

Bridgewater College



Benefits Plan

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

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year.



HIGHLIGHTS:

- Comprehensive dental care for all your needs
- High-quality vision care coverage

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

Dental Plans

UNDERSTAND YOUR PLAN

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

UNDERSTAND YOUR PLAN	PPO	
	<i>In-network</i>	<i>Out-of-network</i>
Calendar year deductible		
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	80%	80%
Major Care (e.g. crowns, dentures)	50%	50%
Orthodontia	Not Covered	
Annual Maximum Benefit	\$1000	\$1000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Network	DentalGuard Preferred	

YOUR GUARDIAN PLAN OFFERS:

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

No charge for preventive care (subject to plan limits)

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

Reliable claims payment four days on average

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

CATEGORY	PLAN DETAILS	PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	No Age Limits	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia	80%	80%
	Fillings (one surface)	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 6 Months (Standard)	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%

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.

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.

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.
- **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

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
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 12 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 26 (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.

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>Elective</i>)	Amount over \$120	Amount over \$120
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.*

Please print clearly to ensure accurate processing

Guardian Group Plan Number: **405169**
Plan Administrator: **Victoria Ingram**



Employer:
Bridgewater College
402 E College Street
Bridgewater, VA 22812

- The Guardian Life Insurance Company of America
- The Guardian Insurance & Annuity Company, Inc.

EMPLOYER USE ONLY <input type="checkbox"/> New Application <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Drop Dependent(s) <input type="checkbox"/> Change Address			
<input type="checkbox"/> Change Name <input type="checkbox"/> Drop Coverage as of: / /			
Class	Hours Worked	Division	Benefits Effective / /
All Eligible Employees			

Keep a copy for your records and return form to: **Midwest Regional Office, P.O. Box 8012, Appleton, WI 54912-8012**

ABOUT YOURSELF *Print clearly in black or blue ink.*

First, Middle Initial, Last Name Add Change Drop

Sex M F Date of Birth (mm/dd/yyyy) / / Social Security Number - - -

Address City State Zip

Preferred E-mail Day Phone Eve Phone The best way to reach you:
 E-mail Day Phone Eve Phone

Job Title Work Status Date work status began / /

Full-Time Part-Time Retired COBRA/State Continuation

Are you married? Yes No Do you have children or other dependents? Yes No

ABOUT YOUR DEPENDENTS A sheet with information about additional dependents is attached.

Spouse First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - - -	Marriage Date (mm/dd/yyyy) / /	Attending Since / /
Child 1 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop State of Residence:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> Full-time student, at (school):	City/State:	Attending Since / /
Child 2 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop State of Residence:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> Full-time student, at (school):	City/State:	Attending Since / /
Child 3 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop State of Residence:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> Full-time student, at (school):	City/State:	Attending Since / /
Child 4 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop State of Residence:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> Full-time student, at (school):	City/State:	Attending Since / /

To drop coverage for yourself or your dependents, check the box(es) to the right of the name(s) and select the coverage(s) to drop below. Attach a separate sheet if you wish to drop more than one dependent from different coverages.
 Dental Vision

A dependent is a person that you, as a taxpayer, claim; who relies on you for financial support; and for whom you qualify for a dependency tax exemption. Dependency tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

CHOOSE YOUR DENTAL COVERAGE*Check one box only*

Employee alone	<input type="checkbox"/> PPO			<input type="checkbox"/> I waive this coverage
Employee and 1 Dependent	<input type="checkbox"/>			<input type="checkbox"/> I waive this coverage
Entire family	<input type="checkbox"/>			<input type="checkbox"/> I waive this coverage

If you or your family have lost dental coverage, please explain below. Late entry penalties may apply.Reason for Loss of coverage: Termination of Employment Divorce Death of Spouse Termination or Expiration of coverage

Date of coverage loss

If you are waiving coverage, are you covered under another dental plan?

If you are waiving dependent coverage, are your dependents covered under another dental plan? Yes No Yes No

Date of coverage loss

/ /

IMPORTANT NOTES

- Proof of insurability does not apply to dental, but if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. Guardian may waive late-entrant penalties. If you lose dental coverage due to termination of the plan, loss of employment, death of spouse/or domestic partner, divorce/or termination of domestic partnership or where a court has ordered coverage be provided for an eligible spouse/or domestic partner or eligible children, provided you apply within 30 days.

CHOOSE YOUR VISION COVERAGE*Check one box only*

Employee alone	<input type="checkbox"/> Full Feature			<input type="checkbox"/> I waive this coverage
Employee + 1 Dependent	<input type="checkbox"/>			<input type="checkbox"/> I waive this coverage
Entire family	<input type="checkbox"/>			<input type="checkbox"/> I waive this coverage
If you are waiving coverage, are you covered under another vision plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are waiving dependent coverage, are your dependents covered under another vision plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IMPORTANT NOTES

- Proof of insurability does not apply to vision, but if you waive vision coverage and later decide to enroll, you may be subject to delays in enrollment.
- Your plan includes a One Year Lock-In/Lock-Out Provision - Your election to enroll in or waive vision coverage must remain in effect until your plan's next annual vision enrollment period.

SIGNATURE

- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- I agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.
- I acknowledge and agree that Guardian may provide me information concerning benefits, including explanation of benefit statements and

other claims related information solely in electronic format as permitted by law. I may change this election only by providing Guardian thirty (30) day prior written notice.

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

SIGNATURE OF EMPLOYEE X**DATE**

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.

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	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$1000

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.



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 8:00 a.m. – 8:30 p.m., Monday – Friday, Eastern 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 doctor, 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 you can ensure your provider has your coverage information. Coverage begins on your plan’s effective date.)
- 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
 - Medical Benefits - #2
 - 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. If you are looking for a doctor, dentist or vision provider who participates in your plan, go to www.GuardianAnytime.com.






GUARDIAN®



Discounts & Savings Program For Guardian Members

As a valued Guardian customer, you and your family have access to significant savings on a range of goods and services. From home office supplies to flowers, Guardian members can save on things you use daily.

Below are the companies that participate in Guardian's Discounts & Savings Program. Stay tuned for updates – we'll be providing additional discounts throughout the year.

		
<p>Ear Professionals International Corporation (EPIC) is a credentialed national network of ear physicians and audiologists practicing within a hearing care preferred provider organization (PPO). As a Guardian customer, you and your family can access a complete program for hearing care, including coordination with your insurance benefits and toll-free customer support.</p>	<p>Office Max is a leader in both retail and business-to-business office products, including office supplies, paper, technology products and services, and furniture.</p>	<p>1-800 Flowers provides customers around the world with a wide assortment of beautiful flowers (fresh from growers or florist designed) plus plants, delicious gourmet snacks and treats, extraordinary gift baskets, cuddly plush pals and unique giftware to treasure! Life's everyday celebrations are easy at 1-800-FLOWERS.com</p>
<p>YOUR GUARDIAN MEMBER DISCOUNTS¹</p>	<p>YOUR GUARDIAN MEMBER DISCOUNTS¹</p>	<p>YOUR GUARDIAN MEMBER DISCOUNTS¹</p>
<ul style="list-style-type: none"> • Up to 50% off on testing, diagnostics and batteries not covered by major medical insurance. • Between 35%-65% off on name-brand hearing aids and products to protect and improve your hearing. • Parents and parents-in-law are also eligible for these hearing discounts! 	<ul style="list-style-type: none"> • 25% - 80% off many products (actual discount will vary on item). Certain exclusions apply.² 	<ul style="list-style-type: none"> • 15% discount on merchandise.

¹ Discount currently not available to members of companies based in New York, Kansas, Washington or Texas.

² Exclusions include items such as toners, electronics, machines and equipment.

Log on to www.GuardianAnytime.com to access your Guardian discounts

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

Date form submitted

You chose...

Dental:

- PPO**

Vision:

- Full Feature**



**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

Bridgewater College Benefits Plan