

QUALITY BUILDING SERVICES CORP.

Benefits Plan

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.

- Dental

Find a Provider Online. It's easy.

- Search by: specialty, languages spoken, and more
- Side-by-side comparisons of provider information
- Get maps and driving direction
- Save your search criteria for easy access ...and much more

Go to www.GuardianAnytime.com. Click on "Find a Provider"

Dental Plans

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Your Dental Plan	PPO	
Network	DentalGuard Preferred	
Your Monthly premium	\$38.63	
You and 1 dependent (Spouse or Child)	\$73.39	
You, spouse/domestic partner and child(ren)	\$122.07	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1000	\$1000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

YOUR GUARDIAN PLAN OFFERS:

If you enroll in Dental, you receive a Vision Access Plan at no additional charge. Visit any network doctor in your Access Plan and you'll receive discounts on exams, glasses, contacts and laser vision surgery.

No charge for preventive care (subject to plan limits)

Coverage of ViziLite Plus
early cancer detection
screening exams

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

Great selection of dentists
convenient to you - yours is likely in our network!

Find out if your dentist is in Guardian's network at www.GuardianAnytime.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY PLAN DETAILS

PPO

Plan pays (on average)

		In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	No Age Limits	
	Oral Exams	100%	100%
	Periodontal Maintenance	100%	100%
	Frequency:	Once Every 3 Months	
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Perio Surgery	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%

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 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. *General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings- restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network 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

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.

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.

For 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

Members Save on Eyewear Enhancements through Davis Network Discounts

Service	Patient Price	Average Discount
Routine Eye Examination	15% off provider's Usual and Customary	15%
Frames*		
Priced up to \$70 Retail	\$40	40%
Priced above \$70 Retail	\$40 plus 10% off the amount over \$70	28%
Lenses (Uncoated Plastic)*		
Single Vision	\$35	30%
Bifocal	\$55	27%
Trifocal	\$65	28%
Lenticular	\$110	31%
Lens Options (Add to Lens Prices Above)*		
Polarized Lenses	\$75	20%
High Index Lenses	\$55	40%
Glass Lenses	\$18	40%
Polycarbonate Lenses	\$30	50%
Blended Invisible Bifocals	\$20	60%
Intermediate Vision Lenses	\$30	80%
Scratch Resistant Coating	\$20	33%-66%
Standard Anti-Reflective Coating	\$45	20%
Ultraviolet Coating	\$15	25%
Solid Tint	\$10	30%
Gradient Tint	\$12	20%
Photogrey	\$35	20%-45%
Plastic Photosensitive	\$65	35%-55%
Contact Lenses		
Conventional	20% off Usual and Customary	20%
Disposable/Planned Replacement	10% off Usual and Customary	20%
Membership in Lens 1-2-3 mail order replacement contact lens program	Free Membership	Up to 50%
Other Products		
Laser Vision Correction**	Up to 25% off Usual and Customary	Up to 25%

Visit www.GuardianAnytime.com or contact member services at 877-393-7363 for more information

Additional discounts are not applicable at Walmart and Sam's Club locations. At Walmart and Sam's Club locations, members will receive their everyday low prices on frame, exam and contact lens purchases. For standard eyeglass lenses, you will receive the lower of the Davis Vision discounted charge or Walmart or Sam's Club's everyday low price. Discounts on exams and materials are available once every 12 months.

*Special lens designs, materials, powers, and frames may require additional cost. | ** Or receive an additional 5% discount on any advertised specials – whichever is lowest

Welcome to the College Tuition Benefits Rewards program! Your Plan Sponsor has worked with Guardian to make College Tuition Benefit services available to eligible participants enrolling in the following coverage/option(s):

Coverage	Option
Dental	PPO

Register Today!

You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at over 380 private colleges and universities across the nation. In 2016, over \$60 million in College Tuition Benefit Rewards were submitted by high school seniors. **Here is how it works:**

- Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities) for each line of Guardian coverage (up to four lines).
- Guardian Dental participants receive a bonus after year four.
- These rewards are yours for your lifetime and can be given to children, grandchildren, nieces, nephews and grandchildren.

The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

Print and cut out ID Card

College Tuition Benefits Rewards- ID Card	Register@ www.Guardian.CollegeTuitionBenefit.com User ID: Is Your Guardian Group Plan Number that can be found on your benefit booklet Password: Guardian The College Tuition Benefit 435 Devon Park Drive Building 400, Suite 410 Wayne, PA 19087 Phone: (215) 839-0119 Fax: (215) 392-3255
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THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

Group Insurance Enrollment/Change Form
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Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: QUALITY BUILDING SERVICES CORP.	Group Plan Number: 00488202	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX	Initial Enrollment	Re-Enrollment
Increase Amount	Family Status Change	Add Employee/Dependents
		Drop/Refuse Coverage
		Information Change

Class: _____	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 who relies on you for financial support; and for whom you qualify for a dependent tax exemption. Dependent 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 _____-_____-____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Address/City/State/Zip:		Date of Birth (mm-dd-yyyy)	
Phone: () -		____-____-____	
Child/Dependent 2:	Add Drop Gender M F	Social Security Number _____-_____-____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Address/City/State/Zip:		Date of Birth (mm-dd-yyyy)	
Phone: () -		____-____-____	

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

Drop Coverage: Drop Employee Drop Dependents The date of withdrawal cannot be prior to the date this form is completed 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.			
Your Monthly Premium	Employee Only	Employee and 1 Dependent	EE, Spouse & Dependent/Child(ren)
PPO	\$38.63	\$73.39	\$122.07

Signature I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage. I understand that the premium amounts shown above are estimations and are for illustrative purposes only. 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. 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 agree that my [employer] or my employer's designated administrator may deduct premiums from my pay apply premiums to my credit card or debit card add premiums to my dues withdraw premiums from my designated bank account, apply premiums to my credit or debit card if they are required for the coverage I have chosen. I acknowledge and consent to receiving electronic copies of insurance related documents, in lieu of paper copies, to the extent permitted by applicable law I voluntarily agree to that arrangement. I do not agree to that arrangement. I understand that I may change my election by providing Guardian 30 day prior written notice.
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I state 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 statement of claim containing any materially false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil Penalties, or denial of insurance benefits (Does not apply to Life Insurance).

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.)

READ YOUR CERTIFICATE CAREFULLY. CERTAIN WAR RISKS ARE NOT ASSUMED. IN CASE OF ANY DOUBT, CONTACT YOUR COMPANY FOR FURTHER EXPLANATION.

The following section applies to these coverage(s): Accident Coverage, Specified Disease Coverage, Hospital Indemnity Coverage:

NOTICE TO CONSUMER: THIS COVERAGE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

SIGNATURE OF EMPLOYEE X _____

DATE _____

Enrollment Kit 00488202, 0001, 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.

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 <u>N.H. Rev. Stat. Ann. § 638:20</u>
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.