Dental Coverage

HIGHLIGHTS:
- Choice of two dental plans
- Single and family coverage available

Find out if your dentist is in Guardian’s network at www.guardiananytime.com.
We’re ready to get working for you

If you’re like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we’re here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytime™, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytime™ at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!
Welcome

Dear Diocese of Gary Employee,

We’re pleased to tell you that Guardian will be our dental coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and reliable dental claims payment.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

Diocese of Gary

UNDERSTAND YOUR COVERAGE:

Plan Details This booklet explains your basic plan options. Your detailed certificate of coverage along with your dental card will be provided to you after you enroll.

dentist in minutes
Use our Provider Online Search at www.guardiananytime.com

Ask your plan administrator
Change your coverage or replace a lost ID card by contacting your plan administrator.

Understand your benefits
Please find a glossary for insurance terms included.
Why Dental Insurance?

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Dental insurance will keep these visits affordable and is a cost-effective way to minimize health care costs for you and your family. The American Dental Hygienists’ Association estimates that for every $1 spent on prevention or oral health care, as much as $8 to $50 is saved on future emergency and restorative procedures. Using your dental insurance for regular dental check ups can improve your health by helping you:

1) Prevent Oral Cancer: According to The Oral Cancer Foundation, someone dies from oral cancer every hour of every day in the United States alone. When you have your dental cleaning, your dentist is also screening you for oral cancer, which is highly curable if diagnosed early.

2) Prevent Gum Disease: Gum disease is an infection in the gum tissues and bone that keep your teeth in place and is one of the leading causes of adult tooth loss. If diagnosed early, it can be treated and reversed. If treatment is not received, a more serious and advanced stage of gum disease may follow. Regular dental cleanings and check ups, flossing daily and brushing twice a day are key factors in preventing gum disease.

3) Help Maintain Good Physical Health: Recent studies have linked heart attacks and strokes to gum disease, resulting from poor oral hygiene. A dental cleaning every six months helps to keep your teeth and gums healthy and could possibly reduce your risk of heart disease and strokes, as well as many other serious conditions.

4) Keep Your Teeth: Since gum disease is one of the leading causes of tooth loss in adults, regular dental check ups and cleanings, brushing and flossing are vital to keeping as many teeth as you can. Keeping your teeth means better chewing function and ultimately, better health.

5) Prevent the Need for Advanced Treatment: Your dentist and hygienist will be able to detect any early signs of problems with your teeth or gums that can be easily treatable. If these problems go untreated, root canals, gum surgery and removal of teeth could become the only treatment options available.

6) Have a Bright and White Smile: Your dental hygienist can remove most tobacco, coffee and tea stains. During your cleaning, your hygienist will also polish your teeth to a beautiful shine.

7) Protect your children’s health: Tooth decay is the most common chronic childhood disease, five times more common than asthma and results in a loss of 51 million school hours each year. Regular check ups can help prevent tooth decay in your children.

Sources: www.about.com, American Academy of Pediatrics
Dental Plans

Option 1: With your DHMO (Pre-Paid) 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.

<table>
<thead>
<tr>
<th>COMPARISON OF PLANS</th>
<th>Option 1: DHMO (Pre-Paid)</th>
<th>Option 2: PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>First Commonwealth</td>
<td>DentalGuard</td>
</tr>
<tr>
<td>Preferred/Your Monthly premium</td>
<td>$15.11</td>
<td>$26.83</td>
</tr>
<tr>
<td>You and 1 dependent (Spouse or Child)</td>
<td>$29.35</td>
<td>$53.37</td>
</tr>
<tr>
<td>You, spouse and child(ren)</td>
<td>$38.70</td>
<td>$81.02</td>
</tr>
<tr>
<td>Plan year deductible</td>
<td>In-Network $50, Out-Network $75</td>
<td>Preventive $3 per family Preventive 0</td>
</tr>
<tr>
<td>Charges covered for you (co-insurance)</td>
<td>In-Network 100%, Out-Network 80%</td>
<td>Preventive 50% Preventive 50%</td>
</tr>
<tr>
<td>Preventive Care (e.g. cleanings)</td>
<td>You pay a copay for each procedure. See “Plan Details” for more information.</td>
<td>Preventive 50% Preventive 50%</td>
</tr>
<tr>
<td>Basic Care (e.g. fillings)</td>
<td>covered procedure.</td>
<td>Preventive 50% Preventive 50%</td>
</tr>
<tr>
<td>Major Care (e.g. crowns, dentures)</td>
<td>“Plan Details”, for more information.</td>
<td>Preventive 50% Preventive 50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>Unlimited</td>
<td>$1000</td>
</tr>
<tr>
<td>Lifetime Orthodontia Maximum</td>
<td>Not Applicable</td>
<td>$1000</td>
</tr>
<tr>
<td>Office visit copay</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Dependent Age Limits</td>
<td>26</td>
<td>26</td>
</tr>
</tbody>
</table>

YOUR GUARDIAN PLAN OFFERS:

- **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.
- **National PPO Network:** Of more than 70,000 dentist locations.
- **Reliable claims payment:** Four days on average.
- **Find out:** If your dentist is in the Guardian network at www.guardiananytime.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>PLAN DETAILS</th>
<th>Option 1: DHMO (Pre-Paid)</th>
<th>Option 2: PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Plan Pays (on average)</td>
<td>Plan pays (on average)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Network only</td>
<td>In-network</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Cleaning (prophylaxis)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Frequency:</td>
<td>Once every 6 months</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Fluoride Treatments</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Limits:</td>
<td>No Age Limits</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Oral Exams</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Sealants (per tooth)</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>X-rays</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Care</td>
<td>Anesthesia*</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Fillings‡</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Periodontal Maintenance</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Frequency:</td>
<td>Once every 6 months (Standard)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Root Canal</td>
<td>50-80%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Scaling &amp; Root Planing (per quadrant)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Simple Extractions</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Surgical Extractions</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Major Care</td>
<td>Bridges and Dentures</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Inlays, Onlays, Veneers **</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Perio Surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Single Crowns</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Orthodontia</td>
<td>$1,000 Savings</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Limits:</td>
<td>Adults &amp; Child(ren)</td>
<td>50%</td>
</tr>
</tbody>
</table>

**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.**

**Please Note:** For your pre-paid plan, co-insurances relate to a fixed copayment amount, please refer to your plan schedule.

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

**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 payer 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 prosthetic 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.

- **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

**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
<table>
<thead>
<tr>
<th>UNDERSTANDING YOUR BENEFITS—DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic care</strong></td>
</tr>
<tr>
<td><strong>Co-insurance</strong></td>
</tr>
</tbody>
</table>
| **Claims Payment Basis** | **PPO**  
The usual cost for a specific dental service in your area. Amounts over the specified Usual Customary & Reasonable percentile (70%) are usually the patient’s responsibility.  
**In-Network**: Benefits are based on a negotiated contracted fee schedule, and no balance billing.  
**Out-of-Network**: Benefits are based on usual, reasonable, and customary rates for a given area. |
| **Deductible** | The amount of charges you and your family must pay each plan year before the plan pays you any benefits. |
| **Dental office number** | The unique identification number assigned to a dental provider. Each family member must select a primary care dentist and enter his or her number on the enrollment form. |
| **Family limit** | Maximum number of deductibles your family must pay in each plan year before this plan starts paying benefits for all covered family members for the rest of the plan year. |
| **In-network charges** | Charges for services provided by dentists who are a member of your plan’s network. |
| **Major care** | More complex dental services. Most plans consider crowns and dentures to be major care. |
| **Out-of-network charges** | Charges for services provided by dentists who are not members of your plan’s network. |
| **Plan year** | The 12 month period used to apply this plan’s deductible and annual maximum. Your plan’s plan year is the calendar year. |
| **PPO (Preferred Provider Organization)** | Plan that lets you visit any dentist, but usually provides better benefits for the services of PPO network dentists. PPO dentists have agreed to accept discounted fees as payment in full. |
| **Pre-determination Review** | Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over $300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable. This includes orthodontic treatment if your plan includes it. Pre-determination applies to PPO and Indemnity plans only. |
| **Pre-Paid Plan** | A plan that requires you to visit a network dentist. You pay a fixed copay to the dentist for each service performed. No benefits are available for services of dentists who are not in the network. |
| **Preventive care** | Most routine dental services. Most plans consider checkups and cleansings to be preventive care. |
**Maximum Rollover**

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan’s annual maximum.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

<table>
<thead>
<tr>
<th>PLAN ANNUAL MAXIMUM **</th>
<th>THRESHOLD</th>
<th>MAXIMUM ROLLOVER AMOUNT</th>
<th>IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT</th>
<th>MAXIMUM ROLLOVER ACCOUNT LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1000</td>
<td>$500</td>
<td>$250</td>
<td>$350</td>
<td>$1000</td>
</tr>
</tbody>
</table>

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

**NOTES:**

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2009, the claim activity in 2010 will be used and applied to MRAs for use in 2011.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.
Finding a dentist is easy

Go online – it just takes minutes!

The best way to save money through your dental plan is by seeing a dentist in your plan’s network. Guardian’s Find a Provider site makes it easy for you to search for a dentist that meets your needs.

Guardian’s Find a Provider site is available to you 24 hours a day, 7 days a week.

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of dentists’ information (ie. office status, distance)
- Create a quick-list of “favorite” dentists — for easy reference online
- Get maps and directions to a dentist’s office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

Just go to www.GuardianAnytime.com and click on “Find a Provider”. You can also find a dentist on the go from your smartphone – simply download our app.
**Notice of Privacy Practices**

**Effective April 14, 2003**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

The Guardian culture is based on an unwavering belief in integrity and fair dealing. We take pride in treating our customers and each other with dignity and respect. Protecting your personal health information is very important to us. We want you to have a clear understanding of how we use and disclose your individually identifiable information (PHI), so you can make informed decisions about your health care.

**Philosophy**

We are committed to protecting the privacy of your health information. This Notice describes our practices and policies regarding the use and disclosure of your health information, and how you can gain access to this information. It also explains your rights regarding your health information and your options for limiting its use and disclosure.

**Uses and Disclosures of Health Information**

We may use and disclose PHI for the following purposes:

**Appointments**

We may use or disclose PHI to the plan sponsor (usually your employer or group health plan) to assist your health care provider in your diagnosis and treatment. For example, we may use your PHI to help your plan sponsor coordinate your care.

**Payment**

We may use and disclose PHI to recover our costs for services provided to you. For example, we may use and disclose PHI to determine what your benefits will cover and how much you must pay.

**Health Care Operations**

We may use and disclose PHI for our own administrative and operational purposes. For example, we may use it to improve the quality of our services and how they are provided to you.

**Plan Sponsors**

We may use or disclose PHI for administrative and operational purposes to the plan sponsor of your group health plan.

**Appointment Reminders**

We may use or disclose PHI to contact you and remind you of appointments.

**Tools and Resources of PHI**

We may use or disclose PHI to provide information about our services and how you can access them. For example, we may use PHI to help you decide which services are best for you.

**Access to PHI**

You have the right to access your PHI. You can request access to your PHI by writing to the address on the back of this Notice. We will provide you with an access form if you need it.

**Amendments**

You have the right to amend your PHI if you believe it is incorrect or incomplete. You can request an amendment by writing to the address on the back of this Notice. We will provide you with an amendment form if you need it.

**Disclosures**

We will disclose PHI to the following entities:

- Healthcare personnel
- Plans sponsors
- Medical underwriters
- Government agencies
- Researchers

**Your Rights**

You have the following rights with respect to your PHI:

- Access
- Amendment
- Restriction
- Confidential communications
- A copy of this Notice

**Grievances**

You have the right to file a complaint if you believe your rights have been violated. You can file a complaint by writing to the address on the back of this Notice. We will not discriminate against you for filing a complaint.

Our responsibility is to protect your health information and to provide a clear understanding of how we use and disclose it. We want you to have confidence in our practices and policies. If you have any questions or concerns, please contact us.
**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. Information acquired or maintained by us as a result of you having Life or Disability coverage with Guardian is not considered PHI.

The Guardian Life Insurance Company of America
7 Hanover Square, New York, NY 10004-4025

**Health Related Benefits and Services.** Guardian may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

**Release of Information to Family and Friends.** Guardian may release your PHI to a friend or family member identified by you, that is helping you pay for your health care, or who assists in taking care of you.

**Disclosures Required by Law.** Guardian will use and disclose your PHI when we are required to do so by law. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement officer.

**Health Oversight Activities.** Guardian may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**Lawsuits and Similar Proceedings.** Guardian may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a request by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement officer:

* Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
* Concerning a death we believe might have resulted from criminal conduct;
* Notifying a person regarding potential exposure to a communicable disease;
* Notifying a person regarding the potential risk for spreading or contracting a disease or condition; and
* Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence), however, we will only disclose this information if the insured agrees or we are required or authorized by law to disclose this information.

**Serious Threats to Health or Safety.** Guardian may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Public Health Risks.** Guardian may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding the potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); and
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Voluntary Health Risks.** Guardian may disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Other Uses and Disclosures.** In addition to the above described uses and disclosures of your PHI, Guardian may also use and disclose your PHI for purposes not described in this notice, but required or permitted by law.

**Additional Rights.** If you have a legal right to consent, Guardian will use and disclose your PHI when we are required to do so by law. If you have not consented, Guardian will use and disclose your PHI only as described in this notice.

**Revised: 03.15.22.** Guardian may release PHI to inform you of health related benefits or services that may be of interest to you.
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. Information acquired or maintained by us as a result of you having Life or Disability coverage with Guardian is not considered PHI.

The Guardian Life Insurance Company of America  
7 Hanover Square, New York, NY 10004-4025

Military.

Guardian may use and disclose your PHI if you are a member of United States or foreign military forces (including veterans) and if required by the appropriate military command authorities.

National Security.

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 federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates.

Guardian 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. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation.

Guardian may release your PHI for workers' compensation and similar programs.
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. Information acquired or maintained by us as a result of you having Life or Disability coverage with Guardian is not considered PHI.

The Right to Receive Communications of PHI by Alternative Means or at Alternative Locations

You have the right to request that Guardian communicate with you about your health and related issues 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 will accommodate all reasonable requests made in writing. Your request to receive PHI by alternative means or at alternative locations must clearly state that your life could be endangered by the disclosure of all or part of your PHI.

The Right to Request Restrictions

You have the right to request a restriction or limitation 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 limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend), or for notification purposes as described in this notice.

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).

Any Request for a restriction on our use and disclosure of your PHI must be made in writing. 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.

The Right to Provide an Authorization for Other Uses and Disclosures

Guardian will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization, except under the following circumstances:

- We have taken action in reliance upon your authorization before we received your written revocation;
- You were required to give us your authorization as a condition of obtaining coverage; or
- If state law gives us the right to contest a claim under your policy.

The Right to Obtain a Paper Copy of This Notice

Upon request, you have a right to a paper copy of this notice, even if you have agreed to accept this notice electronically.

The 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 file a complaint using the contact information below. You will not be penalized for filing a complaint.
Thank You

Please return your completed form to the office at your place of employment.

Please remember to:

- Check the coverage you want
- Include your social security number
  (and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form.
- Sign and date form

You chose...

**Dental:**
- Option 1: DHMO (Pre-Paid)
- Option 2: PPO

Date form submitted:
Make the most of your Guardian benefits at
www.GuardianAnytime.com

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up amounts and services covered in your plan
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* claim is available online
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

Diocese of Gary
Dental Benefit Plan

*Not available to members with Guardian pre-paid Dental/DHMO plans (including FirstCommonwealth and Managed DentalGuard plans).