



Hampshire County Group Insurance Voluntary Dental Program

Dental Plan Choice

As an industry leader and innovator in the area of voluntary dental benefits, Guardian Insurance Company understands that you demand **choice**. That's why Guardian is offering a voluntary option that allows you to choose between a basic preventative plan and a plan that provides more extensive coverage.

The Dual Option provides you with the freedom to choose a dental plan that best fits your individual needs. Consider the cost and the benefits of each plan and then determine which one is best for you and your family.

Plan Features

- Increased benefits within the DentalGuard Preferred Network
- PPO provider coverage throughout the country
- Underwritten by Guardian Insurance Company
- Fast and accurate claims service
- Employee choice between two excellent dental plans

Rates are guaranteed until June 30, 2024.

Benefits of the DentalGuard Plan

Your plan pays the indicated percentages of Usual & Customary fees shown on pages 2 and 3 for covered services listed and described in your Group Certificate. Benefits are paid after any applicable deductible has been met up to the Annual Maximum. Usual & Customary fees are based on charges of providers in the area where the dental services are performed.

The **Core Plan** offers protection that provides coverage for the most common Preventive and Basic Restorative Services such as exams, cleanings, x-rays, fluorides, fillings, and simple extractions. This program allows you complete freedom to choose any dentist you wish.

The **High Plan** covers all of the same services as the Core Plan and also provides benefits for major services like periodontics (gum treatment), endodontics (root canal therapy), complex oral surgery, removal of impacted teeth, crowns, inlays, dentures, and bridges. The High Plan provides excellent value from day one of coverage. In Year 2, the coverage is 50% for major services. Details about the plan may be found on page 3.

Enrollment Process

The effective date of the new Hampshire County Group Insurance Trust voluntary dental program is **July 1, 2022**. If you would like to enroll in the new dental program, please complete the enclosed enrollment form and return it to your benefits administrator.

If you have further questions regarding the dental plans, Guardian is available to answer your questions by phone. Just call the Guardian Employee Benefit Hot-line at (888) 600-1600 and identify yourself as a Hampshire County Group Insurance Trust employee.



Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



**Dental
insurance**

Taking care of teeth and
overall health

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

- 1 Read through this information.
- 2 Find out more about your benefits.
- 3 Talk to your employer if you need help or have any questions.



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

You will receive these benefits if you meet the conditions listed in the policy.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.



Your dental coverage

Option 1 or 2: CORE PLAN or BUYUP PLAN plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: CORE PLAN		Option 2: BUYUP PLAN	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Your Monthly premium	\$26.26		\$47.65	
You and 1 dependent (Spouse or Child)	\$51.82		\$90.44	
You, Spouse and Child(ren)	\$96.84		\$140.01	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	100%	80%	100%	80%
Major Care	0%	0%	50%	50%
Orthodontia	Not Covered (applies to all levels)		Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1000	\$1000	\$1000	\$1000
Maximum Rollover	No		Yes	
Rollover Threshold			\$500	
Rollover Amount			\$250	
Rollover In-network Amount			\$350	
Rollover Account Limit			\$1000	
Lifetime Orthodontia Maximum	Not Applicable		Not Applicable	
Dependent Age Limits	26		26	



Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: CORE PLAN		Option 2: BUYUP PLAN	
		<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 16		Under Age 16	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	100%	80%	100%	80%
	Fillings‡	100%	80%	100%	80%
	Periodontal Maintenance	100%	80%	100%	80%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Scaling & Root Planing (per quadrant)	100%	80%	100%	80%
	Simple Extractions	100%	80%	100%	80%
Major Care	Bridges and Dentures	0%	0%	50%	50%
	Dental Implants	Not Covered	Not Covered	50%	50%
	Inlays, Onlays, Veneers**	0%	0%	50%	50%
	Perio Surgery	0%	0%	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	0%	0%	50%	50%
	Root Canal	0%	0%	50%	50%
	Single Crowns	0%	0%	50%	50%
	Surgical Extractions	0%	0%	50%	50%
	Deferred Services for Current and Future Employees	None		Major Services - 12 Months	

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. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

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

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00437465

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network 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.
- **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

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, 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. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Your Guardian VSP Vision Access Program

If you're eligible, you can receive discounts on vision care services or supplies from vision providers within the Vision Service Plan (VSP) Preferred Provider Organization (PPO) network.

You must pay the entire discounted fee directly to your VSP Network doctor. Discounts are not available from providers outside the VSP network.

You'll save on exams, materials, and more

Average discounts:

Eye exams	20% off the usual charge
Frames, standard lenses, and lens options	20% off the usual charge when a complete pair of prescription glasses is purchased
Contact lens professional services	15% off the usual charge for professional services (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's less than the usual discounted price



It's easy to save

Find a participating doctor near you by visiting guardiananytime.com/fpapp/FPWeb/vision or calling **1 800 877 7195**.

You don't need to bring your ID card, but you do need to let your doctor know that you have the Guardian VSP Access Plan at the time of service to receive your discount.

This is not insurance. If you qualify, you must pay the entire discounted fee directly to the VSP network doctor. There is no charge for the Discount Vision Access program. You must be enrolled in a Guardian dental plan in order to be eligible for the Discount Vision Access program. When you are no longer enrolled for dental coverage, your access to the network discounts ends.

The Guardian Life Insurance Company of America New York, NY 10004-4025, guardiananytime.com. Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form No. No. GP-1-VSN-96-1 et al.

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2020-105022 (07/22)

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,000 Maximum claims reimbursement	\$500 Claims amount that determines rollover eligibility	\$250 Additional dollars added to a plan's annual maximum for future years	\$350 Additional dollars added if only in-network providers were used during the benefit year	\$1,000 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** 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. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, 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. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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2020-105050 (07/22)

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

ibhworklife.com



User ID

Matters



Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.



Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice of Information Practices form

Notice advising Massachusetts applicants about the kinds of information that may be obtained in connection with their insurance application and confidentiality rules pertaining thereto.

Visit <https://www.guardiananytime.com/notice55> to read more.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Dental insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.

*Employees: Return this completed form to your employer.
 *Employers: Log in at ppienroll.com to update member enrollment; please retain this completed form for your records. Try *Express Terminations* and *Express Compensation* to easily enter multiple updates.

Hampshire County Group Insurance Trust
ENROLLMENT/CHANGE FORM
 PPI Employer No. _____



Section 1 – Plan Options

Employer Use Only:

Payroll/Benefit Deduction Frequency: _____

Please fill in the name of your municipality below:

Employer Name _____

Select a dental plan option:

Guardian Dental Core Plan

Guardian Dental High Plan

Section 2 – Type of Activity

*Employer **must** complete **both** of the following if enrolling or changing coverage:

*Date of Hire or Rehire:

		-			-						
--	--	---	--	--	---	--	--	--	--	--	--

*Effective Date of Coverage:

		-			-						
--	--	---	--	--	---	--	--	--	--	--	--

1. ENROLL FOR COVERAGE (List all enrollees in Section 3):

- New/Rehire
- Open Enrollment
- Part-time to Full-time status
- Loss of other coverage (HIPAA Cert from prior carrier required)

Date of Loss of Coverage: _____

2. CHANGES TO COVERAGE

A. Add Dependents (List Deps in Section 3):

- Birth/Adoption
- Marriage
- Other (specify): _____

Date of Event: _____

PLEASE NOTE THE FOLLOWING:

Provider Changes after your initial election must be reported directly to the insurance carrier.

B. Other Changes (Specify on form)

- Open Enrollment Plan Change
- Name Change
- Address Change
- Beneficiary Change

3. REMOVE COVERAGE

A. Cancel Dependents (List Deps in Section 3):

- Loss of Student Status
- Divorce/Separation
- Gained Other Coverage
- Death
- Other (specify): _____

Date of Loss: _____

B. Term Employee Coverage

- Reduced Hours
- Gained Other Coverage
- Retirement
- Other (specify): _____

Date of Loss: _____

To Terminate ALL employee coverage, please use PPI's Employer Change Report.

Section 3 – Individuals Covered (A=Add C=Change R=Remove)

EMPLOYEE:

Last Name				First Name				SS#									
Home Address						City			State		Zip						
Date of Birth			/														
Date of Birth				Gender: <input type="checkbox"/> M <input type="checkbox"/> F				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other									
Job Title:																	
Phone: () -						Email:											
Dental: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R																	

SPOUSE (SSN Required if Electing Dental):

Last Name				First Name				SS#									
Date of Birth			/														
Date of Birth				Gender: <input type="checkbox"/> M <input type="checkbox"/> F													
Dental: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R																	

CHILD (SSN Required if Electing Dental):

Last Name				First Name				SS#									
Date of Birth			/														
Date of Birth				Gender: <input type="checkbox"/> M <input type="checkbox"/> F													
Handicapped Child? <input type="checkbox"/> No <input type="checkbox"/> Yes (Separate form may need to be completed)																	
Dental: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R																	

CHILD (SSN Required if Electing Dental):

Last Name				First Name				SS#									
Date of Birth			/														
Date of Birth				Gender: <input type="checkbox"/> M <input type="checkbox"/> F													
Handicapped Child? <input type="checkbox"/> No <input type="checkbox"/> Yes (Separate form may need to be completed)																	
Dental: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R																	

CHILD (SSN Required if Electing Dental):

Last Name				First Name				SS#									
Date of Birth			/														
Date of Birth				Gender: <input type="checkbox"/> M <input type="checkbox"/> F													
Handicapped Child? <input type="checkbox"/> No <input type="checkbox"/> Yes (Separate form may need to be completed)																	
Dental: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R																	

Please use a separate sheet of paper for additional dependents.

Please continue on the reverse side

Section 4 – Waiver of Coverage (Complete and sign ONLY if waiving coverage(s) for yourself and/or your dependents)

I hereby certify that I have been given an opportunity to enroll for Group Health Insurance benefits offered by my employer and have decided **NOT** to enroll in the following coverage(s):

Dental

Dependent Dental

I understand that if I delay enrolling more than 31 days after the date I could first become insured, the Dental benefits for myself and my dependents may be limited for a period time as determined by the plan rules.

_____/_____/_____
Employee's Signature Date

Section 5 – Employee Signature

I represent that all the information supplied in this application is true and complete. I have personally designated the beneficiaries shown on this form (if applicable) and hereby request group insurance for myself and for my dependents listed on this form for selected coverages noted in Section 1. I hereby authorize my employer or successor to make deductions from my earnings of the required contributions, if any, to apply toward the insurance costs for the insurance provided for in the policy of group insurance issued to my employer.

I understand that the effective date of insurance for myself or for any of my dependents is subject to my being actively at work on that date and that the effective date of insurance for any of my dependents is also subject to the dependent health condition requirements of the Plan. Further, I understand that any insurance subject to evidence of good health or medical information will not become effective until the carrier gives its written consent.

I understand that, in the event I fail to sign this form within 31 days of the effective date of eligibility or that for any reason the carrier does not receive notice of the Enrollment/Change Request within a reasonable time following the event, my eligibility and my dependent's eligibility may be affected.

Misrepresentations: 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.

_____/_____/_____
Employee's Signature Date

Section 6 – Employer Verification

Employer's Signature	Title	Date
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IMPORTANT: Employees: Please review this form for accuracy and completeness before signing it and giving it to your employer; incomplete forms will cause a delay in processing. **Employers:** Please use your employees' completed forms to update member enrollment at www.ppienroll.com. If you need access to or assistance with AutoEnroll, please contact the PPI Service Team at clientservices@ppibenefits.com or (888) 674-0046.