



NEAD Insurance Trust

Visit our website: www.neadinsurancetrust.org

Your dental coverage

GUARDIAN GROUP No: 00584304

PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier I reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan

| | PPO | |
|---|---|--------------------------|
| | Tier 1 | Tier 2 |
| Your Network is DentalGuard Preferred | Gold, Silver | Non-Contracted |
| Calendar year deductible | Tier 1 | Tier 2 |
| Individual | \$50 | \$50 |
| Family limit | 2 per family (applies to all levels) | |
| Waived for | Preventive & Orthodontia | Preventive & Orthodontia |
| Charges covered for you (co-insurance) | Tier 1 | Tier 2 |
| Preventive Care | 100% | 100% |
| Basic Care | 90% | 80% |
| Major Care | 50% | 50% |
| Orthodontia | 50% | 50% |
| Annual Maximum Benefit | \$1750 | \$1500 |
| | Combined Tier 1 and Tier 2 maximum of \$1500 with an additional \$250 of benefit for Tier 1 | |
| Maximum Rollover | Yes (applies to all levels) | |
| Rollover Threshold | \$700 | |
| Rollover Amount | \$350 | |
| Rollover Amount | \$500 | |
| Rollover Account Limit | \$1250 | |
| Lifetime Orthodontia Maximum | \$1000 (applies to all levels) | |
| Dependent Age Limits | 26 (exclude Ortho) | |
| | 19 (applies to Ortho) | |

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.GuardianAnytime.com to confirm your Dentist's tiered participation.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and labial Veneers are covered only when needed because of decay or injury or other pathology 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 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. *General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings - restrictions may apply to composite fillings.

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