



Brooklyn HealthWorks Dental & Vision Plan Options

--Dental plan options insured by Guardian Life Insurance Company of America

--Vision plan insured by Davis Vision

SUMMARY OF BENEFITS AND MEMBER OUT OF POCKET CHARGES

	<u>Preferred Dental</u> Guardian DHMO		<u>Premier Dental</u> Guardian PPO	
	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
Number of Providers in New York City*	855	<i>No Out-of-Network Benefits for Preferred Dental Plan</i>	4,164	Unknown
Number of Providers in Tri-state Region*	2,067		13,728	Unknown
Number of Providers Nationwide*	None-limited to tri-state network		67,325	Unknown
Annual Maximum	Unlimited		\$1,000	\$1,000
Deductible (Single)	None		\$50 (waived on preventative)	\$75 (waived on preventative)
Deductible (Family) (\$150 maximum)	None		\$50 per patient (waived on preventative)	\$75 per patient (waived on preventative)
Preventative & Diagnostic Every 6 Months (includes exam, cleaning, bitewing x-ray)	\$5 co-pay (waived after 3 years of continuous coverage)		None	80% of negotiated in-network rate
Minor Restorative	Discount		80% of negotiated rate	80% of negotiated in-network rate
Endodontics/Periodontics/ Oral Surgery	Discount		50% of negotiated rate	50% of negotiated in-network rate
Major Care	Discount		50% of negotiated rate	50% of negotiated in-network rate
Orthodontia	Discount		Discount	None
Waiting Period (non-preventative services)	None		6 months	6 months
Co-insurance Examples (For comparison purposes only; actual amounts may vary)	MEMBER RESPONSIBILITY: Exam: \$0 Bitewing X-ray: \$0 Cleaning: \$0 Cavity: \$28 Crown: \$430 Root Canal: \$400 <u>Ortho:</u> \$2,500 (child) \$2,800 (adult)	MEMBER RESPONSIBILITY: Exam: \$0 Bitewing X-ray: \$0 Cleaning: \$0 Cavity: \$16 Crown: \$353 Root Canal: \$325 <u>Ortho:</u> \$ 4,397 (child) \$ 4,397 (adult)	MEMBER RESPONSIBILITY: (member pays difference in what provider charges and what Guardian pays) For example, if dentist charges \$1,000 for a crown, Guardian will pay \$353 (50% of negotiated in-network rate). Member is responsible to pay the difference of \$647.	

* Go to www.brooklynhealthworks.com for a listing of providers in the Guardian dental networks.

BROOKLYN HEALTHWORKS SUMMARY OF BENEFITS/OUT OF POCKET CHARGES (continued)

Vision Plan		
	In-Network Benefit	Out-of-Network Benefit
Number of Providers in New York City	783	Unknown
Number of Providers in Tri-state Region	2,576	Unknown
Number of Providers Nationwide	23,239	Unknown
Annual Maximum	None	None
Deductible	None	None
Eye Exam Co-pay (applies to first service performed)	\$10	\$10
Materials Co-pay (for lenses, frames, contact lenses)	\$25	\$25
Eye Exams (every 12 months)	Covered in full after co-pay	\$46 maximum after co-pay
Lenses (every 24 months)	<u>Single Vision:</u> Covered in full after co-pay <u>Lined Bifocal:</u> Covered in full after co-pay <u>Lined Trifocal:</u> Covered in full after co-pay <u>Lenticular:</u> Covered in full after co-pay	<u>Single Vision:</u> \$47 maximum after co-pay <u>Lined Bifocal:</u> \$66 maximum after co-pay <u>Lined Trifocal:</u> \$85 maximum after co-pay <u>Lenticular:</u> \$125 maximum after co-pay
Frames (every 24 months)	<u>Davis Fashion or Designer Collection:</u> Covered in full after co-pay <u>Davis Premier Collection:</u> Covered in full after \$25 co-pay applied in addition to the materials co-pay <u>Non-Davis Collection:</u> \$120 retail allowance after co-pay	\$47 maximum after co-pay
Contact Lenses (every 24 months) [If you choose contact lenses, ineligible to receive lenses and frames for 24 months following the date contacts were obtained.]	<u>Medically Necessary:</u> Covered in full after co-pay <u>Elective (Davis Vision formulary):</u> Covered in full after co-pay <u>Elective (Non-Davis Vision formulary):</u> \$120 maximum (co-pay waived)	<u>Medically Necessary:</u> \$210 maximum after co-pay <u>Elective:</u> \$105 maximum after co-pay

* Go to www.brooklynhealthworks.com for a listing of providers in the Davis Vision network.

New groups enrolling in Brooklyn HealthWorks must sign up for dental/vision plan options at the time of application or wait until their annual anniversary to enroll employees. Those enrolling in dental/vision plan options may only make changes to their coverage (including dropping coverage) during a group's annual anniversary period after a minimum of 12 months has elapsed.

The benefits described here are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.