

BENEFIT SUMMARY

for Dental has been prepared for the Active Employees of:

TULSA FIREFIGHTERS HEALTH & WELFARE TRUST

Below is an outline of two dental plans you are being offered. You may choose to enroll in the Low Benefit Plan or the High Benefit Plan and your employer will payroll deduct your premiums. You and your covered dependents are free to choose your own dentist and the plan pays its portion of the usual, customary and reasonable charges in the area. Should you choose an In-Network dentist you may receive a higher level of reimbursement and you will not be balance billed for amounts exceeding the Fee Schedule.

	LOW BENEFIT PLAN		HIGH BENEFIT PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar year Deductible	\$50	\$50	\$0	\$50
Deductible Waived for Preventive	YES	YES	YES	YES
Reimbursement - Preventive	100%	80%	100%	100%
Reimbursement - Basic Services	80%	60%	100%	80%
Reimbursement - Major Services	50%	40%	60%	50%
Reimbursement - Orthodontia (No Deductible)	50%	50%	60%	50%
Annual Maximum	\$1500	\$1000	\$1500	\$1000
Lifetime Orthodontia Maximum	Unlimited	\$1500	Unlimited	\$1500

PREVENTIVE SERVICES: Oral examinations, x-rays, teeth cleaning (cleanings must be 6 months apart), fluoride treatments (limited to covered persons under age 19, treatments must be 6 months apart), space maintainers (for covered persons under age 16, limited to initial appliance only) and topical sealants (limited to covered persons under age 16, on permanent molars only, one application every 36 months).

BASIC SERVICES: Fillings (amalgam, silicate & acrylic), laboratory tests, root canals, repair of bridgework & dentures, periodontic services, extractions & other oral surgery, and anesthesia.

MAJOR SERVICES: Gold and porcelain fillings & crowns, Installation of bridgework, crowns, & dentures.

ORTHODONTIA SERVICES: Available to eligible dependent children and adults.(Not subject to Maximum Rollover)

- If you do not take dental benefits for your eligible dependents at the time of eligibility, they will be considered late entrants at the time they do apply. Late entrants will be unable to use Basic services for 6 months, Major services for 1 year and Orthodontia services for 24 months from the date insured. If your dependents are covered elsewhere and lose the dental coverage involuntarily the Late Entrant penalty will not apply. You must apply within 30 days of loss of coverage.
- There are no pre-existing clauses, but the plan does not pay for a prosthetic device to replace teeth lost before a covered person became insured under this plan. It will pay for a device to replace those teeth if the extraction was covered under a prior group plan; or if it also replaces teeth lost or extracted while the covered person is insured by this plan. Also, the plan will pay to replace a prosthetic device only if it is at least 5 years old and cannot be made usable, or if it is damaged while in the person's mouth in an injury suffered while insured and cannot be fixed.
- Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-695-4542, fax: 509-468-4590
- Pre-treatment review recommended for claims expected to exceed \$300.
- Dependent children are covered to age 19 or to age 26 if a full-time student. Please provide Guardian with documentation regarding student status beginning each semester.



Maximum Rollover: With Maximum Rollover, we'll roll over a portion of each member's unused annual maximum, called the Maximum Rollover Amount, into his or her Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's Annual Maximum.

Even better, if a member uses the services of Preferred Providers exclusively during the benefit year, we'll increase the amount credited to his or her MRA to the In-network Only Maximum Rollover Amount.

To qualify, a member must submit a claim and not exceed the paid claims Threshold during the benefit year. The employee and each insured dependent maintain separate MRAs based on their own claim activity. Each member's MRA may not exceed the MRA limit.

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.

To find a dentist nearest you refer to your Preferred Provider Network directory or visit our web site at www.glic.com.

This is a brief overview of your plan. Please refer to Plan Booklet for more detailed information.

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 may 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 treatment 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-DG2000, et al.

ACTIVE 7/1/03

