

# ExecuPharm, Inc.

Pharmaceutical, Biotech and CRO Recruitment and Placement

## Dental Plan

Effective June 1, 2009

Carrier	Guardian
	In-Network / Out-of-Network
Deductible	\$50
Waived for Preventive	Yes
Annual Maximum	\$1,500
Claim Payment Basis	Fee Schedule / Fee Schedule
Preventive & Diagnostic	100% / 100%
Basic Services	90% / 80%
Major Services	60% / 50%
Endodontics - Covered Under	Basic Services
Periodontics - Covered Under	Basic Services
Orthodontics	50% / 50%
Deductible	None
Lifetime Maximum	\$1,000
Additional Benefits:	
Plan includes Maximum Rollover	Yes
Plan Includes All White Fillings	Yes
Perio Cleanings/Maintenance Per Year	2
Includes Implants	Yes - Under Major Services

The plans shown may not cover all of your dental care expenses.  
 This information has been extracted from and is subject to the terms and conditions  
 of all applicable group contracts and member handbooks.

**Questions? Call Employee Benefit Services**

**1-866-974-2760**

