



Guardian Dental HMO EMPLOYER SPONSORED or VOLUNTARY Benefit and Rate Sheet for 2026 Effective Dates

Available in CA¹ Group Size: 1+

Plan Name	Low Option HMO 4HG0073A	Low Option HMO 4HG0073B	High Option HMO 4HG0073E	High Option HMO 4HG0073F
Network	нмо		нмо	
Deductible				
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	
Dental Benefit				
Preventive Services	No Charge		No Charge	
Cleaning Allowances	1st and 2nd = \$0 copay		1st and 2nd = \$0 copay	
Basic Services	See copay schedule		See copay schedule	
Endodontic	\$O - \$525		\$0 - \$170	
Periodontal	\$0 - \$60		\$0 - \$60	
Oral Surgery	\$O - \$399		\$O - \$195	
Major Services	See copay schedule		See copay schedule	
Prosthodontics	See copay schedule		See copay schedule	
Implants	Not covered		Not covered	
Reimbursement Schedule	Copay Schedule		Copay Schedule	
Orthodontic Benefit				
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	
Monthly Rates	Southern California	Northern California	Southern California	Northern California
Member Only	\$11.83	\$14.98	\$19.34	\$23.57
Member + Spouse/DP	\$22.60	\$28.40	\$35.36	\$42.85
Member + 1 Child	\$22.60	\$28.40	\$35.36	\$42.85
Member + Children	\$39.24	\$47.41	\$58.59	\$69.27
Member + Family	\$39.24	\$47.41	\$58.59	\$69.27
Rate Guarantee	1 year	1 year	1 year	1 year
Monthly Admin Fee	\$15			

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.

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

Guardian Voluntary HMO 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.

Inshore Benefits is a product portfolio of North Ranch Benefits Trust | Website: InshoreBenefits.com 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

¹ Guardian Employer Sponsored HMO 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. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.