

Guardian Dental Plan

Benefit Description	Standard Coverage	High Plan Coverage (with orthodontics)	DHMO
Calendar Year Deductible	\$ 50.00 per individual, 3 per family maximum (waived for Preventive Services)		N/A
Calendar Year Maximum Benefit	\$1,500 Annual maximum in-network, \$1,000 out of network Maximum Rollover: Guardian will rollover up to \$250 (out of network) or \$350 (in network) of each members unused annual maximum. See plan details for requirements.	\$2,000 Annual maximum in-network, \$1,500 out of network Maximum Rollover: Guardian will rollover up to \$350 (out of network) or \$500 (in network) of each members unused annual maximum. See plan details for requirements.	Unlimited
Preventive Services:	100% paid, no deductible Services include but are not limited to: Routine oral examinations, cleanings, X-rays, space maintainers, topical fluoride applications (children only). * Limited to one exam per six month period		You pay a co-pay for each covered procedure. See plan summary for detailed information.
Basic Services:	80% paid after deductible Services include but are not limited to: Fillings, restorative services and diagnostic services. *	90% paid after deductible in-network 80% paid after deductible out-of-network Services include but are not limited to: Fillings, restorative services and diagnostic services, root canals and gum disease treatment*	
Major Services:	50% after deductible Services include but are not limited to: Inlays, fixed or removable appliances, partial or full dentures, root canals, extractions and oral surgery, crowns, fixed bridgework, and gum disease treatment. *	60% paid after deductible in-network 50% paid after deductible out-of-network Services include but are not limited to: Inlays, fixed or removable appliances, partial or full dentures, extractions and oral surgery, crowns, fixed bridgework. *	
Orthodontic Service:	N/A	50% in-network & out-of-network \$1,000 Lifetime maximum for child(ren) under age 19	
Monthly Premium	\$29.32 Employee coverage \$71.58 Employee + Spouse \$71.58 Employee + Child(ren) \$85.93 Family coverage	\$34.31 Employee coverage \$83.74 Employee + Spouse \$94.13 Employee + Child(ren) \$110.93 Family coverage	\$16.30 Employee Coverage \$32.62 Employee + Spouse \$32.23 Employee + Child(ren) \$48.56 Family coverage

If you decline enrollment for yourself or your dependents (including your spouse) because of other insurance, you may in the future be able to enroll yourself and your dependents in the dental plan. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll your dependents. In both situations it is necessary for you to submit an individual application within 30 days after the other coverage ends, or within 30 days of the marriage, birth, adoption or placement for adoption. www.glic.com

***Please refer to policy manual for specific coverage information, limitations and exclusions.**

Open enrollment-May 1st of each year.

EyeMed Vision Plan

Benefit Description	Coverage
Eye Exams Network Provider	\$10.00 co-pay Limited to once every 12 month period
Frames and Lenses Network Provider	Frame co-pay \$0. Lenses co-pay starts at \$15. Lenses are limited to once every 12 month period Frames are limited to once every 24 month period
Contact Lenses Network Provider	\$150.00 paid toward exam and lenses
Monthly Premiums	\$5.99 Employee Coverage \$11.87 Employee + Child(ren) \$14.10 Employee + Spouse \$20.03 Family Coverage
Visit EyeMed.com and find a provider near you in the in Insight Network.	
Open enrollment-May 1st of each year.	

Supplemental Plans Available through Payroll Deduction

Supplemental Plans	
Group Term Life through United Health Care: Guaranteed Issue Coverage	Increments of \$10,000 Life and AD&D up to \$250,000; Guaranteed Issue up to \$100,000; Option for spouses and children \$3.00 per month for each \$10,000 increment
Long Term Disability through Lincoln Financial: Guaranteed Issue Coverage	Benefits begin on the 180 th calendar day Benefits are 60% of monthly earnings (Maximum Benefit: \$6,000/month)
Short Term Disability – 13 weeks through Lincoln Financial: Guaranteed Issue Coverage	Benefits begin on the 15 th calendar day Benefits payable up to 13 weeks Benefits are 60% of weekly earnings up to \$1,200
Short Term Disability – 24 weeks through Lincoln Financial: Guaranteed Issue Coverage	Benefits begin on the 15 th calendar day Benefits payable up to 24 weeks Benefits are 60% of weekly earnings up to \$1,200
Allstate Group Voluntary Plans	
Accident	Cash amounts paid directly to you 24 hour coverage
Critical Illness	Heart attack, stroke, blindness, others Cash amounts paid directly to you Amounts vary based on type of illness
Cancer	Cash amounts paid directly to you Amounts vary based on type of Cancer
Supplemental Health Insurance	Cash amounts paid directly to you Not eligible if enrolled in HSA

Our Cafeteria Plan Saves Money
Take advantage of our Section 125 Cafeteria Plan! This plan will allow employees to save money by paying for their eligible medical benefits with pre-tax dollars, so the amount you pay for Social Security Income taxes and Federal Income taxes may be reduced.

Insurance benefits are available to all full time employees the first of the month following 60 days of employment with LandrumHR. A full time employee is one that works 30 or more hours per week consistently. (Ex. An employee hired on March 10, would be eligible June 1st; an employee hired on March 1, would be eligible May 1.)

Insurance deductions begin the month prior to the effective date of coverage

These pages represent a summary of the benefits provided by each plan, and are not intended to constitute a complete description of each plan. Refer to the Plan Description and policy terms for the benefits provided and for the exclusions and limitations of each plan.