



**Guardian HMO VOLUNTARY  
Benefit and Rate Sheet**

Available in CA<sup>1</sup>  
Group Size: 1+

<b>HMO VOLUNTARY GUARDIAN DENTAL PLANS</b>				
Plan Name	<b>Low 4HG0073A</b>	<b>Low 4HG0073B</b>	<b>High 4HG0073E</b>	<b>High 4HG0073F</b>
Network	HMO		HMO	
<b>Deductible</b>				
Individual	N/A		N/A	
Family	N/A		N/A	
Waived for Preventive	N/A		N/A	
Annual Max Benefit	N/A		N/A	
Orthodontic Lifetime Max	1 treatment per member		1 treatment per member	
<b>Dental Benefit</b>				
<b>Preventive Services</b>	No Charge		No Charge	
Cleaning Allowances	1st and 2nd = \$0 copay		1st and 2nd = \$0 copay	
<b>Basic Services</b>	See copay schedule		See copay schedule	
Endodontic	\$0 - \$525		\$0 - \$170	
Periodontal	\$0 - \$60		\$0 - \$60	
Oral Surgery	\$0 - \$399		\$0 - \$195	
<b>Major Services</b>	See copay schedule		See copay schedule	
Prosthodontics	See copay schedule		See copay schedule	
Implants	Not covered		Not covered	
Missing Tooth Clause	Not covered		Not covered	
Major Service Waiting Period	N/A		N/A	
Reimbursement Schedule	Copay Schedule		Copay Schedule	
<b>Orthodontic Benefit</b>				
Orthodontics	You pay a copay for each covered benefit: \$2500 - \$2800. See plan benefits.		You pay a copay for each covered benefit: \$2500 - \$2800. See plan benefits.	
Orthodontics Available To	Adult or Child		Adult or Child	
Orthodontic Waiting Period	N/A		N/A	
<b>Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.</b>	<b>SO CAL*</b>	<b>NOR CAL**</b>	<b>SO CAL*</b>	<b>NOR CAL**</b>
Member Only	\$12.86	\$16.28	\$21.02	\$25.62
Member + Spouse/DP	\$24.56	\$30.87	\$38.43	\$46.58
Member + 1 Child	\$24.56	\$30.87	\$38.43	\$46.58
Member + Children	\$42.65	\$51.53	\$63.68	\$75.29
Member + Family	\$42.65	\$51.53	\$63.68	\$75.29
Rate Guarantee	1 year	1 year	1 year	1 year

\*So Cal: Available in: Orange, Los Angeles, Riverside, San Bernardino, Kern, Santa Barbara, Ventura, San Diego counties.

\*\*Nor Cal: Available in: Sacramento, Placer, San Mateo, Fresno, San Joaquin, Stanislaus, Alameda, Contra Costa, Marin, Santa Clara, San Francisco counties.

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.

<sup>1</sup> Guardian plans are available to groups of 1 or more enrolled employees. Group must be headquartered in CA. Employees and their enrolled dependents must reside in CA. Voluntary plans assume employer is paying 0%-100% of the member's premium.