

## HERITAGE BENEFITS

# Dental Insurance

Heritage offers its employees the opportunity to participate in a voluntary dental plan through Guardian, offering a strong and wide network of participating providers. The plan encourages use of Guardian participating providers. Services may be sought through an out-of-network provider at a reduced benefit. Orthodontia is available with the Buy-Up plan for dependents on Employee + 1 and Family plans.

### BASE PLAN MONTHLY PREMIUMS

**\$27.99** – Single Coverage  
**\$58.50** – Employee + 1  
**\$71.21** – Family Coverage

### BUY-UP PLAN MONTHLY PREMIUMS

**\$37.17** – Single Coverage  
**\$77.72** – Employee + 1  
**\$94.60** – Family Coverage

|                                                                                                    | Base Plan                           | Buy-Up Plan                          |
|----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
| Class/Type I - Preventative                                                                        |                                     |                                      |
| Initial/Routine Oral Exams<br>X-Rays and Cleaning<br>Flouride Treatment and Sealants               | 100%                                | 100%                                 |
| Class/Type II - Basic Services                                                                     |                                     |                                      |
| Fillings, General Anesthetics,<br>Simple Extractions, Oral Surgery<br>Periodontics and Endodontics | 75%<br>Subject to Annual Deductible | 100%<br>Subject to Annual Deductible |
| Class/Type III- Major Services                                                                     |                                     |                                      |
| Crowns and Restorations<br>Full or Partial Removable Dentures<br>Fixed Bridgework                  | Not Covered                         | 50%<br>Subject to Annual Deductible  |
| Class/Type IV - Orthodontia                                                                        |                                     |                                      |
| Children to Age 19                                                                                 | Not Covered                         | 50%                                  |
| Deductibles                                                                                        | 50%                                 |                                      |
| Single (1x Annual Deductible)<br>Family (3x Annual Per Person Deductible)                          | Single \$50<br>Family \$150         | Single \$50<br>Family \$150          |
| Maximums                                                                                           |                                     |                                      |
| Calendar Year per Individual<br>Classes subject to Annal Max<br>Lifetime (Orthodontia)             | \$1,000<br>II and III<br>None       | \$2,000<br>II and III<br>\$1,500     |
| Maximum Contract Allowance                                                                         | Fee Schedule                        | Fee Schedule                         |
| Dependent Age                                                                                      | 26                                  | 26                                   |