

Plan Features	Split Value Dental	2000 Standard Dental	1500 UCR Dental	2500 UCR Dental
IN NETWORK	All Plans use the Guardian Dental Guard			
Deductibles (Individual / Family)	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150
Preventive	Covered 100% Deductible Waived	Covered 100% Deductible Waived	Covered 100% Deductible Waived	Covered 100% Deductible Waived
Basic Services	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
Major Services	50% After Deductible	60% After Deductible	50% After Deductible	60% After Deductible
Orthodontics Adults & Children	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Orthodontics Lifetime Maximum	\$1000	\$1500	\$1000	\$2000
Dental Annual Maximum	\$1500	\$2000	\$1500	\$2500
OUT OF NETWORK				
Deductibles (Indiv / Family)	\$75/ \$225	\$50/ \$150	\$75/ \$225	\$50/ \$150
Preventive	Covered 90% Deductible NOT Waived	Covered 100% Deductible NOT Waived	Covered 100% Deductible NOT Waived	Covered 100% Deductible NOT Waived
Basic Services	50% After Deductible	80% After Deductible	70% After Deductible	80% After Deductible
Major Services	Not Covered	50% After Deductible	40% After Deductible	60% After Deductible
Orthodontics Adults & Children	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Orthodontics Lifetime Maximum	\$1000	\$1000	\$1000	\$2000
Dental Maximum	\$1000	\$2000	\$1000	\$2500
MONTHLY PRICING				
Employee	\$51.05	\$78.06	\$71.95	\$95.72
Employee + 1 Dependent	\$98.28	\$145.26	\$139.32	\$204.95
Employee + 2 or more Dependents	\$129.07	\$194.20	\$256.88	\$305.15