

The King's Academy



Benefits Plan

Here is your new coverage. **Make sure you return the completed form, if applicable, to your plan administrator, Carolyn Corstorphine.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year and proof of insurability *may* be required.



HIGHLIGHTS:

- Protect your family's future, with life coverage
- Comprehensive dental care for all your needs
- High-quality vision care coverage

Questions? Concerns?

Helpline (888) 600-1600
Call weekdays, 8:00AM to 8:30PM, EST

Learn more about Guardian at
www.guardianlife.com.



COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider of employee benefits and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual life insurance companies in the United States. As a mutual company, Guardian is focused 100% on the needs of our customers – employers who choose Guardian and their employees covered by our plans. Today, more than six million employees and their families rely on Guardian as their employee benefits provider.

We have built our success on the time-tested values of quality, innovation and high-quality service. In July 2008 Standard & Poor's upgraded Guardian's credit rating to AA+ (Very Strong). We've been around for 150 years insuring the people and businesses we protect and we'll continue to provide benefits and services our customers have come to expect from us.

For more information on how we can protect you and your family, please visit www.GuardianLife.com

Life Plans

Basic Life Your employer provides \$15,000 Basic Term Life coverage for all full time employees. Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits to a maximum of \$15,000.

UNDERSTANDING YOUR BENEFITS (some information may vary by state)

Accidental Death and Dismemberment	Provides additional protection in the event of accidental death. Also covers loss of limb or eye due to accident.
Benefit reductions	For Basic Life, a decrease in the coverage amount based on age, 35% at age 65, 15% at age 70.
Guarantee Issue	The "guarantee" means the applicant (employee, spouse or child) is not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period. Guarantee Issue amount applies up to age 65. (For Basic Life, future entrants age 70 and over are limited to \$1,000 of Basic Life insurance without evidence of insurability.)
Portability with Evidence of Insurability	Allows employees to continue coverage for themselves and their dependents upon termination of employment (for reasons other than injury or illness) by converting their group life policy to a group portability trust policy subject to certain restrictions and Evidence of Insurability and provided you have been insured at least three months.
Waiver of premium	Allows you to stop making premium payments if you become totally disabled before age 60. Waiver applies until age 65.

EXCLUSIONS AND LIMITATIONS:

Subject to coverage limits

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. Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex. 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 policy booklet for full plan description.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR AD&D

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs: As the result of a disease or a bodily infirmity; By declared or undeclared war or act of war or armed aggression, or while a member of any armed force. May vary by state; Through intentional self-injury; While driving without a 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 non-prescription controlled substance. GP-1-R-ADCL1-00 et al.

Dental Plans

COMPARE YOUR PLANS

Option 1: With your **Pre-Paid** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

COMPARE THE PLANS	Option 1: Pre-Paid	Option 2: PPO	
Calendar year deductible		<i>In-network</i>	<i>Out-of-network</i>
Individual	No deductible	\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g. cleanings)	You pay a copay for each	100%	80%
Basic Care (e.g. fillings)	covered procedure. See	80%	70%
Major Care (e.g. crowns, dentures)	"Plan Details", over, for	50%	40%
Orthodontia	more information.	50%	50%
Annual Maximum Benefit	Unlimited	\$1500	\$1000
		Combined In-Network and Out-of-Network maximum of \$1500 with Out-of-Network benefits limited to \$1000	
Preventive Services Exempt from Maximum	Not Applicable	Yes	No
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$500	
Rollover Amount		\$250	
Rollover In-network Amount		\$350	
Rollover Account Limit		\$1000	
Lifetime Orthodontia Maximum	Not Applicable		\$1000
Office visit copay	\$0		None
Network	Managed DentalGuard	DentalGuard Preferred	

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 20 (26 if full-time student)

Orthodontia coverage for adults and children

Coverage of ViziLite Plus early cancer detection screening exams

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

National PPO network of more than 70,000 dentist locations

Find out if your dentist is in Guardian's network at www.guardianlife.com

CATEGORY	PLAN DETAILS	Option 1: Pre-Paid	Option 2: PPO	
		You Pay	Plan pays (on average)	
		<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	\$0	100%	80%
	Frequency:	2 in 12 months^	Once Every 6 Months	
	Fluoride Treatments	\$0	100%	80%
	Limits:	Under Age 18	No Age Limits	
	Oral Exams	\$0	100%	80%
	Periodontal Maintenance	\$20	100%	80%
	Frequency:	Once every 3 to 6 months^ (Standard)	Once Every 3 Months (Enhanced)	
	Sealants (per tooth)	\$5	100%	80%
	X-rays	\$0	100%	80%
Basic Care	Anesthesia*	Not Covered	80%	70%
	Fillings (one surface)†	\$5	80%	70%
	Perio Surgery	\$235	80%	70%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$25-40	80%	70%
	Root Canal	\$80-175	80%	70%
	Scaling & Root Planing (per quadrant)	\$40	80%	70%
	Simple Extractions	\$5	80%	70%
	Surgical Extractions	\$50-80	80%	70%
Major Care	Bridges and Dentures	\$220-255	50%	40%
	Dental Implants	Not Covered	50%	40%
	Inlays, Onlays, Veneers**	\$80-155	50%	40%
	Single Crowns	\$180	50%	40%
Orthodontia	Orthodontia	\$1,975-2,175	50%	50%
	Limits:	Adults & Child(ren)	Adults & Child(ren)	

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; full-time student age does not apply to the initial placement of the appliance. 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 & may be subject to medical necessity. †Silver fillings and white fillings for front teeth. Other types of fillings may be paid at other benefit levels. (^)Additional cleanings are available for an additional co-pay).

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, 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. Important information about Guardian's Managed DentalGuard Pre-Paid (Florida) Plan, Managed Dental Care's DHMO (California) Plan and Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan: This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's

Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. Unless specifically included, the Managed DentalGuard 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 DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-1-MDG1, et al. or GP-1-MDG-FL-1-08, et al. (Florida), GP-1MDC1, et al. or GP-1-MDC-CA-1-08, et al. (California), GP-1-MDG-TX1, et al. or GP-1-MDG-TX-1-08, et al. (Texas), GP-1-MDG-NY1, et al. or GP-1-MDG-NY-1-08, et al. (New York), GP-1-MDG-1-NJ, et al. or GP-1-MDG-NJ-1-08, et al. (New Jersey)

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 – DG2000

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Vision Plans

UNDERSTAND YOUR PLAN

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 34,000 locations in the nation's largest vision network.

UNDERSTAND YOUR PLAN	Full Feature
Your monthly premium	\$ 11.93
You and spouse/domestic partner	\$ 20.08
You and child(ren)	\$ 20.48
You, spouse/domestic partner and child(ren)	\$ 32.41
Copay	
Exams Copay	\$ 10
Materials Copay (waived for elective contact lenses)	\$ 25
Service Frequencies	
Exams	Every 12 months
Lenses (<i>for glasses or contact lenses</i>)**	Every 24 months
Frames	Every 24 months
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.
Network	VSP

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

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 20 (26 if full-time student).

Reduced prices An average 15% to 30% discount off an extensive list of "cosmetic extras", including special lenses and scratch-resistant coatings.

Primary Eye Care Benefits

Supplemental coverage for non-surgical medical vision care through VSP in-network doctor.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

PLAN DETAILS

FULL FEATURE

You pay (after copay if applicable):

	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$120	Amount over \$47
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	15% off UCR	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	20% off retail price [^]	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts

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

[^] 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.



Employee Benefits Hotline (EBH)

Benefit specialists are available to answer questions as you sign up for your Guardian benefits

Toll-free Phone	E-mail
1-888-600-1600 5:00 a.m. – 5:30 p.m., Monday – Friday, Pacific Time	From www.GuardianAnytime.com , click on “secure channel” to send an e-mail (in your comments include “Question for EBH”)

STEP 1: Determine if you should contact the EBH.

Ask yourself these questions. If you answer yes to any of them, contact the EBH!

- Do I need to make a dental or vision appointment before I’ve received my ID card?
(It is suggested you contact our hotline 72 hours prior to your visit so we can ensure your provider has your coverage information. Coverage begins on your plan’s effective date.)
- Am I looking for a dentist or vision provider who participates in my plan?*
- Do I have questions about the benefits covered under the plans my employer is offering?
- Do I need help completing my enrollment form?

STEP 2: Have the following ready before calling or include it in your e-mail.

- Name of the company you work for OR
- Your company’s group number (refer to your enrollment materials)

STEP 3: Call 888-600-1600 to get answers!

- Press #1 to identify yourself as an employee.
- At the next prompt, for questions about the following press the appropriate key:
 - Dental Benefits - #1
 - All else - #3

You will be prompted to enter your company’s group number. If you do not know your company’s group number, press 0 to be directed to a Guardian representative.

The Employee Benefits Hotline provides support in over 50 different languages!

IMPORTANT NOTE: Once you are officially enrolled in a plan, you will receive additional information with other toll-free phone numbers to service you after you have signed up.

* Available if employer is offering Guardian dental or vision coverage.



Your Confidential Employee Assistance Program

WorkLifeMatterssm

Providing Assistance for What Matters Most

Let's face it, balancing your work and home life is not easy. With WorkLifeMatters, your confidential employee assistance program, you don't have to face life challenges alone. WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life.

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Working Smarter

- Career development
- Effective managing
- Relocation

...Support is a phone call or click away

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- Referrals to local counselors - up to three sessions free of charge
- State of the art website featuring over 3,400 helpful articles and topics like wellness, training courses, and a legal and financial center: www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program 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 at any time without notice.

Plan Schedule – 45G

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
	Appointments & Diagnostic Services			Crown, Bridge & Other Cast Restorations	
0101*	Office visit - during regular hours - participating general dentist only	NO CHARGE	2510	Inlay - metallic - one surface**	\$120.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$145.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$150.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$155.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$165.00
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE	2702	Crown supporting existing partial denture, in addition to crown	\$125.00
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE	2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
9440	Emergency office visit - after regularly scheduled office hours	\$50.00	2740	Crown - porcelain/ceramic substrate	\$200.00
	Radiographs		2750 - 2752	Crown - porcelain fused to metal**	\$195.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$180.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$190.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$180.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$195.00
	Preventive & Space Maintenance		6750 - 6752	Crown - abutment - porcelain fused to metal**	\$195.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$180.00
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE		Other Restorative Services	
1310	Nutritional counseling for control of dental disease	NO CHARGE	2910/2920/6930	Recement inlay, crown, bridge	\$5.00
1330	Oral hygiene instruction	NO CHARGE	2930/2931	Prefabricated stainless steel crown	\$15.00
1351	Sealant - per tooth	\$5.00	2932	Prefabricated resin crown	\$45.00
1510	Space maintainer - fixed - unilateral	\$35.00	2940	Sedative filling	\$5.00
1515	Space maintainer - fixed - bilateral	\$65.00	2950/6973	Core buildup, including any pins	\$40.00
1550	Recementation of space maintainer	\$10.00	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
	Restorative		2952/6970	Cast post & core	\$60.00
2110	Amalgam - one surface - primary	\$5.00	2954/6972	Prefabricated post & core	\$45.00
2120	Amalgam - two surfaces - primary	\$5.00	2960	Labial veneer (laminare) – chairside	\$80.00
2130	Amalgam - three surfaces - primary	\$10.00		Endodontics	
2131	Amalgam - four or more surfaces - primary	\$10.00	3110/3120	Pulp cap	\$5.00
2140	Amalgam - one surface - permanent	\$5.00	3220	Therapeutic pulpotomy	\$15.00
2150	Amalgam - two surfaces - permanent	\$10.00	3310	Root canal – anterior	\$80.00
2160	Amalgam - three surfaces - permanent	\$10.00	3320	Root canal – bicuspid	\$95.00
2161	Amalgam - four or more surfaces - permanent	\$10.00	3330	Root canal – molar	\$175.00
2210	Silicate cement - per restoration	\$10.00	3346	Root canal - retreatment – anterior	\$100.00
2330	Resin/composite - one surface, anterior	\$15.00	3347	Root canal - retreatment – bicuspid	\$115.00
2331	Resin/composite - two surfaces, anterior	\$20.00	3348	Root canal - retreatment - molar	\$190.00
2332	Resin/composite - three surfaces, anterior	\$25.00	3410	Apicoectomy/periradicular surgery - anterior	\$115.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$25.00	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$115.00
2336	Composite resin crown, anterior - primary	\$25.00	3425	Apicoectomy/periradicular surgery – molar - first root	\$125.00
2380	Resin/composite - one surface, posterior - primary	\$20.00	3426	Apicoectomy/periradicular surgery – each additional root	\$50.00
2381	Resin/composite - two surfaces, posterior - primary	\$25.00	3430	Retrograde filling - per root	\$20.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$30.00		Periodontics	
2385	Resin/composite - one surface, posterior - permanent	\$20.00	4210	Gingivectomy or gingivoplasty - per quadrant	\$90.00
2386	Resin/composite - two surfaces, posterior - permanent	\$25.00	4211	Gingivectomy or gingivoplasty - per tooth	\$30.00
2387	Resin/composite - three or more surfaces, posterior – permanent	\$35.00	4240	Gingival flap procedure - including root planing - per quadrant	\$155.00
			4249	Clinical crown lengthening - hard tissue	\$125.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$235.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$140.00

Plan Schedule – 45G

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
	Periodontics (cont.)			Oral Surgery (cont.)	
4270	Pedicle soft tissue graft procedure	\$150.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$45.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$165.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$60.00
4341	Periodontal scaling & root planing – per quadrant	\$40.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$110.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$20.00	7470	Removal of exostosis - maxilla or mandible	\$85.00
4910	Periodontal maintenance procedures (following active therapy)	\$20.00	7510	Incision & drainage of intraoral abscess	\$25.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$60.00
9951	Occlusal adjustment - limited - per visit	\$10.00		Orthodontic Treatment (covers 24 months active treatment)	
	Prosthodontics (Removable)		8601	Orthodontic evaluation and consultation	\$100.00
5110/5120	Complete denture (including routine post delivery care)	\$220.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
5130/5140	Immediate denture (including routine post delivery care)	\$220.00	8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$1975.00
	Partial dentures (including routine post delivery care):		8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2175.00
5211/5212	Resin base - including clasps, rests, teeth	\$175.00		Periodic comprehensive orthodontic treatment visit	NO CHARGE
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$255.00	8680	Orthodontic retention	\$300.00
	Repairs & adjustments:			Miscellaneous Services	
5410/11/21/22	Denture adjustments	\$10.00	9110	Palliative (emergency) treatment - per visit	NO CHARGE
5510/5610	Repair denture base	\$15.00	9215	Local anesthesia	NO CHARGE
5520/5640	Replace missing or broken teeth – per tooth	\$15.00			
5630	Repair or replace clasp	\$15.00			
5650	Add tooth to existing partial	\$15.00			
5660	Add clasp to existing partial	\$20.00			
5710/11/20/21	Rebase denture	\$50.00			
5730/31/40/41	Reline denture (chairside)	\$25.00			
5750/51/60/61	Reline denture (laboratory)	\$40.00			
5820/5821	Interim partial denture (stayplate)	\$90.00			
5850/5851	Tissue conditioning	\$15.00			
	Oral Surgery				
7110/7120	Extraction - single tooth	\$5.00			
7130	Root removal - exposed roots	\$15.00			
7210	Surgical removal of erupted tooth	\$35.00			
7220	Removal of impacted tooth - soft tissue	\$50.00			
7230	Removal of impacted tooth - partially bony	\$70.00			
7240	Removal of impacted tooth - completely bony	\$80.00			
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$85.00			
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00			
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$60.00			
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$90.00			
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$60.00			
7285	Biopsy of oral tissue - hard	\$45.00			
7286	Biopsy of oral tissue - soft	\$40.00			
7310	Alveoplasty in conjunction with extractions - per quadrant	\$35.00			

++ Covered Services are subject to exclusions, limitations and Plan provisions.
Other codes may be used to describe Covered Services.

** If high noble metal is used, there will be an additional patient charge for the
actual cost of the high noble metal.

■ Plan Schedules are only Valid for Covered Services rendered by
Participating Dentists in the State of California.

Maximum Rollover

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

Even better, if you use the services of Preferred Providers exclusively during the benefit year, Guardian will increase the amount credited to your MRA.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$350	\$1000

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

NOTES:

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2008, the claim activity in 2009 will be used and applied to MRAs for use in 2010.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

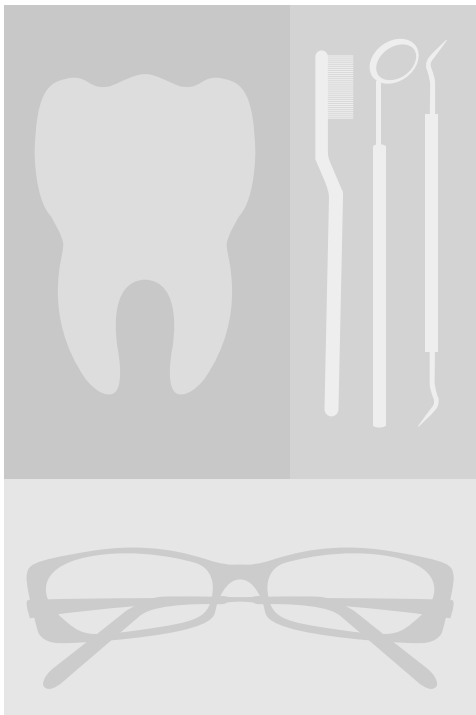
Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.



Finding a dentist or vision care provider is easy Go online — it takes just minutes!

It's easy to find dentists or vision care providers you can trust. Whether you're looking for a list of providers that serve your plan (in-network) or trying to locate a specific dentist or vision care provider, it takes just minutes through Guardian's Provider Online Search.

Guardian's Provider Online Search is available to you 24 hours a day, 7 days a week.



Here are just a few things you can do online:

- Customize your search by specialty, languages spoken, gender and more
- Get side-by-side comparisons of provider information (ie. office status, distance)
- Create a short-list of "favorite" providers — for quick reference online
- Get maps and directions to a provider's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit Provider Online Search
- Create a customized provider directory
- Nominate a provider to be included in a network
- And much more!

Just go to www.GuardianLife.com.
Under "Resources", click on "Provider Online Search".

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at www.GuardianLife.com.

DATE: _____

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

DENTIST INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

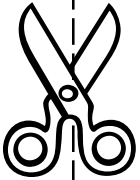
Specialty: _____

Please submit completed form to:

Guardian
DentalGuard Preferred
P.O. Box 2465
Spokane, WA 99210-9817
or FAX to: 509-468-6550



GUARDIAN®



No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-541-7846 for Dental. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer los documentos y puede que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-541-7846 para servicios odontológicos. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-541-7846 for Dental. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

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خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-541-7846 لخدمات طب الأسنان. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Անվճար Լեզվական ծառայություններ: Դուք կարող եք թարգման ձեր բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-541-7846 համարով Ատամնաբուժության համար: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，牙科協助請致電 1-800-541-7846 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。 Traditional Chinese

Cov Kev Pab Txhais Lus Tsis them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-541-7846 rau Kev Kho Hniav. Yog xav tau kev pab ntiv hu rau Ca lub Caij Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357. Hmong

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-541-7846(歯科用)までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。 Japanese

សេវាកម្មភាសាឥតគិតថ្លៃ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-541-7846 សម្រាប់ខាងឆ្នេរឃ្លា ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាតាមលេខ 1-800-927-4357 Khmer

무료 통역 서비스. 귀하는 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 치과 서비스 1-800-541-7846 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내전화 1-800-927-4357 번으로 연락해 주십시오. Korean

خدمات مجاني مربوط به زبان. شما ميتوانيد از خدمات يك مترجم شفاهي استفاده كنيد و بگوييد مدارك به زبا فارسي براي تان خوانده شوند. براي دريافت كمك، با ما از طريق شماره تلفني كه روي كارت شناسائي شما قيد شده است و يا شماره 1-800-541-7846 براي دندانپزشكي تماس بگيريد. براي دريافت كمك بيشتر به CA Dep. of Insurance (اداره بيمه كاليفرنيا) به شماره 1-800-927-4357 تلفن كنيد. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ : ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ ਦੰਦਾਂ ਲਈ 1-800-541-7846 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-541-7846 (стоматологическая страховка). Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-541-7846 para sa Dental. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc gọi số 1-800-541-7846 cho dịch vụ nha khoa. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

Thank You

If applicable, return the completed form to your plan administrator.

Please remember to:

- Check the coverage you want
- Include your social security number (and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form
- Sign and date form

You chose...

Dental:

Option 1: Pre-Paid

Option 2: PPO

Life:

Basic Life

Vision:

Full Feature

Date form submitted



**Make the most of your Guardian benefits at
www.GuardianAnytime.com**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* or medical claim is available online
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

The King's Academy Benefits Plan