



Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 7/1/2021, 8/1/2021, 9/1/2021

Dental		
Dental Package 1 - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard DHMO Plus, Solstice Dental EPO S700B, Solstice Dental EPO S800B and UnitedHealthcare Select Managed Care. There is no minimum participation.		
Guardian Managed DentalGuard DHMO		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	\$17.85
	Emp/Spouse	\$35.07
	Emp/Child(ren)	\$36.22
	Family	\$53.32
Guardian Managed DentalGuard DHMO Plus		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, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan ● No deductible ● Orthodontia benefit 	Employee	\$20.81
	Emp/Spouse	\$40.86
	Emp/Child(ren)	\$44.68
	Family	\$64.74
Solstice Dental EPO S700B		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 ● Cosmetic and orthodontia treatment covered ● Implant benefit 	Employee	\$17.37
	Emp/Spouse	\$33.99
	Emp/Child(ren)	\$38.32
	Family	\$53.50
Solstice Dental EPO S800B		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 ● Cosmetic and orthodontia treatment covered ● Implant benefit 	Employee	\$13.56
	Emp/Spouse	\$26.36
	Emp/Child(ren)	\$29.65
	Family	\$41.36
UnitedHealthcare Select Managed Care		Four Tier
<ul style="list-style-type: none"> ● 1 cleaning per consecutive 6 months ● No deductible ● No annual calendar maximum ● No waiting period ● Reasonable copayment charges apply for basic and major services ● Implant benefit 	Employee	\$17.66
	Emp/Spouse	\$30.61
	Emp/Child(ren)	\$37.27
	Family	\$47.52
Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers.		
Guardian Managed DentalGuard DHMO		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	\$17.85
	Emp/Spouse	\$35.07
	Emp/Child(ren)	\$36.22
	Family	\$53.32
Guardian DentalGuard Preferred PPO MAC		Four Tier
<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
	Emp/Spouse	\$96.37
	Emp/Child(ren)	\$87.86
	Family	\$140.40

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:

- Dental In-Network plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50



Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 7/1/2021, 8/1/2021, 9/1/2021

Dental continued...		
Dental Package 3 - Guardian Managed DentalGuard DHMO <i>Plus</i> and Guardian DentalGuard Preferred PPO <i>Plus</i> MAC. There is 75% participation, excluding dental waivers.		
Guardian Managed DentalGuard DHMO <i>Plus</i>		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, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DMO plan ● No deductible ● Orthodontia benefit 	Employee	\$20.81
	Emp/Spouse	\$40.86
	Emp/Child(ren)	\$44.68
	Family	\$64.74
Guardian DentalGuard Preferred PPO <i>Plus</i> MAC		Four Tier
<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 ● Combined In-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover) ● Implant benefit 	Employee	\$52.45
	Emp/Spouse	\$110.44
	Emp/Child(ren)	\$100.71
	Family	\$160.90
Dental Package 4 - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice Dental Value PPO MAC. There is no minimum participation.		
Solstice Dental EPO S700B		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 ● Cosmetic and orthodontia treatment covered ● Implant benefit 	Employee	\$17.37
	Emp/Spouse	\$33.99
	Emp/Child(ren)	\$38.32
	Family	\$53.50
Solstice Dental EPO S800B		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 ● Cosmetic and orthodontia treatment covered ● Implant benefit 	Employee	\$13.56
	Emp/Spouse	\$26.36
	Emp/Child(ren)	\$29.65
	Family	\$41.36
Solstice Dental PPO		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		Four Tier
<ul style="list-style-type: none"> ● Includes 2 cleanings in any 12 consecutive months ● No referrals needed to see a specialist ● Out-of-Network reimbursement is MAC (Maximum Allowable Charge) ● \$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:

- Dental In-Network plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50



Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 7/1/2021, 8/1/2021, 9/1/2021

Dental continued...		
Dental Package 5 - UnitedHealthcare Select Managed Care, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.		
UnitedHealthcare Select Managed Care		Four Tier
<ul style="list-style-type: none"> 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit 	Employee	\$17.66
	Emp/Spouse	\$30.61
	Emp/Child(ren)	\$37.27
	Family	\$47.52
UnitedHealthcare Low PPO MAC		Four Tier
<ul style="list-style-type: none"> No referrals to see a specialist \$50 deductible /\$75 deductible family (calendar year) \$1,000 both In and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$45.35
	Emp/Spouse	\$90.46
	Emp/Child(ren)	\$91.13
	Family	\$142.37
UnitedHealthcare High PPO MAC		Four Tier
<ul style="list-style-type: none"> No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$50 deductible /\$100 deductible family (calendar year) \$2,000 both In and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$53.23
	Emp/Spouse	\$106.21
	Emp/Child(ren)	\$104.84
	Family	\$164.73
Dental Package 6 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.		
UnitedHealthcare INO 100/50/50		Four Tier
<ul style="list-style-type: none"> 2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible /\$150 deductible family (calendar year) \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$26.49
	Emp/Spouse	\$52.23
	Emp/Child(ren)	\$54.90
	Family	\$84.32
UnitedHealthcare High PPO MAC		Four Tier
<ul style="list-style-type: none"> No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$50 deductible /\$100 deductible family (calendar year) \$2,000 both In and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$53.23
	Emp/Spouse	\$106.21
	Emp/Child(ren)	\$104.84
	Family	\$164.73

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:

- Dental In-Network plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50



Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 7/1/2021, 8/1/2021, 9/1/2021

Vision

Vision Package 1 – Guardian VisionGuard, Solstice Vision PPO and UnitedHealthcare Vision PPO. There is a 20% participation with Guardian VisionGuard, excluding vision waivers.

Guardian VisionGuard		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
	Emp/Spouse	\$11.37
	Emp/Child(ren)	\$11.55
	Family	\$17.73

Solstice Vision PPO		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	\$13.14
	Emp/Child(ren)	\$15.75
	Family	\$20.11

UnitedHealthcare Vision PPO		Four Tier
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for materials every 12 months Spectra Eyecare Networks; Out-of-Network access as well 	Employee	\$6.69
	Emp/Spouse	\$12.09
	Emp/Child(ren)	\$13.79
	Family	\$19.23

Vision Package 2 – Solstice Vision PPO and UnitedHealthcare Vision PPO. There is no minimum participation.

Solstice Vision PPO		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 Vision In-Network; Out-of-Network access as well 	Employee	\$7.72
	Emp/Spouse	\$13.14
	Emp/Child(ren)	\$15.75
	Family	\$20.11

UnitedHealthcare Vision PPO		Four Tier
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for materials every 12 months Spectra Eyecare Networks; Out-of-Network access as well 	Employee	\$6.69
	Emp/Spouse	\$12.09
	Emp/Child(ren)	\$13.79
	Family	\$19.23

Vision Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers

Guardian VisionGuard		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
	Emp/Spouse	\$11.37
	Emp/Child(ren)	\$11.55
	Family	\$17.73

Vision Package 4 – Solstice Vision PPO no minimum participation

Solstice Vision PPO		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 Vision In-Network; Out-of-Network access as well 	Employee	\$7.72
	Emp/Spouse	\$13.14
	Emp/Child(ren)	\$15.75
	Family	\$20.11

Vision Package 5 - UnitedHealthcare Vision PPO no minimum participation

UnitedHealthcare Vision PPO		Four Tier
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for materials every 12 months Spectra Eyecare Networks; Out-of-Network access as well 	Employee	\$6.69
	Emp/Spouse	\$12.09
	Emp/Child(ren)	\$13.79
	Family	\$19.23

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:

- Dental In-Network plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50



Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 7/1/2021, 8/1/2021, 9/1/2021

FSA & Commuter Benefits		
OCA - No minimum participation		
<ul style="list-style-type: none"> Flexible Spending Account (FSA) - Employees set aside money to pay for qualified medical, dental & vision expenses on a pre-tax basis Dependent Care Account (DCA) - Employees set aside money to pay for qualified dependent care expenses on a pre-tax basis Parking & Transit - Employees set aside money to pay for qualified parking & transit expenses on a pre-tax basis 	Per Member Per Month (PMPM)	\$8.00
Bundled Life & Disability		
EverGuard - No minimum participation		
<ul style="list-style-type: none"> \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance \$1,000 per month of Disability Income Guaranteed Issued 	Employee Ages	Three Tier
	18-39	\$13.50
	40-54	\$26.00
<ul style="list-style-type: none"> \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance \$1,500 per month of Disability Income Guaranteed Issued 	Employee Ages	Three Tier
	18-39	\$21.50
	40-54	\$39.50
55+	\$75.50	
Accident		
Guardian AccidentGuard Adv - No minimum participation		
<ul style="list-style-type: none"> Emergency room and urgent care facility treatment Hospital admission and confinement as well as ICU Occupational or physical therapy Transportation such as ambulance and air ambulance Xrays Household expenses towards rent, mortgage and/or food Injury-related modifications to your home and/or auto 	Employee	\$14.83
	Emp/Spouse	\$23.63
	Emp/Child(ren)	\$23.81
	Family	\$33.61
ID Theft		
Allstate Identity Protection Pro - No minimum participation		
<ul style="list-style-type: none"> Identity and credit monitoring Financial transaction monitoring Social Media reputation monitoring 24/7 Privacy Advocate remediation \$1 million identity theft insurance policy 	Employee	\$7.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$13.95
Allstate Identity Protection Pro Plus - No minimum participation		
<ul style="list-style-type: none"> Includes all the benefits of the Allstate Identity Protection Pro plan with added features Tri-bureau credit alerts and unlimited credit reports from TransUnion In-app Credit Lock IP address Monitoring 401(k) and HSA stolen fund reimbursement Tax fraud refund advances 	Employee	\$9.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$17.95
LifeLock Benefit Elite - No minimum participation		
<ul style="list-style-type: none"> LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million 	Employee	\$7.74
	Emp/Spouse	\$15.48
	Emp/Child(ren)	\$13.55
	Family	\$21.30
LifeLock Ultimate Plus™ - No minimum participation		
<ul style="list-style-type: none"> Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Sex Offender Registry Reports 	Employee	\$23.24
	Emp/Spouse	\$46.48
	Emp/Child(ren)	\$32.93
	Family	\$56.17

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:

- Dental In-Network plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50