

Benefit/Rate Comparison  
Rate Effective: January 1, 2008 - December 31, 2008



Services	Plan ZD		Plan ZB	
	In Network	Out of Network	In Network	Out of Network
<b>Preventive</b> Emergency Treatment, Examinations, Cleanings X-rays, Sealants	100% (No Deductible)	100%	100% (No Deductible)	100%
<b>Basic</b> Fillings, Oral Surgery Laboartory Tests	90%	80%	80%	80%
<b>Major</b> Crowns, Bridges, Periodontics, Endodontics - <b>6 Month Wait</b>	60%	50%	50%	0%

**In Network refers to providers that participate in Guardian network. Website: glic.com**

Calendar Year Deductible                      \$50 Individual, Max 3/Family

Calendar Year Benefit Maximum                      \$1,000 Per Person

Deductibles and Maximums are combined for in-network and out of network services.

**Participation Requirement:    Businesses with 1-4 employees must have 100% enrollment of eligible employees, 5 - 49 employees 75% of eligible employees.**

Member businesses can choose only one Guardian plan for their employees.

Groups that choose the ZB plan will not be able to switch to the ZD plan for a period of 2 years from initial enrollment.

Please check plan chosen for all employees:

**Plan ZD** \_\_\_\_\_

Quarterly rates - Single - \$112.14, Double - \$320.79, Family - \$320.79

**Plan ZB** \_\_\_\_\_

Quarterly rates - Single - \$94.65, Double - \$267.78, Family - \$267.78

*Note: This is a benefit summary only, and is subject to the terms, conditions, limitations, and exclusions set forth by the insurance carrier. Rates reflect Capital District Rating Region. For additional information call Erin Nevins of E.P. Nevins Insurance Agency, Inc. @ (518) 464-0400*