

## **New York Ancillary Plans & Monthly Rates**

Monthly Rates for Effective Dates - 1/1/2024, 2/1/2024, 3/1/2024

To access the Ancillary Exchange an employee is required to pay a \$2.00 Per Employee Per Month (PEPM) Exchange Access Fee

To access the Ancillary Exchange an employee is required to pay a \$2.00 Per Employee Per Month (PEPM) Exchange Access Fee. Additional participation requirements vary per package or plan.					
Dental Package 1 - No Participation Requirements Apply					
Guardian Managed DentalGuard DHMO		Four Tier			
<ul> <li>\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup</li> </ul>	Employee	\$19.85			
and 2nd visit includes cleaning only)	Emp/Spouse	\$37.07			
<ul> <li>No annual maximum on the plan and offers fixed patient charges for basic and major services</li> <li>No deductible</li> </ul>	Emp/Child(ren)	\$38.22			
Orthodontia benefit	Family	\$55.32			
Guardian Managed DentalGuard DHMO <i>Plus</i>		Four Tier			
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup)	Employee	\$22.81			
<ul> <li>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</li> </ul>	Emp/Spouse	\$42.86			
than the standard DHMO plan	Emp/Child(ren)	\$46.68			
<ul><li>No deductible</li><li>Orthodontia benefit</li></ul>	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	Employee	\$19.37			
and 2nd visit includes cleaning only)  Open access and no specialist referrals	Emp/Spouse	\$35.99			
No deductible, no calendar year maximum	Emp/Child(ren)	\$40.32			
<ul> <li>Cosmetic and orthodontia treatment covered</li> <li>Implant benefit via implant network provider only</li> </ul>	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	Employee	\$15.56			
and 2nd visit includes cleaning only)  ■ Open access and no specialist referrals	Emp/Spouse	\$28.36			
<ul> <li>No deductible, no calendar year maximum</li> <li>Cosmetic and orthodontia treatment covered</li> </ul>	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	Emp/Child(ren)	\$125.82			
Implant benefit	Family	\$163.04			
Solstice Dental Value PPO MAC		Four Tier			
Includes 2 cleanings in any 12 consecutive months	Employee	\$34.25			
<ul> <li>No referrals needed to see a specialist</li> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge)</li> </ul>	Emp/Spouse	\$68.24			
<ul> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> </ul>	Emp/Child(ren)	\$75.06			
Annual maximum of \$1,000	Family	\$106.03			
UnitedHealthcare National Exclusive Network		Four Tier			
1 cleaning per consecutive 6 months	Employee	\$19.66			
No deductible, no annual calendar maximum	Emp/Spouse	\$32.61			
<ul> <li>No waiting period</li> <li>Reasonable copayment charges apply for basic and major services</li> </ul>	Emp/Child(ren)	\$39.27			
Implant benefit	Family	\$49.52			

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 to the following products:

Dental In-Network plans: EE \$3.05. EE/Spouse \$4.25. EE-Childfren) \$4.25. Family \$5.00

Dental PPO plans: EE \$3.05. EE/Spouse \$4.25. EE-Childfren) \$4.25. Family \$3.00

Vision plans: EE \$1.05. EE/Spouse \$2.55. EE+Childfren) \$2.25. Family \$3.00

Guardian Employer Paid Life/AD&D plans: \$3.00 Per Employee Per Month (PEPM)

Guardian Voluntary Life plans: EE \$3.00. EE/Spouse \$3.00. EE+Childfren) \$4.05. Family \$4.50

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

Guardian AccidentGuard Adv plan: EE \$3.00. EE/Spouse \$4.50. EE+Childfren) \$4.05. Family \$6.50

ID Theft plans: EE \$3.00. EE/Spouse \$4.25. EE+Childfren) \$4.05. Family \$5.50

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

## New York Ancillary Plans & Monthly Rates Monthly Rates for Effective Dates - 1/1/2024, 2/1/2024, 3/1/2024

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.

employee to enroll in either the UnitedHealthcare INO or a UnitedHealthcare PPO plan, there needs to be at least one additional	al enrollee in any UnitedHealthcare dental	olan.
uardian 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)	Employee	\$19.85
No annual maximum on the plan and offers fixed patient charges for basic and major services  No deductible	Emp/Spouse	\$37.07
Orthodontia benefit	Emp/Child(ren) Family	\$38.22 \$55.32
ardian Managed DentalGuard DHMO <i>Plus</i>	1 dillily	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)	Employee	\$22.81
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
ardian DentalGuard Preferred PPO MAC	Family	\$66.74 Four Tier
No referrals needed to see a specialist	Employee	\$43.66
Out-of-area emergency coverage	Emp/Spouse	\$91.68
50 deductible for In-Network services/\$75 deductible for Out-of-Network services Innual maximum of \$1,000 In-Network-rollover	Emp/Child(ren)	\$85.33
mplant benefit	Family	\$133.57
ardian DentalGuard Preferred PPO 70 UCR		Four Tier
No referrals needed to see a specialist Dut-of-area emergency coverage	Employee	\$52.45
350 deductible for In-Network services/\$50 deductible for Out-of-Network services	Emp/Spouse	\$110.44 \$102.46
Annual maximum of \$1,500 In-Network, \$500 rollover mplant benefit	Emp/Child(ren) Family	\$102.46 \$160.90
ardian DentalGuard Preferred PPO 90 UCR	railily	Four Tier
	Employee	\$69.07
lo referrals needed to see a specialist Dut-of-area emergency coverage		\$145.90
50 deductible for In-Network/\$50 deductible for Out-of-Network, n/a preventive services nnual maximum of \$1,500 In-Network, n/a preventive services	Emp/Spouse	
nplant benefit	Emp/Child(ren)	\$147.23
hild orthodontia benefit,\$1,500 max	Family	\$226.88
stice 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 to deductible, no calendar year maximum	Emp/Spouse	\$35.99
cosmetic and orthodontia treatment covered mplant benefit via implant network provider only	Emp/Child(ren)	\$40.32
	Family	\$55.50
stice 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) open access and no specialist referrals	Employee	\$15.56
o deductible, no calendar year maximum	Emp/Spouse	\$28.36
osmetic and orthodontia treatment covered  nplant benefit via implant network provider only	Emp/Child(ren)	\$31.65
	Family	\$43.36
stice Dental PPO		Four Tier
ncludes 4 cleanings in any 12 consecutive months	Employee	\$58.90
lo referrals needed to see a specialist 50 deductible for In-Network services/\$50 deductible for Out-of-Network services	Emp/Spouse	\$105.14
Annual maximum of \$2,000 mplant benefit	Emp/Child(ren)	\$125.82
	Family	\$163.04
stice Dental Value PPO MAC		Four Tier
ncludes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist	Employee	\$34.25
Out-of-Network reimbursement is MAC (Maximum Allowable Charge)	Emp/Spouse	\$68.24
50 deductible for In-Network services/\$50 deductible for Out-of-Network services	Emp/Child(ren)	\$75.06
• ***	Family	\$106.03
tedHealthcare National Exclusive Network	Frantsuss	Four Tier
cleaning per consecutive 6 months lo deductible, no annual calendar maximum	Employee Emp/Spouse	\$19.66 \$32.61
lo waiting period leasonable copayment charges apply for basic and major services	Emp/Child(ren)	\$39.27
nplant benefit	Family	\$49.52
edHealthcare INO 100/50/50		Four Tier
cleanings per consecutive 12 months	Employee	\$28.49
lo referrals to see a specialist	Linployed	
o waiting period 50 deductible /\$150 deductible family (calendar year)	Emp/Spouse	\$54.23
1,000 annual maximum ncludes Out-of-Network emergency treatment, if necessary	Emp/Child(ren)	\$56.90
nplant and orthodontic benefits		
consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$86.32
edHealthcare Low PPO MAC		Four Tier
lo referrals to see a specialist	Employee	\$45.35
50 deductible /\$75 deductible family (calendar year) 1,000 both In and Out-of-Network annual maximum	Emp/Spouse	\$90.46
uut-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees nplant and orthodontic benefits	Emp/Child(ren)	\$92.88
nplant and orthodonic benefits onsumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$142.37
	,	Four Tier
edHealthcare High PPO MAC	Employee	\$53.23
		*
to referrals to see a specialist reventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum		6406.04
lo referrals to see a specialist reventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum 50 deductible /\$100 deductible family (calendar year)	Emp/Spouse	\$106.21
to referrals to see a specialist reventive 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 but-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees		\$106.59
to referrals to see a specialist reventive 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 but-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mplant and orthodontic benefits	Emp/Spouse Emp/Child(ren)	\$106.59
to referrals to see a specialist reventive 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 but-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mplant and orthodontic benefits consumer MaxMultiplier <sup>®</sup> rewards for dental care by adding dollars to next year's maximum	Emp/Spouse	<u> </u>
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 \$7.00 deductible family (calendar year) \$52,000 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 miplant and orthodontic benefits  Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum  are subject to first verification at the time of enciment. Densetic Partner overage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.  as summary of lan information. Please erefor to the Eubliship Guidelines for further information.  Invariant land to the same as post to the following products.	Emp/Spouse Emp/Child(ren)	\$106.59
to referrals to see a specialist reventive 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 but-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  re subject to find 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.  a summary of plan information. Please refer to the Eliability Guidelines for further information.  which plan and administrative fees apply to the following products:  tall in-Network plans: EE \$3.00 EE/Spouse \$4.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$14.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$14.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$4.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$4.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$4.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$4.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$4.25, EE-Holdrien) \$4.25, Family \$5.00 that PPO plans: EE \$3.00 EE/Spouse \$4.25, EE-Holdrien) \$4.25, Family \$5.00 that \$4.25, EE-Holdrien) \$4.25, EE-Ho	Emp/Spouse Emp/Child(ren)	\$106.59
or referrals to see a specialist reventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum 50 deductible [5100 deductible family (calendar year) 2,000 both In and Out-of-Network annual maximum ut-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees plant and orthodontic benefits onsumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum re subject to final verification at the time of enrolment. Demestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. summary of plan information. Please refer to the Esilability Guidelines for thather information. summary of plan information. Please refer to the Esilability Guidelines for thather information. It is In-Network plans: EE \$3.50, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-Childrigh \$4.25, Family \$5.00 tal PPO plans: EE \$9.35, EE/Spouse \$4.25, EE-C	Emp/Spouse Emp/Child(ren)	\$106.59

## New York Ancillary Plans & Monthly Rates Monthly Rates for Effective Dates - 1/1/2024, 2/1/2024, 3/1/2024

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S \$10 copay for frames every 12 months Spectrar Nison Network In-Network (2-Network access as well  Spectrar Nison Network In-Network (2-Network access as well  Spectrar Nison Network In-Network (2-Network access as well  Sign oppay for an exam every 12 months Sign oppay for an exam every 12 months Sign oppay for frames for										·		
Special Vision Network (In-Network Quit-of-Network access as well			rery 12 monu	15						•		
\$10 copay for an exam every 12 months   \$25 copay for lances & contact tenses every 12 months   \$25 copay for femice seep Vision Month   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78   \$13.78							• • • •		·			
Size Copply for lettines & control females every 12 months   Size Copply for females & control females every 12 months   Size Copply for females & control females every 12 months   Size Copply for females & Control females every 12 months   Size Copply for females   Size Cop	UnitedHealthcare Vision PPO											
S 25 copaly for frames every 12 months         EmpChild(ren)         \$13.79           Specters Vision Network In-Network ; Out-of-Network access as well         Family         \$13.79           Specters Vision Network In-Network; Out-of-Network access as well         Family         \$13.79           Spected Vision Network In-Network; Out-of-Network access as well         Family         \$19.23           Lite/ADAD           Surgion of Term Life Insurance Coverage         Per Enrolled Per Month (PEPM)         \$14.50           Guarained Sisua - open enrollment         Accelerated Life Benefit - terminal condition         Per Enrolled Per Month (PEPM)           S 100,000 of Term Life Insurance Coverage         Per Enrolled Per Month (PEPM)           S 200,000 of Term Life Insurance Coverage         Per Enrolled Per Month (PEPM)           S 200,000 of Term Life Insurance         Per Enrolled Per Month (PEPM)           S 200,000 of Term Life Insurance         Per Enrolled Per Month (PEPM)           S 246.00         Per Enrolled Per Month (PEPM)           S 240.00           S 240.00         Per Enrolled Per Month (PEPM)           Per Enrolled Per Month (PEPM)           S 240.00 <td co<="" td=""><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td><td colspan="2">·</td></td>	<td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> <td colspan="2">·</td>		•								·	
Specified Vision Network In-Network; Out-of-Network access as well			very 12 month	ns								
Clarachan Employer Paid Life/AD&D 50K - Employee non-contributory 100% participation   S			t-of-Network a	access as wel	I			-				
Guardian Employer Paid Life/AD8D 50K - Employee non-contributory 100% participation         Por Enrolled Per Brotiled Per Brotile Per Brotiled Per Month (PEPM)         \$14,50           ■ S50,000 of Term Life Insurance Coverage         E-hanced AD8D - 100% of If benefit         Per Enrolled Per Month (PEPM)         \$14,50           ■ Accelerated Life Benefit - Insurance Coverage         ■ \$100,000 of Term Life Insurance Coverage         Per Enrolled Per Month (PEPM)         \$26,00           ■ Enhanced AD8D - 100% of If benefit         Per Enrolled Per Month (PEPM)         \$26,00           Life         Guaranteed Issue - open errollment         Accelerated Life Benefit - terminal condition         Per Enrolled Per Month (PEPM)           Life         Guaranteed Issue - open errollment         Accelerated Life Benefit - terminal condition         \$26,00           Life         Guaranteed Issue - open errollment         Accelerated Life Benefit - terminal condition         \$26,00           Life         Guaranteed Issue - open errollment         Accelerated Life Benefit - terminal condition         \$26,00           Life         Guaranteed Issue - open errollment         Accelerated Life Benefit - terminal condition         \$26,00           Life         Guaranteed Issue - open errollment         \$20,00         \$13,35         \$19,53         \$26,38         \$44,60         \$85,40           EEP/Spouse         \$6,40         \$7.7.7 <t< td=""><td>Life/ΔD&amp;D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><b>,</b></td><td>1</td><td></td></t<>	Life/ΔD&D								<b>,</b>	1		
E Enhanced ADB D = 100% of life benefit → controllment         C Guarantee Dissue - open enrollment         Per Enrolled Per Month (PEPM)         \$14,50		AD&D 50K - Er	nployee non-	contributory 1	00% participa	tion						
Guaranteed Issue - open errollment   Accelerated Life Benefit   terminal condition	,	- 3	e					Per Ei	nrolled		\$14.50	
\$100,000 of Term Life Insurance Coverage   Enhanced AD&D - 100% of life benefit   Cuaranteed Issue - open enrollment   Accelerated Life Benefit - terminal condition			ion					Per Mont	h (PEPM)	\$14		
€ Enhanced AD&D - 100% of life benefit       \$26.00         • Guaranteed Issue - open enrollment       • Accelerated Life Benefit - terminal condition       \$26.00         Life         Guaranteed Issue - open enrollment       • Accelerated Life Benefit - terminal condition         Life         Cluster Issue - open enrollment       Colspan="8">Cluster Issue - open enrollment         Accelerated Life Benefit - terminal condition         Accelerated Life Benefit - terminal condition         Cluster Issue - open enrollment         Age       < 30       30-34       35-39       40-44       45-49       50-54       55-59       60-64       65-69       70+         Employee       \$4.13       \$4.33       \$5.10       \$6.33       \$8.90       \$13.35       \$19.53       \$26.38       \$44.60       \$85.40         EE/Spouse       \$6.40       \$6.72       \$7.96       \$9.92       \$14.04       \$21.16       \$31.04       \$42.00       \$71.16       \$136.44         EE/Child(ren)       \$6.20       \$6.40       \$7.17       \$8.40       \$10.97       \$15.42       \$21.60       \$28.45       \$46.67       \$87.47         Family	. ,			-contributory	100% particip	ation						
Age	<ul><li>Enhanced AD&amp;D - 100% of</li><li>Guaranteed Issue - open 6</li></ul>	of life benefit enrollment	•							\$26	\$26.00	
Age	Life											
Employee \$4.13 \$4.33 \$5.10 \$6.33 \$8.90 \$13.35 \$19.53 \$26.38 \$44.60 \$85.40 \$EE/Spouse \$6.40 \$6.72 \$7.96 \$9.92 \$14.04 \$21.16 \$31.04 \$42.00 \$71.16 \$136.44 \$EE/Child(ren) \$6.20 \$6.40 \$7.17 \$8.40 \$10.97 \$15.42 \$21.60 \$28.45 \$46.67 \$87.47 \$amily \$8.97 \$9.29 \$10.53 \$12.49 \$16.61 \$23.73 \$33.61 \$44.57 \$73.73 \$139.01 \$cuardian Voluntary Life 50K - 15% participation Age \$30 \$30.34 \$35.39 \$40.44 \$45.49 \$50.54 \$55.59 \$60.64 \$65.69 \$70.88 \$20 \$10.65 \$15.80 \$24.70 \$37.05 \$50.75 \$87.20 \$168.80 \$26.25 \$6.65 \$8.20 \$10.65 \$15.80 \$24.70 \$37.05 \$50.75 \$87.20 \$168.80 \$26.25 \$6.65 \$8.20 \$10.65 \$15.80 \$24.70 \$37.05 \$50.75 \$87.20 \$168.80 \$26.25 \$6.65 \$8.20 \$10.27 \$12.72 \$17.87 \$26.77 \$39.12 \$52.82 \$89.27 \$170.87 \$26.77 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$89.27 \$170.87 \$26.71 \$39.12 \$52.82 \$39.27 \$170.87 \$26.71 \$39.12 \$52.82 \$39.27 \$170.87 \$26.71 \$39.12 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$3	Guardian Voluntary Life 25K -	15% participat	tion									
EE/Spouse	Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
EE/Child(ren) \$6.20 \$6.40 \$7.17 \$8.40 \$10.97 \$15.42 \$21.60 \$28.45 \$46.67 \$87.47 Family \$8.97 \$9.29 \$10.53 \$12.49 \$16.61 \$23.73 \$33.61 \$44.57 \$73.73 \$139.01 Guardian Voluntary Life 50K - 15% participation  Age	Employee	\$4.13	\$4.33	\$5.10	\$6.33	\$8.90	\$13.35	\$19.53	\$26.38	\$44.60	\$85.40	
Family \$8.97 \$9.29 \$10.53 \$12.49 \$16.61 \$23.73 \$33.61 \$44.57 \$73.73 \$139.01  Guardian Voluntary Life 50K - 15% participation  Age	EE/Spouse	\$6.40	\$6.72	\$7.96	\$9.92	\$14.04	\$21.16	\$31.04	\$42.00	\$71.16	\$136.44	
Age   \$30   \$30-34   \$35-39   \$40-44   \$45-49   \$50-54   \$55-59   \$60-64   \$65-69   \$70+	EE/Child(ren)	\$6.20	\$6.40	\$7.17	\$8.40	\$10.97	\$15.42	\$21.60	\$28.45	\$46.67	\$87.47	
Age <	Family	\$8.97	\$9.29	\$10.53	\$12.49	\$16.61	\$23.73	\$33.61	\$44.57	\$73.73	\$139.01	
Employee \$6.25 \$6.65 \$8.20 \$10.65 \$15.80 \$24.70 \$37.05 \$50.75 \$87.20 \$168.80 \$EE/Spouse \$8.53 \$9.05 \$11.06 \$14.25 \$20.94 \$32.51 \$48.57 \$66.38 \$113.76 \$219.84 \$EE/Child(ren) \$8.32 \$8.72 \$10.27 \$12.72 \$17.87 \$26.77 \$39.12 \$52.82 \$89.27 \$170.87 \$amily \$11.10 \$11.62 \$13.63 \$16.82 \$23.51 \$35.08 \$51.14 \$68.95 \$116.33 \$222.41 \$amily \$11.00 \$11.62 \$13.63 \$16.82 \$23.51 \$35.08 \$51.14 \$68.95 \$116.33 \$222.41 \$amily \$11.00 \$10.00 per month of Disability Income \$18.39 \$17.50 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.20 \$18.2	Guardian Voluntary Life 50K -	15% participat	tion									
Section   Sect	Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Section   Sect	Employee	\$6.25	\$6.65	\$8.20	\$10.65	\$15.80	\$24.70	\$37.05	\$50.75	\$87.20	\$168.80	
Family   \$11.10   \$11.62   \$13.63   \$16.82   \$23.51   \$35.08   \$51.14   \$68.95   \$116.33   \$222.41	EE/Spouse	\$8.53	\$9.05	\$11.06	\$14.25	\$20.94	\$32.51	\$48.57	\$66.38	\$113.76	\$219.84	
Disability/Life/AD&D  Guardian EverGuard - No minimum participation  \$1,000 per month of Disability Income \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance Guaranteed Issue - open enrollment  Guardian EverGuard Plus - No minimum participation  \$1,500 per month of Disability Income \$100,000 of Accidental Death & Dismemberment Insurance \$40-54 \$43.50	EE/Child(ren)	\$8.32	\$8.72	\$10.27	\$12.72	\$17.87	\$26.77	\$39.12	\$52.82	\$89.27	\$170.87	
Guardian EverGuard - No minimum participation  \$1,000 per month of Disability Income \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance Guaranteed Issue - open enrollment  Guardian EverGuard Plus - No minimum participation  \$1,500 per month of Disability Income \$1,500 per month of Disability Income \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance \$100,000 of Accidental Death & Dismemberment Insurance	Family	\$11.10	\$11.62	\$13.63	\$16.82	\$23.51	\$35.08	\$51.14	\$68.95	\$116.33	\$222.41	
\$1,000 per month of Disability Income \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance Guaranteed Issue - open enrollment  \$30.00  Guardian EverGuard Plus - No minimum participation  \$1,500 per month of Disability Income \$1,500 per month of Disability Income \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance \$100,000 of Accidental Death & Dismemberment Insurance	Disability/Life/AD&D											
\$1,000 per month of Disability Income \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance Guaranteed Issue - open enrollment  \$30.00  \$55+ \$52.50  Guardian EverGuard Plus - No minimum participation  \$1,500 per month of Disability Income \$1,500 per month of Disability Income \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance	Guardian EverGuard - No minimum participation			18-39 40-54		\$17.50 \$30.00						
◆ \$75,000 of Accidental Death & Dismemberment Insurance       40-54       \$30.00         ◆ Guaranteed Issue - open enrollment       55+       \$52.50         Guardian EverGuard Plus - No minimum participation       Employee Ages       Three Tier         ◆ \$1,500 per month of Disability Income       18-39       \$25.50         ◆ \$50,000 of Term Life Insurance       40-54       \$43.50	\$75,000 of Accidental Death & Dismemberment Insurance											
Guardian EverGuard Plus - No minimum participation  \$1,500 per month of Disability Income  \$50,000 of Term Life Insurance  \$100,000 of Accidental Death & Dismemberment Insurance  \$40-54  \$43.50												
\$1,500 per month of Disability Income \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance \$40.50	Guardian EverGuard <i>Plus</i> - No minimum participation					·						
\$100,000 of Accidental Death & Dismemberment Insurance     \$43.50												
• Overande and leaves a series and the series	\$100,000 of Accidental Death & Dismemberment Insurance			40-54		\$43.50						
\$75.50				5	55+ \$79.50		9.50					

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 \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$3.00

• Vision plans: EE \$1.50, EE/Spouse \$4.25, EE+Child(ren) \$2.25, Family \$3.00

• Guardian Employer Paid Life/AD&D plans: \$2.00 PE Employee Per Month (PEPM)

• Guardian Voluntary Life plans: EE \$2.00, EE/Spouse \$3.00, EE+Child(ren) \$3.00, Family \$4.50

• Guardian AccidentGuard Adv plans: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$4.50, Family \$6.50

• ID Theft plans: EE \$3.00, EE/Spouse \$4.50, EE+Child(ren) \$4.50, Family \$6.50

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

## New York Ancillary Plans & Monthly Rates Monthly Rates for Effective Dates - 1/1/2024, 2/1/2024, 3/1/2024

Monthly Rates for Effective Dates - 1/1/2024, 2/1/2024, 3/1/2024					
Accident					
Guardian AccidentGuard Adv		Four Tier			
X-rays, emergency room and urgent care facility treatment	Employee	\$15.83			
<ul> <li>Hospital admission and confinement as well as ICU</li> <li>Occupational or physical therapy</li> </ul>	Emp/Spouse	\$24.63			
Transportation such as ambulance and air ambulance	Emp/Child(ren)	\$24.81			
<ul> <li>Household expenses towards rent, mortgage and/or food</li> <li>Injury-related modifications to your home and/or auto</li> </ul>	Family	\$34.61			
ID Theft		******			
Allstate Identity Protection Pro		Two Tier			
Identity and credit monitoring	Employee	\$10.95			
Financial transaction monitoring	Emp/Spouse	n/a			
<ul> <li>Social Media reputation monitoring</li> <li>24/7 Privacy Advocate remediation</li> </ul>	Emp/Child(ren)	n/a			
\$1 million identity theft insurance policy	Family	\$19.45			
Allstate Identity Protection Pro Plus		Two Tier			
Includes all the benefits of the Allstate Identity Protection Pro plan with added features	Employee	\$12.95			
<ul> <li>Tri-bureau credit alerts and unlimited credit reports from TransUnion</li> <li>In-app Credit Lock</li> </ul>	Emp/Spouse	n/a			
IP address Monitoring	Emp/Child(ren)	n/a			
<ul> <li>401(k) and HSA stolen fund reimbursement</li> <li>Tax fraud refund advances</li> </ul>	Family	\$23.45			
LifeLock Benefit Elite		Four Tier			
LifeLock Identity Alert System	Employee	\$10.74			
<ul> <li>Lost Wallet Protection</li> <li>Address Change Verification</li> </ul>	Emp/Spouse	\$19.73			
Black Market Website Surveillance	Emp/Child(ren)	\$17.80			
<ul> <li>Checking and Savings Account Activity Alerts</li> <li>Stolen Fund Reimbursement: Up to \$1 Million</li> </ul>	Family	\$26.80			
LifeLock Ultimate Plus™	. uniniy	Four Tier			
Ultimate Plus™ plan includes all of the Benefit Elite plan with added features	Employee	\$26.24			
Checking & Savings Account Application Alerts	Emp/Spouse	\$50.73			
<ul> <li>Bank Account Takeover Alerts</li> <li>Online Annual tri-bureau credit reports &amp; scores</li> </ul>	Emp/Child(ren)	\$37.18			
<ul> <li>Monthly Credit Score Tracking</li> <li>Sex Offender Registry Reports</li> </ul>	Family	\$61.67			
Pet Benefit Solutions	. uniny	ΨΟΙΙΟΙ			
Total Pet Plan (discount plan bundle)		Two Tier			
Pet Assure (any type of pet) - 25% discount from participating vets in US & PR, applies to all					
in-house medical services  PetPlus (dogs & cats only) - 40% discount on everyday pet products, Rx and preventatives	Single Pet	\$13.75			
AskVet (dogs & cats only) - 24/7 Pet Telehealth	Family Pet (2+)	\$22.50			
ThePetTag (dogs & cats only) - 24/7 Lost Pet Recovery Service	· · · · · · · · · · · · · · · · · · ·	<b>,</b>			
Passthrough Products Available at https://healthpass.com/benefits-exchange/extra-products-and-services/ FSA & Commuter Benefits					
OCA - https://oca125.com/healthpass-fsa-application/					
Flexible Spending Account (FSA) - Employees set aside money to pay for qualified medical, dental & vision					
expenses on a pre-tax basis	Per EnrolledPer	A0.00			
<ul> <li>Dependent Care Account (DCA) - Employees set aside money to pay for qualified dependent care expenses on a pre-tax basis</li> </ul>	Month (PEPM)	\$8.00			
Parking & Transit - Employees set aside money to pay for qualified parking & transit expenses on a pre-tax basis					
Health, Wellness & Cosmetic					
Beyond Med (Discount Plan) - https://www.beyondmedplans.com/groups/healthpass					
<ul> <li>Membership program offering up to 20% reduced costs on elective and cosmetic services</li> <li>Services include fertility, dermatology, med spa, plastic surgery, acupuncture, bariatrics and more</li> </ul>	Employee	\$9.99			
<ul> <li>Exclusive network of board-certified doctors and licensed providers</li> <li>No benefit usage limitations for in-network providers, no claims and no waiting periods</li> </ul>	Family	\$19.99			
Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(rn) \$2.25, Family \$3.00     Guardian Employer Paid Life/AD&D plans: \$3.00 Per Employee Per Month (PEPM)					

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  Guardian Emplover Paid Life/AD&D plans: \$3.00 Per Emplovee Per Month (PEPM)
  Guardian Voluntary Life plans: EE \$2.00, EE/Spouse \$3.00, EE+Child(ren) \$3.00, Family \$4.50
  Guardian EverGuard & EverGuard Plus plans: \$7.50 Per Employee Per Month (PEPM)
  Guardian AccidentGuard Ady plan: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$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