



**Guardian INDIVIDUAL  
Benefit and Rate Sheet**

HMO Available in CO, FL, IL, IN, MI, MO, NY, NJ, OH, TX<sup>1</sup>  
PPO Available in all states, except CA<sup>2</sup>

GUARDIAN DENTAL PLANS					
Plan Name	VOL HMO 4H G0073G	PPO 1500 MAC w/ORTHO DT F00601		PPO 2500 UCR DT F0059A	
Network	HMO	PPO DentalGuard Preferred IN NETWORK	OUT OF NETWORK	PPO DentalGuard Preferred IN NETWORK	OUT OF NETWORK
<b>Deductible</b>					
Individual	N/A	\$50	\$50	\$50	\$50
Family	N/A	3 per family	3 per family	3 per family	3 per family
Waived for Preventive	N/A	Yes	Yes	Yes	Yes
Annual Max Benefit	N/A	\$1500	\$1500	\$2500	\$2500
Orthodontic Lifetime Max	1 treatment per member	\$1000	\$1000	\$2000	\$2000
<b>Dental Benefit</b>					
<b>Preventive Services</b>	\$5 copay	100%	100%	100%	100%
Cleaning Allowances	1st and 2nd = \$0 copay	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months
<b>Basic Services</b>	See copay schedule	80%	80%	80%	80%
Endodontic	\$12 - \$380	Major Services 50%	Major Services 50%	Major Services 50%	Major Services 50%
Periodontal	\$25 - \$380	Basic Services 80% Major Services 50%	Basic Services 80% Major Services 50%	Basic Services 80% Major Services 50%	Basic Services 80% Major Services 50%
Oral Surgery	\$12 - \$255	Major Services 50%	Major Services 50%	Major Services 50%	Major Services 50%
<b>Major Services</b>	See copay schedule	50%	50%	50%	50%
Prostodontics	\$23 - \$575	50%	50%	50%	50%
Implants	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes <sup>3</sup>
Missing Tooth Clause	No <sup>4</sup>	Yes <sup>5</sup>	Yes <sup>5</sup>	Yes <sup>5</sup>	Yes <sup>5</sup>
Major Service Waiting Period	N/A	N/A	N/A	N/A	N/A
Reimbursement Schedule	HMO Copay Schedule	In/Out = Negotiated Fee	In/Out = Negotiated Fee	In = Contracted Fee Out = 80th UCR	In = Contracted Fee Out = 80th UCR
<b>Orthodontic Benefit</b>					
Orthodontics	You pay a copay for each covered benefit: Child to age 19: \$1895 Adult: \$2195	50%	50%	50%	50%
Orthodontics Available To	Adult or Child	Adult or Child	Adult or Child	Adult or Child	Adult or Child
Orthodontic Waiting Period	N/A	N/A	N/A	N/A	N/A
<b>Rates for 2024 Effective Dates - \$5 administration fee applies to each monthly invoice.</b>					
Member Only	\$17.87	\$60.16	\$69.67	\$69.67	\$69.67
Member + Spouse/DP	\$31.96	\$116.07	\$134.66	\$134.66	\$134.66
Member + 1 Child	\$31.96	\$116.07	\$134.66	\$134.66	\$134.66
Member + Children	\$51.88	\$152.52	\$248.07	\$248.07	\$248.07
Member + Family	\$51.88	\$152.52	\$248.07	\$248.07	\$248.07
Rate Guarantee	1 year	1 year	1 year	1 year	1 year

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

1 Guardian HMO plan is available to groups of 1 or more enrolled employees. Group must be headquartered in CO, FL, IL, IN, MI, MO, NY, NJ, OH, or TX. Employees and their enrolled dependents must also reside in CO, FL, IL, IN, MI, MO, NY, NJ, OH, TX.

2 Guardian PPO plans are available to groups of 1 or more enrolled employees. Group must be headquartered in any state except CA. Employees and their enrolled dependents can reside in any state.

3 Some limitations. See Evidence of Coverage.

4 Some limitations. See Evidence of Coverage.

5 Not covered.

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Inshore Benefits is marketed by Warner Pacific Insurance Services, Inc. | Phone: (800) 801-2300 | Fax: (800) 609-0111 | Email: [quoting@warnerpacific.com](mailto:quoting@warnerpacific.com)  
Inshore Benefits is administrated by Pathian Administrators | Phone: (800) 786-6525 | Fax: (818) 960-0141 | Email: [inshore@pathianadministrators.com](mailto:inshore@pathianadministrators.com)