

# Guardian Dental HMO

## Benefit and Rate Sheet for 2025 Effective Dates

Available in CA<sup>1</sup>  
Individual and Family Plans

Choose One:						
Plan Name	Low U30 4HG0073A	Low U30 4HG0073B	Mid 4H G0073C	Mid 4H G0073D	High U50 4HG0073E	High U50 4HG0073F
Network	HMO		HMO		HMO	
Deductible						
Individual	N/A		N/A		N/A	
Family	N/A		N/A		N/A	
Waived for Preventive	N/A		N/A		N/A	
Annual Max Benefit	N/A		N/A		N/A	
Orthodontic Lifetime Max	1 treatment per member		1 treatment per member		1 treatment per member	
Dental Benefit						
Preventive Services	No Charge		No Charge		No Charge	
Cleaning Allowances	1st and 2nd = \$0 copay		1st and 2nd = \$0 copay		1st and 2nd = \$0 copay	
Basic Services	See copay schedule		See copay schedule		See copay schedule	
Endodontic	\$0 - \$525		See copay schedule		\$0 - \$170	
Periodontal	\$0 - \$60		\$80 - \$255		\$0 - \$60	
Oral Surgery	\$0 - \$399		See copay schedule		\$0 - \$195	
Major Services	See copay schedule		See copay schedule		See copay schedule	
Prosthodontics	See copay schedule		See copay schedule		See copay schedule	
Implants	Not covered		Not covered		Not covered	
Missing Tooth Clause	Not covered		Not covered		Not covered	
Reimbursement Schedule	N/A		N/A		N/A	
Orthodontic Benefit						
Orthodontics	You pay a copay for each covered benefit up to: \$2500 - \$2800. See plan benefits.		You pay a copay for each covered benefit up to: \$1500 - \$2800. See plan benefits.		You pay a copay for each covered benefit up to: \$2500 - \$2800. See plan benefits.	
Orthodontics Available To	Adult or Child		Adult or Child		Adult or Child	
Monthly Rates	So. California	Nor. California	So. California	Nor. California	So. California	Nor. California
Member Only	\$15.14	\$19.30	\$19.33	\$23.63	\$25.08	\$30.68
Member + Spouse/DP	\$29.39	\$37.09	\$37.06	\$44.98	\$46.30	\$56.23
Member + 1 Child	\$29.39	\$37.09	\$37.06	\$44.98	\$46.30	\$56.23
Member + Children	\$51.44	\$62.26	\$60.97	\$72.20	\$77.06	\$91.20
Member + Family	\$51.44	\$62.26	\$60.97	\$72.20	\$77.06	\$91.20
Rate Guarantee	1 year	1 year	1 year	1 year	1 year	1 year
Monthly Admin Fee	\$5.00					
*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.						

<sup>1</sup> Guardian plans are available to individuals and families residing in CA.

<sup>2</sup> Individual and Family plans (IFP) renew every November 1, regardless of when originally enrolled.