

All Eligible Synventive, Gammaflux, IGS Hourly Employees  
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
- Life
- Short Term Disability
- Long Term Disability

### **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](http://www.GuardianAnytime.com). Click on "Find a Provider"

### **Questions? Concerns?**

*Helpline (888) 600-1600*

*Call weekdays, 7:00AM to 8:30PM, EST. And refer*

*to your plan number: 00552381*

The Guardian Life Insurance Company of America, New York, NY 10004



# Dental Plans

**Option 1 or 2:** With your **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	
<b>Calendar year deductible</b>	<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	
Waived for	Preventive	Preventive	Not applicable	Not applicable
<b>Charges covered for you (co-insurance)</b>	<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%
<b>Annual Maximum Benefit</b>	\$1000	\$1000	\$2000	\$2000
<b>Lifetime Orthodontia Maximum</b>	Not Applicable		\$2000	
<b>Dependent Age Limits (Non-Student/Student)</b>	19/23		19/23	

## YOUR GUARDIAN PLAN OFFERS:

**No charge for preventive care**  
(subject to plan limits)

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

**Reliable claims payment** four days on average

**Plan coverage begins**  
January 01, 2019

**Find out** if your dentist is in Guardian's network at [www.GuardianAnytime.com](http://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		Option 2: High PPO	
		Plan pays (on average)		Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 per calendar year		2 per calendar year	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	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:	4 per calendar year less amount of prophylaxis		4 per calendar year less amount of prophylaxis	
	Repair & Maintenance of Crowns, Bridges & Dentures	60%	60%	80%	80%
	Root Canal	60%	60%	80%	80%
	Scaling & Root Planing (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		50%	50%
	Limits:			Adult and 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. \*\*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.*

## 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.

# Life Plans

**Basic Life** Your employer provides \$50,000 Basic Term Life coverage for all full time employees. Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.

You may elect Voluntary Term coverage up to 6 times your annual salary, to a maximum of \$1,700,000. Premiums will be deducted from your payroll check.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	Elect up to 6 times salary, to a maximum of \$1,700,000.
Spouse benefit	\$10,000 to \$250,000 in \$10,000 increments. Amounts over \$100,000 will be in \$50,000 increments, not to exceed 100% of employee amount.
Child benefit—children age 14 days to 19 years (23 if full time student)	Flat \$5,000 or \$10,000, not to exceed 100% of employee amount.

*Subject to coverage limits  
Premiums for Voluntary Life increase in five-year increments.*

## YOUR GUARDIAN PLAN OFFERS:

**Low group rates**

**Family coverage** for spouse and children

**Reliable claims payments**

**Plan coverage begins**  
January 01, 2019

**Open Enrollment and Annual Open Enrollment:**  
1 times increment increase at open enrollment for current enrollees, up to 4 times or \$775,000, without Evidence of Insurability. If no current coverage, Evidence of Insurability required on any election. Evidence of Insurability is always required on 5 times and 6 times.

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## Did you know?

*According to the National Safety Council, someone dies in an accident every six minutes.*

PLAN DETAILS	BASIC LIFE	VOLUNTARY TERM LIFE
Guarantee Issue	We Guarantee Issue Coverage up to \$50,000	We Guarantee Issue coverage for the employee the lesser of 4X Base Annual Earning or \$775,000  Spouse \$50,000.  Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase when your insurance amount increases due to salary increase
Portability	Yes, with age and other restrictions	Yes, with age and other restrictions
Conversion	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit	Yes	Yes
Waiver of Premiums	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions	35% at age 65, 60% at age 70, 75% at age 75	35% at age 65, 50% at age 70, 65% at age 75

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS For Basic Life:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.  
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.  
Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for Voluntary Term Life:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.  
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.  
We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law  
Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

GP-1-R-EOPT-96.

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for AD&D:

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

As the result of a disease or a bodily infirmity; By declared or undeclared war or act of war or armed aggression, or while a member of any armed force. May vary by state; Through intentional self-injury; While driving without a valid driver's license; While legally intoxicated; While participating in civil disorder or committing a felony; Traveling on any type of aircraft while having any duties on that aircraft; While voluntarily using a non-prescription controlled substance; GP-1-R-ADCL1-00 et al.

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# Disability Plans

## Long-Term Disability Coverage

You may choose supplementary long-term disability coverage that provides richer benefits.

COVERAGE	SHORT-TERM DISABILITY	LONG-TERM DISABILITY		
		Core Plan	Buy Up Option 1	Buy Up Option 2
Coverage amount	65% of salary	50% of salary to maximum \$10000/month	60% of salary to maximum \$10000/month	66.7% of salary to maximum \$10000/month
Maximum payment period	26 weeks	Social Security Normal Retirement Age	Social Security Normal Retirement Age	Social Security Normal Retirement Age
Accident benefits begin	Day 1	Day 181	Day 181	Day 181
Illness benefits begin	Day 6	Day 181	Day 181	Day 181
Waiting period				
Current employees	1st of the Month, coinciding with/next following 90 days of continuous employment.	1st of the Month, coinciding with/next following 90 days of continuous employment.	1st of the Month, coinciding with/next following 90 days of continuous employment.	1st of the Month, coinciding with/next following 90 days of continuous employment.
New employees				

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## YOUR GUARDIAN PLAN OFFERS:

**Free employee assistance program, confidential advice** and crisis intervention by phone from registered nurses and psychotherapists.

**File short-term disability** claims by phone with Teleguard® at (888) 262-5670.

**Premium payments waived** once you begin receiving benefits.

## Reliable claim payments

**Plan coverage begins** January 01, 2019 for employees actively at work on that date.

## Did you know?

Most experts agree that after medical insurance, disability is the most important coverage to have.

PLAN DETAILS	SHORT-TERM DISABILITY	LONG-TERM DISABILITY		
		Core Plan	Buy Up Option 1	Buy Up Option 2
Evidence of Insurability	Health Statement not required	Health Statement not required	Health Statement required for late enrollees	Health Statement required for late enrollees
Guarantee Issue	Not Applicable	We Guarantee Issue \$10000 in coverage	We Guarantee Issue \$10000 in coverage	We Guarantee Issue \$10000 in coverage
Minimum work hours/week	30	30	30	30
Plan covers on the job accidents	No	Yes	Yes	Yes
Pre-existing Conditions	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after exclusion	3 months look back; 12 months after exclusion	3 months look back; 12 months after exclusion
Premium waived if disabled	Not Applicable	Yes	Yes	Yes
Rehabilitation Benefit	Yes	Yes	Yes	Yes
Survivor Benefit	No	3 months	3 months	3 months

## A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.