

Watson Truck & Supply, Inc.

DENTAL COST ANALYSIS		GUARDIAN Voluntary Guardian Indemnity Dental Plan	
Rates**		Monthly	Per Pay/day
Employee Only		28.36	13.09
Employee + Spouse		57.29	26.44
Employee + Child(ren)		68.25	31.50
Employee + Family		97.19	44.86
Summary of Dental Benefits		Indemnity Plan	
Calendar Year Deductible		\$50	
Waived for Preventive		Yes	
Annual Maximum		\$1,000*	
Preventive		100%	
Basic		80%	
Major		50%	
UCR %		90th %	
Endodontics/Periodontics		50%	
Orthodontia		N/A	
Orthodontia Lifetime Maximum		N/A	
Waiting Period		Late Entrants -- Basic 6 mths; Major 12 mths	
Dental Network		None (See any dentist)	
* Subject to maximum rollover (Threshold \$500; Rollover amount \$250) ** Rates guaranteed for 1 year			
1/1/2018			

VISION COST ANALYSIS		GUARDIAN Voluntary Full Feature Vision Plan	
Rates**		Monthly	Per Pay/day
Employee Only		7.74	3.57
Employee + Spouse		13.01	6.01
Employee + Child(ren)		13.27	6.13
Employee + Family		21.01	9.70
Summary of Vision Benefits		In-Network Out of Network	
Co-pay			
Exams		\$10 Co-pay (every 12 months) \$39 max after \$10 co-pay (every 12 months)	
Materials			
Lenses Single Vision		\$25 Co-pay (every 12 months) \$23 max after \$25 co-pay (every 12 months)	
Bifocal		\$25 Co-pay (every 12 months) \$37 max after \$25 co-pay (every 12 months)	
Trifocal		\$25 Co-pay (every 12 months) \$49 max after \$25 co-pay (every 12 months)	
Lenticular		\$25 Co-pay (every 12 months) \$64 max after \$25 co-pay (every 12 months)	
Contact (medically necessary)		\$25 Co-pay (every 12 months) \$210 max after \$25 co-pay (every 12 months)	
Contact (elective)		\$25 Co-pay (every 12 months) \$100 max after \$25 co-pay (every 12 months)	
Frames		\$130 retail + 20% off balance \$46 max after \$25 co-pay (every 24 months) after \$25 Co-pay (every 24 months)	
Network		VSP CHOICE N/A	
Rate guarantee		1 year	
Basic Life/AD&D: Only those on medical are eligible for basic life & AD&D			
1/1/2018			