



Guardian PPO EMPLOYER SPONSORED Benefit and Rate Sheet

Available in CA¹
Group Size: 1+

PPO EMPLOYER SPONSORED GUARDIAN DENTAL PLANS								
Plan Name	1500 Standard DT F0060G		1500 UCR DT F0060C		2000 Standard DT F0060A		2500 UCR DT F0060B	
Network	DentalGuard Preferred IN NETWORK	OUT OF NETWORK	DentalGuard Preferred IN NETWORK	OUT OF NETWORK	DentalGuard Preferred IN NETWORK	OUT OF NETWORK	DentalGuard Prefered IN NETWORK	OUT OF NETWORK
Deductible								
Individual	\$50	\$50	\$50	\$75	\$50	\$50	\$50	\$50
Family	3 per family	3 per family	3 per family	3 per family	3 per family	3 per family	3 per family	3 per family
Waived for Preventive	Yes	No	Yes	No	Yes	No	Yes	No
Annual Max Benefit	\$1500	\$1500	\$1500	\$1000	\$2000	\$2000	\$2500	\$2500
Orthodontic Lifetime Max	\$1100	\$1100	\$1000	\$1000	\$1500	\$1500	\$2000	\$2000
Dental Benefit								
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%
Cleaning Allowances	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months
Basic Services	80%	80%	80%	70%	80%	80%	80%	70%
Endodontic	Major Service 50%	50%	Major Service 50%	40%	Major Service 60%	60%	Major Service 50%	40%
Periodontal	Major Service 50%	50%	Major Service 50%	40%	Major Service 60%	60%	Major Service 50%	40%
Oral Surgery	Major Service 50%	50%	Major Service 50%	40%	Major Service 60%	60%	Major Service 50%	40%
Major Services	50%	50%	50%	40%	60%	60%	50%	40%
Prosthodontics	50%	50%	50%	40%	60%	60%	50%	40%
Implants	No ²		Yes ²		Yes ²		Yes ²	
Missing Tooth Clause	Yes ³		Yes ³		Yes ³		Yes ³	
Major Service Waiting Period	N/A		N/A		N/A		N/A	
Reimbursement Schedule	PPO Fee Schedule		PPO Fee Schedule	80th UCR	PPO Fee Schedule		PPO Fee Schedule	80th UCR
Orthodontic Benefit								
Orthodontics	50%		50%		50%		50%	
Orthodontics Available To	Adult or Child		Adult or Child		Adult or Child		Adult or Child	
Orthodontic Waiting Period	N/A		N/A		N/A		N/A	
Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.								
Member Only	\$60.11		\$69.97		\$74.08		\$93.74	
Member + Spouse/DP	\$118.07		\$137.34		\$143.28		\$202.97	
Member + 1 Child	\$118.07		\$137.34		\$143.28		\$202.97	
Member + Children	\$155.85		\$254.90		\$192.22		\$303.17	
Member + Family	\$155.85		\$254.90		\$192.22		\$303.17	
Rate Guarantee	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 plans are available to groups of 1 or more enrolled employees. Group must be headquartered in CA. Employees must reside in CA.
Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

² Some limitations. See Evidence of Coverage.

³ 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
Inshore Benefits is administrated by Pathian Administrators | Phone: (800) 786-6525 | Fax: (818) 960-0141 | Email: inshore@pathianadministrators.com