

Guardian Dental Plan

Benefit Description	Standard Coverage	High Plan Coverage (with orthodontics)
Calendar Year Deductible	\$ 50.00 per individual, 3 per family maximum (waived for Preventive Services)	
Calendar Year Maximum Benefit	\$1,500 Annual maximum in-network, \$1,000 out of network Maximum Rollover: Guardian will rollover up to \$250 (out of network) or \$350 (in network) of each members unused annual maximum. See plan details for requirements.	\$2,000 Annual maximum in-network, \$1,500 out of network Maximum Rollover: Guardian will rollover up to \$350 (out of network) or \$500 (in network) of each members unused annual maximum. See plan details for requirements.
Preventive Services:	100% paid, no deductible Services include but are not limited to*: Routine oral examinations, cleanings, X-rays, space maintainers, topical fluoride applications (children only). Limited to one exam per six month period	
Basic Services:	80% paid after deductible Services include but are not limited to *: Fillings, restorative services and diagnostic services.	90% paid after deductible in-network 80% paid after deductible out-of-network Services include but are not limited to *: Fillings, restorative services and diagnostic services, repair of crowns, endodontics, root canals, periodontic services.
Major Services:	50% after deductible Services include but are not limited to*: Inlays, fixed or removable appliances, partial or full dentures, root canals, oral extractions and oral surgery, crowns, fixed bridgework, and gum disease treatment.	60% paid after deductible in-network 50% paid after deductible out-of-network Services include but are not limited to*: Inlays, fixed or removable appliances, partial or full dentures oral extractions and oral surgery, crowns, fixed bridgework.
Orthodontic Service:	N/A	50% in-network & out-of-network \$1,000 Lifetime maximum for child(ren) under age 19
Monthly Premium	\$26.40 Employee coverage \$64.43 Employee + Spouse \$64.43 Employee + Child(ren) \$77.35 Family coverage	\$30.89 Employee coverage \$75.38 Employee + Spouse \$84.74 Employee + Child(ren) \$99.86 Family coverage
<p>If you decline enrollment for yourself or your dependents (including your spouse) because of other insurance, you may in the future be able to enroll yourself and your dependents in the dental plan. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll your dependents. In both situations it is necessary for you to submit an individual application within 30 days after the other coverage ends, or within 30 days of the marriage, birth, adoption or placement for adoption. www.glic.com</p> <p>*Please refer to policy manual for specific coverage information, limitations and exclusions.</p> <p>Open enrollment-May 1st of each year.</p>		

Vision Care Plan

Benefit Description	Coverage
Eye Exams VCP Network Provider	\$10.00 co-pay Limited to once every 12 month period
Frames and Lenses VCP selection and lab	\$15.00 co-pay Lenses are limited to once every 12 month period Frames are limited to once every 24 month period
Contact Lenses VCP Network Provider	\$150.00 paid toward exam and lenses
Monthly Premiums Effective 1/1/08	\$6.64 Single Coverage \$18.98 Family Coverage
<p>See Plan Booklet for reimbursement schedule for non-Vision Care Plan doctors. See booklet for exclusions and limitations. www.compbenefits.com</p> <p>Participation is required for 12 months. Open enrollment-May 1st of each year.</p>	

Supplemental Plans Available through Payroll Deduction

Supplemental Plans	
20 year Term Life	(Renewable to age 70) Spouse and children's riders available
Universal Life	Easy issue up to \$100,000 Spouse and children's riders available
Cancer/Specified Disease	Cancer plus 21 other diseases covered. Includes Intensive Care Pays up to \$20,000 per year for Chemotherapy and Radiation Pays up to \$5,000 one-time benefit for Initial Diagnosis of Cancer (other than skin cancer) Pays Directly to You!
Accident Policy	Benefits for covered injuries on and off the job. Benefits paid directly to you!
Short Term Disability	Includes disability for pregnancy.
Lincoln Financial Long Term Disability	Affordable group rates Benefits begin on the 180 th calendar day Benefits payable to age 65 Benefits are 60% of weekly earnings (Maximum Benefit: \$5,000/month)
Shop Policy	Helps you bridge the gap between your group health insurance coverage and the co-insurance you may have to pay. Benefits paid directly to you!
Florida Combined Life	\$20,000 Life and AD&D \$4.60 per month

*** Easy Underwriting
 *** Payroll Deducted
 *** All plans are portable

*** Contact: Ron Sedlacek (850) 477-8086
 *** Paid for with pre-tax dollars where appropriate

Our Cafeteria Plan Saves Money

Take advantage of our Section 125 Cafeteria Plan! This plan will allow employees to save money by paying for their eligible medical benefits with pre-tax dollars, so the amount you pay for Social Security Income taxes and Federal Income taxes may be reduced.

Insurance benefits are available to all full time employees the first of the month following three months of employment with Landrum Professional. A full time employee is one that works 30 or more hours per week consistently. (Ex. An employee hired on March 10, would be eligible July 1st; an employee hired on March 1, would be eligible June 1.) Temporary, substitute or seasonal employees are not considered full-time employees, even if their hours exceed 30 hours per week for a portion of a work year. Employees whose worksite employer changes his/her status from part time, seasonal, temporary, or substitute to a regular full time employee, must notify Landrum Professional within three months of the status change to be eligible for insurance the first of the month following 3 months of full time regular employment. When notice is given after three months, employees will be eligible for insurance during the next open enrollment following three months of full time regular employment.

Insurance deductions begin the month prior to the effective date of coverage, except for the above supplemental plans.

These pages represent a summary of the benefits provided by each plan, and are not intended to constitute a complete description of each plan. Refer to the Plan Description and policy terms for the benefits provided and for the exclusions and limitations of each plan.