



**What if  
you needed  
dental work  
performed...**



EXAM



CLEANING



X-RAY



FILLING

**Would you have to pay for it out-of-pocket?**

Benefit coverage for  
CKE Restaurants Holdings, Inc.

## Group PPO Dental Value Plan

With Value Plan, in-network and out-of-network benefits are paid at the same coinsurance percentages, but all benefits are paid based on the PPO fee schedule. So, when you are seeking in-network care, you can receive the regular PPO savings. If you choose to seek out-of-network care, you'll still receive substantial benefits, although the dentist may charge up to their regular fee.



<b>Group PPO Dental (Value Plan)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Claim Payment Basis</b>	Negotiated Fee Schedule	Negotiated Fee Schedule
<b>Calendar Year Deductible Per Individual</b>	\$50 deductible (inclusive)	\$50 deductible (inclusive)
<b>Family Limit</b>	None	None
<b>Waive for</b>	Preventive	Preventive
<b>Annual Benefit Maximum Per Individual</b>	\$1,000 (inclusive) <sup>‡</sup>	\$1,000 (inclusive) <sup>‡</sup>
<b>Maximum Rollover</b>		
Threshold	\$500	\$500
Rollover Amount	\$250	\$250
Account Limit	\$1,000	\$1,000
<b>Dependent Age Limits</b>	26/26	26/26
<b>Preventive Care</b>		
<b>Oral Exam</b>	80% (1 in 6 months)	80% (1 in 6 months)
<b>Cleaning (Prophylaxis)</b>	80% (1 in 6 months)	80% (1 in 6 months)
<b>Fluoride Treatment</b>	80% (Under age 19)	80% (Under age 19)
<b>Sealants (per tooth)</b>	80% (Under age 16)	80% (Under age 16)
<b>X-rays (full mouth series once/36 months)</b>	80%	80%
<b>Basic Care</b>		
<b>General Anesthesia*</b>	60%	60%
<b>Fillings<sup>†</sup></b>	60%	60%
<b>Space Maintainers/Harmful Habit Appliances</b>	60%	60%
<b>Repair &amp; Maintenance of Crowns, Bridges &amp; Dentures</b>	60%	60%
<b>Simple Extractions</b>	60%	60%
<b>Surgical Extractions</b>	60%	60%
<b>Major Care</b>		
<b>Root Canal</b>	50%	50%
<b>Periodontal Maintenance**</b>	50% (1 in 6 months)	50% (1 in 6 months)
<b>Perio Surgery</b>	50%	50%
<b>Scaling and Root Planing</b>	50%	50%
<b>Bridges &amp; Dentures</b>	50%	50%
<b>Replacement age for Prosthetic Devices and Appliances</b>	5 Years Old	5 Years Old
<b>Single Crowns</b>	50%	50%
<b>Inlays, Onlays and Veneers***</b>	50%	50%
<b>TMJ (Texas Residents Only)</b>	Included under Major for TX Residents only	Included under Major for TX Residents only
<b>Implants</b>	Not Covered; discounts may apply	Not Covered
<b>Orthodontia</b>	Not Covered; discounts may apply	Not Covered
<b>Waiting Periods</b>		
Preventive	None	None
Basic	3 Months	3 Months
Major	12 Months	12 Months

### Bi-Weekly Premiums

Employee	\$9.90
Employee + Spouse	\$20.28
Employee + Child(ren)	\$28.25
Employee + Family	\$38.27

**This is only a partial list of dental services.** The certificate of benefits will show exactly what is covered and excluded. \*General Anesthesia - restrictions apply. <sup>†</sup>Fillings - Restrictions may apply to composite fillings. \*\*The total number of cleaning and periodontal maintenance procedures are limited to 2 combined in a 12 month period. \*\*\*Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. <sup>‡</sup>Subject to maximum rollover.

### Maximum Rollover

With our Maximum Rollover feature, part of a covered individual's unused annual maximum may be rolled over into his or her personal Maximum Rollover Account for use in future years.

- If during a benefit year a covered individual 1) submits at least one claim for covered services for which a benefit payment is issued in excess of any deductible or copay and 2) does not exceed the Maximum Rollover Threshold, then the Maximum Rollover Amount will be rolled over into his or her personal Maximum Rollover Account.
- Even better, if the covered person uses preferred provider services exclusively during the benefit year, we will increase the amount credited to his or her Maximum Rollover Account.
- The covered individual's personal Maximum Rollover Account may never exceed the Maximum Rollover Account Limit.
- The covered individual's personal Maximum Rollover Account is used for additional coverage when his or her annual maximum is exhausted.
- Each covered employee will receive an annual statement detailing his or her Maximum Rollover Account and those of his or her dependents.

### Network Discounts on Non-Covered Services

With our Value plans, employees and dependents can save money on many dental services not covered by their plan by using a DentalGuard® Preferred PPO dentist in many states. For example, network dentists provide significant discounts on:

- Orthodontia, when not covered by the plan (average of 25% off of usual charges)
- Implants, when not covered by the plan (average of 16% off of usual charges)
- Services not covered due to plan limitations such as Annual Maximum and frequency limits (average of 30% off of usual charges)

With more than 87,000 dentists at over 200,000 locations nationwide, finding a dentist is easy! Just visit [GuardianLife.com](http://GuardianLife.com) and select 'Find a Provider.'

### SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Depending on plan type, deductibles, waiting periods, per service frequency limitations, and payment limits may apply.

The list of dental services shown is not exhaustive.

This plan does not pay for:

- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition
- Cosmetic or experimental treatments, unless specifically listed in the PRIMARY BENEFITS section of this brochure as a covered cosmetic service
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws
- Treatment for which no charge is made
- Replacing an appliance or prosthetic device with a like appliance or device, unless: a) it is damaged while in the covered person's mouth in an injury suffered while insured, and can't be fixed; or b) can't be made usable and meets the replacement age criteria selected by the employer
- The replacement of extracted or missing third molars/wisdom teeth
- Treatment of congenital or developmental malformations, or the replacement of congenitally missing teeth
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations
- Any procedure performed in conjunction with, as part of, or related to a non-covered procedure
- Any procedure not specifically listed as a covered benefit

**Rev. 11/16. PPO Dental Plan (Value Plan) policy form GP-1-DG2000 underwritten by The Guardian Life Insurance Company of America. This material is valid as long as information remains current, but in no event later than December 31, 2017.** Group PPO Dental policy is underwritten by the Guardian Life Insurance Company of America and offered through Allstate Benefits. DentalGuard® is a registered service mark of The Guardian Life Insurance Company of America (“Guardian”), used with permission. Guardian is not responsible for the statements in this material. Allstate Benefits is authorized to offer certain DentalGuard® policies underwritten by Guardian, but Allstate Benefits is not an affiliate or related entity of Guardian.