Current Plan Benefits Summaries

CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1

PLAN BENEFITS SUMMARY

	In-Network	Out-of-Network
Network	DentalGuard Preferred	None
Coinsurance		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Deductible	$25	$50
Waived for preventive?	Yes	Yes
Claim Payment Basis	Fee Schedule	UCR 90%
Maximum	$1,000	$1,000
Orthodontia	Excluded	
Lifetime Maximum	N/A	
Coinsurance	N/A	
Maximum Rollover		
Threshold	$500	
Rollover Amount	$250	
In-network only rollover	$350	
Max Rollover Limit	$1,000	
Dependent Age Limit	26/26	

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