

Watson Truck & Supply, Inc.

DENTAL COST ANALYSIS	GUARDIAN Voluntary Guardian Indemnity Dental Plan	
Rates**	Monthly	Per Payday
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		
1/1/2019		

VISION COST ANALYSIS	GUARDIAN Voluntary Full Feature Vision Plan	
Rates**	Monthly	Per Payday
Employee Only	7.97	3.68
Employee + Spouse	13.40	6.19
Employee + Child(ren)	13.67	6.31
Employee + Family	21.64	9.99
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 after \$25 Co-pay (every 24 months)	\$46 max 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		
1/1/2019		