



Summary of Benefits

Dental Benefit Summary

Group ID:	00402328	Coverage Type:	Voluntary
Group Name:	OUTPATIENT SURGERY CENTER OF HILTON HEAD	Class:	0001 EXECUTIVES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	12/09/2020

Plan Information

Your dental networks is: **Dental - DentalGuard Pref - South Carolina**

Coverage Information

	Dental - DentalGuard Pref - South Carolina	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - South Carolina network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes

	Dental - DentalGuard Pref - South Carolina	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - South Carolina network will be most cost effective.	
	In Network	Out of Network
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	100%	80%
Fillings (one surface)	100%	80%
General Anesthesia ¹	100%	80%
Scaling & Root Planing (per quadrant)	100%	80%
Simple Extractions	100%	80%
Major Care:	60%	50%
Dentures	60%	50%
Single Crowns	60%	50%
Orthodontia	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000



¹ Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

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Summary of Benefits

Long Term Disability Benefit Summary

Group ID:	00402328	Member Coverage Type:	Non Contributory
Group Name:	OUTPATIENT SURGERY CENTER OF HILTON HEAD	Class:	0001 EXECUTIVES
Waiting Period:	90 day(s)	As of Date:	12/09/2020

Coverage Information

Monthly Volume	60% of monthly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$6,000
Waiting Periods (Benefits begin on ...)	Accident: Day 181 Illness: Day 181
Maximum Payment Period	To age 65, standard ADEA

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an group conversion trust if you terminate employment with the company. (Some restrictions apply; see certificate of benefits).
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee who is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability. Contract # GP-1-LTD-15-1.0 et al.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with Workers Compensation. Refer to your booklet for additional details.



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Summary of Benefits

Dental Benefit Summary

Group ID:	00402328	Coverage Type:	Voluntary
Group Name:	OUTPATIENT SURGERY CENTER OF HILTON HEAD	Class:	0002 OUTPATIENT EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	12/09/2020

Plan Information

Your dental networks is: Dental - DentalGuard Pref - South Carolina

Coverage Information

	Dental - DentalGuard Pref - South Carolina	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - South Carolina network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes

	Dental - DentalGuard Pref - South Carolina	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - South Carolina network will be most cost effective.	
	In Network	Out of Network
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	100%	80%
Fillings (one surface)	100%	80%
General Anesthesia ¹	100%	80%
Scaling & Root Planing (per quadrant)	100%	80%
Simple Extractions	100%	80%
Major Care:	60%	50%
Dentures	60%	50%
Single Crowns	60%	50%
Orthodontia	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000



¹ Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Long Term Disability Benefit Summary

Group ID:	00402328	Member Coverage Type:	Non Contributory
Group Name:	OUTPATIENT SURGERY CENTER OF HILTON HEAD	Class:	0002 OUTPATIENT EMPLOYEES
Waiting Period:	90 day(s)	As of Date:	12/09/2020

Coverage Information

Monthly Volume	60% of monthly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$6,000
Waiting Periods (Benefits begin on ...)	Accident: Day 181 Illness: Day 181
Maximum Payment Period	To age 65, standard ADEA

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an group conversion trust if you terminate employment with the company. (Some restrictions apply; see certificate of benefits).
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee who is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability. Contract # GP-1-LTD-15-1.0 et al.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with Workers Compensation. Refer to your booklet for additional details.



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Summary of Benefits

Dental Benefit Summary

Group ID:	00402328	Coverage Type:	Voluntary
Group Name:	OUTPATIENT SURGERY CENTER OF HILTON HEAD	Class:	0003 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	12/09/2020

Plan Information

Your dental networks is: Dental - DentalGuard Pref - South Carolina

Coverage Information

	Dental - DentalGuard Pref - South Carolina	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - South Carolina network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes

	Dental - DentalGuard Pref - South Carolina	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - South Carolina network will be most cost effective.	
	In Network	Out of Network
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	100%	80%
Fillings (one surface)	100%	80%
General Anesthesia ¹	100%	80%
Scaling & Root Planing (per quadrant)	100%	80%
Simple Extractions	100%	80%
Major Care:	60%	50%
Dentures	60%	50%
Single Crowns	60%	50%
Orthodontia	50%	50%

General Exclusions

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Deductibles apply.

The plan does not pay for:

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- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

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