



Group Number: 467279

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All Other Eligible Employees

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Dental

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 467279

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Dental Benefit Summary

Group Number: 467279

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

Option 1: With your **DHMO PrePaid** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	Option 1: DHMO PrePaid	Option 2: PPO	
Your Network is	First Commonwealth	DentalGuard Preferred	
Calendar year deductible		<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No deductible	\$50	\$75
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each	100%	80%
Basic Care	covered procedure. See	80%	80%
Major Care	"Plan Details", for	50%	50%
Orthodontia	more information.	Not Covered	
Annual Maximum Benefit	Unlimited	\$1000	\$1000
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable	
Office visit copay	\$0	None	
Dependent Age Limits	26 ‡	26 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.

A Sample of Services Covered by Your Plan:

		Option 1: DHMO PrePaid <i>Plan Pays (on average)</i>	Option 2: PPO <i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis)	Network only 100%	In-network 100%	Out-of-network 80%
	Frequency:	Once every 6 months	Once Every 6 Months	
	Fluoride Treatments	100%	100%	80%
	Limits:	No Age Limits	Under Age 19	
	Oral Exams	100%	100%	80%
	Sealants (per tooth)	100%	100%	80%
Basic Care	Fillings‡	80%	80%	80%
	X-rays	100%	80%	80%
Major Care	Anesthesia*	50%	50%	50%
	Bridges and Dentures	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%
	Perio Surgery	80%	50%	50%
	Periodontal Maintenance	80%	50%	50%
	Frequency:	Once every 6 months (Standard)	Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%
	Root Canal	80%	50%	50%
	Scaling & Root Planing (per quadrant)	80%	50%	50%
	Simple Extractions	80%	50%	50%
	Single Crowns	50%	50%	50%
	Surgical Extractions	80%	50%	50%
Orthodontia	Orthodontia	\$1,000 Savings	Not Covered	
	Limits:	Adults & Child(ren)		

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 467279

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those 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-I-DG2000 et al.

Important information about First Commonwealth Inc.'s and their subsidiaries' dental plans (Illinois, Missouri, Michigan and Indiana): This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by member's Primary Care Dentist.

Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by First Commonwealth. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. Unless specifically included, the First Commonwealth plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under First Commonwealth plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The First Commonwealth plan documents are the final arbiter of coverage. INS GMC 11/97; (IL) FCW-GMC-IL-08; (IN) FCW-GMC-IN-08; (MO) FCW-GMC-MO-08; (MI) FCW-GMC-MI-08

PPO and or Indemnity Special Limitation: 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

ADDITIONAL MATERIALS



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective: 9/23/2013

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your Protected Health Information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law.

Guardian is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. Copies of our current Notice may be obtained by contacting Guardian (using the information supplied below), or on our Web site at: www.GuardianLife.com/PrivacyPolicy

What is Protected Health Information (PHI):

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and LTC coverage).

In What Ways may Guardian Use and Disclose your Protected Health Information (PHI):

Guardian has the right to use or disclose your PHI without your written authorization to assist in your treatment, to facilitate payment and for health care operations purposes. There are certain circumstances where we are required by law to use or disclose your PHI. And there are other purposes, listed below, where we are permitted to use or disclose your PHI without further authorization from you. Please note that examples are provided for illustrative purposes only and are not intended to indicate every use or disclosure that may be made for a particular purpose.

Guardian has the right to use or disclose your PHI for the following purposes:

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to supply information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and resources you may receive. For example, we may disclose your PHI for payment purposes to a health care provider or a health plan. Such purposes may include: ascertaining your range of benefits; certifying that you received treatment; requesting details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations. For example, we may use your PHI for underwriting and premium rating purposes.

Appointment Reminders. Guardian may use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Plan Sponsors. Guardian may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Guardian is required to use or disclose your PHI:

- To you or your personal representative (someone with the legal right to act for you);
- To the Secretary of the Department of Health and Human Services, when conducting a compliance investigation, review or enforcement action; and
- Where otherwise required by law.

Guardian is Required to Notify You of any Breaches of Your PHI.

Although Guardian takes reasonable, industry-standard measures to protect your PHI, should a breach occur, Guardian is required by law to notify affected individuals. A breach means the acquisition, access, use, or disclosure of PHI in a manner not permitted by law that compromises the security or privacy of the PHI.

Other Uses and Disclosures.

Guardian may also use and disclose your PHI for the following purposes without your authorization:

- We may disclose your PHI to persons involved in your care, such as a family member or close personal friend, when you are incapacitated, during an emergency or when permitted by law.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to a government oversight agency authorized by law to conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for organ or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to comply with workers' compensation and other similar programs.
- We may disclose your PHI to third party business associates that perform services for us, or on our behalf (e.g. vendors).
- Guardian may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations authorized by law.
- We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (e.g., for the institution to provide you with health care services, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals).
- We may disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Your Rights with Regard to Your Protected Health Information (PHI):

Your Authorization for Other Uses and Disclosures. Other than for the purposes described above, or as otherwise permitted by law, Guardian must obtain your written authorization to use or disclosure your PHI. You have the right to revoke that authorization in writing except to the extent that: (i) we have taken action in reliance upon the authorization prior to your written revocation, (ii) you were required to give us your authorization as a condition of obtaining coverage, or (iii) and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under federal and state law, certain kinds of PHI will require enhanced privacy protections. These forms of PHI include information pertaining to:

- HIV/AIDS testing, diagnosis or treatment
- Venereal and /or communicable Disease(s)
- Genetic Testing
- Alcohol and drug abuse prevention, treatment and referral
- Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

Your Right to an Accounting of Disclosures. An 'accounting of disclosures' is a list of the disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures of your PHI that were made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

We ask that you submit your request in writing. Your request must state a requested time period not more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g., paper, electronically).

Your Right to Obtain a Paper Copy of This Notice. You have a right to request a paper copy of this notice even if you have previously agreed to accept this notice electronically.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the U.S. Secretary of Health and Human Services. If you wish to file a complaint with Guardian, you may do so using the contact information below. You will not be penalized for filing a complaint.

Any exercise of the Rights designated below must be submitted to the Guardian in writing. Guardian may charge for reasonable costs associated with complying with your requests; in such a case, we will notify you of the cost involved and provide you the opportunity to modify your request before any costs are incurred.

Your Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Guardian is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

Your Right to Request Confidential Communications. You have the right to request that Guardian communicate with you about your PHI be in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We are required to accommodate all reasonable requests made in writing, when such requests clearly state that your life could be endangered by the disclosure of all or part of your PHI.

Your Right to Amend Your PHI If you feel that any PHI about you, which is maintained by Guardian, is inaccurate or incomplete, you have the right to request that such PHI be amended or corrected. Within your written request, you must provide a reason in support of your request. Guardian reserves the right to deny your request if: (i) the PHI was not created by Guardian, unless the person or entity that created the information is no longer available to amend it (ii) if we do not maintain the PHI at issue (iii) if you would not be permitted to inspect and copy the PHI at issue or (iv) if the PHI we maintain about you is accurate and complete. If we deny your request, you may submit a written statement of your disagreement to us, and we will record it with your health information.

Your Right to Access to Your PHI. You have the right to inspect and obtain a copy of your PHI that we maintain in designated record sets. Under certain circumstances, we may deny your request to inspect and copy your PHI. In an instance where you are denied access and have a right to have that determination reviewed, a licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

How to Contact Us:

If you have any questions about this Notice or need further information about matters covered in this Notice, please call the toll-free number on the back of your Guardian ID card. If you are a broker please call 800-627-4200. All others please contact us at 800-541-7846. You can also write to us with your questions, or to exercise any of your rights, at the address below:

Attention: Guardian Corporate Privacy Officer
National Operations

Address: The Guardian Life Insurance Company of America
Group Quality Assurance - Northeast
P.O. Box 2457
Spokane, WA 99210-2457

DHMO PLAN 4000 (IL - \$0 Office Visit Copay) SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective as of 1/1/2016



DIAGNOSTIC	
D0999	Office Visit Copay\$0
D0120	Periodic Oral Evaluation\$0
D0140	Limited Oral Evaluation - Problem Focused\$0
D0145	Oral Eval for Patient under 3 & Counseling with Primary Caregiver\$0
D0150	Comprehensive Oral Evaluation - New or Established Patient\$0
D0160	Detailed & Extensive Evaluation, Problem Focused\$0
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)\$0
D0171	Re-Evaluation - Post-Operative Office Visit\$0
D0180	Comprehensive Periodontal Examination, New or Established Patient\$0
D0210	Intraoral - Complete Series (Incl. Bitewings)\$0
D0220	Intraoral - Periapical First Film\$0
D0230	Intraoral - Periapical Each Additional Film\$0
D0240	Intraoral - Occlusal Film\$0
D0270	Bitewing - Single Film\$0
D0272	Bitewing X-Rays - 2 Films\$0
D0273	Bitewing X-Rays - 3 Films\$0
D0274	Bitewing X-Rays - 4 Films\$0
D0277	Vertical Bitewings - 7 to 8 Films\$0
D0330	Panoramic Film\$0
D0415	Bacteriological Studies\$0
D0460	Pulp Vitality Tests\$0
D0470	Diagnostic Casts\$0

PREVENTIVE	
D1110	Prophylaxis - Adult\$0
D1120	Prophylaxis - Child\$0
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients\$12
D1208	Topical Application Of Fluoride - Excluding Varnish\$0
D1310	Nutritional Counseling for Control of Dental Disease\$0
D1330	Oral Hygiene Instructions\$0
D1351	Sealant - Per Tooth\$0
D1352	Preventive Resin Restoration in a Mod - High Caries Risk Patient-Perm Tooth\$0
D1510	Space Maintainer - Fixed - Unilateral\$70
D1515	Space Maintainer - Fixed - Bilateral\$93
D1520	Space Maint-Removable - Unilateral\$81
D1525	Space Maint-Removable - Bilateral\$112
D1550	Re-cement or Re-bond Space Maintainer\$14
D1555	Removal of a Space Maintainer, By Dentist Who Did Not Originally Place\$23

MINOR RESTORATIVE	
D2140	Amalgam - 1 Surface, Primary or Permanent\$26
D2150	Amalgam - 2 Surfaces, Primary or Permanent\$33
D2160	Amalgam - 3 Surfaces, Primary or Permanent\$38
D2161	Amalgam - 4 or More Surfaces, Primary or Permanent\$48
D2330	Resin-Based Composite - 1 Surface, Anterior\$30
D2331	Resin-Based Composite - 2 Surfaces, Anterior\$36
D2332	Resin-Based Composite - 3 Surfaces, Anterior\$49
D2335	Resin-Based Comp - 4 or More Surfaces or Involving Incisal Angle (Anterior)\$55
D2390	Resin-Based Composite Crown, Anterior\$59
D2391	Resin-Based Composite - 1 Surface, Posterior\$36
D2392	Resin-Based Composite - 2 Surfaces, Posterior\$47
D2393	Resin-Based Composite - 3 Surfaces, Posterior\$56
D2394	Resin-Based Composite - 4 or More Surfaces, Posterior\$68
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth\$162
D2990	Resin Infiltration of Incipient Smooth Surface Lesions\$36

ENDODONTICS	
D3110	Pulp Cap - Direct (Excluding Final Restoration)\$12
D3120	Pulp Cap - Indirect (Excluding Final Restoration)\$10
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)\$39
D3221	Pulpal Debridement, Primary & Permanent Teeth\$39
D3222	Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root\$39
D3230	Pulp Therapy, Anterior Primary\$43
D3240	Pulp Therapy, Posterior Primary\$45
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)\$151
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)\$177
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)\$230
D3346	Retreatment of Previous Root Canal Therapy - Anterior\$285
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid\$335
D3348	Retreatment of Previous Root Canal Therapy - Molar\$400
D3351	Apexification/Recalcification Initial Visit\$91
D3352	Apexification/Recalcification Interim Visit\$43
D3353	Apexification/Recalcification Final Visit\$111
D3410	Apicoectomy - Anterior\$163
D3421	Apicoectomy - Bicuspid (First Root)\$170
D3425	Apicoectomy - Molar (First Root)\$186

D3426	Apicoectomy (Each Additional Root)\$75
D3427	Periradicular Surgery without Apicoectomy\$170
D3430	Retrograde Filling - Per Root\$55
D3450	Root Amputation Per Root\$96
D3920	Hemisection (Incl. Root Removal/Excludes Rct)\$73
D3950	Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post)\$29

PERIODONTICS	
D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth Per Quadrant\$126
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant\$36
D4212	Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth\$25
D4240	Gingival Flap Procedure, w/Root Planing - 4 or More Teeth Per Quadrant\$144
D4241	Gingival Flap Procedure, w/Root Planing - 1 to 3 Teeth, Per Quadrant\$94
D4245	Apically Positioned Flap\$155
D4249	Clinical Crown Lengthening - Hard Tissue\$176
D4260	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad\$237
D4261	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad\$163
D4263	Bone Replacement Graft, First Site in Quadrant\$133
D4264	Bone Replacement Graft, Each Additional Site in Quadrant\$97
D4268	Surgical Revision Procedure, Per Tooth, Inclusive in Surgery\$0
D4270	Pedicle Soft Tissue Graft Procedure\$176
D4273	Autogenous Connective Tissue Graft Procedure (Incl. Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft\$203
D4274	Distal or Proximal Wedge\$65
D4275	Non-Autogenous Connective Tissue Graft (Incl. Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft\$193
D4276	Combined Connective Tissue & Pedicle Graft\$206
D4277	Free Soft Tissue Graft Procedure (Incl. Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft\$203
D4278	Free Soft Tissue Graft Procedure (Incl. Recipient and Donor Surgical Sites) each additional Contiguous Tooth, Implant, or Edentulous Tooth Position in same Graft Site\$122
D4283	Autogenous Connective Tissue Graft Procedure (Incl. Donor and Recipient Surgical Sites) - each additional Contiguous Tooth, Implant or Edentulous Tooth Position in same Graft Site\$122
D4285	Non-Autogenous Connective Tissue Graft Procedure (Incl. Recipient Surgical Site and Donor Material) - each additional Contiguous Tooth, Implant or Edentulous Tooth Position in same Graft Site\$116
D4341	Scaling & Root Planing - 4 or More Teeth Per Quadrant\$50
D4342	Scaling & Root Planing - 1 to 3 Teeth, Per Quadrant\$30
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis\$33
D4381	Loc. Deliv. Chemo Agent, Controlled Release into Crevice, Per Tooth\$52
D4910	Periodontal Maintenance\$31
D4921	Gingival Irrigation - Per Quadrant\$35

ORAL SURGERY	
D7111	Extraction, Coronal Remnants - Deciduous Tooth\$19
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)\$29
D7210	Surg Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth; Inc. Mucoperiosteal Flap if Indicated\$55
D7220	Removal of Impacted Tooth - Soft Tissue\$74
D7230	Removal of Impacted Tooth - Partially Bony\$96
D7240	Removal of Impacted Tooth - Completely Bony\$114
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp\$134
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)\$69
D7280	Surgical Access of an Unerrupted Tooth (Non-Orthodontic)\$98
D7310	Alveoloplasty w/Extractions - Per Quadrant\$61
D7311	Alveoloplasty w/Ext - 1 To 3 Teeth or Spaces, Per Quadrant\$30
D7320	Alveoloplasty Not w/Extractions - Per Quadrant\$106
D7321	Alveoloplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant\$73
D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm)\$175
D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm)\$265
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue\$53
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated\$58
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure\$109
D7963	Frenuloplasty\$189
D7972	Surgical Reduction of Fibrous Tuberosity\$113

CROWNS	
D2510	Inlay - Metallic - 1 Surface*\$389
D2520	Inlay - Metallic - 2 Surfaces*\$439
D2530	Inlay - Metallic - 3 or More Surfaces*\$458
D2542	Onlay - Metallic - 2 Surfaces*\$458
D2543	Onlay - Metallic - 3 Surfaces*\$478
D2544	Onlay - Metallic - 4 or More Surfaces*\$508
D2610	Inlay - Porcelain Ceramic 1 Surf\$389

DHMO PLAN 4000 (IL - \$0 Office Visit Copay)

CROWNS (cont.)

D2620	Inlay - Porcelain Ceramic 2 Surf	\$439
D2630	Inlay - Porcelain Ceramic 3 Surf	\$458
D2642	Onlay - Porcelain Ceramic 2 Surf	\$471
D2643	Onlay - Porcelain Ceramic 3 Surf	\$478
D2644	Onlay - Porcelain Ceramic 4+ Surf	\$508
D2650	Inlay - Resin 1 Surf	\$351
D2651	Inlay - Resin 2 Surf	\$408
D2652	Inlay - Resin 3 Surf	\$421
D2662	Onlay - Resin 2 Surf	\$433
D2663	Onlay - Resin 3 Surf	\$452
D2664	Onlay - Resin 4+ Surf	\$471
D2710	Crown - Resin-Lab	\$227
D2720	Crown - Resin, High Noble Metal*	\$504
D2721	Crown - Resin, Base Metal	\$504
D2722	Crown - Resin, Noble Metal	\$526
D2740	Crown - Porcelain/Ceramic Substrate	\$550
D2750	Crown - Porcelain Fused to High Noble Metal*	\$514
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$514
D2752	Crown - Porcelain Fused to Noble Metal	\$526
D2780	Crown - 3/4 Cast High Noble Metal*	\$514
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$504
D2782	Crown - 3/4 Cast Noble Metal	\$516
D2783	Crown - 3/4 Porcelain/Ceramic	\$526
D2790	Crown - Full Cast High Noble Metal*	\$514
D2791	Crown - Full Cast Predominantly Base Metal	\$514
D2792	Crown - Full Cast Noble Metal	\$526
D2794	Crown - Titanium	\$514
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$19
D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post & Core	\$19
D2920	Re-cement or Re-bond Crown	\$19
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$132
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$149
D2932	Prefabricated Resin Crown	\$162
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$179
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$179
D2940	Protective Restoration	\$19
D2941	Interim Therapeutic Restoration - Primary Dentition	\$13
D2949	Restorative Foundation for an Indirect Restoration	\$0
D2950	Core Buildup, Incl. any Pins When Required	\$136
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$29
D2952	Cast Post & Core in Addition to Crown*	\$191
D2953	Each Additional Cast Post - Same Tooth*	\$60
D2954	Prefabricated Post & Core in Addition to Crown	\$155
D2957	Each Additional Prefabricated Post - Same Tooth	\$35
D2971	Additional Procedures to Construct New Crown Under Existing Partial	\$134
D2980	Crown Repair	\$61

FIXED BRIDGES

D6205	Pontic - Indirect Resin Based Composite	\$226
D6210	Pontic - Cast High Noble Metal*	\$478
D6211	Pontic - Cast Predominantly Base Metal	\$478
D6212	Pontic - Cast Noble Metal	\$490
D6214	Pontic - Titanium	\$478
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$478
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$478
D6242	Pontic - Porcelain Fused to Noble Metal	\$490
D6245	Pontic - Porcelain/Ceramic	\$490
D6250	Pontic - Resin, High Noble Metal*	\$478
D6251	Pontic - Resin, Base Metal	\$478
D6252	Pontic - Resin, Noble Metal	\$490
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$207
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$238
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	\$155
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$426
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$458
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$427
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$458
D6604	Retainer Inlay - Cast Predominately Base Metal, Two Surfaces	\$427
D6605	Retainer Inlay - Cast Predominately Base Metal, Three or More Surfaces	\$458
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$427
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$458
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$471
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$508
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces*	\$471
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces*	\$508
D6612	Retainer Onlay - Cast Predominately Base Metal, Two Surfaces	\$471
D6613	Retainer Onlay - Cast Predominately Base Metal, Three or More Surfaces	\$508
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$471
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$508
D6624	Retainer Inlay - Titanium	\$458
D6634	Retainer Onlay - Titanium	\$508
D6710	Retainer Crown - Indirect Resin Based Composite	\$227

D6720	Retainer Crown - Resin with High Noble Metal*	\$514
D6721	Retainer Crown - Resin with Predominately Base Metal	\$514
D6722	Retainer Crown - Resin with Noble Metal	\$526
D6740	Retainer Crown - Porcelain/Ceramic	\$550
D6750	Retainer Crown - Porcelain Fused to High Noble Metal*	\$514
D6751	Retainer Crown - Porcelain Fused to Predominately Base Metal	\$514
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$526
D6780	Retainer Crown - 3/4 Cast High Noble Metal*	\$514
D6781	Retainer Crown - 3/4 Cast Predominately Base Metal	\$514
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$526
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$526
D6790	Retainer Crown - Full Cast High Noble Metal*	\$514
D6791	Retainer Crown - Full Cast Predominately Base Metal	\$514
D6792	Retainer Crown - Full Cast Noble Metal	\$526
D6794	Retainer Crown - Titanium	\$514
D6930	Re-cement or Re-bond Fixed Partial Denture	\$31
D6980	Fixed Partial Denture Repair, by report	\$72

LABIAL VENEERS

D2960	Labial Veneer (Resin Laminate) - Chairside	\$387
D2961	Labial Veneer (Resin Laminate) - Lab	\$504
D2962	Labial Veneer (Porcelain Laminate) - Lab	\$550

DENTURES

D5110	Complete Denture - Maxillary	\$693
D5120	Complete Denture - Mandibular	\$693
D5130	Immediate Denture - Maxillary	\$741
D5140	Immediate Denture - Mandibular	\$741
D5211	Maxillary Partial - Resin Base	\$693
D5212	Mandibular Partial - Resin Base	\$693
D5213	Maxillary Partial - Cast Metal Framework w/Resin Bases	\$741
D5214	Mandibular Partial - Cast Metal Framework w/Resin Bases	\$741
D5221	Immediate Maxillary Partial - Resin Base	\$728
D5222	Immediate Mandibular Partial - Resin Base	\$728
D5223	Immediate Maxillary Partial - Cast Metal Framework w/Resin Bases	\$778
D5224	Immediate Mandibular Partial - Cast Metal Framework w/Resin Bases	\$778
D5225	Maxillary Partial - Flexible Base	\$763
D5226	Mandibular Partial - Flexible Base	\$763
D5281	Removable Unilateral Partial Denture	\$421
D5410	Adjust Complete Denture - Maxillary	\$33
D5411	Adjust Complete Denture - Mandibular	\$33
D5421	Adjust Partial Denture - Maxillary	\$33
D5422	Adjust Partial Denture - Mandibular	\$33
D5510	Repair Broken Complete Denture Base	\$82
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$79
D5610	Repair Resin Denture Base	\$96
D5620	Repair Cast Framework	\$96
D5630	Repair or Replace Broken Clasp - Per Tooth	\$114
D5640	Replace Broken Teeth - Per Tooth	\$75
D5650	Add Tooth to Existing Partial Denture	\$97
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$122
D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$266
D5671	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$266
D5710	Rebase Complete Maxillary Denture	\$255
D5711	Rebase Complete Mandibular Denture	\$255
D5720	Rebase Maxillary Partial Denture	\$255
D5721	Rebase Mandibular Partial Denture	\$255
D5730	Reline Complete Maxillary Denture (Chairside)	\$156
D5731	Reline Complete Mandibular Denture (Chairside)	\$156
D5740	Reline Maxillary Partial Denture (Chairside)	\$149
D5741	Reline Mandibular Partial Denture (Chairside)	\$149
D5750	Reline Complete Maxillary Denture (Laboratory)	\$222
D5751	Reline Complete Mandibular Denture (Laboratory)	\$222
D5760	Reline Maxillary Partial Denture (Laboratory)	\$222
D5761	Reline Mandibular Partial Denture (Laboratory)	\$222
D5850	Tissue Conditioning, Maxillary	\$65
D5851	Tissue Conditioning, Mandibular	\$65

ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18	and under) Class I and II	\$3,241
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over)	Class I and II	\$3,621
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development		\$205
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))		\$255
D8681	Removable Orthodontic Retainer Adjustment		\$0

MISCELLANEOUS

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$23
D9210	Local Anesthetic, Not in Conjunction with Operative Procs.	\$0

DHMO PLAN 4000 (IL - \$0 Office Visit Copay) SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective as of 1/1/2016



MISCELLANEOUS (cont.)

D9215	Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D9219	Evaluation for Deep Sedation or General Anesthesia	\$55
D9223	Deep Sedation/General Anesthesia - Each 15 Minute Increment	\$110
D9230	Analgesia, Nitrous Oxide	\$16
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$35
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$0
D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$0
D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D9910	Application of Desensitizing Medicament, Per Visit	\$9
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$9
D9951	Occlusal Adjustment - Limited	\$28
D9952	Occlusal Adjustment - Complete	\$127

*Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid as of January 1, 2016. The payment responsibilities are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate.

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The Guardian Life Insurance Company of America
And its Affiliates and Subsidiaries
First Commonwealth Insurance Company

Enrollment/Change Form
Page 1 of 4

Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: .		Group Plan Number: 467279		Benefits Effective: _____	
PLEASE CHECK APPROPRIATE BOX	Initial Enrollment	Re-Enrollment	Add Employee/Dependents	Drop/Refuse Coverage	Information Change
Increase Amount	Family Status Change				

Class: All Other Eligible & All Other Alden Mgmt Services	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer)
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About You: First, MI, Last Name:		Social Security Number ____ - ____ - ____	
Address	City	State	Zip
Gender: M F	Date of Birth (mm-dd-yy): ____ - ____ - ____	Phone: () - ____ - ____	
Email Address:	Are you married or do you have a spouse? Yes No	Date of marriage/union: ____ - ____ - ____	
	Do you have children or other dependents? Yes No	Placement date of adopted child: ____ - ____ - ____	

About Your Job:		Hours worked per week: _____	Job Title: _____
Work Status: Active Retired Cobra/State Continuation	Date of full time hire: ____ - ____ - ____		

About Your Family: Please include the names of the dependents you wish to enroll for coverage. A dependent is a person that you, as a taxpayer, claim; who relies on you for financial support; and for whom you qualify for a dependency tax exception. Dependency tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.			
Spouse (First, MI, Last Name)		Gender M F	Social Security Number ____ - ____ - ____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Phone: () - ____ - ____			
Child/Dependent 1:	Add Drop	Gender M F	Social Security Number ____ - ____ - ____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Phone: () - ____ - ____			Status (check all that apply) Student (post high school) Disabled Non standard dependent
Child/Dependent 2:	Add Drop	Gender M F	Social Security Number ____ - ____ - ____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Phone: () - ____ - ____			Status (check all that apply) Student (post high school) Disabled Non standard dependent

CEF2014-IL

Questions? Call the Guardian Helpline (888) 600-1600

www.guardianlife.com

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DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER
DATE FORM PUBLISHED: Sep 30, 2015

Child/Dependent 3: Address/City/State/Zip: Phone: () - - -	Add Drop	Gender M F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Child/Dependent 4: Address/City/State/Zip: Phone: () - - -	Add Drop	Gender M F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent

Drop Coverage: Drop Employee Drop Dependents The date of withdrawal cannot be prior to the date this form is completed and signed. Last Day of Coverage: ____ - ____ - ____ Termination of Employment Retirement Last Day Worked: ____ - ____ - ____ Other Event: _____ Date of Event: ____ - ____ - ____	Coverage Being Dropped: Dental Employee Spouse Child(ren)
Loss Of Other Coverage: I and/or my dependents were previously covered under <u>another insurance plan</u> . Loss of coverage was due to: Termination of Employment: ____ - ____ - ____ Divorce ____ - ____ - ____ Death of Spouse ____ - ____ - ____ Termination/Expiration of Coverage ____ - ____ - ____ Coverage Lost Dental	I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: Covered under another insurance plan Other _____ (additional information may be required)

Dental Coverage: You must be enrolled to cover your dependents. Check only one box. <div style="display: flex; justify-content: space-around;"> Employee Only EE & Spouse EE & Dependent/Child(ren) EE, Spouse & Dependent/Child(ren) </div> Option 1: DHMO PrePaid Option 2: PPO <ul style="list-style-type: none"> If Pre-Paid is elected, you must have a Primary Care Dentist (PCD). Please designate your PCD(s) by listing dental office location number(s) for each person. Please visit guardianlife.com for a list of providers. If you do not select a PCD, one will be assigned for you. Employee _____ Spouse _____ Child(ren) _____ I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply: <input type="checkbox"/> I am covered under another Dental plan <input type="checkbox"/> My spouse is covered under another Dental plan <input type="checkbox"/> My dependents are covered under another Dental plan
--

Signature I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage. Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet. If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request. Plan design limitations and exclusions may apply. For complete details of coverage, please refer to your benefit booklet. State limitations may apply. Your coverage will not be effective until approved by a Guardian or its designated underwriter. I hereby apply for the group benefit(s) that I have chosen above. I understand that I must meet eligibility requirements for all coverages that I have chosen above.

I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.

I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.

I attest that the information provided above is true and correct to the best of my knowledge.

Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially, false information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

The laws of New York require the following statement appear: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

SIGNATURE OF EMPLOYEE X _____

DATE _____

Enrollment Kit 467279, 0002, EN

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Nebraska, and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland : Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.