



Thompson Technologies Incorporated

Benefits Plan

Here is your new coverage. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year and proof of insurability *may* be required.



HIGHLIGHTS:

- Protect your family's future, with life coverage
- Disability coverage provides a regular check if you have an accident or illness
- Comprehensive dental care for all your needs
- High-quality vision care coverage

Questions? Concerns?

Helpline (888) 600-1600
Call weekdays, 8:00AM to 8:30PM, EST

Learn more about Guardian at
www.guardianlife.com.



COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider in group and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual insurance companies in the United States. Today, more than six million employees and their families rely on Guardian as their benefits partner. As one of the few insurers still mutually owned by our participants, we have built our success on the time-tested values of quality, innovation and unmatched service.

For more information on how we can protect you and your family, visit www.guardianlife.com.

Dental Plans

COMPARE YOUR PLANS

OPTION 1: With your **Network Access Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

OPTION 2: With your **Value Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

COMPARE THE PLANS

	Option 1: Network Access		Option 2: Value Plan	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Calendar year deductible				
Individual	\$50	\$50	\$0	\$0
Family limit	3 per family		Not Applicable	
Waived for	Preventive	Preventive	None	None
Charges covered for you (co-insurance)	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g., cleanings)	100%	100%	100%	100%
Basic Care (e.g., fillings, extractions)	80%	80%	100%	100%
Major Care (e.g., crowns, dentures)	50%	50%	60%	60%
Orthodontia	50%	50%	50%	50%
Maximum calendar year benefit	\$1500	\$1500	\$1500	\$1500
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$700		\$700	
Rollover Amount	\$350		\$350	
Rollover Account Limit	\$1250		\$1250	
Lifetime Orthodontia Maximum	\$1500	\$1500	\$1500	\$1500
Network	DentalGuard Preferred		DentalGuard Preferred	

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 20 (26 if full-time student)

Orthodontia coverage for children

No charge for preventive care (subject to plan limits)

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

Plan coverage begins September 01, 2008

Find out if your dentist is in Guardian's network at www.guardianlife.com

CATEGORY	PLAN DETAILS	Option 1: Network Access		Option 2: Value Plan	
		Plan pays		Plan pays	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	No Age Limits		No Age Limits	
	Oral Exams	100%	100%	100%	100%
	Periodontal Maintenance	100%	100%	100%	100%
	Frequency:	Once Every 3 Months (Enhanced)		Once Every 3 Months (Enhanced)	
Sealants (per tooth)	100%	100%	100%	100%	
X-rays	100%	100%	100%	100%	
Basic Care	Anesthesia	80%	80%	100%	100%
	Fillings (one surface)	80%	80%	100%	100%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	100%	100%
	Simple Extractions	80%	80%	100%	100%
Major Care	Bridges and Dentures	50%	50%	60%	60%
	Dental Implants	50%	50%	60%	60%
	Inlays, Onlays, Veneers**	50%	50%	60%	60%
	Perio Surgery	50%	50%	60%	60%
	Root Canal	50%	50%	60%	60%
	Scaling & Root Planing (per quadrant)	50%	50%	60%	60%
	Single Crowns	50%	50%	60%	60%
Surgical Extractions	50%	50%	60%	60%	
Orthodontia	Orthodontia	50%	50%	50%	50%
	Limits:	Child(ren)		Child(ren)	

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **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. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; full-time student age does not apply to the initial placement of the appliance. 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. Costs are based on year 1 charges.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred 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, 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-1-DG2000 et al.
- **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

Maximum Rollover

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

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

You will receive an annual MRA statement detailing your account and those of your dependents.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1500	\$700	\$350	\$1250

NOTES:

For calendar year accumulation cases with a plan 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 2006, claim activity in 2007 will be used and applied to MRAs for use in 2008.

Maximum Rollover applies to new entrants who join the plan with 3 months or less remaining in the benefit year, as of the next 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.

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at www.GuardianLife.com.

DATE: _____

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

DENTIST INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

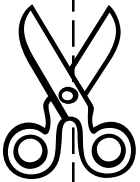
Please submit completed form to:

Guardian
DentalGuard Preferred
P.O. Box 2465
Spokane, WA 99210-9817

or FAX to: 509-468-6550



GUARDIAN®



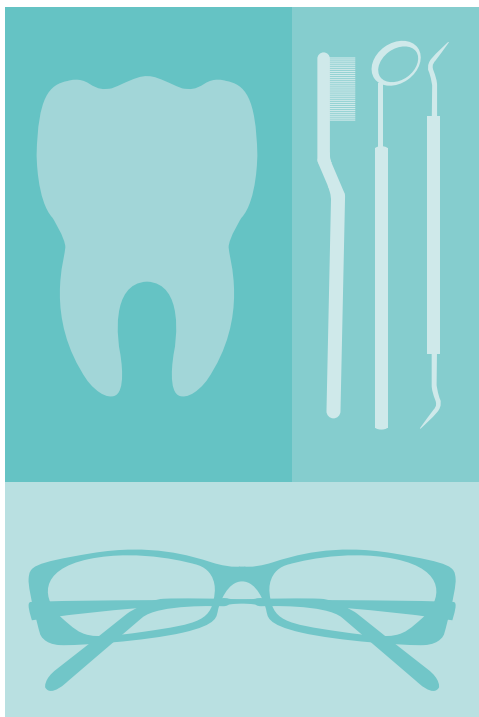


GUARDIAN®

Finding a dentist or vision care provider is easy Go online – it takes just minutes!

It's easy to find dentists or vision care providers you can trust. Whether you're looking for a list of providers that serve your plan (in-network) or trying to locate a specific dentist or vision care provider, it takes just minutes through Guardian's Provider Online Search.

Guardian's Provider Online Search is available to you 24 hours a day, 7 days a week.



Here are just a few things you can do online:

- Customize your search by specialty, languages spoken, gender and more
- Get side-by-side comparisons of provider information (ie. office status, distance)
- Create a short-list of “favorite” providers – for quick reference online
- Get maps and directions to a provider's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit Provider Online Search
- Create a customized provider directory
- Nominate a provider to be included in a network
- And much more!

Just go to www.GuardianLife.com.
Under “Resources”, click on “Provider Online Search”.

Thank You

If applicable, return the completed form to your plan administrator.

Please remember to:

- Check the coverage you want
- Include your social security number (and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form
- Sign and date form

Date form submitted

You chose...

Dental:

- Option 1: Network Access Plan**
- Option 2: Value Plan**

Life:

- Term Life**

Vision:

- Full Feature**

Disability:

- Long-Term Disability**
- Short-Term Disability**



Your Benefits Information ... Anytime, Anywhere www.GuardianAnytime.com

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) online at www.GuardianAnytime.com—24 hours a day, 7 days a week.

Anytime, anywhere you have an internet connection, you'll be able to:

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Print forms and plan materials
- And so much more!

To register, go to www.GuardianAnytime.com

Thompson Technologies Incorporated Benefits Plan