

Inshore Benefits

Employer Sponsored Guardian Dental Plans

Effective January 1, 2023*

Benefit Comparison and Rates for 1-500 Employees



*Rates are subject to change. Check with Inshore Benefits for the most current benefits and rates for your requested effective date.

	DPPO DENTAL PLANS					DHMO DENTAL PLANS Available in CA only	
	Split Value ¹ DT F0060H	1500 Standard ¹ DT F0060G	2000 Standard ¹ DT F0060A	1500 UCR ² DT F0060C	2500 UCR ² DT F0060B	Low Option DHMO 4H G0073A/4H G0073B U30	High Option DHMO 4H G0073E/4H G0073F U50
Network	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
Deductible							
Individual	\$50	\$50	\$50	\$50	\$50	N/A	N/A
Family Limit	3 per family	3 per family	3 per family	3 per family	3 per family	N/A	N/A
Waived For	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	N/A	N/A
Eligibility							
Group Size Dental Services	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled
Group Size Orthodontics	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled	1-500 enrolled
Waiting Periods							
Major	None	None	None	None	None	None	None
Waived for Major (if there was prior group coverage)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Orthodontics	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dental Services							
						You pay a copay for each covered benefit	
Preventive Care	100%	100%	100%	100%	100%	\$0/cleaning 2x/year	\$0/cleaning 2x/year
Basic Services	80%	80%	80%	80%	80%	See Copay Schedule	See Copay Schedule
Major Services	50%	50%	60%	50%	60%	See Copay Schedule	See Copay Schedule
Periodontal Surgery	50%	50%	60%	50%	60%	\$200 - \$380	\$75-\$195
Endodontic Surgery	N/A	N/A	N/A	N/A	N/A	N/A	N/A

¹You can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

²You can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a 80th percentile of the prevailing fee data for the dentist's zip code.

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Network	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
Orthodontics							
						You pay a copay for each covered benefit	
Copay	N/A	N/A	N/A	N/A	N/A	\$2,500 - \$2,800	\$2,500 - \$2,800
Orthodontics	50%	50%	50%	50%	50%	See plan benefits	See plan benefits
Available to	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Child
Benefit Maximums							
Annual Benefit Maximum	\$1,500/\$1,000 OON	\$1,500	\$2,000	\$1,500/\$1,000 OON	\$2,500	N/A	N/A
Lifetime Orthodontics	\$1,000	\$1,100	\$1,500	\$1,000	\$2,000	N/A	N/A
Dental Rates - A \$15.00 administration fee applies to each monthly invoice.							
Employee Only	\$49.07	\$60.11	\$74.08	\$69.97	\$93.74	\$16.28 - NOR CAL \$12.86 - SO CAL	\$25.62 - NOR CAL \$21.02 - SO CAL
Employee +1	\$96.30	\$118.07	\$143.28	\$137.34	\$202.97	\$30.87 - NOR CAL \$24.56 - SO CAL	\$46.56 - NOR CAL \$38.43 - SO CAL
Employee +Family	\$127.09	\$155.85	\$192.22	\$254.90	\$303.17	\$51.53 - NOR CAL \$42.65 - SO CAL	\$75.29 - NOR CAL \$63.68 - SO CAL

*Southern California | Available in: Orange, Los Angeles, Riverside, San Bernardino, Kern, Santa Barbara, Ventura, San Diego counties.

*Northern California | Available in: Sacramento, Placer, San Mateo, Fresno, San Joaquin, Stanislaus, Alameda, Contra Costa, Marin, Santa Clara, San Francisco counties.

The summary above is meant to be a brief description of plan benefits and rates only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request.

The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.

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