

## Current Voluntary Dental Plan Information

CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1, 2 and 3

### PLAN BENEFITS SUMMARY

Network	In-Network DentalGuard Preferred	Out-of-Network None
<b>Coinsurance</b>		
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%
<b>Deductible</b>		
Waived for preventive?	Yes	Yes
<b>Claim Payment Basis</b>		
	Fee Schedule	UCR 90%
<b>Maximum</b>		
	\$1,000	\$1,000
<b>Orthodontia</b>		
	Excluded	
Lifetime Maximum	N/A	
Coinsurance	N/A	
<b>Maximum Rollover</b>		
Threshold		\$500
Rollover Amount		\$250
In-network only rollover		\$350
Max Rollover Limit		\$1,000
<b>Dependent Age Limit</b>		
		26/26

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