



Summary of Benefits

Dental Benefit Summary

Group ID:	00356912	Coverage Type:	Voluntary
Group Name:	TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC. DBA VOTRAN	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 2 month(s)	As of Date:	04/21/2021

Plan Information

Your dental networks is: Dental - DentalGuard Pref - Dayton/Gainesville

Coverage Information

	Dental - DentalGuard Pref - Dayton/Gainesville	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Dayton/Gainesville network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,250
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?

	Dental - DentalGuard Pref - Dayton/Gainesville	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Dayton/Gainesville network will be most cost effective.	
	In Network	Out of Network
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	80%	50%
Fillings (one surface)	80%	50%
General Anesthesia ¹	80%	50%
Scaling & Root Planing (per quadrant)	80%	50%
Simple Extractions	80%	50%
Major Care:	50%	25%
Dentures	50%	25%
Single Crowns	50%	25%
Orthodontia	Not Available	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000



¹ Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Vision Benefit Summary

Group ID:	00356912	Coverage Type:	Voluntary
Group Name:	TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC. DBA VOTRAN	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 2 month(s)	As of Date:	04/21/2021

Plan Information

Coverage Information

What's the most cost-effective way to use vision benefits?

Co-Pay

First service provided

Exams

Materials

How often can I obtain service?

Eye exams

Lenses

Single vision lenses

Lined bifocal lenses

Lined trifocal lenses

Lenticular lenses

What's the most cost-effective way to use vision benefits?

Contact Lenses

Conventional

Planned replacement

Medically necessary

Evaluation and fitting

Frames

Lens & Frame Allowance

Cosmetic Extras

Laser correction surgery

Hearing

Vision and General Exclusions

Important information

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

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

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-DAVIS-05-VIS et al.

Laser Correction Surgery

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



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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00356912	Member Coverage Type:	Non Contributory
Group Name:	TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC. DBA VOTRAN	Dependent Coverage Type:	Contributory
		Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 2 month(s)	As of Date:	04/21/2021

Coverage Information

Employee Volume Amount	Flat \$10,000
Spouse Volume Amount	Flat \$5,000
Child Volume Amount	Ages 14 Days to 6 Months Flat \$500 Ages 6 Months to 23 Years Flat \$2,000
Maximum Amount	\$10,000
Cutbacks	35% at age 70 50% at age 75

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

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

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

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

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

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

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

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

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



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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00356912	Member Coverage Type:	Non Contributory
Group Name:	TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC. DBA VOTRAN	Class:	0001 ALL ELIGIBLE EMPLOYEES
		As of Date:	04/21/2021
Waiting Period:	1st of the month following 2 month(s)		

Coverage Information

Volume Amount	Flat \$10,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$10,000
Cutbacks	35% at age 70 50% at age 75

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

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

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for

employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

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

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

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

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



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Summary of Benefits

Voluntary Life Benefit Summary

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Group Name:	TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC. DBA VOTRAN	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 2 month(s)	As of Date:	04/21/2021

Coverage Information

Employee Volume Amount	Plan A Flat \$25,000 Plan B Flat \$50,000 Plan C Flat \$75,000 Plan D Flat \$100,000
Spouse Volume Amount	50% of the Employee's volume to a maximum of \$50,000
Child Volume Amount	Ages 14 Days to 6 Months Flat \$500 Ages 6 Months to 23 Years 10% of Employee's volume to a maximum of \$10,000
Member Guaranteed Issue	Ages 65-69 \$10,000 Ages 70 and up, evidence of insurability is required for all amounts.
Spouse Guaranteed Issue	
Child Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions	If you decide to purchase more than the amount guaranteed by

as part of purchasing insurance?

Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company?

You may be able to port this coverage to a group trust plan.

Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

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

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

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

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

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

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

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

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



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