



**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
INDIVIDUAL AND FAMILY DENTAL RATES**

Effective October 1, 2010

LOS ANGELES	SINGLE	2-PARTY	FAMILY
LOW-OPTION DHMO	\$12.83	\$24.92	\$ 43.62
MID-OPTION DHMO	\$16.38	\$31.42	\$ 51.70
HIGH-OPTION DHMO	\$21.27	\$39.23	\$ 65.33
INDIVIDUAL PPO	\$44.20	\$93.26	\$134.46

SAN DIEGO	SINGLE	2-PARTY	FAMILY
LOW-OPTION DHMO	\$12.83	\$24.92	\$ 43.62
MID-OPTION DHMO	\$16.38	\$31.42	\$ 51.70
HIGH-OPTION DHMO	\$21.27	\$39.23	\$ 65.33
INDIVIDUAL PPO	\$46.18	\$97.41	\$140.21

SAN FRANCISCO	SINGLE	2-PARTY	FAMILY
LOW-OPTION DHMO	\$16.37	\$ 31.45	\$ 52.78
MID-OPTION DHMO	\$20.03	\$ 38.13	\$ 61.22
HIGH-OPTION DHMO	\$26.02	\$ 47.67	\$ 77.33
INDIVIDUAL PPO	\$48.72	\$102.88	\$148.38

PLAN INFORMATION

Rates will be reviewed in October 2011. Any increase in premium will be accompanied by a minimum 30-days notice and will be guaranteed for 12 months.

Enrollment Fee: A one-time, nonrefundable fee of \$10.00
The fee is waived if the primary subscriber is already enrolled in another AAQHC program.

Membership Dues: A monthly fee of \$5.00 plus \$1.00 in dues per account beginning the 2nd coverage month