

Dental Benefit Summary

Group Number: 438347

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

Option 1: With your **HMO** 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.

	Option 1: HMO	Option 2: PPO	
Your Network is	Managed DentalCare	DentalGuard Preferred	
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	None
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See	100%	80%
Basic Care	“Plan Details”, for	80%	80%
Major Care	more information.	50%	50%
Orthodontia		50%	50%
Annual Maximum Benefit	Unlimited	\$1500	\$1000
		Combined In-Network and Out-of-Network maximum of \$1000 with an additional \$500 of benefit In-Network	
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	\$1500	
Office visit copay	\$0	None	
Dependent Age Limits	26	26	

A Sample of Services Covered by Your Plan:

		Option 1: HMO	Option 2: PPO	
		<i>You Pay</i>	<i>Plan pays (on average)</i>	
		<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	\$15	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%	80%
	Fillings‡	\$5	80%	80%
	Perio Surgery	\$195	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$20-35	80%	80%
	Root Canal	\$75-150	80%	80%
	Scaling & Root Planing (per quadrant)	\$30	80%	80%
	Simple Extractions	\$5	80%	80%
	Surgical Extractions	\$45-70	80%	80%
Major Care	Bridges and Dentures	\$190-220	50%	50%
	Dental Implants	Not Covered	50%	50%
	Inlays, Onlays, Veneers**	\$70-140	50%	50%
	Single Crowns	\$160	50%	50%
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. **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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.

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 (unless they are expressly provided for), 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-I-DG2000 et al.
- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida, New York) Plan, Guardian's Managed DentalGuard (Colorado) Plan, Managed DentalGuard Inc.'s (Ohio) Plan, Managed Dental Care's DHMO (California) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard (New Jersey) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan and Managed DentalGuard -LIBERTY Dental Plan of Nevada, Inc. (Nevada): 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-I-MDGI, et al. or GP-I-MDG-FL-I-08, et al. (Florida), GP-I-MDG-NYI, et al. or GP-I-MDG-NY-I-08, et al. (New York), GP-I-MDG-CO-I, et al. (Colorado), GP-IMDCI, et al. or GP-I-MDC-CA-I-08, et al. (California), GP-I-MDG-I-NJ, et al. or GP-I-MDG-NJ-I-08, et al. (New Jersey), GP-I-MDG-TXI, et al. or GP-I-MDG-TX-I-08, et al. (Texas), GP-I-MDG-OH-I, et al. (Ohio), NVI 10717, et al (Nevada).

- **PPO and or Indemnity 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

Managed DentalGuard

Plan Schedule – 55G

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**	\$100.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$130.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$130.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$140.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$145.00
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	\$175.00
Radiographs			2750 - 2752	Crown - porcelain fused to metal**	\$180.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$160.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$170.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$160.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$180.00
Preventive & Space Maintenance			6750 - 6752	Crown - abutment - porcelain fused to metal**	\$180.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$150.00
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	\$40.00
1510	Space maintainer - fixed - unilateral	\$30.00	2940	Sedative filling	\$5.00
1515	Space maintainer - fixed - bilateral	\$55.00	2950/6973	Core buildup, including any pins	\$35.00
1550	Recementation of space maintainer	\$5.00	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
Restorative			2952/6970	Cast post & core	\$50.00
2110	Amalgam - one surface - primary	NO CHARGE	2954/6972	Prefabricated post & core	\$40.00
2120	Amalgam - two surfaces - primary	\$5.00	2960	Labial veneer (laminare) – chairside	\$70.00
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	\$5.00	3310	Root canal – anterior	\$75.00
2160	Amalgam - three surfaces - permanent	\$10.00	3320	Root canal – bicuspid	\$85.00
2161	Amalgam - four or more surfaces - permanent	\$10.00	3330	Root canal – molar	\$150.00
2210	Silicate cement - per restoration	\$10.00	3346	Root canal - retreatment – anterior	\$90.00
2330	Resin/composite - one surface, anterior	\$15.00	3347	Root canal - retreatment – bicuspid	\$100.00
2331	Resin/composite - two surfaces, anterior	\$20.00	3348	Root canal - retreatment - molar	\$170.00
2332	Resin/composite - three surfaces, anterior	\$20.00	3410	Apicoectomy/periradicular surgery - anterior	\$100.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$25.00	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$100.00
2336	Composite resin crown, anterior - primary	\$20.00	3425	Apicoectomy/periradicular surgery – molar - first root	\$110.00
2380	Resin/composite - one surface, posterior - primary	\$15.00	3426	Apicoectomy/periradicular surgery – each additional root	\$45.00
2381	Resin/composite - two surfaces, posterior - primary	\$20.00	3430	Retrograde filling - per root	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$25.00	Periodontics		
2385	Resin/composite - one surface, posterior - permanent	\$15.00	4210	Gingivectomy or gingivoplasty - per quadrant	\$75.00
2386	Resin/composite - two surfaces, posterior - permanent	\$25.00	4211	Gingivectomy or gingivoplasty - per tooth	\$25.00
2387	Resin/composite - three or more surfaces, posterior – permanent	\$30.00	4240	Gingival flap procedure - including root planing - per quadrant	\$130.00
			4249	Clinical crown lengthening - hard tissue	\$105.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$195.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$120.00

Managed DentalGuard

Plan Schedule – 55G

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges	
	Periodontics (cont.)			Oral Surgery (cont.)		
4270	Pedicle soft tissue graft procedure	\$125.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$40.00	
4271	Free soft tissue graft procedure (including donor site surgery)	\$140.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$50.00	
4341	Periodontal scaling & root planing – per quadrant	\$30.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$100.00	
4355	Full mouth debridement to enable evaluation & diagnosis	\$15.00	7470	Removal of exostosis - maxilla or mandible	\$75.00	
4910	Periodontal maintenance procedures (following active therapy)	\$15.00	7510	Incision & drainage of intraoral abscess	\$20.00	
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$50.00	
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)	\$190.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00	
5130/5140	Immediate denture (including routine post delivery care)	\$190.00	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	\$155.00		8670	Periodic comprehensive orthodontic treatment visit	NO CHARGE
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$220.00		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	\$10.00	9215	Local anesthesia	NO CHARGE	
5520/5640	Replace missing or broken teeth – per tooth	\$10.00				
5630	Repair or replace clasp	\$15.00				
5650	Add tooth to existing partial	\$15.00				
5660	Add clasp to existing partial	\$15.00				
5710/11/20/21	Rebase denture	\$45.00				
5730/31/40/41	Reline denture (chairside)	\$20.00				
5750/51/60/61	Reline denture (laboratory)	\$35.00				
5820/5821	Interim partial denture (stayplate)	\$80.00				
5850/5851	Tissue conditioning	\$10.00				
	Oral Surgery					
7110/7120	Extraction - single tooth	\$5.00				
7130	Root removal - exposed roots	\$10.00				
7210	Surgical removal of erupted tooth	\$30.00				
7220	Removal of impacted tooth - soft tissue	\$45.00				
7230	Removal of impacted tooth - partially bony	\$60.00				
7240	Removal of impacted tooth - completely bony	\$70.00				
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$75.00				
7250	Surgical removal of residual tooth roots (cutting procedure)	\$35.00				
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$55.00				
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$80.00				
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$55.00				
7285	Biopsy of oral tissue - hard	\$35.00				
7286	Biopsy of oral tissue - soft	\$35.00				
7310	Alveoplasty in conjunction with extractions - per quadrant	\$30.00				

++ 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.

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your 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.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,000 in total

* 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.

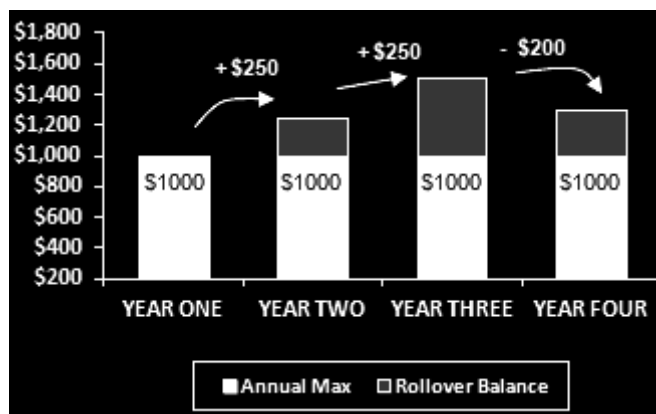
Here's how the benefits work:

YEAR ONE: Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

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

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 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

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. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply.

Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form #GP-1-DG2000, et al.

Your Guardian VSP Vision Access Program

An eligible person can receive discounts on vision care services or supplies from a vision provider that is under contract with Vision Service Plan's (VSP) Preferred Provider Organization (PPO) network. The eligible person must pay the entire discounted fee directly to the VSP network doctor. Discounts are not available from providers who are not members of VSP's network.

Average Discounts

- Eye Exams: 20% off the VSP doctor's usual charge
- Frames, Standard Lenses and Lens Options: 20% to 30% off VSP doctor's usual charge, when a complete pair of prescription glasses is purchased.
- Contact Lens Professional Services: 15% off VSP doctor's usual charge for professional services. The contact lenses are not discounted.
- Laser Surgery: an average of 15% off the laser surgeon's usual charge or 5% off of any promotional price, if it is less than the usual discounted price

No ID cards are required, but the patient must notify the VSP network doctor that they have the Guardian VSP Access Plan at the time of service to receive their discount. Discounts are only available from the VSP network doctor that provided the eye exam to the patient within the last 12 months.

This is not insurance. The eligible person must pay the entire discounted fee directly to the VSP network doctor. There is no charge for the Discount Vision Access program. A person must be enrolled in a Guardian dental plan in order to be eligible for the Discount Vision Access program. When a person is no longer enrolled in a Guardian dental plan, access to the network discounts ends.

To find a VSP network doctor, visit www.guardiananytime.com or call VSP member services at 1-877-814-8970.

Finding a dentist is easy

Go online – it just takes minutes!

The best way to save money through your dental plan is by seeing a dentist in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dentist that meets your needs.

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

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of dentists' information (ie. office status, distance)
- Create a quick-list of "favorite" dentists — for easy reference online
- Get maps and directions to a dentist'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 the site
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

Just go to www.GuardianAnytime.com and click on "Find a Provider". You can also find a dentist on the go from your smart phone – simply download our app.

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's 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. Refer to the easy-reference chart for instructions on how to access your discounts. 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

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

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.

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Kansas, Nebraska, Oregon, and Vermont: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in state prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland : Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.