



The Guardian Life Insurance Company of America  
10 Hudson Yards, New York, New York 10001

## Group dental insurance policy

### Welcome to Guardian!

Thank you for choosing Guardian for your dental insurance needs. We're very pleased to be able to offer this coverage to your members.

### This is the group policy

We have issued this policy based upon your application and payment of the required premiums. This policy is part of your Dental Plan and contains details about our agreement to provide your members with insurance coverage.

We're here to help. Contact us if you have any questions or want to talk about any part of your Plan.

**1-800-627-4200**

**guardianlife.com**

**Planholder:** JEFFERSON COUNTY BOARD OF EDUCATION

**Plan Number:** 00098001

**Effective Date:** July 1, 2026

**Delivered In:** Georgia

Signed for Guardian by:

Matthew Darula, Head of Product,  
Strategy and Offerings

Harris Oliner, Senior Vice President  
& Corporate Secretary

Dividends apportioned annually, if payable

P080.0003



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## ***All Options***

### **What makes up your Dental Plan**

Your Plan is a legal contract between you and us. It explains what we've agreed to do. It also explains what you've agreed to do.

Your Plan consists of the following:

- This group insurance policy
- The Member Guide
- The Covered Services Guide
- Your application for group insurance
- The Schedule of Premium Rates

Your Plan may also include the following items:

- Any enrollment forms or proof of insurability provided by your members and their families - this refers to any personal or health-related information needed to assess whether we'll offer them coverage
- Optional benefit riders attached to the Member Guide
- Other riders or amendments that modify the policy or Member Guide

P080.0004

## ***All Options***

### **Policy basics**

When we mention "you" and "your" in this policy, we're referring to you, the Planholder listed on the first page. Where we say "we" and "us", we're referring to The Guardian Life Insurance Company of America. We usually refer to ourselves simply as Guardian.

Member refers to a person who works for you and whose income is reported to the Internal Revenue Service or a state for tax purposes.

Only members that meet the eligibility requirements described in the Member Guide and who belong to a class listed in **Your coverage selections** can be covered under this policy.

You may call members of your organization employees, associates, team members, subscribers, participants, retirees or some other similar name. We refer to them as "members" in this policy.

The eligibility rules for family members are also explained in the Member Guide.

P080.0006

## ***All Options***

### **How this policy is organized**

This policy has five sections. Here's what you'll find in each section:

- **Things you must do**  
We'll start by explaining what you must do to get your members covered. These items are essential to securing coverage and keeping it in place.
- **Things you can do**  
This section will explain what you may choose to do.
- **Things we must do**  
Here, we'll explain what we've agreed to do.

- **Things we can do**  
This is where we'll explain what we may elect to do.
- **Your coverage selections**  
This lists the classes eligible for coverage and their benefit options.

**When this coverage starts**

This policy starts at 12:01 AM Eastern Standard Time on the effective date listed on the first page.

**When this coverage ends**

This policy has been issued for a term of one year. It will automatically renew for another year at the end of every 12-month period unless we cancel it, or you cancel it. If the policy is cancelled, it will end at 11:59 PM Eastern Standard Time on the day before the cancellation takes effect.

P080.0008

## **All Options**

### **Things you must do**

#### **Give us complete and accurate information**

You must provide complete and accurate information when applying for this policy. If you give us incomplete, inaccurate, or false information, we could challenge a claim. We can also challenge whether this policy is valid. Our rights are more fully explained under the **Deny a claim or rescind this policy** section.

Members may also need to give us information when enrolling for coverage. This information also needs to be complete and accurate. See the **Be sure to give us complete and accurate information** section of the Member Guide for more information.

#### **Keep us up to date**

You'll have to periodically provide us with information we need to calculate premiums and meet our commitments under this policy. This may include information regarding:

- Current members and any eligible family members
- Benefit amounts
- Salary, earnings, and occupation
- Coverage terminations
- The country members and their family members are living and working in
- Other information needed to manage a claim

This information must be complete and accurate, and you must provide it on a timely basis. If we find it necessary, you'll have to make payroll, and any other records that have an impact on this policy, available for our review.

You must notify us within 90 days of the date a member's or a family member's eligibility for coverage under this policy ends.

You must also notify us before a member or a family member relocates to a country not previously approved by us. We'll let you know whether we can provide coverage under this Plan while the person is living or working in that country.

#### **Electronic consent, data security and privacy**

You must have the necessary authority and members' consent to electronically transmit information regarding them. You must use methods we've approved and agreed upon for sending and receiving this information.

We're directly responsible for electronic member data that's stored or processed in Guardian systems or the systems of Guardian's service providers. We aren't responsible for the security of any electronic member data that we haven't received and that isn't in our possession.

You're directly responsible for the member data that's stored in your systems or the systems of your service providers.

#### **Keep your members up to date**

You must provide your members with their Member Guide.

There may be times we provide you with information that's required by a state or the federal government. If this information must be given to your members, you must deliver it to them.

P080.0009

## **All Options**

## **Pay the premiums**

### **How much**

The premiums required for this policy are listed in the attached Schedule of Premium Rates. The premiums shown may change at any time, with advance notice. This is explained in the **Things we can do** section.

### **When**

You must pay the first premium by the date we agree upon. This date will be no more than 31 days after the effective date listed on the first page.

All other premium payments must be received by the 1st day of each month.

### **How to pay**

We accept various payment methods. We'll agree upon how you'll pay ongoing premiums before the first premium is due. Contact us if you'd like to change the method you use to pay the premiums.

You should also contact us if you'd like to change how often you pay the premiums. A change in how often you pay the premiums will affect the total annual cost. For example, the total yearly cost of paying monthly premiums is more than paying one annual premium.

P080.0011

## ***All Options***

## **Meet the participation requirements**

You must meet the following minimum participation requirements. If you don't, we can cancel this policy or change the premiums. See the **Things we can do** section for more details.

- At least 25% of the members eligible for this coverage must be enrolled.

See the **Member coverage** section of the Member Guide for an explanation of who's eligible. See the **Family coverage** section of the Member Guide for an explanation of which family members are eligible.

P080.0013

## ***All Options***

### **Things you can do**

#### **Choose electronic delivery of documents**

You can elect to receive this policy, including the Member Guide, in electronic format. If you choose to receive your documents electronically, you'll still be able to request paper documents at any time.

#### **Add new people to this policy**

You can add members and family members to this policy. The members must belong to a class listed in the **Classes of members** section of this policy.

The members and family members must also meet the eligibility rules explained in the Member Guide.

Adding a new class will require our approval.

#### **Add new companies to this policy**

If you'd like to add an associated company to this policy, you must send us a written request. You must own at least 50% of the associated company.

If we agree to add the associated company, we'll give you the necessary details, including the cost and the date the coverage starts.

The eligibility rules that apply to members of an associated company are explained in the Member Guide.

You must notify us in writing when a company is no longer an associated company. Coverage for the members of the associated company will end at 11:59 PM Eastern Standard Time on the last day the company is considered associated.

#### **Request that we can change this policy**

You can ask us to consider changing the terms of this policy at any time by submitting a written request. If we agree to making the changes you request, they'll become effective on a date we agree upon.

Since this policy is an agreement between you and us, changes can be made without the consent of your members or their family members.

Changes you request we make to this policy won't impact any claims that arise prior to the date the changes become effective. This means claims will be handled according to the policy provisions in effect at the time the claim occurred.

#### **Who can and can't change this policy**

Only the President, a Vice President, or a Secretary of Guardian has the authority to:

- Waive or modify any policy provisions
- Commit us to any statement or promise relating to this policy
- Accept any information or representation that isn't in a signed application

Agents and brokers don't have the authority to change this policy or waive any of its provisions. They also can't determine whether any policy or Member Guide will be issued.

**Cancel this policy**

You can cancel this policy at any time by sending us a written request. You must submit this request 31 days in advance of the date you'd like the cancellation to take effect.

You'll be responsible for the payment of premiums for any time this policy was in place. We'll refund any premiums paid for the period after the cancellation takes effect.

**Request that we reinstate this policy**

If this policy ends because you didn't pay the premium on time, you can request we resume your coverage. You must send in the overdue premium within 30 days of the date it was due.

Reinstatement of this policy is subject to our review and isn't guaranteed. We may require that you complete an application before we can consider reinstating the policy. If we require an application, we'll send it to you within 30 days of our receiving the overdue premium.

If we don't send you an application within 30 days of receiving the overdue premium, the policy will be reinstated.

P080.0015

## **All Options**

### **Things we must do**

#### **Provide the benefits that we agreed upon**

We'll provide insurance coverage to the members and their family members eligible and enrolled for coverage and whose premiums have been paid.

The Member Guide explains the details of the members' coverage. This includes:

- When coverage starts
- When coverage ends
- The benefits that are available
- When benefits are payable

#### **Allow a grace period if you're late paying the premium**

If you don't pay the premiums on time, we'll give you an extra 31 days to pay us. This is called the grace period. Here's what you need to know about the grace period:

- It can be used for any payment after the first premium has been paid.
- This policy will remain in place during the grace period.
- There will be no interest charged for premiums that are paid during the grace period.
- If you don't pay the premium by the end of the grace period, this policy will end at 11:59 PM Eastern Standard Time on the date the premium was due.
- If you cancel this policy and give us 31 days advance written notice, it will end on the date requested, even if it falls within the grace period. See the **Things you can do** section for more information.
- You'll be responsible for paying the premiums for any time the policy was in place.

#### **Return unused premium**

If you or we cancel this policy, we'll refund any premiums already paid for the period after the cancellation takes effect.

If a person insured by this policy dies, we'll return the premium paid for the period after the person's death. We can issue a refund of the unused premium or apply it as a credit to your next premium payment.

#### **Comply with the law**

If any provision in this policy doesn't comply with a state or federal law or regulation, the provision is automatically changed to comply with the requirements of that law or regulation. We may amend this policy to include this change.

P080.0017

## ***All Options***

### **Things we can do**

#### **Deny a claim or rescind this policy**

In the **Things you must do** section, we explained that you must give us complete and accurate information when applying for this policy. If you don't, we have the right to challenge a claim for benefits. This means we can deny a claim that might otherwise be covered.

If you don't give us complete and accurate information, we may also have the right to rescind this policy. This means we can declare this policy to be null and void as of its effective date. In that case, we'd refund all the premiums paid and it would be as though this policy had never been issued.

During the first two years after the effective date, we can rescind this policy if any material information you provided in, or with, an application was missing or inaccurate. Information is considered material if it would have caused us to:

- Not issue any policy
- Issue a policy with different coverage or benefit amounts
- Issue a policy with different premium amounts

After this policy has been in place longer than two years, we can only rescind it if you committed fraud.

We won't challenge a claim or contest whether this policy is valid unless the statement in question was made in writing and signed by you.

If we do rescind the policy or challenge a claim due to missing or inaccurate material information on an application, we'll provide a copy of that application to you.

Review your application for completeness and accuracy. If you find anything is missing or inaccurate, you must immediately notify us in writing at the address listed on the first page of this policy.

#### **Correct minor mistakes**

##### **Clerical error**

If you notice a mistake in the information you provided, you should notify us immediately. If the error doesn't impact whether this policy is valid as explained above, we'll update our records accordingly.

If we make a mistake, let us know and we'll correct it as quickly as possible.

If the error results in an underpayment of premium, we'll require the underpaid amount be paid.

If the correction of the error results in us having to return premium, we may require proof that the correction is appropriate. The refund will be limited to a maximum of 90 days' worth of coverage.

Our mistake won't serve to your disadvantage. Our mistake won't serve to your benefit either. For example, our clerical error won't allow you to keep this policy in place if it was otherwise validly terminated.

##### **Misstatement of age**

If the age of a member or a family member is found to be incorrect, we may have to make an adjustment in the coverage or premiums. We'll have to cancel that person's coverage if they wouldn't have been eligible for coverage because of their true age. See the **Misstatement of age** section of the Member Guide for more information.

P080.0067

## ***All Options***

## **Change the premiums**

We can change this policy's premium on the first day of any month.

We'll give you 60 days written notice of any change in premiums.

## **Cancel this policy**

We can cancel this policy at any time for any reason. We'll give you 31 days written notice if we decide to cancel this policy. We'll refund any premiums paid for the period after the cancellation takes effect. We can also decline to renew this policy on its anniversary for any reason. We'll give you 31 days written notice if we decide not to renew this policy.

## **Cancel coverage for a class**

We can cancel, or decline to renew, coverage under this policy for one or more classes of members. We'll give you 31 days written notice if we decide to end coverage for a class of members. We'll refund any premiums paid for the period after the cancellation takes effect.

## **Pay a third-party administrator**

To enhance your administrative experience, you may elect to have a third party you choose provide administrative services related to this Plan. These services may include integrated enrollment services, maintaining and sending eligibility files, and other administrative items that streamline the process and enhance your experience and the experience of your members.

The third-party administrator must be appropriately licensed and meet the applicable state requirements to perform these administrative services.

If you decide to engage a third party for this purpose, your premium will include the amount needed to cover the cost of these administrative services. Upon the annual renewal of this policy, if we choose not to work with the third party you selected for the upcoming year, we will advise you accordingly. Any premium adjustment needed will be made at that time. See the **Change the premiums** section for more information.

## **Pay a dividend**

On an annual basis and at their discretion, our Board of Directors will determine whether a portion of any divisible surplus accruing on this policy will be credited to this policy as a dividend on the next policy anniversary.

To be eligible for any such dividend, this policy must remain in force and all premiums must be paid to the next policy anniversary.

Any such dividend will be paid to you in cash or, at your option, can be applied to the premium due on the next policy anniversary. If the dividend is greater than the premium you owe on the policy, any excess will be applied to reduce any premium your members must pay for the same period.

We don't expect that any dividends will be payable under this policy.

P080.0100

## Your coverage selections

### Classes of members

Members that belong to the following classes may be covered under this policy:

#### Class Description:

**Class 0001** ALL OTHER ELIGIBLE EMPLOYEES

**Class 0002** BUS DRIVERS

**Class 0003** ALL ELIGIBLE RETIREES

P080.0025

### Benefit options

Members may select benefits from the following options.

P080.0027

#### Members of Class 0001:

Option A and B - Dental Insurance

P080.0028

#### Members of Class 0002:

Option A and B - Dental Insurance

P080.0028

#### Members of Class 0003:

Option C and D - Dental Insurance

P080.0028



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# Group dental insurance schedule of premium rates

The monthly premiums for your group dental insurance Plan are listed below. These premiums can change at any time. We will give you advance notice of any change in premiums. See the **Things we can do** section of the Policy for more information.

*Option A*    Classes 0001 and 0002

| Per member | Per member's family,<br>not including member |
|------------|----------------------------------------------|
| \$ 18.00   | \$ 54.78                                     |

P080.0030



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# Group dental insurance schedule of premium rates

The monthly premiums for your group dental insurance Plan are listed below. These premiums can change at any time. We will give you advance notice of any change in premiums. See the **Things we can do** section of the Policy for more information.

*Option B*    Classes 0001 and 0002

| Per member | Per member's family,<br>not including member |
|------------|----------------------------------------------|
| \$ 24.66   | \$ 66.25                                     |

P080.0030



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## Group dental insurance schedule of premium rates

The monthly premiums for your group dental insurance Plan are listed below. These premiums can change at any time. We will give you advance notice of any change in premiums. See the **Things we can do** section of the Policy for more information.

**Option C** Class 0003

**Per member**

**Per member's family,  
not including member**

\$ 28.09

\$ 75.49

P080.0030



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## Group dental insurance schedule of premium rates

The monthly premiums for your group dental insurance Plan are listed below. These premiums can change at any time. We will give you advance notice of any change in premiums. See the **Things we can do** section of the Policy for more information.

*Option D* Class 0003

**Per member**

**Per member's family,  
not including member**

\$ 21.67

\$ 66.09

P080.0030



\*END OF POLICY DOCUMENT\*

