

ALL ACTIVE, FULL TIME BARNESWORX EMPLOYEES WORKING AT
LEAST 30 HOURS PER WEEK
00552381



BARNES GROUP INC.

Benefits Plan

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

- Dental

Find a Provider Online. It's easy.

- Search by: specialty, languages spoken, and more
- Side-by-side comparisons of provider information
- Get maps and driving direction
- Save your search criteria for easy access ...and much more

Go to www.GuardianAnytime.com. Click on "Find a Provider"

Dental Plans

Option 1 or 2: Low PPO or High PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Low PPO		Option 2: High PPO	
	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$100	\$100	\$0	\$0
Family limit	3 per family	3 per family	3 per family	3 per family
Waived for	Preventive	Preventive	Not applicable	Not applicable
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	100%	100%	100%	100%
Basic Care	60%	60%	80%	80%
Major Care	40%	40%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	\$1000	\$1000	\$2000	\$2000
Lifetime Orthodontia Maximum	Not Applicable		\$2000	
Dependent Age Limits		26		26

YOUR GUARDIAN PLAN OFFERS:

No charge for preventive care (subject to plan limits)

Coverage of VizLite Plus early cancer detection screening exams

Great selection of dentists convenient to you - yours is likely in our network!

Reliable claims payment four days on average

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

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY PLAN DETAILS

Option 1: Low PPO

Plan pays (on average)

Option 2: High PPO

Plan pays (on average)

	In-network	Out-of-network	In-network	Out-of-network
Preventive Care				
Cleaning (prophylaxis)	100%	100%	100%	100%
Frequency:	2 in 12 Months	2 in 12 Months	2 in 12 Months	2 in 12 Months
Fluoride Treatments	100%	100%	100%	100%
Limits:	Under Age 19	Under Age 19	Under Age 19	Under Age 19
Oral Exams	100%	100%	100%	100%
Sealants (per tooth)	100%	100%	100%	100%
X-rays	100%	100%	100%	100%
Basic Care				
Anesthesia*	60%	60%	80%	80%
Fillings†	60%	60%	80%	80%
Perio Surgery	60%	60%	80%	80%
Periodontal Maintenance	60%	60%	80%	80%
Frequency:	Once Every 3 Months	Once Every 3 Months	Once Every 6 Months	Once Every 6 Months
Repair & Maintenance of Crowns, Bridges & Dentures	60%	60%	80%	80%
Root Canal	60%	60%	80%	80%
Scaling & Root Planning (per quadrant)	60%	60%	80%	80%
Simple Extractions	60%	60%	80%	80%
Surgical Extractions	60%	60%	80%	80%
Major Care				
Bridges and Dentures	40%	40%	50%	50%
Dental Implants	40%	40%	50%	50%
Inlays, Onlays, Veneers**	40%	40%	50%	50%
Single Crowns	40%	40%	50%	50%
Orthodontia				
Orthodontia	Not Covered	Not Covered	Adults & Child(ren)	50%
Limits:				

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 filling 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 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.*

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-1-DG2000 et al.

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.