



Plan number  
**G-00036927**

Planholder

**LAPOYNOR INDEPENDENT  
SCHOOL DISTRICT**

Network

**Guardian Dental**

**Give your name and date of birth to the provider.**

## Dental networks

Guardian DentalGuard Preferred Network

## For dental

Customer Response Unit:

**(800)-541-7846**

Submit claims to:

GUARDIAN GROUP DENTAL CLAIMS

PO BOX 981572

EL PASO, TX 79998-1572

## 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 providers in your area, consult your directory, visit [guardianlife.com](http://guardianlife.com) or call the toll free number.

## Benefits

See your benefits booklet for a description of benefits, terms and conditions, limitations and exclusions of coverage.

This card is for identification purposes only and does not guarantee eligibility to receive services.