



**Guardian PPO VOLUNTARY
Benefit and Rate Sheet**

Available in CA¹
Group Size: 1+

PPO VOLUNTARY GUARDIAN DENTAL PLANS				
Plan Name	Split Value PPO Group DT F0060H		1500 Standard DT F0237A	
Network	DentalGuard Preferred IN NETWORK	OUT OF NETWORK	DentalGuard Preferred IN NETWORK	OUT OF NETWORK
Deductible				
Individual	\$50	\$75	\$50	\$50
Family	3 per family	3 per family	3 per family	3 per family
Waived for Preventive	Yes	No	Yes	No
Annual Max Benefit	\$1500	\$1000	\$1500	\$1500
Orthodontic Lifetime Max	\$1000	\$1000	\$1100	\$1100
Dental Benefit				
Preventive Services	100%	90%	100%	100%
Cleaning Allowances	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months
Basic Services	80%	50%	80%	80%
Endodontic	Major Service 50%	0%	Major Service 50%	Major Service 50%
Periodontal	Major Service 50%	0%	Major Service 50%	Major Service 50%
Oral Surgery	Major Service 50%	0%	Major Service 50%	Major Service 50%
Major Services	50%	0%	50%	50%
Prosthodontics	50%	0%	50%	50%
Implants	No ²	No ²	No ²	No ²
Missing Tooth Clause	Yes ³	N/A	No ⁴	N/A
Major Service Waiting Period	N/A	N/A	N/A	N/A
Reimbursement Schedule	PPO Fee Schedule	PPO Fee Schedule	PPO Fee Schedule	PPO Fee Schedule
Orthodontic Benefit				
Orthodontics	50%		50%	
Orthodontics Available To	Adult or Child		Adult or Child	
Orthodontic Waiting Period	N/A		N/A	
Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.				
Member Only	\$49.07		\$66.08	
Member + Spouse/DP	\$96.30		\$129.84	
Member + 1 Child	\$96.30		\$129.84	
Member + Children	\$127.09		\$171.40	
Member + Family	\$127.09		\$171.40	
Rate Guarantee	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 and their enrolled dependents must reside in CA. Voluntary plans assume employer is paying 0%-100% of the member's premium.

² Not covered.

³ Not covered.

⁴ Some limitations. See Evidence of Coverage.