



Ancillary Monthly Rate Sheet

Rates for Effective Dates - 11/1/2017 - 12/1/2017

Dental			
Guardian Managed DentalGuard (DMO) - No minimum participation		Two Tier	Four Tier
<ul style="list-style-type: none"> \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum on the plan and offers fixed patient charges for basic and major services No deductible Orthodontia benefit 	Employee	\$16.35	\$16.35
	Emp/Spouse	n/a	\$32.82
	Emp/Child(ren)	n/a	\$33.97
	Family	\$43.27	\$50.32
Guardian DentalGuard Preferred (Dual Option DMO/PPO) - 75% participation, excluding dental waivers			
<ul style="list-style-type: none"> No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$75 deductible for Out-of-Network services Annual maximum of \$1,000 In-Network-rollover Implant benefit 	Employee	\$45.86	\$45.86
	Emp/Spouse	n/a	\$96.37
	Emp/Child(ren)	n/a	\$87.86
	Family	\$123.58	\$140.40
Guardian Managed DentalGuard Plus (DMO Plus) - No minimum participation			
<ul style="list-style-type: none"> \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DMO plan No deductible Orthodontia benefit 	Employee	\$19.31	\$19.31
	Emp/Spouse	n/a	\$38.61
	Emp/Child(ren)	n/a	\$42.43
	Family	\$51.11	\$61.74
Guardian DentalGuard Preferred Plus (Dual Option DMO Plus/PPO Plus) - 75% participation, excluding dental waivers			
<ul style="list-style-type: none"> No referrals are needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,500 In-Network-rollover Implant benefit 	Employee	\$52.45	\$52.45
	Emp/Spouse	n/a	\$110.44
	Emp/Child(ren)	n/a	\$100.71
	Family	\$141.05	\$160.90

Solstice Dental EPO - No minimum participation		Four Tier
<ul style="list-style-type: none"> \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Open access and no specialist referrals No deductible, no calendar year maximum Orthodontia benefit Implant benefit 	Employee	\$18.83
	Emp/Spouse	\$32.95
	Emp/Child(ren)	\$40.80
	Family	\$51.78
Solstice Dental Value EPO - No minimum participation		Four Tier
<ul style="list-style-type: none"> \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Open access and no specialist referrals No deductible, no calendar year maximum Orthodontia benefit 	Employee	\$15.54
	Emp/Spouse	\$27.20
	Emp/Child(ren)	\$33.67
	Family	\$42.74
Solstice Dental PPO - No minimum participation		Four Tier
<ul style="list-style-type: none"> Includes 4 cleanings in any 12 consecutive months No referrals needed to see a specialist \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit 	Employee	\$58.90
	Emp/Spouse	\$105.14
	Emp/Child(ren)	\$124.07
	Family	\$163.04
Solstice Dental Value PPO MAC - No minimum participation		Four Tier
<ul style="list-style-type: none"> No referrals needed to see a specialist Out-of-Network reimbursement is MAC \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$73.31
	Family	\$106.03

Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. This is a summary of plan information. Please refer to the Eligibility Guidelines for further information. The following billing and administrative fees apply to the following products:

- Guardian DentalGuard Preferred & Plus plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Guardian VisionGuard: \$1.50
- Guardian EverGuard & EverGuard Plus plans: \$3.50
- Solstice PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Solstice Vision: \$1.50

Ancillary Monthly Rate Sheet
Rates for Effective Dates - 11/1/2017 - 12/1/2017

Vision			
Guardian VisionGuard - 20% participation, excluding vision waivers		Two Tier	Four Tier
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for materials every 24 months Davis Vision In- Network and Out-of-Network access as well 	Employee	\$6.93	\$6.93
	Emp/Spouse	n/a	\$10.62
	Emp/Child(ren)	n/a	\$10.80
	Family	\$13.17	\$16.23
Solstice Vision - No minimum participation		Four Tier	
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 12 months \$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well 	Employee	\$7.72	
	Emp/Spouse	\$12.39	
	Emp/Child(ren)	\$15.00	
	Family	\$18.61	

Bundled Life & Disability		
EverGuard - No minimum participation	Employee Ages	Three Tier
<ul style="list-style-type: none"> \$1,000 per month of disability income \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance Guaranteed Issued 	18-39	\$13.50
	40-54	\$26.00
	55+	\$48.50
EverGuard Plus - No minimum participation	Employee Ages	Three Tier
<ul style="list-style-type: none"> \$1,500 per month of disability income \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance Guaranteed Issued 	18-39	\$21.50
	40-54	\$39.50
	55+	\$75.50

Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. This is a summary of plan information. Please refer to the Eligibility Guidelines for further information. The following billing and administrative fees apply to the following products:

- Guardian DentalGuard Preferred & Plus plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Guardian VisionGuard: \$1.50
- Guardian EverGuard & EverGuard Plus plans: \$3.50
- Solstice PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Solstice Vision: \$1.50