

Monthly Rates for Effective Date - 10/1/2023, 11/1/2023, 12/1/2023

Dental

<u>Dental Package 1</u> - 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.

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Guardian Managed DentalGuard DHMO		Four Tier
 \$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 	Employee	\$19.85
	Emp/Spouse	\$37.07
No deductible Orthodontia benefit	Emp/Child(ren)	\$38.22
	Family	\$55.32
Guardian Managed DentalGuard DHMO Plus		Four Tier
	Employee	\$22.81
 \$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 	Emp/Spouse	\$42.86
 No deductible Orthodontia benefit 	Emp/Child(ren)	\$46.68
- Statedonia School	Family	\$66.74
Solstice Dental EPO S700B		Four Tier
\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$19.37
Open access and no specialist referrals	Emp/Spouse	\$35.99
 No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered 	Emp/Child(ren)	\$40.32
Implant benefit via implant network provider only	Family	\$55.50
Solstice Dental EPO S800B		Four Tier
 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) 	Employee	\$15.56
Open access and no specialist referrals	Emp/Spouse	\$28.36
Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$31.65
Implant benefit via implant network provider only	Family	\$43.36
UnitedHealthcare Select Managed Care		Four Tier
1 cleaning per consecutive 6 months	Employee	\$19.66
 No deductible No annual calendar maximum 	Emp/Spouse	\$32.61
No waiting period Reasonable copayment charges apply for basic and major services	Emp/Child(ren)	\$39.27
Implant benefit	Family	\$49.52
<u>Dental Package 2</u> - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. The dental waivers.	ere is 75% participa	ation, excluding
Guardian Managed DentalGuard DHMO		Four Tier
	Employee	\$19.85
 \$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 	Emp/Spouse	\$37.07
	Emp/Child(ren)	\$38.22
	Family	\$55.32
Guardian DentalGuard Preferred PPO MAC		Four Tier
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)	\$89.61
	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.

- Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with 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 \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.00

 Dental PPO plans: EE \$9.25, EE/Spouse \$1.25, EE+Child(ren) \$1.25, Family \$5.00

 Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

 Guardian EverGuard & EverGuard Plus plans: \$7.50 Per Employee Per Month (PEPM)

 Guardian AccidentGuard Adv plans: E8.350, EE/Spouse \$4.50, EE+Child(ren) \$4.25, Family \$4.50, Family \$6.50

 ID Theft plans: EE \$3.00, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.50
- Pet Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00



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Dental continued		
<u>Dental Package 3</u> - Guardian Managed DentalGuard DHMO <i>Plus</i> and Guardian DentalGuard Preferred PPO <i>Plus</i> I excluding dental waivers.	MAC. There is 75%	participation,
Guardian Managed DentalGuard DHMO Plus		Four Tier
	Employee	\$22.81
 \$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 	Emp/Spouse	\$42.86
No deductible Orthodontia benefit	Emp/Child(ren)	\$46.68
	Family	\$66.74
Guardian DentalGuard Preferred PPO Plus MAC		Four Tier
No referrals are needed to see a specialist	Employee	\$52.45
Out-of-area emergency coverage \$50 deductible for In-Network services \$50 deductible for Out-of-Network services	Emp/Spouse	\$110.44
Combined In-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover)	Emp/Child(ren)	\$102.46
Implant benefit	Family	\$160.90
<u>Dental Package 4</u> - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice Deminimum participation.	ntal Value PPO MA	AC. There is no
Solstice Dental EPO S700B		Four Tier
\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$19.37
Open access and no specialist referrals No deductible, no calendar year maximum	Emp/Spouse	\$35.99
Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$40.32
Implant benefit via implant network provider only	Family	\$55.50
Solstice Dental EPO S800B		Four Tier
 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) 	Employee	\$15.56
 Open access and no specialist referrals No deductible, no calendar year maximum 	Emp/Spouse	\$28.36
Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$31.65
Implant benefit via implant network provider only	Family	\$43.36
Solstice Dental PPO		Four Tier
● Includes 4 cleanings in any 12 consecutive months	Employee	\$58.90
No referrals needed to see a specialist	Emp/Spouse	\$105.14
 \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit 	Emp/Child(ren)	\$125.82
	Family	\$163.04
Solstice Dental Value PPO MAC		Four Tier
 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 	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$75.06
Annual maximum of \$1,000	Family	\$106.03

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The following billing and administrative fees apply to the following products:

• Dental In-Network plans: EE 53.0. EE/Spouse 52.5. EE+Childrigen) \$4.25. Family \$5.00

• Dental PPO plans: EE 93.25. EE/Spouse \$2.5. EE+Childrigen) \$2.5. Family \$3.0. Family \$3.0. Family \$3.0. Family \$3.0. Family \$3.0. Family \$4.5. Family \$5.0. Family \$5.0.



Monthly Rates for Effective Date - 10/1/2023, 11/1/2023, 12/1/2023

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tedHealthcare Select Managed Care It cleaning per consecutive 6 months No adeductible No annual calendar maximum No waiting perfolia Reasonable copayment charges apply for basic and major services mighalt benefit No waiting perfolia Reasonable copayment charges apply for basic and major services mighalt benefit No waiting perfol Reasonable copayment charges apply for basic and major services mighalt benefit No referrals to see a specialist Soft deductible S75 deductible family (calendar year) 11,000 both in and Out-of-Network annual maximum Dut-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mighalt and orthodonic benefits Consumer MaxMultiplier? reversers for dental care by adding dollars to next year's maximum Employee S33. Penulty S142 ItedHealthcare High PPO MAC No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum Dut-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mighalt and orthodonic benefits Consumer MaxMultiplier? reversers for dental care by adding dollars to next year's maximum Dut-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mighalt and orthodonic benefits Consumer MaxMultiplier? reversers for dental care by adding dollars to next year's maximum Employee S28. Remployee S29. Remployee S29. Remployee S29. Remployee S29. Remployee S29. Remployee S29. Remp		thcare High PPO MA	C. There is a two
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No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services mighant benefit \$9.50 deductible (STP deductible (STP) deductible (1 cleaning per consecutive 6 months	Employee	\$19.66
No waiting period Reasonable copayment charges apply for basic and major services Implant benefit No referrals to see a specialist Store deductible family (calendar year) St. 1,000 both in and Out-of-Network annual maximum All March Machine (are like exams, cleanings and x-rays won't apply to the annual maximum All Package 6 - United Healthcare INO 100/50/50 and United Healthcare High PPO MAC. There is a two enrolled minimum participation. Led Healthcare INO 100/50/50 Led Health	No deductible No annual calendar maximum	Emp/Spouse	\$32.61
Implant benefit ItedHealthcare Low PPO MAC No referrals to see a specialist So deductible (875 deductible family (calendar year) \$1,000 both in and Out-of-Network annual maximum Out-of-Network out-of-Network annual maximum Out-of-Network out-of	No waiting period	Emp/Child(ren)	\$39.27
No referrals to see a specialist \$50 deductible \$75 deductible family (calendar year) \$1,000 both in and Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees implicated and roth odors benefits consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Family \$142	Implant benefit	Family	\$49.52
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Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Templant and orthodontic benefits Templope \$55. Templope	\$50 deductible /\$75 deductible family (calendar year) \$1,000 both In and Out-of-Network annual maximum	Emp/Spouse	\$90.46
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Family \$142 tedHealthcare High PPO MAC 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 \$150 deductible family (calendar year) \$2,000 both in and Out-of-Network annual maximum \$3,000 both in and Out-of-Network annual maximum \$4,000 both in and Out-of-Network annual maximum \$5,000 denotes a specialist \$6,000 deluctible family (calendar year) \$1,000 annual maximum \$6,000 both in and Out-of-Network annual maximum \$7,000 annual maxim	Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees	Emp/Child(ren)	\$92.88
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 implicated and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Family \$164 Emp/Spouse Emp/Child(ren) \$106 Emp/Spouse \$106 Emp/Spouse \$106 Emp/Spouse \$106 Emp/Spouse \$106 Emp/Child(ren) \$566 Emp/Child(ren)	Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$142.37
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 Family \$164 Emp/Spouse \$106 Emp/Child(ren) \$106 Emp/Spouse \$28. Emp/Spouse \$28. Emp/Spouse \$34. Emp/Spouse \$44. Emp/Child(ren) \$56.	InitedHealthcare High PPO MAC		Four Tier
\$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 mplant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Teal Package 6 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation. TedHealthcare INO 100/50/50 Four 2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible (\$150 deductible family (calendar year) \$51,000 annual maximum nicludes Out-of-Network emergency treatment, if necessary implant and orthodontic benefits TedHealthcare High PPO MAC TedHealthcare High PPO MAC Four No referrals to see a specialist Family \$86. Temployee \$53. Four No referrals to see a specialist Family \$86. Four No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$850 deductible family (calendar year) \$50. Four No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$850 deductible family (calendar year) \$50. Four No referrals to see and the sexams of	No referrals to see a specialist	Employee	\$53.23
Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mplant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Family \$164 Tamily \$164 Family \$166 Family Family \$166 Family Family \$166 Family \$166 Family Family \$166 F	\$50 deductible /\$100 deductible family (calendar year)	Emp/Spouse	\$106.21
tedHealthcare INO 100/50/50 2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period 350 deductible /\$150 deductible family (calendar year) Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum No referrals to see a specialist Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum No referrals to see a specialist Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum Temployee \$56. Emp/Child(ren) \$56. Employee \$57. Employee \$58. Employee \$53. Employee \$54. Employee \$55. Employee \$5	Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits	Emp/Child(ren)	\$106.59
Columnia	Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$164.73
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 tedHealthcare High PPO MAC Employee \$53. Employee \$54. Emp/Child(ren) \$56. Family \$86. Family \$86. Employee \$53. Emp/Spouse \$106 Emp/Spouse \$106 Emp/Child(ren) \$106 Emp/Child(ren) \$106 Emp/Child(ren) \$106	Dental Package 6 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two enr	olled minimum partic	pation.
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 TedHealthcare High PPO MAC Emp/Child(ren) \$56.	InitedHealthcare INO 100/50/50		Four Tier
\$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 tedHealthcare High PPO MAC Four	2 cleanings per consecutive 12 months No referrals to see a specialist	Employee	\$28.49
Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum tedHealthcare High PPO MAC Four 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 Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$56. Emp/Child(ren) \$106	No waiting period \$50 deductible family (calendar year)	Emp/Spouse	\$54.23
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum tedHealthcare High PPO MAC 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 Emp/Child(ren) \$106	includes Out-of-Network emergency treatment, if necessary	Emp/Child(ren)	\$56.90
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 Emp/Child(ren) \$106	Implant and orthodonic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$86.32
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 Emp/Child(ren) \$106	nitedHealthcare High PPO MAC		Four Tier
\$100 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 Emp/Child(ren) \$106	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	Employee	\$53.23
Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees implant and orthodontic benefits		Emp/Spouse	\$106.21
	Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits	Emp/Child(ren)	\$106.59
	Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$164.73

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The following billing and administrative fees apply to the following products:

Dental In-Network plans: EE \$5.05, EE/Spouse \$4.25, EE/Child(ren) \$4.25, Family \$5.00

Dental PPO plans, EE \$9.25, EE/Spouse \$18.25, EE/Child(ren) \$18.25, Family \$3.00

Guardan EverGuard & EverGuard Plus plans: \$7.50 Per Employee Per Month (PEPM)

Guardan AccidentGuard Adv plan: EE \$3.00, EE/Spouse \$4.25, EE/Child(ren) \$4.50, Family \$5.00

ID That plans: EE \$3.00, EE/Spouse \$4.25, EE/Child(ren) \$4.50, Family \$5.00

Pet Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00



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Vision		
Vision Package 1 – Guardian VisionGuard, Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. 7	Thora is a 20% participation wi	th Guardian
<u>vision rackage i</u> – Guardian vision Guard, Solstice vision 3 FFO and Onled realificate vision FFO. I VisionGuard, excluding vision waivers.	There is a 20 % participation wi	iii Guaitiaii
Guardian VisionGuard		Four Tier
Surfacilit Vision Suaru	Employee	\$6.93
 \$10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 24 months 	Emp/Spouse	\$11.37
\$25 copay for frames every 24 months	Emp/Child(ren)	\$11.55
Davis Vision In-Network; Out-of-Network access as well	Family	\$17.73
Solstice Vision 5 PPO		Four Tier
\$10 copay for an exam every 12 months	Employee	\$6.53
\$10 copay for lenses & contact lenses every 12 months	Emp/Spouse	\$11.80
 \$10 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well 	Emp/Child(ren)	\$13.45
	Family	\$18.77
JnitedHealthcare Vision PPO		Four Tier
\$10 copay for an exam every 12 months	Employee	\$6.69
● \$25 copay for lenses & contact lenses every 24 months	Emp/Spouse	\$12.09
 \$25 copay for frames every 24 months Spectera Vision Network In-Network; Out-of-Network access as well 	Emp/Child(ren)	\$13.79
Openina vision network in rections, out-of-network access as well	Family	\$19.23
/ision Package 2 – Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is no minimum pa	articipation.	
Solstice Vision 5 PPO		Four Tier
	Employee	\$6.53
\$10 copay for an exam every 12 months		\$11.80
\$10 copay for lenses & contact lenses every 12 months \$10 copay for frames every 12 months	Emp/Spouse	· · · · · · · · · · · · · · · · · · ·
Spectera Vision Network In-Network; Out-of-Network access as well	Emp/Child(ren)	\$13.45
	Family	\$18.77
InitedHealthcare Vision PPO		Four Tier
\$10 copay for an exam every 12 months	Employee	\$6.69
\$25 copay for lenses & contact lenses every 24 months	Emp/Spouse	\$12.09
 \$25 copay for frames every 24 months Spectera Vision Network In-Network; Out-of-Network access as well 	Emp/Child(ren)	\$13.79
	Family	\$19.23
/ision Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers		
Guardian VisionGuard		Four Tier
	Employee	\$6.93
\$10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 24 months	Emp/Spouse	\$11.37
\$25 copay for frames every 24 months	Emp/Child(ren)	\$11.55
Davis Vision In-Network; Out-of-Network access as well	Family	\$17.73
Solon Books at A. Colotico Vision 5 DDO no minimum attituding	ганну	φ1/./3
<u>Vision Package 4</u> – Solstice Vision 5 PPO no minimum participation		
Solstice Vision 5 PPO		Four Tier
\$10 copay for an exam every 12 months	Employee	\$6.53
\$10 copay for lenses & contact lenses every 12 months	Emp/Spouse	\$11.80
 \$10 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well 	Emp/Child(ren)	\$13.45
Openera vision rectwork ill-rectwork, Out-of-rectwork access as well	Family	\$18.77
/ision Package 5 - UnitedHealthcare Vision PPO no minimum participation		
JnitedHealthcare Vision PPO		Four Tier
	Employee	\$6.69
\$10 copay for an exam every 12 months	Employee	<u> </u>
 \$25 copay for lenses & contact lenses every 24 months \$25 copay for frames every 24 months 	Emp/Spouse	\$12.09
Spectera Vision Network In-Network; Out-of-Network access as well	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 \$3.05, EERSpouse \$4.25, EER-Children) \$4.25, Family \$5.00

• Dental PPO plans: EE \$9.25, EERSpouse \$1.25, EER-Children) \$4.25, Family \$3.00

• Usion plans: EE \$1.50, EERSpouse \$2.25, EER-Children) \$4.25, Family \$3.00

• Guardian EverGuard & EverGuard Plus plans: \$7.50 Per Employee Per Month (PEPM)

• Guardian Accidentificant Adv plan: EE \$3.00, EERSpouse \$4.25, EER-Children) \$4.50, Family \$5.50

• In Their plans: EE \$3.00, EERSpouse \$4.25, EER-Children) \$4.50, Family \$5.50

• Pet Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00



Monthly Rates for Effective Date - 10/1/2023, 11/1/2023, 12/1/2023

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All plans listed below have no minimum participation requirements.		
FSA & Commuter Benefits		
OCA		
 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 Enrolled Per Month (PEPM)	\$8.00
Bundled Life & Disability		
EverGuard	Employee Ages	Three Tier
\$25,000 of Term Life Insurance	18-39	\$17.50
 \$75,000 of Accidental Death & Dismemberment Insurance \$1,000 per month of Disability Income 	40-54	\$30.00
Guaranteed Issued	55+	\$52.50
EverGuard <i>Plu</i> s	Employee Ages	Three Tier
\$50,000 of Term Life Insurance	18-39	\$25.50
 \$100,000 of Accidental Death & Dismemberment Insurance \$1,500 per month of Disability Income 	40-54	\$43.50
Guaranteed Issued	55+	\$79.50
Accident		******
Guardian AccidentGuard Adv		Four Tier
X-rays, emergency room and urgent care facility treatment	Employee	\$15.83
Hospital admission and confinement as well as ICU	Emp/Spouse	\$24.63
Occupational or physical therapy Transportation such as ambulance and air ambulance		·
Household expenses towards rent, mortgage and/or food Injury-related modifications to your home and/or auto	Emp/Child(ren)	\$24.81
	Family	\$34.61
Health, Wellness & Cosmetic		
Beyond Med (discount plan)		
 Membership program offering up to 20% reduced costs on elective and cosmetic services Services include fertility, dermatology, med spa, plastic surgery, acupuncture, bariatrics and more 	Employee	\$9.99
Exclusive network of board-certified doctors and licensed providers	Family	\$19.99
No benefit usage limitations for in-network providers, no claims and no waiting periods	1 dillily	Ψ13.33
D Theft		
Allstate Identity Protection Pro		Two Tier
Identity and credit monitoring Financial transaction monitoring	Employee	\$10.95
Social Media reputation monitoring	Emp/Spouse	n/a
 24/7 Privacy Advocate remediation \$1 million identity theft insurance policy 	Emp/Child(ren)	n/a
	Family	\$19.45
Allstate Identity Protection Pro Plus Includes all the benefits of the Allstate Identity Protection Pro plan with added features	Employee	Two Tier
Tri-bureau credit alerts and unlimited credit reports from TransUnion	Employee	\$12.95
In-app Credit Lock IP address Monitoring	Emp/Spouse	n/a
401(k) and HSA stolen fund reimbursement	Emp/Child(ren)	n/a
Tax fraud refund advances ifeLock Benefit Elite	Family	\$23.45 Four Tier
LifeLock Identity Alert System	Employee	\$10.74
Lost Wallet Protection	Emp/Spouse	\$19.73
Address Change Verification Black Market Website Surveillance	Emp/Child(ren)	\$17.80
Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million	Family	\$26.80
ifeLock Ultimate Plus™	. anny	Four Tier
Ultimate Plus™ plan includes all of the Benefit Elite plan with added features	Employee	\$26.24
Checking & Savings Account Application Alerts Bank Account Takeover Alerts	Emp/Spouse	\$50.73
Online Annual tri-bureau credit reports & scores	Emp/Child(ren)	\$37.18
 Monthly Credit Score Tracking Sex Offender Registry Reports 	Family	\$61.67
Pet Benefit Solutions	,	
Fotal Pet Plan (discount plan bundle)		Two Tier
Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services	Single Pet	\$13.75
 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	Family Pet (2+)	\$22.50
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 Dental PPO plans: EE \$9.5, EE/Spouses \$4.25, EE+Child(ren) \$4.25, Family \$6.50

 Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

 Guardian EverGuard & EverGuard Plas plans: \$7.50 Per Employee Per Month (FEPM)

 Guardian Codiomicibuard Adv plans: EE \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$6.50

 ID Theit plans: EE \$3.00, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.50

 Pet Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00