

Welcome

Dear TRIANGLE TECH, INC. Employee,

We are happy to have been chosen by TRIANGLE TECH, INC. to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

2018-71635 (12/20)



Dental Benefit Summary

Group Number: G-00576031

A Dental insurance plan through Guardian:

- · Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- · Helps offset potentially expensive dental procedures, such as crowns and fillings
- · Gives you access to one of the nation's largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian's find a provider mobile app
- · Fast and easy claim payments

About Your Benefits:

PPO Freedom plan, you pay less out-of-pocket when you select either a DentalGuard (DG) Alliance (greater discounts) or DentalGuard (DG) Preferred provider. Out-of-network benefits are limited to our PPO fee schedule.

PPO			
DG Alliance	DG Preferred	None	
Tier I	Tier 2	Tier 3	
\$0	\$50	\$50	
3 per family (applies to all levels)			
Not applicable Preventive Preventi			
Tier I	Tier 2	Tier 3	
100%	100%	100%	
100%	80%	80%	
60%	50%	50%	
Not Covered (applies to all levels)			
\$1000 (applies to all levels)			
	Yes (applies to all levels)		
\$500			
\$250			
\$350			
\$1000			
Not Applicable (applies to all levels)			
26 (applies to all levels)			
	Tier I \$0 3 per fa Not applicable Tier I 100% 100% 60% Not	Tier I	

A Sample of Services Covered by Your Plan:

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			Plan pays (on average) In-network Out-of-network		
			In-network		
		Tier I	Tier 2	Tier 3	
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	
	Frequency:	2 in 12 Months (applies to all tiers)			
	Fluoride Treatments	100%	100%	100%	
	Limits:	Under A	ge 19 (app	lies to all tiers)	
	Oral Exams	100%	100%	100%	
	Sealants (per tooth)	100%	100%	100%	
	X-rays	100%	100%	100%	
Basic Care	Anesthesia*	100%	80%	80%	
	Fillings‡	100%	80%	80%	
	Periodontal Maintenance	100%	80%	80%	
	Frequency:	2 in 12 r	2 in 12 months (applies to all levels)		
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	80%	80%	
	Root Canal	100%	80%	80%	
	Scaling & Root Planing (per quadrant)	100%	80%	80%	
Major Care	Bridges and Dentures	60%	50%	50%	
	Dental Implants	60%	50%	50%	
	Inlays, Onlays, Veneers**	60%	50%	50%	
	Perio Surgery	60%	50%	50%	
	Simple Extractions	60%	50%	50%	
	Single Crowns	60%	50%	50%	
	Surgical Extractions	60%	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 filing 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. *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.

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, 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: 00572676

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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 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.
- 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

Dental Maximum Rollover®

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your 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.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,000 in total

^{*} 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.

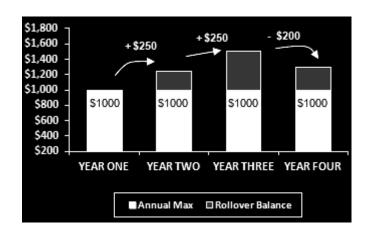
Here's how the benefits work:

YEAR ONE: Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

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

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 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

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. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply.

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Policy Form #GP-1-DG2000, et al.



Guardian Freedom[™] Dental Plan gives you more freedom of choice.

The importance of proper dental care can never be overemphasized. A routine dental examination can detect symptoms of many diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Good dental health correlates directly with overall health. That's why, when looking at your dental care options, it's important to choose wisely.

To get the most savings and choice out of your dental plan, a strong network is key. Not only does Guardian Freedom give you access to one of the nation's largest dental networks, it also gives you the option to choose a smaller, more select network that offers even greater savings. This choice of networks makes the Guardian

Freedom Plan one of the most flexible dental programs ever devised. Even better, you don't have to decide which network to use when you enroll. You can go in-network to get the most value from your plan, or go to any dentist outside the network and still get Guardian Freedom benefits.

Your Guardian Freedom choices

DentalGuard Alliance	DentalGuard Preferred	Out-of-network
A more select group of dentists Even bigger savings on each procedure or treatment	 More choice of dentists with one of the largest PPO networks in Pennsylvania 4,200 dentists at more than 9,800 locations in Philadelphia Average savings of 30% less than standard dentist charges 	 See any dentist at any location Pay standard, non-discounted rates

The Guardian Freedomsm Plan

A comparison between networks and out-of-network



The following chart shows a realistic example of what you can expect to pay for a common procedure, for each of the network options in the Guardian Freedom Plan.

Sample cost savings for a crown

	Alliance Network	DentalGuard Preferred	Out-of- network	
Dentist charges	\$983.00	\$983.00	\$983.00	
Discounted fee agreement with Guardian	\$536.00	\$605.00	No fee agreement with Guardian	In this example, you save up to \$447.00 off the in-network dentist's submitted charge if you see a dentist in the Alliance network.
Plan pays	\$321.60 60% of agreed fee	\$302.50 50% of agreed fee	\$491.50 50% of dentist charge	When you go in-network, Guardian pays based on the fees we have agreed on with the dentist. However, because dentists' fees can vary significantly, when you go out-of-network Guardian pays based on a "reasonable and customary" (R&C) fee that's based on what most dentists in your area charge for the same procedure. This helps control the costs of your plan.
Your total cost	\$214.40	\$302.50	\$491.50	When you go out-of-network, you might be "balance billed" — your dentist can charge the difference between the plan payment and his/her submitted charge. In this example, going out-of-network costs you \$277.10 more than if you received the same service from a dentist in the Alliance network.
By going in-network, YOU SAVE	\$277.10	\$189.00		

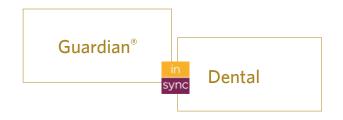
For crowns, fillings and scores of dental procedures and services, you'll save more by going in-network — and you'll save the most by choosing a DentalGuard Alliance dentist.



For more details, please refer to your Enrollment Kit.

Whichever network you choose, with the Guardian Freedom Plan, you'll be able to take advantage of **Guardian Anytime**®, our 24/7 online resource, where you can enroll, access forms, check claim status, view plans, search for dentists and more.





A Dental Plan That Can Help Manage Long-term Costs

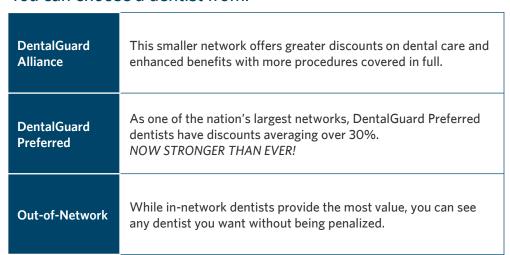
Guardian FreedomSM

With Guardian Freedom, your dental benefits will be increased while costs remain manageable – all with a carrier you can trust.

This plan combines the expansive, competitively discounted DentalGuard Preferred network with our DentalGuard Alliance network for greater savings on covered procedures.

Plus, as a Point-of-Service plan, the plan is easy to understand and use.





You can easily find a DentalGuard Preferred or Alliance dentists online at www.GuardianAnytime.com or through the Guardian AnytimeSM Mobile app



GuardianAnytime.com

Easy, convenient online tools to manage benefits, anytime, anywhere.

You can:

- · Find a dentist
- · Access claims status
- Download forms and materials
- Oral health support and guidance

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form #GP-1-DG2000, et al

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