

The Principia

2010 Dental Benefit Comparison

Dental coverage is a voluntary election. Principia sponsored healthcare plans DO NOT include dental coverage. The Dental Plan is open to all benefit-eligible employees regardless of participation in the group healthcare program. Your election levels (Employee, Emp+One, Family) do not need to match.

Benefits	Guardian HMO Plan In-Network Only	Guardian PPO - Value Plan		Guardian PPO - Enriched Plan	
		In-Network	Out of Network	In-Network	Out of Network
Provider List:	www.guardianlife.com	www.guardianlife.com		www.guardianlife.com	
Network Utilized:	DHMO/Prepaid	DentalGuard Preferred		DentalGuard Preferred	
Deductible:					
- Individual	\$0	\$0		\$0	\$50
- Family	\$0	\$0		\$0	\$150
Services:					
- Office Visit Copay	\$5	N/A	N/A	N/A	N/A
- Preventive	100%	100%	100%	100%	80%
- Basic Restorative	80%	50%	50%	80%	80%
- Major	60%	50%	50%	50%	50%
Out-of-Network Payment:	N/A	Fee Schedule (2)		90th percentile (2)	
Annual Maximum Benefit:	Unlimited	\$1,000		\$1,000	
		Max Rollover Applies (3)		Max Rollover Applies (3)	
Orthodontia:	Child and Adult	Child and Adult		Child and Adult	
Orthodontia Lifetime Max:	\$1,000 Discount (1)	50% up to \$1,000 (4)		50% up to \$1,000 (4)	
Waiting Period Major:	None	None (5)		None (5)	
Waiting Period Ortho:	None	None		None	
Periodontics Covered at:	80%	50%		50%	50%
Endodontics Covered at:	80%	50%		50%	50%
Dependent Age Limit:	25 (26 if Full-time Student) (6)	25 (26 if Full-time Student) (6)		25 (26 if Full-time Student) (6)	
Rate Guarantee:	1 year (5% cap for next year)	1 year (5% cap for next year)		1 year (5% cap for next year)	
Rates eff. 1/1/10:	Monthly Rates	Monthly Rates		Monthly Rates	
- Employee:	\$19.80	\$23.82		\$28.82	
- Emp + One	\$39.58	\$44.22		\$55.18	
- Family:	\$57.30	\$70.98		\$90.68	

HMO Plan Note:

(1) The Guardian HMO provides a \$1,000 discount on orthodontics services from network providers. The discount reduces the overall cost paid by the individual. The benefit is not a direct payment to the providers. You must already be enrolled in this plan prior to Ortho treatment. If you are currently under treatment, you must enroll in one of the PPO plans.

PPO Plan Notes:

(2) Out-of-Network (OON) dentist can balance bill you for the difference between the negotiated Fee Schedule and amount they actually charge. It is recommended that you utilized the DentalGuard Preferred Network to incur the smallest out of pocket cost. If your dentist is not in the network, it is suggested you enroll in the PPO - Enriched Plan which reimburses the dentist at a higher rate.

(3) Max Rollover - part of a covered individual's unused annual maximum may be rolled over into a Personal Rollover Account for use in future years. To qualify for a rollover, the Insured must go to the dentist once during the year and Guardian must have paid out less than \$500 in paid benefits (not submitted, but paid). If these two parameters are met, \$250 will be rolled into the rollover account. If all procedures are done in network, \$350 will roll into the account. There is a maximum of an \$1,000 dollars that can be accumulated in the rollover account. The balance is available as long as Guardian is a provider.

(4) If currently under treatment for Orthodontia, provider would need to submit a copy of the payment plan to Guardian to review the amount that the prior carrier paid out. Prior benefits received would be taken into consideration and the amount left to be paid and Guardian would pro-rate their payments. The total payments by both carriers can exceed the \$1,000 Lifetime maximum.

Notes for All Plans:

(5) If you do not enroll during the 2010 enrollment period and desire to enroll in the future, you will be considered a "Late Entrant" to the Plan and your dental benefits will be limited to Preventative Care for the first 12 months of coverage. The Guardian HMO has no restrictions.

(6) Coverage continues until the end of the month in which the dependent turns 25 (26 if full-time student).