



Summary of Benefits

Dental Benefit Summary

Group ID:	00509597	Coverage Type:	Contributory
Group Name:	MED3000 GROUP, INC	Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	03/12/2015

Plan Information

Your dental networks are: Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up , Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up and Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up

Coverage Information

	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived	Waived	Waived	Waived	Waived
Basic	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived
Major	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field	\$1,000	The amount shown in the out of network field is your	\$1,250	The amount shown in the out of network field is your	\$1,500

	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	is your combined Calendar Year maximum for both in and out of network services.		combined Calendar Year maximum for both in and out of network services.		combined Calendar Year maximum for both in and out of network services.	
Lifetime Orthodontia Maximum	Not Available	Not Available	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,250
Maximum rollover	Not Available	Not Available	Not Available	Not Available	Yes	Yes
Monthly Switch	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)
Office Visit Co-pay (one office visit may cover multiple services)	None	None	None	None	None	None
Preventive Care:	100%	100%	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%	100%	100%
Cleaning	100%	100%	100%	100%	100%	100%
Oral Exams	100%	100%	100%	100%	100%	100%
Basic Care:	80%	80%	80%	80%	90%	90%
Full Mouth X-Rays	80%	80%	80%	80%	90%	90%
Fillings (one surface)	80%	80%	80%	80%	90%	90%

	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Simple Extractions	80%	80%	80%	80%	90%	90%
Sealants (per tooth)	80%	80%	80%	80%	90%	90%
Major Care:	0%	0%	50%	50%	60%	60%
General Anesthesia ¹	0%	0%	50%	50%	60%	60%
Scaling & Root Planing (per quadrant)	0%	0%	50%	50%	60%	60%
Dentures	0%	0%	50%	50%	60%	60%
Single Crowns	0%	0%	50%	50%	60%	60%
Orthodontia	Not Available	Not Available	50%	50%	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000



¹ Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded

under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Vision Benefit Summary

Group ID:	00509597	Coverage Type:	Voluntary
Group Name:	MED3000 GROUP, INC	Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	03/12/2015

Plan Information

Your networks are: VSP - Choice Exam Plus Allowance and Davis - Exam Plus Allowance

Coverage Information

	VSP - Choice Exam Plus Allowance		Davis - Exam Plus Allowance	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Co-Pay				
First service provided	First Services Provided \$0.00		Not applicable	
Exams	Not applicable		Exams \$0.00	
Materials	Not applicable		Not applicable	
How often can I obtain service?	Exams: Once a year. Lenses: N/A Frames: N/A Materials: N/A		Exams: Every 12 months Lenses: N/A Frames: N/A Materials: N/A	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$39.00	Copay applies	Amount over: \$46.00
Lenses				
Single vision lenses	20% off UCR	Not Covered	30% off UCR	Not Covered
Lined bifocal lenses	20% off UCR	Not Covered	27% off UCR	Not Covered
Lined trifocal lenses	20% off UCR	Not Covered	28% off UCR	Not Covered

	VSP - Choice Exam Plus Allowance		Davis - Exam Plus Allowance	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Lenticular lenses	20% off UCR	Not Covered	31% off UCR	Not Covered
Contact Lenses				
Conventional	Not Covered	Not Covered	Up to 20% off UCR	Not Covered
Planned replacement and disposable	Not Covered	Not Covered	Up to 10% off UCR	Not Covered
Medically necessary	Not Covered	Not Covered	Not Covered	Not Covered
Evaluation and fitting	15% off professional fee	Not Covered	15% off professional fee	Not Covered
Frames	20% off UCR	Not Covered	Average UCR 28% - 40%	Not Covered
Lens & Frame Allowance	Up to \$50.00 after discount	Up to \$50.00	Up to \$50.00 after discount	Up to \$50.00
Cosmetic Extras	Discounted at an average of 20%-25% providers UCR.	No discounts	A variety of lens options are available discounted up to 80%	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts	Up to 25% off usual and customary.	No discounts

Vision and General Exclusions

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;
- 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 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. 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-VSN-96-VIS et al.

Laser Correction 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.

 At Sam's Club/Wal-Mart Vision Centers, members receive Sam's Club/Wal-Mart's everyday low price on frame and contact lenses purchases. For eyeglass lens purchases the member receives the lesser of Sam's Club/Wal-Mart's everyday low price or the Davis Vision fixed charge.

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