

Plan number G-00037889

Planholder

Network

**VAN INDEPENDENT SCHOOL DISTRICT** 

**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-ofpocket expenses if you use a DentalGuard Preferred PPO network provider. To find PPO network providers in your area, consult your directory, visit 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.