



Ancillary Plans & Monthly Rates

Monthly Rates for Effective Date - 4/1/2023, 5/1/2023, 6/1/2023

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"> \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance \$1,000 per month of Disability Income Guaranteed Issued 	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"> \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance \$1,500 per month of Disability Income Guaranteed Issued 	18-39	\$29.50
	40-54	\$47.50
	55+	\$83.50
Exchange Access Fee		
<ul style="list-style-type: none"> No insurance benefit provided. Exchange Access Fee allows employees to enroll in products offered through the Ancillary Exchange. 	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"> \$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 <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 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 via implant network provider only 	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 via implant network provider only 	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
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

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

Ancillary Plans & Monthly Rates

Monthly Rates for Effective Date - 4/1/2023, 5/1/2023, 6/1/2023

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
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
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
Guardian DentalGuard Preferred PPO Plus 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
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 via implant network provider only 	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 via implant network provider only 	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
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 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 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

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

Ancillary Plans & Monthly Rates

Monthly Rates for Effective Date - 4/1/2023, 5/1/2023, 6/1/2023

Vision		
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
Accident		
Guardian AccidentGuard Adv		Four Tier
<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		Two Tier
<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		Two Tier
<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		Four Tier
<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™		Four Tier
<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
Pet		
Total Pet Plan 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"> Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services PetPlus (dogs & cats only) - 40% discount on everyday pet products, Rx and preventatives AskVet (dogs & cats only) - 24/7 Pet Telehealth ThePetTag (dogs & cats only) - 24/7 Lost Pet Recovery Service 	Single Pet	\$11.75
	Family Pet (2+)	\$18.50

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