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DentalGuard Plan ID for

Group Plan No. G- 418107

**AFTRA**



Mail Claims to:  
Guardian  
DentalGuard Preferred  
P O BOX 2459  
SPOKANE WA 99210-2459

Emp. Name \_\_\_\_\_ Your Member ID is your Social Security Number

If you have any questions about coverage or the payment of claims,  
contact the planholder named above or call Guardian at:

**800-541-7846**

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**PRE-TREATMENT REVIEW:** When the cost of a proposed course of treatment is expected to exceed \$300, ask your dentist to submit a treatment plan to Guardian which includes the services to be done and the cost of each service. We will review the treatment plan and send you and the dentist an estimate of what we will pay. Emergency treatment, oral exams, x-rays, and cleanings can be performed before the treatment plan is submitted. See your certificate booklet for more details.

**PROVIDER SELECTION:** You are free to decide which provider to use at any time. However, you can generally reduce your out-of-pocket expenses if you use a DentalGuard Preferred Network provider. To find Network dentists in your area: consult your directory, visit us at our web site at [www.GuardianLife.com](http://www.GuardianLife.com) or contact us at the toll free number on the front of this card.

GG-012600

WebMD