

Current Plan Benefits Summaries

CONTRACT TYPE: DENTAL GUARD 6

This plan is currently offered for Insurance Class 1

PLAN BENEFITS SUMMARY

	Enhanced Coverage	Standard Coverage
DentalGuard Preferred Network	Alliance Select Elite Connect	Plus Non-Contracted
Coinsurance		
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%
Deductible	\$50	\$50
Waived for preventive?	Yes	Yes
Claim Payment Basis	Benefits for tiers above are paid by a fee schedule except those Non Contracted which are paid by a UCR 90%	
Maximum	\$1,000	\$1,000
Orthodontia	Excluded	
Lifetime Maximum	N/A	
Coinsurance	N/A	
Maximum Rollover		
Threshold		\$500
Rollover Amount		\$250
Max Rollover Limit		\$1,000
Dependent Age Limit		26/26

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represents specific benefit levels as described in Your Schedule of Benefits. Network Access varies by geographic location and zip code. Please visit www.GuardianAnytime.com to confirm your Dentist's tiered participation.

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

Guardian Life Insurance Company of America