

DentalGuard Preferred Plan

First Commonwealth's Dental PPO Plan

First Commonwealth's Dental PPO Plan option is a DentalGuard Preferred plan. The plan allows you and your dependents the freedom to receive dental benefits through a participating PPO dentist (in-network) or any dentist of your choice (out-of-network). You, or your dependents, make this choice at the time services are needed. The outline below describes both options.

DENTAL PPO PLAN

<u>In Network (PPO)</u>	<u>Out of Network (Indemnity)</u>
PPO Dentist	Any Dentist
Discounted Fee Schedule	Dentist's Usual Fees
In Network Benefits	Out of Network Benefit

There is no restriction on which dentist you use. You can obtain services from both participating PPO and non-participating PPO dentists throughout the benefit year. (The participating PPO dentists and other providers are independent providers and neither agents nor employees of First Commonwealth or Guardian.) Your levels of benefits may vary depending on if you choose a participating or non-participating PPO dentist.

The summary with this brochure provides an outline of both coverage levels. As with most PPO or indemnity options, deductibles, maximums and waiting periods may apply, as does the need to file claim forms.

Deductibles must be met before some covered benefits take effect. Annual maximums are on a per member basis. Once the maximum is reached, you become responsible for any remaining expenses incurred.

DENTALGUARD PREFERRED PLAN

DentalGuard Preferred is one of the largest dental PPO networks in the region. Dentists participating in the DentalGuard Preferred plan have agreed to accept our discounted fee schedule. Our schedule represents a 20%-30% discount from prevailing fees in the area.*

This is an advantage to you because the discounts are passed to you in the form of reduced out-of-pocket

costs for covered services. If you select a dentist that is not participating with DentalGuard Preferred, your costs will be based on the usual, customary and reasonable fee(s) ("UCR") for such service(s). Members are responsible for payment of fees in excess of UCR.

ACCESSING YOUR DENTAL PPO BENEFITS

Once your application form has been processed, you will receive an identification card and Subscription Certificate. The identification card will indicate your effective date. When you need to make an appointment, simply call the dentist of your choice. You can also visit us online at www.GuardianLife.com to select a nearby participating dentist. If you call a participating PPO dental office, be sure and identify yourself as a DentalGuard Preferred member and confirm that the dentist is still participating in DentalGuard Preferred.

DENTAL PPO BENEFITS

Dentists participating in DentalGuard Preferred have agreed to accept our discounted fee schedule. These discounts are passed to you in the form of reduced out-of-pocket costs. Below is an example** of how the PPO plan can work for you.

PROCEDURE: Removal of partially impacted tooth

	Non-participating Dentist	DentalGuard Preferred Dentist
Dentists's Charges	\$296	\$200
Coverage Level	50%	50%
Plan Pays	\$148	\$100
Your Cost	\$148***	\$100
Your Savings		\$48

* Actual discount levels will vary among PPO providers due to variation in the fees charged by providers.

**This is only an example. The actual coverage level, dentist charges and what you pay for any service may vary.

***Members are responsible for payment of fees in excess of the usual, customary and reasonable fees for any service.



Based upon the state in which your employer is located, First Commonwealth refers to:
 In Illinois - First Commonwealth Insurance Group
 In Indiana - First Commonwealth Limited Health Services Corporation
 In Michigan - First Commonwealth Limited Health Services Corporation of Michigan
 In Missouri - First Commonwealth of Missouri, Inc.
 In Wisconsin - First Commonwealth Limited Health Service Corporation

A wholly owned subsidiary of The Guardian Life Insurance Company of America, New York, NY

This is an advertising brochure and is not intended to represent a complete description of the plan. A complete description of benefits, limitations and exclusions is included in the benefit subscription certificate and group master policy. INS GMC 11/97

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First Commonwealth's Dental PPO Plan

COVERAGE LIMITATIONS SUMMARY

Your Dental Plan benefits are limited as follows:

Some services such as exams, cleanings, and fluoride treatments are limited to once every six months; pulp vitality tests (per tooth), bite-wing x-rays, periodontal scaling and root planing are limited to once every twelve months; full mouth x-rays and denture re-lines are limited to once every thirty-six months; crowns and the replacement of teeth with dentures or bridges are limited to standard procedures; crown and bridgework is limited to cases with sufficient breakdown or decay and adequate bone support. If more than one course of treatment is possible, plan benefits will be based upon the less costly course of treatment.

COVERAGE EXCLUSIONS SUMMARY

The plan does not provide benefits for the following:

Experimental dental procedures; procedures not medically necessary; procedures solely for cosmetic purposes; services or supplies to alter, restore or maintain occlusion or to correct congenital or developmental malformations; treatment of cleft palate or TMJ; placement of bone grafts; extra-oral substances; injections or antibiotic drugs; charges for duplicate appliances or devices; replacement of lost or stolen devices; dental implant procedures and related dental services; dental services for treatment in progress prior to coverage; initial placement of any prosthetic appliance or fixed bridge if needed to replace a tooth missing prior to coverage.

HAVE QUESTIONS?

We pride ourselves in the service we provide to our members. Our dedicated team of member service representatives will help you get the most out of your dental benefits. So, if you have any questions about your benefits, please call our Member Services department at 1-866-302-4542, between 8:00 a.m. - 7:00 p.m., CST, Monday-Friday. Or visit us online at www.GuardianLife.com

The FirstCommonwealth DentalGuard Preferred Provider Directory contains a listing of participating PPO dentists. You can also access this information online at www.GuardianLife.com. Dentists who participate in our HMO network are not necessarily PPO providers. It is important that you verify a provider's status in the PPO network before receiving treatment.



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PPO160 BENEFIT & COVERAGE SUMMARY

The amount the plan pays and the amount you pay the dentist for covered services whether you go to a participating PPO dentist or a non-participating dentist is listed here. The deductible, annual limitation on benefits and all other limitations will be administered on a Calendar year basis.

	Services Rendered by a Participating PPO Dentist ¹		Services Rendered by a Non-Participating PPO Dentist ^{1,2}	
	<i>Plan Pays</i> ³	<i>You Pay</i> ³	<i>Plan Pays</i> ⁴	<i>You Pay</i> ⁴
<i>Diagnostic & Preventive Services</i> Oral examinations; Dental Prophylaxis; Topical Fluoride; Emergency Oral Exams; Palliative Treatment	100%	0%	80%	20%
<i>Basic or Minor Restorative</i> Dental X-Rays; Sealants; Space Maintainers; Restorative Services	80%	20%	80%	20%
<i>Major Dental Services</i> Oral Surgery; Endodontics; Minor Periodontics; Inlays*, Onlays*, Crowns* & Labial Veneers*; Fixed Bridgework*; Full & Partial Removable Dentures*; Denture Adjustments, Repairs & Relining; Recementation & Repairs of Crown & Bridgework; Post & Core* & Core Build-Ups*; Major Periodontics*	50%	50%	50%	50%
<i>Orthodontic Services</i> Diagnostic Services; Orthodontic Banding; Monthly Maintenance & Retention Treatment	<i>Not Covered</i>	<i>Not Covered</i>	<i>Not Covered</i>	<i>Not Covered</i>

1. You pay all amounts for services not covered by the plan including deductible and amounts in excess of any annual or lifetime limitations on coverage.
2. You pay all amounts in excess of usual, customary and reasonable (UCR) charges. Information regarding reimbursement rates payable to providers is available from your employer.
3. Payment amount based on contracted fee.
4. Payment based on covered charges subject to Usual, Customary and Reasonable limitations.

* indicates a service with a twelve month wait

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PPO160 BENEFIT & COVERAGE SUMMARY

	Services Rendered by a Participating PPO Dentist ¹		Services Rendered by a Non-Participating PPO Dentist ¹²	
	<i>Plan Pays ³</i>	<i>You Pay ³</i>	<i>Plan Pays ⁴</i>	<i>You Pay ⁴</i>
<i>Individual Deductible⁵</i>		<i>\$50</i>		<i>\$50</i>
<i>Family Deductible Limit⁵</i>		<i>\$50 x 3</i>		<i>\$50 x 3</i>
<i>Annual Maximum Benefit Limitation⁶</i>	<i>Up To \$1000 Per Person</i>	<i>100% Over \$1000 Per Person</i>	<i>Up To \$1000 Per Person</i>	<i>100% Over \$1000 Per Person</i>
<i>Waiting Period for Coverages</i>	<i>12 Months Continuous Coverage Through The Group for Benefits as Denoted Under Major Services.*</i>		<i>12 Months Continuous Coverage Through The Group for Benefits as Denoted Under Major Services.*</i>	
<i>Lifetime Orthodontic Benefit Limitation</i>	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>

1. You pay all amounts for services not covered by the plan including deductible and amounts in excess of any annual or lifetime limitations on coverage.
2. You pay all amounts in excess of usual, customary and reasonable (UCR) charges. Information regarding reimbursement rates payable to providers is available from your employer.
3. Payment amount based on contracted fee.
4. Payment based on covered charges subject to Usual, Customary and Reasonable limitations.
5. The deductible applies to coverage under Basic & Major dental services and is a combined deductible for these categories. The deductible is also combined for services rendered by participating PPO dentists and non-participating dentists.
6. The annual maximum benefit limitation represents the total combined maximum benefit provided regardless of whether services are rendered by a participating or non-participating dentist.

* indicates a service with a twelve month wait

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