



**Community Rates Offered to Employer Groups  
Of Business Resources Services  
Network Access Plan – Traditional Plan**  
100/80/50



**Community Rated Dental**

- Contributory
  - Rates assume 75% Participation
  - Includes Guardian's Maximum Rollover Benefit\*\*\*
- Rates Valid from 1/1/2012 to 12/31/2012

100% Preventive Services	\$100 Deductible (3 per family)	
	80% Basic Services	50% Major Services
Emergency Treatment Oral Examinations X-Rays Teeth Cleaning  Children coverage for: Flouride Treatments (1) Topical Sealants (2) Space Maintainers (2)  (1) under age 14 (2) under age 16	Fillings - Amalgam, Silicate, & Acrylic Periodontic Services Simple Extractions	Porcelain Fillings and Crowns Root Canal Installation of bridgework & Crowns Oral Surgery
	20% Employee Copayment	50% Employee Copayment

\*For Multi Area Quotes, contact BRS

\*\*Rostered Rating: Employees with more than one child dependent are charged the "with two or more dependents" rate, even if there is no spouse coverage

**RATES FOR GROUPS OF 2-9 ELIGIBLE EMPLOYEES**

**\$1,000 Per Person Annual Maximum - MAXIMUM ROLLOVER**

Area	Zip Codes*	Employee Only	With One Dependent	With Two or More Dependents**
Vermont	050-059	\$47.16	\$95.24	\$145.35

**PARTICIPATION REQUIREMENTS FOR GROUPS OF 2-9**

# Elig EEs & Elig Deps	Required Participation
2	100% Ees & Deps
3	2 EE's & Deps
4	3 EEs & Deps
5	4 EEs & Deps
6&7	5 EEs & Deps
8	6 EEs & Deps
9	7 EEs & Deps

**RATES FOR GROUPS OF 10-99 ELIGIBLE EMPLOYEES**

**\$1,000 Per Person Annual Maximum - MAXIMUM ROLLOVER**

Area	Zip Codes*	Employee Only	With One Dependent	With Two or More Dependents**
Vermont	050-059	\$37.18	\$75.08	\$114.59

**Optional Orthodontia for groups of 10-99**

Benefit Options:	Premium Adjustment:	Premium Adjustment:
Add Optional Orthodontia Coverage-50% copayment to \$1000	Add \$6.23 to EE+1 dep.	Add \$15.57 to EE+2 or more deps

**Underwriting Requirements:**

Above rates assume groups currently have Dental Coverage (a copy of the current carrier's bill is required for proof of coverage). If employer does not currently have Dental Coverage, Orthodontia services (for 10-99 groups only) are deferred for 12 months, Major services are deferred for 12 months and other Basic services are deferred for 6 months.

Dependent children covered up to age 20, or age 26, if full-time student.

If there is an average of more than 4 children per family (EE+2 or more dependents unit), call your Guardian Sales Office for more information

**Voluntary plans require minimum participation of the greater of 10 lives or 35% of eligible group.**

**Rates assume 75% participation. For participation other than 75%:**

65-74%, increase dental only 0%	45-49%, increase dental only 14%
60-64%, increase dental only 3%	35-44%, increase dental only 22%
50-59%, increase dental only 6%	

+\$.00 Monthly Admin Fee for >10 Life Groups

**\*\*\*MAXIMUM ROLLOVER:**

A portion of a member's unused Annual Maximum can be deposited into a Maximum Rollover Account (MRA). The MRA can be used in future years if a member reaches the plan's annual maximum. If claims, over the course of the calendar year amount to at least \$1.00, but not more than \$500, then \$250 will be deposited into their MRA. The MRA cannot exceed \$1,000. Employees effective after October 1st of each year will be eligible for Maximum Rollover at the start of the next calendar year.

**DentalGuard Dental Insurance Plan General Limitations and Exclusions:**

This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under Preventive Services), orthodontic (unless expressly provided for), cosmetic or experimental treatments, any 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. GP-1-DNTL-90-1 et al.