

Plan Name & Type	Managed Dental Care (N100)
Contribution/Participation	Contributory, Assumes 75% of eligible employees
Office Visit Copay	\$5
Annual Maximum	Unlimited
Co-Payment Schedule	
Oral Exams	Patient Charges (Member Responsibility)
Cleanings	\$0
X-Rays	\$0
Fillings	\$0 - Full Mouth
Fluoride Treatment	\$28 - One Surface Amalgam
Sealants	\$0
Simple Extractions	\$15 - Per Tooth
Oral Cancer Screenings	\$25 - Per Tooth
Endodontic (Root Canal)	\$50 - Age 40 or older, once/24 months
General Anaesthesia	\$220 - Anterior \$350 - Molar
Orthodontia Included in Rates	
Dependent Child (to Age 19)	\$1,895
Other Members	\$2,195
Rate guarantee	through 8/21/2025



Rates Presented as Per Employee Per Month

Dental PPO 1					Dental PPO 2				Dental PPO 3			
	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Employee	Employee & Spouse	Employee & Child(ren)	Full Family
Rates	\$30.16	\$61.22	\$74.12	\$111.94	\$29.14	\$59.16	\$73.58	\$110.42	\$47.83	\$97.10	\$112.07	\$171.20
Rates w/ Ortho					\$29.14	\$59.16	\$86.17	\$124.92	\$47.83	\$97.10	\$123.41	\$184.26

HMO				
	Employee	Employee & Spouse	Employee & Child(ren)	Full Family
Rates	\$14.86	\$29.70	\$45.45	\$67.07

Plan Highlights

Guardian has one of the nation's largest selection of network dentists and we're growing fast, with over 115,000 dentists at more than 370,000 locations. It's easy to find a network dentist at GuardianAnytime.com.

HMO

The Managed Dental Care plan combines broad dental coverage with a number of cost-saving features.

- No annual maximums, deductibles, claim forms
- Specialty services available by referral only
- Full disclosure of out-of-pocket costs
- No exclusions for pre-existing conditions
- No participation requirements
- No employer contribution required

International Dental Travel Assistance

While traveling internationally, Guardian members can get a referral to a local dentist for immediate dental care through the International

PPO

International Dental Travel Assistance

While traveling internationally, Guardian members can get a referral to a local dentist for immediate dental care through the International Dental Travel Assistance Program. This service is available 24/7, in over 200 countries. Coverage will be considered under the out-of-network benefits.

International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with (The) Guardian Life Insurance (Company of America) ("Guardian"), and the services they provide are separate and apart from the benefits provided by Guardian.

Summary of Plan Limitations and Exclusions

PPO

- In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
 - Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Depending on plan type, deductibles, waiting periods, per service frequency limitations, and payment limits may apply.
 - The list of dental services shown is not exhaustive.
 - This coverage will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description.
- This plan does not pay for:
- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition.
 - Cosmetic or experimental treatments, unless specifically listed in the BENEFIT DETAIL section of this proposal as a covered cosmetic service.
 - Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device.
 - Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws.
 - Replacing an appliance or prosthetic device with a like appliance or device, unless: a) it is damaged while in the covered person's mouth in an injury suffered while insured, and can't be fixed; or b) can't be made usable and meets the replacement age criteria selected by the employer.

General

Guardian prohibits doing business with any entity directly involved in the cultivation, production or distribution of marijuana, ("Marijuana Entity"). In addition, Guardian prohibits doing business with any entity whose primary focus is an ancillary activity business that is inherently and materially associated with the cultivation, production and distribution of marijuana ("Ancillary Activity Entity").

Producer Compensation Disclosure - As is common with Group insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g., an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager.

Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.

HMO

- 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 by the plan.
- This plan provides managed care dental benefits through a network of participating general dentists and specialty care dentists.
- Only those services listed in the plan's schedule of benefits are covered.
- Certain services are subject to frequency or other periodic limitations.
- Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care plan 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 plan.
- 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.
- GP-1-DHMO-16-OH, et al.
- All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ("Guardian") or one of the following wholly-owned subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation (MI); First Commonwealth of Missouri (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 proposal and the policy forms, the policy forms shall control.



About Your Dental Benefits:

Dental PPO 1		
Your Network is	DentalGuard Preferred	
Calendar year deductible	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Individual	\$50	\$100
Family limit	3 per family	
Waived for	Preventive	Not Waived
Charges covered for you (co-insurance)	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Preventive Care	100%	100%
Basic Care	80%	50%
Major Care	50%	25%
Orthodontia	Not Included	Not Included
Annual Maximum Benefit	\$1,000	\$1,000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1,000	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

Claims payment basis

Dental PPO & NAP

The usual cost for a specific dental service in your area. Amounts over the specified Usual Customary & Reasonable percentile (90%) are usually the patient's responsibility: **In-Network (Contracted)**: Benefits are based on a negotiated contracted fee schedule, and no balance billing. **Out-of-Network (Non-Contracted)**: Benefits are based on usual, reasonable, and customary rates for a given area.

A sample of services covered by your plan:

Dental PPO 1

Plan pays (on average)

		In-Network (Contracted)	Out-of-Network (Non-Contracted)
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14, Once Every 6 Months	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	50%
	Fillings	80%	50%
	Perio Surgery	80%	50%
	Periodontal Maintenance	80%	50%
	Frequency:	Once Every 6 Months	
	Root Canal	80%	50%
	Scaling and Root Planing (per quadrant)	80%	50%
	Simple Extractions	80%	50%
	Surgical Extractions	80%	50%
Major Care	Repair and Maintenance of Crowns, Bridges and Dentures	50%	25%
	Bridges and Dentures	50%	25%
	Dental Implants	50%	25%
	Inlays, Onlays, Veneers**	50%	25%
	Single Crowns	50%	25%
Orthodontia	Orthodontia	Not Included	
	Limits:		

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.

Exclusions and Limitations

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred 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-DG6 et al.

Dental 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-DG6.

The Guardian Life Insurance Company of America

New York, NY

guardiananytime.com

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only 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 of 19; 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12-month period. *General Anesthesia —restrictions apply. The Guardian Life Insurance Company of America, New York, NY 10004. Guardian® is a registered trademark of The Guardian Life Insurance Company of America.

About Your Dental Benefits:

Dental PPO 2		
Your Network is	DentalGuard Preferred	
Calendar year deductible	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1,000	\$1,000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1,000	
Lifetime Orthodontia Maximum	\$1,000	
Dependent Age Limits	26	

Claims payment basis

Dental PPO & NAP

The usual cost for a specific dental service in your area. Amounts over the specified Usual Customary & Reasonable percentile (90%) are usually the patient's responsibility:

In-Network (Contracted): Benefits are based on a negotiated contracted fee schedule, and no balance billing.

Out-of-Network (Non-Contracted): Benefits are based on usual, reasonable, and customary rates for a given area.

A sample of services covered by your plan:

Dental PPO 2

Plan pays (on average)

		In-Network (Contracted)	Out-of-Network (Non-Contracted)
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings	80%	80%
	Simple Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months	
	Surgical Extractions	50%	50%
	Scaling and Root Planing (per quadrant)	50%	50%
	Repair and Maintenance of Crowns, Bridges and Dentures	50%	50%
Orthodontia	Root Canal	50%	50%
	Orthodontia	50%	50%
	Limits:	Children	

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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-DG6 et al.

Dental 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-DG6.

**The Guardian Life Insurance
Company of America**
New York, NY
guardiananytime.com

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only 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 of 19; 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia —restrictions apply. The Guardian Life Insurance Company of America, New York, NY 10004. Guardian® is a registered trademark of The Guardian Life Insurance Company of America.

About Your Benefits:

Dental PPO 3		
Your Network is	DentalGuard Preferred	
Calendar year deductible	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Preventive Care	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1,000	\$1,000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1,000	
Lifetime Orthodontia Maximum	\$1,000	
Dependent Age Limits	26	

Claims payment basis

Dental PPO & NAP

The usual cost for a specific dental service in your area. Amounts over the specified Usual Customary & Reasonable percentile (90%) are usually the patient's responsibility:

In-Network (Contracted): Benefits are based on a negotiated contracted fee schedule, and no balance billing.

Out-of-Network (Non-Contracted): Benefits are based on usual, reasonable, and customary rates for a given area.

A sample of services covered by your plan:

Dental PPO 3

Plan pays (on average)

		In-Network (Contracted)	Out-of-Network (Non-Contracted)
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14, Once Every 6 Months	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	90%	80%
	Fillings	90%	80%
	Perio Surgery	90%	80%
	Periodontal Maintenance	90%	80%
	Frequency:	Once Every 6 Months	
	Root Canal	90%	80%
	Scaling and Root Planing (per quadrant)	90%	80%
	Simple Extractions	90%	80%
	Surgical Extractions	90%	80%
Major Care	Repair and Maintenance of Crowns, Bridges and Dentures	60%	50%
	Bridges and Dentures	60%	50%
	Dental Implants	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Single Crowns	60%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Children	

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.

Exclusions and Limitations

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred 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-DG6 et al.

Dental 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-DG6.

**The Guardian Life Insurance
Company of America**
New York, NY
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This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only 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 of 19; 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia —restrictions apply. The Guardian Life Insurance Company of America, New York, NY 10004. Guardian® is a registered trademark of The Guardian Life Insurance Company of America.

About Your Benefits:

Your dental plan is	HMO Managed Dental Care
Your network is	Plan* OH: Managed DentalGuard
Calendar year deductible	
Individual	Nodeductible
Family limit	
Waived for	
Charges covered for you (co-insurance)	Network only
Preventive Care (e.g. cleanings)	You pay a copay for each covered procedure. See "Plan Details", for more information.
Basic Care (e.g. fillings)	
Major Care (e.g. crowns, dentures)	
Orthodontia	
Annual Maximum Benefit	Unlimited
Office visit copay	\$5
Dependent Age Limits	26**

A sample of services covered by your plan:

	You Pay
	Network only
Anesthesia*	Restrictions Apply
Bleaching — Cosmetic Care	\$165
Cleaning (prophylaxis)	\$0
Fillings‡	\$28
Fluoride Treatments	\$0
Oral Exams	\$0
Orthodontia	\$1,895-\$2,195
Limits:	
Perio Surgery	\$410
Periodontal Maintenance	\$38
Repair & Maintenance of Crowns, Bridges & Dentures	\$130-186
Root Canal	\$220-\$350
Scaling & Root Planing (per quadrant)	\$75
Sealants (per tooth)	\$15
Simple Extractions	\$25
Surgical Extractions	\$135-\$185
X-rays	\$0

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Exclusions and limitations

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.

The Guardian Life Insurance Company of America

New York, NY

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*Managed Dental Care Plan underwritten by The Guardian Life Insurance Company of America (CO, FL and NY) or one of its wholly owned subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health of Michigan (MI); First Commonwealth of Missouri (MO), or Managed Dental Guard, Inc. (NJ, OH and TX). GP-1-MDG-FP-FL-14. ****For FL - Family coverage** for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student. This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia - restrictions apply. ± Underwritten by: First Commonwealth Insurance Company - (IL), First Commonwealth of Missouri - (MO), First Commonwealth Limited Health Services Corporation - (IN), First Commonwealth Limited Health Services Corporation of Michigan - (MI), Managed Dental Care - (CA), Managed Dental Guard, Inc. - (NJ, OH, TX), The Guardian Life Insurance Company of America - (CO, FL, NY and all PPO and Indemnity plans). All referenced companies are wholly owned subsidiaries of The Guardian Life Insurance Company of America. Limitations and exclusions apply. Plan documents are the final arbiter of coverage. Disclosures: 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 Dental Guard, 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. GP-1-MDG1, et al. or GP-1-MDG-FL-1-08, et al. (Florida), GP-1-MDG-NY1, et al. or GP-1-MDG-NY-1-08, et al. (New York), GP-1-MDG-CO-1, et al. (Colorado), GP-1-MDC1, et al. or GP-1-MDC-CA-1-08, et al. (California), GP-1-MDG-1-NJ, et al. or GP-1-MDG-NJ-1-08, et al. Guardian® is a registered trademark of The Guardian Life Insurance Company of America.

Vision

Rates Presented as Per Employee Per Month

VSP			Davis Plan		
Network/Plan		VSP/Full Feature - Choice B	Network/Plan		Davis/Full Feature - Designer B
Dependent Age Limits		To Age 26	Dependent Age Limits		To Age 26
Copay			Copay		
Split (Exams/Materials)		\$10/\$25	Split (Exams/Materials)		\$10/\$25
Frequencies		Once Every:	Frequencies		Once Every:
Eye Exams		Calendar Year	Eye Exams		Calendar Year
Lenses Benefit		Calendar Year	Lenses Benefit		Calendar Year
Contact Lenses		Calendar Year	Contact Lenses		Calendar Year
Frames		Other Calendar Year	Frames		Other Calendar Year
Reimbursement Schedule	In-Network (copay)	Out Network (Before copay)	Reimbursement Schedule	In-Network (copay)	Out Network (Before copay)
Eye Exams Benefit	\$10	\$39 max	Eye Exams Benefit	\$10	\$50 max
Lenses Benefit			Lenses Benefit		
Single Vision	\$25	\$23 max	Single Vision	\$25	\$48 max
Bifocal	\$25	\$37 max	Bifocal	\$25	\$67 max
Trifocal	\$25	\$49 max	Trifocal	\$25	\$86 max
Lenticular	\$25	\$64 max	Lenticular	\$25	\$126 max
Contact Lenses Benefit**			Contact Lenses Benefit**		
Medically Necessary	Covered after copay	\$210 max	Medically Necessary	Covered (copay waived)	\$210 (copay waived)
Elective Materials	\$150 max (copay waived)	\$100 (copay waived)	Elective Materials	\$150 + 15% off balance (copay waived)	Not Included
Elective Fitting and Evaluation	Included in the Contact Lens Allowance. 15% discount on the fee	Included in the Contact Lens Allowance	Elective Fitting and Evaluation	Included in the Davis Vision Contract Lens Collection when contacts are purchased.	Not Included
Frames Benefit	\$150 retail max + 20% off balance	\$46 max	Frames Benefit	\$150 retail max + 20% off balance	\$48 max
Retail Chain Provider Included: Costco, Walmart, Sam's Club Frame	\$80 retail max	Not Covered	Costco, Walmart, Sam's Club Frame	\$150 retail max	Not Covered
Rate Guarantee		through 8/31/2025	Rate Guarantee		through 8/31/2025
**In lieu of eyeglass lenses and/or frames			**In lieu of eyeglass lenses and/or frames		



Vision, continued

	VSP				Davis Plan			
	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Employee	Employee & Spouse	Employee & Child(ren)	Full Family
Contributory Rates, Assume 75% Participation	\$8.69	\$14.63	\$14.92	\$23.62	\$6.55	\$11.01	\$11.23	\$17.77
Voluntary Rates	\$10.95	\$18.44	\$18.80	\$29.75	\$8.26	\$13.87	\$14.15	\$22.39

Plan Highlights

Guardian’s Financial Strength: Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company’s value as well as common ground for valid comparison. For additional details, visit our website: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>

- Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care networks in the industry with over 86,000 provider access points nationwide, including private practice providers, Visionworks and contracted Pearle Vision locations. It's easy to find a network provider at GuardianAnytime.com.
 - Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in-network provider.
 - With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.
 - Members who use a VSP contracted laser center may save an average of 10% -20% off, or 5% off a promotional offer, on PRK, LASIK, Custom LASIK, Custom PRK and Bladeless LASIK.
 - Your plan includes Retail Chain Providers, your employees have the convenience of over 9,000 access points with popular retail chains like Walmart, Sam's Club, Costco Optical. Benefits may vary at some retail chain provider locations.
 - In network benefits can be used online at eyeconic.com.
- Guardian's affiliation with Davis Vision offers access to over 98,000 provider access points nationwide, including private practice providers and many convenient retailers such as Costco, Walmart, Sam's Club, Target, JC Penney, Visionworks and contracted Pearle locations. It's easy to find a network provider at GuardianAnytime.com.
 - All plan eyeglasses at national retailers come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. At private practice providers the warranty would cover all lenses and frames from the Davis Vision Collection only.
 - For calendar year plans, this plan allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.
 - With our Designer plans, members will receive significant discounts on lens options, discounts will range from 20-60% off the U&C. For example, standard progressive lenses will cost \$50 and scratch resistant coating will cost \$20. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full.
 - Full Feature plans receive a 20% discount off the amount exceeding the copay and allowance on non-Collection frames and 15% off the amount exceeding the copay and allowance on non-Collection contact lenses purchased from a participating provider. In addition, these discounts are not available at Costco, Wal-Mart, Sam's Club, glasses.com or 1800contacts.com.
 - Members who use a Davis Vision participating laser center will receive significant savings of 5% to 25% off the national average price of traditional Lasik.
 - With our Designer plans, frames from Davis' Fashion or Designer collections are covered in full in excess of the plan's materials copay.
 - Frames from Davis' Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay. Frames not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay. The Collections are available at most participating independent provider offices but not in retail locations.
 - Contact lenses purchased from the Davis Collection are covered in full after the copay, if any, and the contact lens fitting and evaluations are included at no additional charge. The Collection is available at most participating independent provider offices but not in retail locations.
 - Members can use their in network benefits at visionworks.com, glasses.com and 1-800contacts.com. Additional discounts are not available at glasses.com or 1800contacts.com.
 - Members will receive an additional \$50 frame allowance at Visionworks stores and at visionworks.com.



Vision, continued

Summary of Plan Limitations & Exclusions

In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

Guardian prohibits doing business with any entity directly involved in the cultivation, production or distribution of marijuana, ("Marijuana Entity"). In addition, Guardian prohibits doing business with any entity whose primary focus is an ancillary activity business that is inherently and materially associated with the cultivation, production and distribution of marijuana ("Ancillary Activity Entity").

Producer Compensation Disclosure - As is common with Group insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g., an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.

Guardian Vision (VSP)

- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- For a calendar year plan A or B, if a member purchases contact lenses they must wait 2 calendar years to purchase frames.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available)
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- Guardian's Vision Insurance products are underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.
- GP-1-VSN-96-1 et al.

Guardian Vision (Davis)

- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.
- Members cannot split their benefits, they must purchase frames and lenses during the same office visit.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available)
- Our Designer plans limit benefits for most optional cosmetic lens processes and treatments. Our Premier plans cover a wide range of cosmetic lens processes and treatments.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.

The rates provided in this quote are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk, including but not limited to industry codes, or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal. The plan information provided in connection with this initial quote is for illustrative purposes only. Please consult the policy of insurance for specific benefit levels and coverage details, including limitations and exclusions. In the event of a conflict between this proposal and the policy, the policy shall control.



Vision Benefit Summary

About Your Benefits:

Full Feature	
Network	VSP
Copay	
Exams Copay	\$ 10
Materials Copay (waived for electivecontact lenses)	\$ 25
Sample ofCovered Services	You pay (after copay ifapplicable):
	In-networkOut-of-network
Eye Exams	\$10\$39maximum
Single Vision Lenses Lined	\$25\$23maximum
Bifocal Lenses Lined	\$25\$37maximum
Trifocal Lenses Lenticular	\$25\$49maximum
Lenses Frames	\$25\$64maximum
Contact Lenses (Elective)	\$150 retail max + 20% off balance\$46maximum
Contact Lenses (Medically Necessary)	\$150 maximum (copay waived)\$100 (copay waived)
Contact Lenses (Evaluation and fitting)	Covered after copay\$210 maximum
	In Contact Lens Allowance. 15% discountIncluded in the Contact Lens Allowance.
Service Frequencies	
Exams	
Lenses (for glasses or contact lenses):j;j	Every 12 months
Frames	Every 12 months
	Every 12 months

Benefit includes coverage for glasses or contact lenses, not both.

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

A For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.

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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 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-VSN-96-VIS et al.

Laser Correction Surgery:

Up to 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

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



Vision Benefit Summary

About Your Benefits:

Full Feature	
Network	Davis Vision
Copay	
Exams Copay	\$ 10
Materials Copay (waived for electivecontact lenses)	\$ 25
Sample ofCovered Services	
You pay (after copay if applicable):	
	In-networkOut-of-network
Eye Exams	\$10\$50maximum
Single Vision Lenses Lined	\$25\$48maximum
Bifocal Lenses Lined	\$25\$67maximum
Trifocal Lenses Lenticular	\$25\$86maximum
Lenses Frames	\$25\$126 maximum
Contact Lenses (Elective)	\$150 retail max + 20% off balance\$48 maximum
Contact Lenses (Medically Necessary)	\$150 + 15% off balance (copay waived)\$105 (copay waived)
Contact Lenses (Evaluation and fitting)	Covered after copay\$210 (copay waived)
	Included in the Davis Vision Contract Lens Collection when contacts are purchased.
	Not Include
Service Frequencies	
Exams	
Lenses (for glasses or contact lenses):j	Every 12 months
Frames	Every 12 months
	Every 12 months

Benefit includes coverage for glasses or contact lenses, not both.

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

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.

**Additional discounts are not available at all private practice locations. Costco, Wal-mart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.*

For Davis Vision complete eye glasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames 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.

Extra \$50 at Visionworks stores and visionworks.com.

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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 eye wear 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.

These 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-OS-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.

The Guardian Life Insurance Company of America, New York, NY

Basic Term Life

Life Benefits	
Rate Guarantee	through 8/31/2025
Minimum Participation	Minimum of 75% participation of eligible employees.
Evidence of Insurability	Medical Underwriting may be required for amounts in excess of Guaranteed issue amount. Ages 70 and older must be underwritten for all amounts.
Employee AD&D	100% of Life Benefit to a maximum of \$10,000
Guarantee Issue	Employees less than age 65: Full Benefit Amount, Employee Ages 65-69 : \$10,000
Accelerated Life Benefit	Available for \$20k & \$25K death benefit option; Accelerated benefit is 75% of the death benefit
Common Carrier	Not Included
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled.
Portability	Included with Evidence of Insurability
Seatbelt/Airbag	Employee: \$10,000/\$15,000
Conversion	Included
Age Reductions	35% at age 65; 60% at age 70; 75% at age 75; 85% at age 80.
Monthly Calculations Per \$1,000	

Basic Life

Rates per \$1000 Benefit			Monthly Premium (Life & AD&D)			
			Benefit Options			
	Life	AD&D	\$10,000	\$15,000	\$20,000	\$25,000
	\$0.40	\$0.03	\$4.30	\$6.45	\$8.60	\$10.75

Summary of Plan Limitations and Exclusions

In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period GP-1-A-GP-90-1, et al.

Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting. Any amounts paid for with pre-tax dollars will be subject to taxation / imputed income. Accidental Death and Dismemberment Plan

We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or a bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces may vary by state; while driving motor vehicle without a current, valid driver's license; while legally intoxicated; while participating in civil disorder or committing a felony; traveling on any type of aircraft while having any duties on that aircraft; while voluntarily using a nonprescription controlled substance GP-1-R-ADCL1-00 et al.

Guardian Basic Term Life Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

This offering is not available for the following SIC Codes: 0800 – 0899, 1200 – 1299, 2011, 2015, 2410 – 2420, 2892, 3292, 3480 – 3489, 5921 -5932, 7342, 7349, 7363, 7389, 9999.

Guardian prohibits doing business with any entity directly involved in the cultivation, production or distribution of marijuana, ("Marijuana Entity"). In addition, Guardian prohibits doing business with any entity whose primary focus is an ancillary activity business that is inherently and materially associated with the cultivation, production and distribution of marijuana ("Ancillary Activity Entity").

Producer Compensation Disclosure - As is common with Group insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g., an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager.

Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.

The rates provided in this quote are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk, including but not limited to industry codes, or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal. The plan information provided in connection with this initial quote is for illustrative purposes only. Please consult the policy of insurance for specific benefit levels and coverage details, including limitations and exclusions. In the event of a conflict between this proposal and the policy, the policy shall control.

Life Restricted Industries

Industry	SIC Code Ranges	
Forestry	0800	0899
Coal Mining	1200	1299
Meat Packing Plants	2011	2011
Poultry Slaughter & Processing	2015	2015
Logging	2410	2420
Explosives	2892	2892
Asbestos Products	3292	3292
Ordnance & Accessories- Am munition, Small Arms, Etc.	3480	3489
Liquor and Used Merchandise Stores	5921	5932
Disinfecting & Pest Control Services	7342	7342
Building Cleaning & Maintenance Services, Not Elsewhere"	7349	7349
Help Supply	7363	7363
Building Cleaning & Maintenance Services, Not Elsewhere"	7389	7389
Non-classifiable	9999	9999

The following industries are restricted for all lines ...

Marijuana production, distribution or other ancillary activities



Life Benefit Summary

What Your Benefits Cover:

	BASIC TERM LIFE
Employee Benefit	\$10,000, \$15,000, \$20,000 or \$25,000
Accidental Death and Dismemberment	100% of Life Benefit to a maximum of \$10,000
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Employees less than age 65: Full Benefit Amount Employee Ages 65-69 : \$10,000
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Available for \$20k & \$25K death benefit option; Accelerated benefit is 75% of the death benefit
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	If disabled, insurance will continue until age 65 or no longer disabled.
Life Assist: Provides supplemental income that equals 1% of your Life benefit to a maximum of \$2,000 if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.	Yes
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

The Guardian Life Insurance Company of America, New York, NY

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.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Employee Assistance Program Overview

Employee Assistance Program (EAP) consultative services

Face-to-face counseling — Up to 3 visits per employee/ household member per year

Telephonic counseling — Unlimited, 24/7 consultations with master's- and doctoral-level counselors

Bereavement — Support available through telephonic or face-to-face sessions; online resources available on EAP website

Tobacco cessation coaching — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program

EAP website resources — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website

Work/Life assistance & resources

WorkLife services — Unlimited 24/7 access to WorkLife specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional wellbeing, daily living, balancing work and life responsibilities

Child and elder care referral — Unlimited telephonic consultation with a WorkLife specialist (part of WorkLife services)

Employee discounts — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Webinars, podcasts, articles and FAQs — Various topics available on the EAP website

Legal/financial assistance & resources

Legal consultation — Unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive online law library



Financial consultation — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators

ID theft — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online

Will prep — Online self-service documents available on EAP website; 30-minute consultation (part of Legal Consultation offering) can be used for estate planning/ will preparation

Legal document preparation — Online self-service documents available on the EAP website

Tax consultation — Tax questions only can be answered as part of the Financial Consultation offering

Online self-service documents — Examples include, but are not limited to: living trust, will, power of attorney, deeds

Resources for managers

Introductory employee orientation — Webinars can be complimentary, while an on-site orientation is available for a fee of \$250 per counselor, per hour with no charge for travel time or travel expenses

Supervisor/employee training—Webinars can be complimentary, while an on-site orientation is available for a fee of \$250 per counselor, per hour with no charge for travel time or travel expenses

Critical incidence response services — \$250 per hour, per counselor; no additional fee for travel time or travel expenses

Supervisor/manager telephone consultation
— Unlimited 24/7 telephonic support

Employee EAP referrals—Managers or supervisors can refer an employee directly at any time

Utilization reports (to employer) — Semi-annual reports provided

EAP promotional materials—Flyers, posters and newsletters provided

 **ibhworklife.com**

User Name: **WorkLife**

Password: **70101**

Contact your Guardian Group sales representative for more information.

**The Guardian Life Insurance
Company of America**
New York, NY
guardianlife.com

WorkLifeMatters Program and Will Prep Services services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WorkLifeMatters Program or WillPrep 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 or WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. The WorkLifeMatters and Will Prep Programs are not an insurance benefit and may not be available in all states. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. GUARDIAN® and the GUARDIAN G® logo are registered service marks of The Guardian Life Insurance Company of America®

Guardian Dental Maximum Rollover

How preventive care pays in the long run

Preventive care can help avoid costs of serious oral health issues later on. With Maximum Rollover from Guardian®, members are rewarded for taking care of their oral health with funds they can roll over to use as needed in the future.



Pro tip: If care is provided by dentists in the network, more money can be rolled over.

Here's an example of a plan with a \$1,000 annual maximum:

Andy's Dental Insurance Plan



Plan Annual Maximum*	\$1,000	Amount of Maximum Claims Reimbursement
Threshold	\$500	Claims amount that determines rollover eligibility
Maximum Rollover Amount	\$250	Additional dollars added to Plan Annual Maximum for future years
In-Network Only Rollover Amount**	\$350	Additional dollars added to Plan Annual Maximum for future years, if only in-network providers were used during the benefit year
Maximum Rollover Account Limit	\$1,000	The maximum amount of rollover dollars that can be kept in the Maximum Rollover Account

* The annual maximum is the amount that a dental insurance company will pay out toward claims in a calendar year.

Guardian Dental Maximum Rollover

How preventive care pays in the long run

Sample Plan

■ Claims ■ Rollover ▨ Annual Max

Year One

Starting with a \$1,000 Plan Annual Maximum, Andy:

- Submits **\$150 in dental claims**
- Does not exceed \$500 Threshold
- Receives **\$250 rollover** for year two, adding up to a \$1,250 annual plan max

Year Two

Starting with an increased Plan Annual Maximum of \$1,250, Andy:

- Submits **\$200 in dental claims**
- Receives additional **\$250 rollover** for year three, adding up to a \$1,500 annual plan max

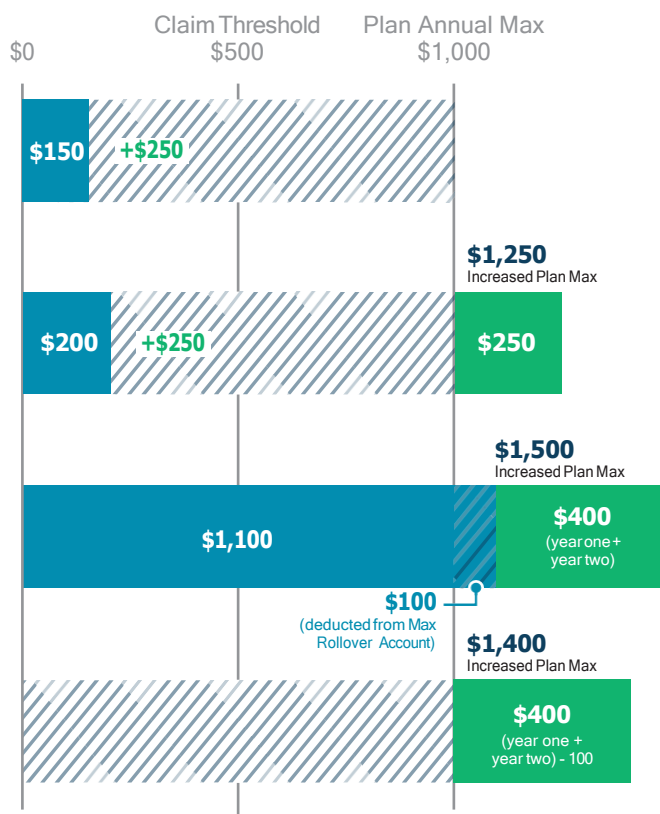
Year Three

Starting with an increased Plan Annual Maximum of \$1,500, Andy:

- Submits **\$1,100 in dental claims**
- Gets all claims paid for due to the Maximum Rollover Amount accumulated

Year Four

Andy's Plan Annual Maximum is \$1,400 (\$1,000 Plan Annual Maximum + \$400 remaining Maximum Rollover Amount accumulated).



Cycle of Health



Discover more about how preventive care can maximize your benefits on guardianlife.com.

Source: "Guardian Dental Benefits: A Bridge to Oral Health and Wellness," 2017, Guardian's 5th Annual Workplace Benefits Study.

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1,500 PPO/\$1,000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. ** Available in select states and plans. Guardian's Dental Insurance is 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. Information provided in this communication is for informational purposes only. For broker/agent use only. Not for use with the general public.

Dental Policy Form # GP-1-DEN-16. GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America. © Copyright 2020 The Guardian Life Insurance Company of America. 2020-109881 (10/22)

Health & Wellness

SummaCare offers health and wellness benefits, value-added services, programs and discounts.

WebMD® Health Manager

Exclusive access to WebMD's Health Manager online tools and services: Health Risk Appraisal, Daily Habits and tracking tools.

Telehealth Services – Teladoc® Health

Teladoc® Health gives members access 24-hours a day, seven days a week to a U.S. board-certified provider who can diagnose many health issues, including general medicine, dermatology and behavioral health.

Health and Fitness Discounts

SummaCare has partnered with HUSK to offer discounted* gym memberships, on-demand virtual fitness classes, educational resources and more.

*Fee based (not subsidized by SummaCare)

Preventive Health Reminders

SummaCare provides reminders on when to schedule check-ups for routine care as well as check-ups recommended if members have certain conditions, because early detection is key!

Vision Discounts

Receive substantial discounts on comprehensive eye exams, frames and lenses at participating locations through a discount program called EyeMed Vision Care.



Health Coaching

Health coaching is a one-on-one, telephonic service used to help members with lifestyle modifications to prevent future chronic conditions. A health coach will help identify at-risk behaviors and provide suggestions to improve the member's wellness.

Condition and Care Management

Members living with a serious condition can have a SummaCare registered nurse provide valuable tools and guidance that will help them feel their best. Programs include: asthma, depression, diabetes, heart disease, high blood pressure, chronic obstructive pulmonary disease (COPD) and chronic kidney disease.

QuitCare

SummaCare can offer support to smokers who are ready to kick the habit. Quitting specialists will enroll members in the no cost QuitCare counseling program. Members may also choose to receive a limited supply of nicotine replacement therapy at no cost.

DiabetesCare

Diabetic testing supplies (preferred brands) are available to our members with no copay and no deductible cost, when ordered through HOMELINK. Also included are diabetes education classes at any in-network provider. In addition, you have access to online resources through WebMD®, such as blood sugar trackers, diabetes assessment and health education.

SummaCare 24-Hour Nurse Line

Members seeking medical advice for themselves or dependents can call the SummaCare 24-Hour Nurse Line, 24-hours a day, seven days a week.

Monthly Health Notes eNews

Health and wellness related educational handouts, sent via email, focusing on National Health Observances, health tips, fitness and healthy recipes. Contact SummaCare's Senior Health Promotion Specialist to join the monthly email group.

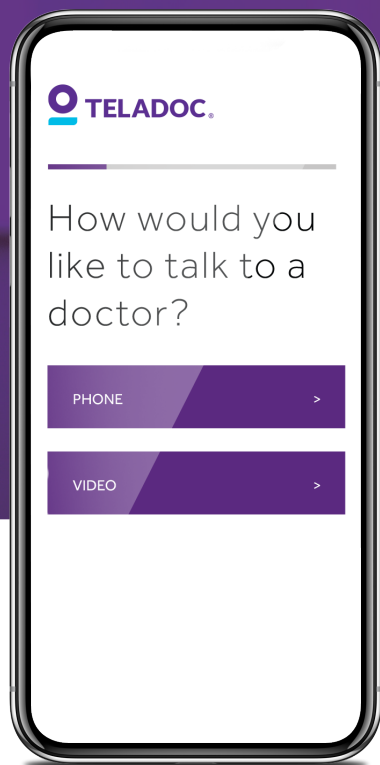
Wellness Education Presentations

SummaCare's Health and Wellness team can provide up to four lectures per year – either virtual or prerecorded.

Flu Vaccine Clinic

On-site flu vaccination clinics are available at no cost to plan members and may be coordinated by our wellness team.

For more information about these benefits, contact SummaCare's Senior Health Promotion Specialist at 234.863.4264.



You've got Teladoc Health

Talk to a doctor anytime,
anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc Health doctor will contact you



Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  



POWERED BY

eye
Med

See more, Save more with SummaCare

Your SummaCare vision plan includes a vision benefit powered by EyeMed Vision Care. And with access to a vast network of independent eye doctors and popular retailers, it's easy to book an exam and use your benefit. Plus, your SummaCare vision plan lets you score the hottest brands for less.



Locate an eye doctor

The EyeMed network has thousands of independent eye doctors and popular retailers. So you can see who you want to see when and where you want to see them. Visit eyemed.com to find a provider near you.



Schedule an appointment

Schedule an appointment online, call ahead or stop by one of the many eye doctors that offer walk-ins. Most offer evening and weekend hours to fit any schedule.



Use your benefit

When you arrive, let the eye doctor know you have an EyeMed benefit through your SummaCare vision plan. Lucky you!


SummaCareSM

Member/Patient Services:
1-866-723-0391

ACCESS PLAN D

SummaCare

Discount Plan#: 9249624

Signature: _____

POWERED BY

eye
Med

Member Services

Visit eyemed.com or call the number on the front of this card.

EyeMed Doctors/ Providers Only

Visit eyemed.com to receive plan information, authorization online or call 1-800-521-3605

This is not insurance. Dependents are eligible.

Discounts cannot be used with any other discounts, coupons, or promotional offers.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

PEARLE
VISION

OPTICAL[®]

Visit eyemed.com to find an eye doctor near you and schedule an appointment today.

Please note your vision discounts cannot be combined with any other discounts, coupons or promotional offers.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

PEARLE
EST. 1961
VISION

OPTICAL[®]

SummaCare

Discount Plan

Advantage Network

Discounted exam and a defined materials discount

Vision Care Services and Materials	Member Cost
Exam with Dilation as Necessary	\$5 off routine exam \$5 off contact lens exam
Complete pair of glasses purchase*: Frame, lenses and lens options must be purchased in the same transaction to receive full discount.	
Standard Plastic Lenses	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Frames	35% off retail price
Lens Options	
UV Treatment	\$15
Tint (solid and gradient)	\$15
Standard plastic scratch coating	\$15
Standard polycarbonate	\$40
Standard progressive lens (Add-on to bifocal)	\$65
Standard anti-reflective coating	\$45
Other add-ons and services	20% off Retail Price
Contact Lenses	
Contacts – Disposable	0% off retail price
Contacts – Conventional	15% off retail price
Laser vision correction**:	
LASIK or PRK	15% off retail price or 5% off promotional price
Frequency	
Exam	Unlimited
Frames	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

THIS IS NOT INSURANCE

*Items purchased separately will be discounted 20% off of the retail price.

**Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK and PPK vision corrections are elective procedures, performed by specialty trained providers, this discount may not always be available from a provider in your area. For a location near you and the discount authorization, please call 1.877.5LASER6.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount. The 20% off discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices may vary by location. All discounts cannot be combined with any other discounts or promotional offers. This discount is only available at participating EyeMed Advantage network provider locations.

Limitations/Exclusions:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan

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Visit [eyemed.com](https://www.eyemed.com) to learn more or to locate a provider near you.



SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.