

Current Plan Benefits Summaries

CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1

PLAN BENEFITS SUMMARY

Network	In-Network DentalGuard Preferred	Out-of-Network None
Coinsurance		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Deductible	\$50	\$50
Waived for preventive?	Yes	Yes
Claim Payment Basis	Fee Schedule	Fee Schedule
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.

Current Plan Benefits Summaries

DENTAL HCR PRODUCT : GREATER OF

This plan is currently offered for Insurance Class 1

PLAN BENEFITS SUMMARY

	In-Network	Out-of-Network
Network	DentalGuard Preferred	None
Coinsurance		
Preventive	70%	70%
Basic	50%	50%
Major	50%	50%
Deductible	\$150	\$150
Waived for preventive?	Yes	No
Claim Payment Basis	Fee Schedule	Fee Schedule
Maximum		
Annual Maximum Amount	N/A	N/A
Ind Out of Pocket Maximum	\$450	\$0
Family Out of Pocket Maximum	\$900	\$0
Orthodontia		
Lifetime Maximum	N/A	N/A
Coinsurance	50%	0%
Orthodontia Code	Medically Necessary	
EHB Age Limit	19	

Pending state re-certification, this plan will be in compliance with the new federal mandates and to maintain the “exchange certified” stand alone dental plan status.

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