

## 2023 Ancillary Plans & Monthly Rates

To access the Ancillary Exchange, an employee is required to enroll in EverGuard, EverGuard *Plus* or pay an Exchange Access Fee. EverGuard and EverGuard *Plus* are bundled security products consisting of Term Life, AD&D and Long Term Disability coverage.

Guardian EverGuard	Employee Ages	Three Tier
<ul style="list-style-type: none"> <li>\$25,000 of Term Life Insurance</li> <li>\$75,000 of Accidental Death &amp; Dismemberment Insurance</li> <li>\$1,000 per month of Disability Income</li> <li>Guaranteed Issued</li> </ul>	18-39	\$21.50
	40-54	\$34.00
	55+	\$56.50
Guardian EverGuard <i>Plus</i>	Employee Ages	Three Tier
<ul style="list-style-type: none"> <li>\$50,000 of Term Life Insurance</li> <li>\$100,000 of Accidental Death &amp; Dismemberment Insurance</li> <li>\$1,500 per month of Disability Income</li> <li>Guaranteed Issued</li> </ul>	18-39	\$29.50
	40-54	\$47.50
	55+	\$83.50
Exchange Access Fee		
<ul style="list-style-type: none"> <li>No insurance benefit provided. Exchange Access Fee allows employees to enroll in products offered through the Ancillary Exchange.</li> </ul>	Per Employee Per Month (PEPM)	\$8.00
Dental Package 1 - No Participation Requirements Apply		
Guardian Managed DentalGuard DHMO		Four Tier
<ul style="list-style-type: none"> <li>\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>No annual maximum on the plan and offers fixed patient charges for basic and major services</li> <li>No deductible</li> <li>Orthodontia benefit</li> </ul>	Employee	\$17.85
	Emp/Spouse	\$35.07
	Emp/Child(ren)	\$36.22
	Family	\$53.32
Guardian Managed DentalGuard DHMO <i>Plus</i>		Four Tier
<ul style="list-style-type: none"> <li>\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>No annual maximum, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan</li> <li>No deductible</li> <li>Orthodontia benefit</li> </ul>	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"> <li>\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>Open access and no specialist referrals</li> <li>No deductible, no calendar year maximum</li> <li>Cosmetic and orthodontia treatment covered</li> <li>Implant benefit via implant network provider only</li> </ul>	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"> <li>\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>Open access and no specialist referrals</li> <li>No deductible, no calendar year maximum</li> <li>Cosmetic and orthodontia treatment covered</li> <li>Implant benefit via implant network provider only</li> </ul>	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"> <li>Includes 4 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$2,000</li> <li>Implant benefit</li> </ul>	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"> <li>Includes 2 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge)</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$1,000</li> </ul>	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$73.31
	Family	\$106.03
UnitedHealthcare Select Managed Care		Four Tier
<ul style="list-style-type: none"> <li>1 cleaning per consecutive 6 months</li> <li>No deductible</li> <li>No annual calendar maximum</li> <li>No waiting period</li> <li>Reasonable copayment charges apply for basic and major services</li> <li>Implant benefit</li> </ul>	Employee	\$17.66
	Emp/Spouse	\$30.61
	Emp/Child(ren)	\$37.27
	Family	\$47.52

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 on a per employee per month (PEPM) basis to the products below:

- Guardian EverGuard & EverGuard *Plus* plans: \$3.50 billing and administrative fee and \$8.00 Exchange Access Fee
- 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 Accident/Guard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50

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**Dental Package 2 - Participation Requirements Apply** - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian dental plan. In order for an employee to enroll in either the UnitedHealthcare INO or a UnitedHealthcare PPO plan, there needs to be at least one additional enrollee in any UnitedHealthcare dental plan.

Plan Name	Employee	Family
<b>Guardian Managed DentalGuard DHMO</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>No annual maximum on the plan and offers fixed patient charges for basic and major services</li> <li>No deductible</li> <li>Orthodontia benefit</li> </ul>	Employee	\$17.85
	Emp/Spouse	\$35.07
	Emp/Child(ren)	\$36.22
	Family	\$53.32
<b>Guardian Managed DentalGuard DHMO Plus</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan</li> <li>No deductible</li> <li>Orthodontia benefit</li> </ul>	Employee	\$20.81
	Emp/Spouse	\$40.86
	Emp/Child(ren)	\$44.68
	Family	\$64.74
<b>Guardian DentalGuard Preferred PPO MAC</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>No referrals needed to see a specialist</li> <li>Out-of-area emergency coverage</li> <li>\$50 deductible for In-Network services/\$75 deductible for Out-of-Network services</li> <li>Annual maximum of \$1,000 In-Network-rollover</li> <li>Implant benefit</li> </ul>	Employee	\$45.86
	Emp/Spouse	\$96.37
	Emp/Child(ren)	\$87.86
	Family	\$140.40
<b>Guardian DentalGuard Preferred PPO Plus MAC</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>No referrals are needed to see a specialist</li> <li>Out-of-area emergency coverage</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Combined In-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover)</li> <li>Implant benefit</li> </ul>	Employee	\$52.45
	Emp/Spouse	\$110.44
	Emp/Child(ren)	\$100.71
	Family	\$160.90
<b>Solstice Dental EPO S700B</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>Open access and no specialist referrals</li> <li>No deductible, no calendar year maximum</li> <li>Cosmetic and orthodontia treatment covered</li> <li>Implant benefit via implant network provider only</li> </ul>	Employee	\$17.37
	Emp/Spouse	\$33.99
	Emp/Child(ren)	\$38.32
	Family	\$53.50
<b>Solstice Dental EPO S800B</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>Open access and no specialist referrals</li> <li>No deductible, no calendar year maximum</li> <li>Cosmetic and orthodontia treatment covered</li> <li>Implant benefit via implant network provider only</li> </ul>	Employee	\$13.56
	Emp/Spouse	\$26.36
	Emp/Child(ren)	\$29.65
	Family	\$41.36
<b>Solstice Dental PPO</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>Includes 4 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$2,000</li> <li>Implant benefit</li> </ul>	Employee	\$58.90
	Emp/Spouse	\$105.14
	Emp/Child(ren)	\$124.07
	Family	\$163.04
<b>Solstice Dental Value PPO MAC</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>Includes 2 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge)</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$1,000</li> </ul>	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$73.31
	Family	\$106.03
<b>UnitedHealthcare Select Managed Care</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>1 cleaning per consecutive 6 months</li> <li>No deductible</li> <li>No annual calendar maximum</li> <li>No waiting period</li> <li>Reasonable copayment charges apply for basic and major services</li> <li>Implant benefit</li> </ul>	Employee	\$17.66
	Emp/Spouse	\$30.61
	Emp/Child(ren)	\$37.27
	Family	\$47.52
<b>UnitedHealthcare INO 100/50/50</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>2 cleanings per consecutive 12 months</li> <li>No referrals to see a specialist</li> <li>No waiting period</li> <li>\$50 deductible /\$150 deductible family (calendar year)</li> <li>\$1,000 annual maximum</li> <li>Includes Out-of-Network emergency treatment, if necessary</li> <li>Implant and orthodontic benefits</li> <li>Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum</li> </ul>	Employee	\$26.49
	Emp/Spouse	\$52.23
	Emp/Child(ren)	\$54.90
	Family	\$84.32
<b>UnitedHealthcare Low PPO MAC</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>No referrals to see a specialist</li> <li>\$50 deductible /\$75 deductible family (calendar year)</li> <li>\$1,000 both In and Out-of-Network annual maximum</li> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees</li> <li>Implant and orthodontic benefits</li> <li>Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum</li> </ul>	Employee	\$45.35
	Emp/Spouse	\$90.46
	Emp/Child(ren)	\$91.13
	Family	\$142.37
<b>UnitedHealthcare High PPO MAC</b>	<b>Four Tier</b>	
<ul style="list-style-type: none"> <li>No referrals to see a specialist</li> <li>Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum</li> <li>\$50 deductible /\$100 deductible family (calendar year)</li> <li>\$2,000 both In and Out-of-Network annual maximum</li> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees</li> <li>Implant and orthodontic benefits</li> <li>Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum</li> </ul>	Employee	\$53.23
	Emp/Spouse	\$106.21
	Emp/Child(ren)	\$104.84
	Family	\$164.73

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- 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 \$16.25, EE+Child(ren) \$16.50, Family \$20.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50

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Vision		
<b>Guardian VisionGuard</b>		Four Tier
<ul style="list-style-type: none"> <li>\$10 copay for an exam every 12 months</li> <li>\$25 copay for materials every 24 months</li> <li>Davis Vision In-Network and Out-of-Network access as well</li> </ul>	Employee	\$6.93
	Emp/Spouse	\$11.37
	Emp/Child(ren)	\$11.55
	Family	\$17.73
<b>Solstice Vision PPO</b>		Four Tier
<ul style="list-style-type: none"> <li>\$10 copay for an exam every 12 months</li> <li>\$25 copay for lenses &amp; contact lenses every 12 months</li> <li>\$25 copay for frames every 24 months</li> <li>Davis Vision In-Network; Out-of-Network access as well</li> </ul>	Employee	\$7.72
	Emp/Spouse	\$13.14
	Emp/Child(ren)	\$15.75
	Family	\$20.11
<b>UnitedHealthcare Vision PPO</b>		Four Tier
<ul style="list-style-type: none"> <li>\$10 copay for an exam every 12 months</li> <li>\$25 copay for materials every 12 months</li> <li>Spectra Eyecare Networks; Out-of-Network access as well</li> </ul>	Employee	\$6.69
	Emp/Spouse	\$12.09
	Emp/Child(ren)	\$13.79
	Family	\$19.23
Accident		
<b>Guardian AccidentGuard Adv</b>		Four Tier
<ul style="list-style-type: none"> <li>Emergency room and urgent care facility treatment</li> <li>Hospital admission and confinement as well as ICU</li> <li>Occupational or physical therapy</li> <li>Transportation such as ambulance and air ambulance</li> <li>Xrays</li> <li>Household expenses towards rent, mortgage and/or food</li> <li>Injury-related modifications to your home and/or auto</li> </ul>	Employee	\$14.83
	Emp/Spouse	\$23.63
	Emp/Child(ren)	\$23.81
	Family	\$33.61
ID Theft		
<b>Allstate Identity Protection Pro</b>		Two Tier
<ul style="list-style-type: none"> <li>Identity and credit monitoring</li> <li>Financial transaction monitoring</li> <li>Social Media reputation monitoring</li> <li>24/7 Privacy Advocate remediation</li> <li>\$1 million identity theft insurance policy</li> </ul>	Employee	\$7.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$13.95
<b>Allstate Identity Protection Pro Plus</b>		Two Tier
<ul style="list-style-type: none"> <li>Includes all the benefits of the Allstate Identity Protection Pro plan with added features</li> <li>Tri-bureau credit alerts and unlimited credit reports from TransUnion</li> <li>In-app Credit Lock</li> <li>IP address Monitoring</li> <li>401(k) and HSA stolen fund reimbursement</li> <li>Tax fraud refund advances</li> </ul>	Employee	\$9.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$17.95
<b>LifeLock Benefit Elite</b>		Four Tier
<ul style="list-style-type: none"> <li>LifeLock Identity Alert System</li> <li>Lost Wallet Protection</li> <li>Address Change Verification</li> <li>Black Market Website Surveillance</li> <li>Checking and Savings Account Activity Alerts</li> <li>Stolen Fund Reimbursement: Up to \$1 Million</li> </ul>	Employee	\$7.74
	Emp/Spouse	\$15.48
	Emp/Child(ren)	\$13.55
	Family	\$21.30
<b>LifeLock Ultimate Plus™</b>		Four Tier
<ul style="list-style-type: none"> <li>Ultimate Plus™ plan includes all of the Benefit Elite plan with added features</li> <li>Checking &amp; Savings Account Application Alerts</li> <li>Bank Account Takeover Alerts</li> <li>Online Annual tri-bureau credit reports &amp; scores</li> <li>Monthly Credit Score Tracking</li> <li>Sex Offender Registry Reports</li> </ul>	Employee	\$23.24
	Emp/Spouse	\$46.48
	Emp/Child(ren)	\$32.93
	Family	\$56.17
Pet		
<b>Total Pet Plan</b> A discount plan bundle from Pet Benefit Solutions and includes Pet Assure, Pet Plus, AskVet and The PetTag (not insurance).		Two Tier
<ul style="list-style-type: none"> <li>Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services</li> <li>PetPlus (dogs &amp; cats only) - 40% discount on everyday pet products, Rx and preventatives</li> <li>AskVet (dogs &amp; cats only) - 24/7 Pet Telehealth</li> <li>ThePetTag (dogs &amp; cats only) - 24/7 Lost Pet Recovery Service</li> </ul>	Single Pet	\$11.75
	Family Pet (2+)	\$18.50

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• 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 AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50