

Guardian Dental | Guardian Family Essentials Plus

Metal Level | Low

Rating Area	Individual Rate	Family Rates						
		Couple	Primary Subscriber + 1 Dependent	Primary Subscriber + 2 Dependents	Primary Subscriber + 3 Dependents	Couple + 1 Dependent	Couple + 2 Dependents	Couple + 3 Dependents
1	\$23.12	\$47.38	\$50.47	\$77.82	\$118.85	\$74.73	\$102.08	\$143.11
2	\$20.52	\$42.06	\$45.60	\$70.67	\$108.28	\$67.13	\$92.20	\$129.82
3	\$23.09	\$47.31	\$50.41	\$77.73	\$118.71	\$74.63	\$101.95	\$142.93
4	\$23.13	\$47.40	\$50.49	\$77.85	\$118.89	\$74.76	\$102.12	\$143.16
5	\$23.11	\$47.35	\$50.44	\$77.78	\$118.78	\$74.69	\$102.02	\$143.03
6	\$20.82	\$42.67	\$46.15	\$71.48	\$109.47	\$68.00	\$93.33	\$131.32
7	\$21.25	\$43.55	\$46.90	\$72.55	\$111.03	\$69.20	\$94.85	\$133.33
8	\$22.64	\$46.39	\$49.58	\$76.53	\$116.95	\$73.34	\$100.28	\$140.70
9	\$20.86	\$42.74	\$46.19	\$71.52	\$109.52	\$68.07	\$93.41	\$131.41

(Product ID# 16596MN0050001)

Information about this plan's rates:

- There are rates specifically for couples and for families (not just addition of individual rates)
- Maximum number of children used to quote a children-only contract is 3 children
- Rating area is based on the county in which the employer resides. The map of the State of MN Rating Areas is included at the end of this document.

Guardian[®] | Family Essentials Plus

In-Network Deductible - \$100 (waived for preventive) Out-of-Network Deductible - Not applicable

Services	In- Network Percentage Paid	Out-of-Network Percentage Paid
Preventive Services		
<ul style="list-style-type: none"> Prophylaxis and Fluorides Oral Evaluations Space Maintainers Radiographs Sealants 	90%	0%
Basic Services		
<ul style="list-style-type: none"> Amalgams and Resin Composites Prefabricated Stainless Steel Crowns Consultations 	70%	0%
Major Services (12 month wait period for non-pediatric services)		
<ul style="list-style-type: none"> Porcelain and Metal Crowns 	40%	0%



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GUARDIAN[®] Dental Plan Rates and Benefits Summary

<ul style="list-style-type: none"> • Endodontic Services • Periodontal Services • Extractions and Oral Surgery Services • Prosthodontic Services 		
Orthodontic Services (12 month wait for non-medically necessary)		
<ul style="list-style-type: none"> • Medically and Non-Medically Necessary Orthodontic Services for members under age 19 	50%	0%

MAXIMUMS FOR NON-PEDIATRIC DENTAL SERVICES:

Annual Maximum per Covered Person \$1,000.00

Non-Medically Necessary Orthodontics Lifetime Maximum per Dependent Child \$1,000.00

MAXIMUMS AND WAITING PERIODS DO NOT APPLY TO PEDIATRIC DENTAL SERVICES

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MNsured Health Insurance Plan Rates By Region

There are 9 insurance rate pricing regions in Minnesota

