

Subscription Certificate & Evidence of Coverage

Your Dental Plan & How To Use It



 **FIRST
COMMONWEALTH**
A Wholly Owned Subsidiary of Guardian

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The enclosed certificate is intended to explain the benefits provided by the Plan. It does not constitute the Policy Contract. Your rights and benefits are determined in accordance with the provisions of the Policy, and your insurance is effective only if you are eligible for insurance and remain insured in accordance with its terms.

CERTIFICATE AMENDMENT

(To be attached to your Subscription Certificate)

Group: COOK COUNTY

Amendment Effective: June 1st, 2011

This rider amends your Subscription Certificate by revising the definition of "Dependent" to read as follows:

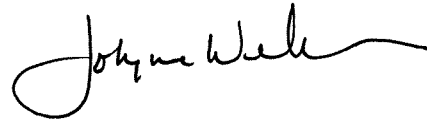
Dependent means your (a) spouse (unless legally separated); (b) unmarried dependent children who are under age 35.

Legal spouse includes a partner to a civil union when that union is in accordance with Illinois law. We treat the civil union partner as a spouse in marriage, and the civil union as a marriage. Such unions also include same- sex relationships from other jurisdictions that provide substantially all of the rights and benefits of marriage.

Eligible children include natural or adopted children, children placed for adoption, stepchildren, and foster children for whom you or your spouse are the legal guardian. Eligibility may also be extended to any child past the age of 35 who is handicapped and dependent on you for support.

Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this certificate.

First Commonwealth Insurance Company



Jolynne Williamson
President

FIRST COMMONWEALTH DENTAL PPO SUMMARY PLAN DESIGN

	In Network*	Out of Network*
Employee Eligibility	The first Open Enrollment Period after completion of one year of service.	
Policy Year Deductible (Waived for Preventive and Orthodontic Services)		
Individual	\$25	\$50
Family	\$100	\$200
Preventive Services Dental Exams (2 per Calendar Year) Prophylaxis (2 per Calendar Year) Fluoride Treatment (up to age 19)	100% of Maximum Allowance	80% of Maximum Allowance
Emergency Services Emergency Exams Treatment for Relief of Pain	80% of Maximum Allowance	80% of Maximum Allowance
Primary Services Routine Fillings (amalgams & resins) Dental X-rays Sealants (up to age 16) Space Maintainers (up to age 16) Endodontics - root canals - apicoectomy - direct pulp caps - hemisection Periodontics - scaling & root planing - gingivectomy - periodontal maintenance - osseous surgery Oral Surgery - extractions (except as excluded under "Exclusions") - alveoloplasty Recementing of Crowns & Bridges	80% of Maximum Allowance	60% of Maximum Allowance
Major Services Inlays, Onlays and Crowns (other than temporary crowns) Full & Partial Dentures Bridges Crown, Bridge and Denture Repairs Denture Adjustments, Rebasing and Relining Endosteal Implants	50% of Maximum Allowance	50% of Maximum Allowance
Policy Year Maximum	\$1,500	
Orthodontic Services Coverage for adults and dependent children	50%	50%
Orthodontic Services Lifetime Plan Maximum	\$1,250	

***SCHEDULE OF MAXIMUM ALLOWANCES**

PPO providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Out of network providers do not accept the Schedule of Maximum Allowances as payment in full. You will be liable for any difference

between the out of network dentist's charge and the Schedule of Maximum Allowances.

Please note: This summary is not intended to represent a complete description of this plan. A complete description of benefits, limitations and exclusions are included in the Subscription Certificate and Group Master Policy.

DENTAL PPO LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. Dental exams and prophylaxis are limited to two treatments in any Calendar Year;
2. Fluoride application is only available up to age 19 and limited to two applications per Calendar Year;
3. Routine bitewing x-rays are limited to one set per Calendar Year;
4. Panoramic or routine full mouth x-rays are limited to one full mouth series every sixty (60) months;
5. Gingivectomy and gingivoplasty and osseous surgery are limited to one full mouth treatment per Calendar Year. Periodontal scaling and root planing is limited to once per quadrant in any 24 consecutive month period;
6. Periodontal maintenance procedures are limited to two per Calendar Year and must be following active periodontal therapy;
7. Sealants are only available up to age 16, limited to once per tooth in thirty-six (36) months on permanent unrestored molars;
8. During the first six months after obtaining dentures or having them relined, adjustments are covered only if they are done by someone other than the Dentist who provided or relined the dentures;
9. Replacements of crowns, inlays, onlays, bridges or dentures are not covered until 10 years have elapsed;
10. Replacement of a bridge or denture which could have been made serviceable is not covered;
11. In all cases which there is more than one possible course of treatment, benefits will be based on the less expensive course of treatment.
12. Claims must be submitted within 12 months of the services being rendered.

Exclusions

1. Dental services which are performed for cosmetic purposes;
2. Dental services or appliances for the diagnosis and/or treatment of temporomandibular joint dysfunction and related disorders;
3. Surgical services related to congenital malformation;
4. Surgical removal of complete bony impacted teeth;
5. Excision of tumors or cysts of the jaws, cheeks, lips, tongue, roof, and floor of the mouth;
6. Excision of exostosis of the jaws and hard palate, treatment of fractures of facial bone, external incision and drainage of cellulitis, incision of accessory sinuses, salivary glands or ducts, reduction of dislocation, or excision of, the temporomandibular joints;
7. Dental services which are performed due to an accidental injury when caused by an external force;
8. Hospital and ancillary charges;
9. Any services, treatments or supplies included as an eligible benefit under other group hospital, medical and/or surgical coverage;
10. Dental conditions arising out of and due to the member's employment or for which Worker's Compensation is payable. Services which are provided to the member by State government or agency thereof, or are provided without cost to the member by any municipality, county or

other subdivisions;

11. Treatment required by reason of war;
12. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
13. Replacement or repair of any appliance used during orthodontic treatment;
14. Dental expenses incurred in connection with any dental procedure started after termination of eligibility of coverage;
15. Any service that is not specifically listed as a covered expense;
16. Services or supplies that do not meet accepted standards of medical and/or dental practice;
17. Investigational services and supplies and all related services and supplies other than the cost of routine patient care associated with investigational cancer treatment required under the Illinois Insurance Code 214 ILCS 5/356y;
18. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this coverage;
19. Charges for failure to keep a scheduled visit or charges for completion of a Claim Form.

YOUR BENEFITS INFORMATION - ANYTIME, ANYWHERE

www.GuardianAnytime.com

Insured employees and their dependents can access helpful, secure information about their Guardian benefits(s) online at:

GuardianAnytime.com - 24 hours a day, 7 days a week.

Anytime, anywhere you have an internet connection you will be able to:

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Print forms and plan materials
- And so much more!

To register, go to www.GuardianAnytime.com

