

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
Coinsurance		
Preventive	100%	100%
Basic	80%	50%
Major	50%	25%
Deductible		
Waived for preventive?	Yes	No
Claim Payment Basis		
	Fee Schedule	Fee Schedule
Maximum		
	\$500	\$500
Orthodontia		
	Excluded	
Lifetime Maximum	N/A	
Coinsurance	N/A	
Maximum Rollover		
Threshold		\$200
Rollover Amount		\$100
In-network only rollover		\$150
Max Rollover Limit		\$500
Dependent Age Limit		
		26/26

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