



Summary of Benefits

Dental Benefit Summary

Group ID:	00441381	Coverage Type:	Non Contributory
Group Name:	SITTING BULL SCHOOL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/13/2015

Plan Information

Your dental network is: Dental - Indemnity

Coverage Information

	Dental - Indemnity
What's the most cost-effective way to use dental insurance?	You may go to any dentist.
Calendar year deductible	\$25, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived
Basic	Not Waived
Major	Not Waived
Calendar Year Maximum Benefit	\$1,500
Lifetime Orthodontia Maximum	\$1,500
Maximum rollover	Yes
Monthly Switch	Not Available
	How much does the plan pay? (as a percentage of usual and customary?)
Office Visit Co-pay (one office visit may cover multiple services)	None
Preventive Care:	100%
Bitewing X-Rays	100%
Full Mouth X-Rays	100%

	Dental - Indemnity
What's the most cost-effective way to use dental insurance?	You may go to any dentist.
Cleaning	100%
Oral Exams	100%
Sealants (per tooth)	100%
Basic Care:	80%
Fillings (one surface)	80%
General Anesthesia ¹	80%
Scaling & Root Planing (per quadrant)	80%
Simple Extractions	80%
Major Care:	50%
Dentures	50%
Single Crowns	50%
Orthodontia	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-DG2000 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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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

Vision Benefit Summary

Group ID:	00441381	Coverage Type:	Non Contributory
Group Name:	SITTING BULL SCHOOL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/13/2015

Plan Information

Your network is the VSP - Signature Full Feature

Coverage Information

	VSP - Signature Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Co-Pay		
First service provided	First Services Provided \$10.00	
Exams	Not applicable	
Materials	Not applicable	
How often can I obtain service?	Exams: Every 12 months Lenses: Every 12 months Frames: Every 24 months Materials: Every 12 months	
	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$46.00
Lenses		
Single vision lenses	Copay applies	Amount over: \$47.00
Lined bifocal lenses	Copay applies	Amount over: \$66.00

	VSP - Signature Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Lined trifocal lenses	Copay applies	Amount over: \$85.00
Lenticular lenses	Copay applies	Amount over: \$125.00
Contact Lenses		
Conventional	Amount over: \$120.00	Amount Over \$120
Planned replacement and disposable	Amount over \$120.00	Amount Over \$120
Medically necessary	Copay Applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Not Covered
Frames	\$120.00, 20% discount on amount over \$120.00.	Amount over: \$47.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 30%.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts

Vision and General Exclusions

Important information


This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. 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-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

 30% discount off of additional pairs of prescription glasses as well as non-prescription sunglasses purchased the same day as

the member's eye exam from the same VSP doctor who provided the exam. (Members will continue to receive 20% off unlimited additional pairs of glasses valid through any VSP doctor within 12 months of the last covered exam.)

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00441381	Coverage Type:	Non Contributory
Group Name:	SITTING BULL SCHOOL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/13/2015

Coverage Information

Employee Volume Amount	Flat \$25,000
Spouse Volume Amount	Flat \$5,000
Child Volume Amount	Ages 14 Days to 6 Months Flat \$500 Ages 6 Months to 23 Years Flat \$2,500
Maximum Amount	\$25,000
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80

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.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

Infant coverage is limited for the first two weeks of infant's life.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.


Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00441381	Member Coverage Type:	Non Contributory
Group Name:	SITTING BULL SCHOOL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/13/2015

Coverage Information

Volume Amount	Flat \$25,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$25,000
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80

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.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.


Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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Summary of Benefits

Short Term Disability Benefit Summary

Group ID:	00441381	Member Coverage Type:	Non Contributory
Group Name:	SITTING BULL SCHOOL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/13/2015

Coverage Information

Weekly Volume	\$200
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$200
Waiting Periods (Benefits begin on ...)	Accident: Day 1 Illness: Day 8
Maximum Payment Period	26 weeks

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.
How are my earnings defined?	Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
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.

Short Term Disability General Limitations and Exclusions

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.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We do not pay benefits 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 is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability. This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment:

- a. exceeding one year; or
- b. in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): This STD plan limits benefits for a disability relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in the three month period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan details for specific time periods.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 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. due to intoxication;
5. confined to a correctional facility, or
6. receiving treatment outside US.

Disability benefits are not paid for any period in which you are in a correctional facility, you are not under the care of a doctor, 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

When applicable, this coverage will integrate with any mandated state disability plans.

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Voluntary Life Benefit Summary

Group ID:	00441381	Coverage Type:	Voluntary
Group Name:	SITTING BULL SCHOOL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/13/2015

Coverage Information

Employee Volume Amount	Plan A Flat \$25,000 Plan B Flat \$50,000 Plan C Flat \$75,000 Plan D Flat \$100,000
Spouse Volume Amount	50% of the Employee's volume to a maximum of \$50,000
Child Volume Amount	Ages 14 Days to 6 Months 10% of the Employee's volume to a maximum of \$10,000 Ages 6 Months to 23 Years 10% of the Employee's volume to a maximum of \$10,000
Member Guaranteed Issue	Evidence of insurability required for all amounts.
Spouse Guaranteed Issue	Evidence of insurability required for all amounts.
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80

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.
Do I have to answer medical questions as part of purchasing insurance?	If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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