

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

| ental | | |
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| ental Package 1 - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard DHMO <i>F</i> PO S800B and UnitedHealthcare National Exclusive Network . There is no minimum participation. | Plus, Solstice Dental EPO S70 | 0B, Solstice Den |
| 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 | Emp/Spouse | \$37.07 |
| No deductible Orthodontia benefit | Emp/Child(ren) | \$38.22 |
| | Family | \$55.32 |
| ıardian 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 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 |
| | Family | \$66.74 |
| Istice 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) Open access and no specialist referrals | Employee | \$19.37 |
| 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 |
| stice Dental EPO S800B \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) | Employee | Four Tier \$15.56 |
| Open access and no specialist referrals | Emp/Spouse | \$28.36 |
| No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered | Emp/Child(ren) | \$31.65 |
| Implant benefit via implant network provider only | Family | \$43.36 |
| tedHealthcare National Exclusive Network | · | 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 consyment charges apply for basic and major services | Emp/Child(ren) | \$39.27 |
| Reasonable copayment charges apply for basic and major services Implant benefit In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian PPO plan, there needs to be at least one additional enrollee in any | Family | \$39.27 \$49.52 |
| Implant benefit ntal Package 2 - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian | Family ardian dental plan. | \$49.52 Four Tier |
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| Implant benefit Intal Package 2 - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian Managed DentalGuard DHMO \$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 \$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 Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit ardian DentalGuard Preferred PPO MAC 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 limplant benefit ardian DentalGuard Preferred PPO 70 UCR | Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Child(ren) Family | \$49.52 Four Tier \$19.85 \$37.07 \$38.22 \$55.32 Four Tier \$22.81 \$42.86 \$46.68 \$66.74 Four Tier \$43.66 \$91.68 \$85.33 \$133.57 Four Tier |
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| Implant benefit Intal Package 2 - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian Managed DentalGuard DHMO \$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 ardian Managed DentalGuard DHMO Plus \$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 Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit ardian DentalGuard Preferred PPO MAC 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 ardian DentalGuard Preferred PPO 70 UCR No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services | Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family | \$49.52 Four Tier \$19.85 \$37.07 \$38.22 \$55.32 Four Tier \$22.81 \$42.86 \$46.68 \$66.74 Four Tier \$43.66 \$91.68 \$85.33 \$133.57 Four Tier \$52.45 \$110.44 |
| Implant benefit Intal Package 2 - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian Managed DentalGuard DHMO \$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 ardian Managed DentalGuard DHMO Plus \$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 Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit ardian DentalGuard Preferred PPO MAC 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 ardian DentalGuard Preferred PPO 70 UCR No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 In-Network, \$500 rollover | Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family | \$49.52 Four Tier \$19.85 \$37.07 \$38.22 \$55.32 Four Tier \$22.81 \$42.86 \$46.68 \$66.74 Four Tier \$43.66 \$91.68 \$85.33 \$133.57 Four Tier \$52.45 \$110.44 \$102.46 |
| Implant benefit Intal Package 2 - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian Managed DentalGuard DHMO \$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 ardian Managed DentalGuard DHMO Plus \$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 Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit ardian DentalGuard Preferred PPO MAC 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 ardian DentalGuard Preferred PPO 70 UCR No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,500 In-Network, \$500 rollover Implant benefit | Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family | \$49.52 Four Tier \$19.85 \$37.07 \$38.22 \$55.32 Four Tier \$22.81 \$42.86 \$46.68 \$66.74 Four Tier \$43.66 \$91.68 \$85.33 \$133.57 Four Tier \$52.45 \$110.44 |
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| Implant benefit Intal Package 2 - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian Managed DentalGuard DHMO \$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 ardian Managed DentalGuard DHMO Plus \$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 Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit ardian DentalGuard Preferred PPO MAC 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 Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,500 in-Network, \$500 rollover Implant benefit ardian DentalGuard Preferred PPO 30 UCR No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,500 in-Network, \$500 rollover Implant benefit ardian DentalGuard Preferred PPO 30 UCR No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 rollover Implant benefit | Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family | \$49.52 Four Tier \$19.85 \$37.07 \$38.22 \$55.32 Four Tier \$22.81 \$42.86 \$46.68 \$66.74 Four Tier \$43.66 \$91.68 \$85.33 \$133.57 Four Tier \$52.45 \$110.44 \$102.46 \$160.90 Four Tier |
| Implant benefit | Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family Employee Emp/Spouse Emp/Child(ren) Family | \$49.52 Four Tier \$19.85 \$37.07 \$38.22 \$55.32 Four Tier \$22.81 \$42.86 \$46.68 \$66.74 Four Tier \$43.66 \$91.68 \$85.33 \$133.57 Four Tier \$52.45 \$110.44 \$102.46 \$160.90 Four Tier \$69.07 |

- This is a summary of plan information. Please refer to the Eligibility Guidelines for further information. The following pulling and administrative fees apply to the following products:

 Deratia In-Network plans: EE \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Farmily \$5.00

 Dential PPO plans: EE \$3.50, EE/Spouse \$18.25, EE+Child(ren) \$2.5, Farmily \$3.00

 Usino plans: EE \$1.50, EE/Spouse \$2.5, EE+Child(ren) \$2.25, Farmily \$3.00

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

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

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

 Guardian Accident/Guard Adv plans: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$4.25, Farmily \$5.50

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

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 | | |
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| Dental continued | | |
| Dental Package 3 - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice Dental Value PPO MAC. There is | s no minimum participation. | |
| olstice 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) Open access and no specialist referrals | Employee | \$19.37 |
| No deductible, no calendar year maximum | Emp/Spouse | \$35.99 |
| Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only | Emp/Child(ren) | \$40.32 |
| olstice Dental EPO S800B | Family | \$55.50 Four Tier |
| | Employee | \$15.56 |
| \$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 | Emp/Spouse | \$28.36 |
| No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered | Emp/Child(ren) | \$31.65 |
| Implant benefit via implant network provider only | Family | \$43.36 |
| plstice Dental PPO | 1 anniy | Four Tier |
| | Employee | \$58.90 |
| Includes 4 cleanings in any 12 consecutive months 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 |
| Istice Dental Value PPO MAC | 1 unity | Four Tier |
| | Employee | \$34.25 |
| Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist | Emp/Spouse | \$68.24 |
| Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services | Emp/Child(ren) | \$75.06 |
| Annual maximum of \$1,000 | Family | \$106.03 |
| ental Package 4 - UnitedHealthcare National Exclusive Network, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC. There | , | - |
| nitedHealthcare National Exclusive Network | o 10 d 1110 o 1110 o 1110 o 1111 o 1 | Four Tier |
| | Employee | \$19.66 |
| 1 cleaning per consecutive 6 months 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 |
| itedHealthcare Low PPO MAC | | Four Tier |
| No referrals to see a specialist | Employee | \$45.35 |
| \$50 deductible /\$75 deductible family (calendar year) | Emp/Spouse | \$90.46 |
| \$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 | Emp/Child(ren) | \$92.88 |
| Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum | | |
| | Family | \$142.37 |
| itedHealthcare High PPO MAC | | Four Tier |
| No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum | Employee | \$53.23 |
| \$50 deductible /\$100 deductible family (calendar year) | Emp/Spouse | \$106.21 |
| \$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) | \$106.59 |
| Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum | | \$164.73 |
| | Family | \$164.73 |
| ental Package 5 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation. | | |
| nitedHealthcare INO 100/50/50 | | Four Tier |
| 2 cleanings per consecutive 12 months No referrals to see a specialist | Employee | \$28.49 |
| No waiting period \$50 deductible family (calendar year) | Emp/Spouse | \$54.23 |
| \$1,000 annual maximum | Francisco (Child(resp) | \$5C 00 |
| Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits | Emp/Child(ren) | \$56.90 |
| Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum | Family | \$86.32 |
| nitedHealthcare High PPO MAC | | Four Tier |
| No referrals to see a specialist | Employee | \$53.23 |
| 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 | 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 |
| | , | |

Consumer Maxwordinate Terwital to 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 free 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 PhO plans: EE \$9.15, DE/Spouse \$2.25, EE+Child(ren) \$4.25, Family \$3.00

Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$4.25, Family \$4.50

Guardian Perlopyer Ped Lift(ARDAD plans: \$3.00 De Employee Per Morth (PEPM)

Guardian Vedurilary, Life plans: EE \$2.00, EE/Spouse \$3.00, EE-Child(ren) \$4.25, Family \$4.50

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

Guardian Accident/Guard Adv plan: EE \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.50

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

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

| ision | | |
|---|--|---|
| sion Package 1 – Guardian VisionGuard, Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is a 20% particip | ation with Guardian VisionGuard, excluding | vision waivers. |
| uardian VisionGuard | | Four Tier |
| \$10 copay for an exam every 12 months | Employee | \$6.12 |
| \$25 copay for lenses & contact lenses every 24 months | Emp/Spouse | \$10.00 |
| \$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well | Emp/Child(ren) | \$10.16 |
| Davis vision in-retwork, Out-on-retwork access as well | Family | \$15.52 |
| stice 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 |
| i 10 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well | Emp/Child(ren) | \$13.45 |
| Speciera Vision Network In-Network, Out-on-Network access as well | Family | \$18.77 |
| tedHealthcare Vision PPO | | Four Tier |
| \$10 copay for an exam every 12 months | Employee | \$6.69 |
| \$ 10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 12 months | Emp/Spouse | \$12.09 |
| \$25 copay for frames every 12 months | Emp/Child(ren) | \$13.79 |
| Spectera Vision Network In-Network; Out-of-Network access as well | Family | \$19.23 |
| ion Package 2_— Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is no minimum participation. | | |
| stice Vision 5 PPO | | Four Tier |
| | Employee | \$6.53 |
| \$10 copay for an exam every 12 months \$10 copay for lenses & contact lenses every 12 months | Emp/Spouse | \$11.80 |
| to copay for frames every 12 months | Emp/Child(ren) | \$13.45 |
| Spectera Vision Network In-Network; Out-of-Network access as well | Family | \$18.77 |
| tedHealthcare Vision PPO | | Four Tier |
| C40 cancer for an exam exam 42 months | Employee | \$6.69 |
| \$10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 12 months | Emp/Spouse | \$12.09 |
| \$25 copay for frames every 12 months | Emp/Child(ren) | \$13.79 |
| Spectera Vision Network In-Network; Out-of-Network access as well | Family | \$19.23 |
| ion Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers | | |
| ardian VisionGuard | | Four Tier |
| No. 6 40 11 | Employee | \$6.12 |
| i10 copay for an exam every 12 months i25 copay for lenses & contact lenses every 24 months | Emp/Spouse | \$10.00 |
| neo oopay tot tottood a dottadt tottood every et titotiata | | |
| 25 copay for frames every 24 months | Emp/Child(ren) | \$10.16 |
| 25 copay for frames every 24 months | Emp/Child(ren) Family | \$10.16 \$15.52 |
| 25 copay for frames every 24 months Pavis Vision In-Network; Out-of-Network access as well | . , , , | |
| i25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well on Package 4 – Solstice Vision 5 PPO no minimum participation | . , , , | \$15.52 |
| i25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well on Package 4 — Solstice Vision 5 PPO no minimum participation tice Vision 5 PPO | Family | \$15.52 |
| 25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well on Package 4 — Solstice Vision 5 PPO no minimum participation stice Vision 5 PPO 310 copay for an exam every 12 months | . , , , | \$15.52 Four Tier |
| 25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well on Package 4 — Solstice Vision 5 PPO no minimum participation stice Vision 5 PPO 30 copay for an exam every 12 months 30 copay for lenses & contact lenses every 12 months 310 copay for frames every 12 months 310 copay for frames every 12 months | Family Employee Emp/Spouse | \$15.52 Four Tier \$6.53 \$11.80 |
| 25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well on Package 4 — Solstice Vision 5 PPO no minimum participation stice Vision 5 PPO 30 copay for an exam every 12 months 30 copay for lenses & contact lenses every 12 months 310 copay for frames every 12 months 310 copay for frames every 12 months | Family Employee | \$15.52 Four Tier \$6.53 |
| 625 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well on Package 4 – Solstice Vision 5 PPO no minimum participation stice Vision 5 PPO 610 copay for an exam every 12 months 610 copay for lenses & contact lenses every 12 months 610 copay for frames every 12 months 61 | Employee Emp/Spouse Emp/Child(ren) | \$15.52 Four Tier \$6.53 \$11.80 \$13.45 |
| 625 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well on Package 4 — Solstice Vision 5 PPO no minimum participation stice Vision 5 PPO 610 copay for an exam every 12 months 610 copay for lenses & contact lenses every 12 months 610 copay for frames every 12 months 610 copay for frames every 12 months 630 copay for frames every 12 months 630 copay for frames every 12 months 630 copay for frames every 12 months 640 copay for frames every 12 months 650 copay for frames every 12 months 65 | Employee Emp/Spouse Emp/Child(ren) | \$15.52 Four Tier \$6.53 \$11.80 \$13.45 \$18.77 |
| \$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well Son Package 4 — Solstice Vision 5 PPO no minimum participation \$10 copay for an exam every 12 months \$10 copay for lenses & contact lenses every 12 months \$10 copay for frames every 12 months \$10 copay for Inames | Employee Emp/Spouse Emp/Child(ren) Family | \$15.52 Four Tier \$6.53 \$11.80 \$13.45 \$18.77 Four Tier |
| \$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well ion Package 4 — Solstice Vision 5 PPO no minimum participation stice Vision 5 PPO \$10 copay for an exam every 12 months \$10 copay for lenses & contact lenses every 12 months \$10 copay for frames every 12 months \$10 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well ion Package 5 - UnitedHealthcare Vision PPO no minimum participation tedHealthcare Vision PPO \$10 copay for an exam every 12 months | Employee Emp/Spouse Emp/Child(ren) Family | \$15.52 Four Tier \$6.53 \$11.80 \$13.45 \$18.77 Four Tier \$6.69 |
| \$25 copay for frames a contact lenses a contact lenses a contact lenses as well \$26 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well \$10 copay for an exam every 12 months \$10 copay for lenses & contact lenses every 12 months \$10 copay for frames every 12 months \$10 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well \$10 copay for an exam every 12 months \$25 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 12 months \$25 copay for frames & contact lenses every 12 months \$25 copay for frames & contact lenses every 12 months \$25 copay for frames every 12 months | Employee Emp/Spouse Emp/Child(ren) Family | \$15.52 Four Tier \$6.53 \$11.80 \$13.45 \$18.77 Four Tier |

Rates are subject to final verification at the time of errollment. 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:

- 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 \$9.52, EE/Spouse \$18.25, EE+Child(ren) \$18.25, Family \$3.00

 Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$18.25, Family \$3.00

 Guardian Employee Pad LiffLeNBD plans: \$3.00 Per Employee 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 EverGuard & EverGuard Plus plans: \$7.50 Per Employee Per Month (PEPM)

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

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

Ancillary & Additional Products Monthly Rate Sheet Monthly Rates for Effective Dates - 1/1/2024, 2/1/2024, 3/1/2024

| FSA & Commuter Benefits | | | - | | | | | | | |
|---|--|------------------------------------|-------------------------------------|----------------------------------|----------------------------------|---------|-----------------------|---------|--------------------|----------|
| OCA - No minimum participation | | | | | | | | | | |
| 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 | | | | |
| Life/AD&D | | | | | | | | | | |
| Guardian Employer Paid Life/AD&D 50K - I | Employee non-cont | ributory 100% parti | cipation | | | | I | | | |
| \$50,000 of Term Life Insurance Coverage Enhanced AD&D - 100% of life benefit Guaranteed Issue - open enrollment Accelerated Life Benefit - terminal condition | | | | Per Enrolled Per Month (PEPM) | | \$14.50 | | | | |
| Guardian Employer Paid Life/AD&D 100K - | - Employee non-cor | ntributory 100% par | ticipation | | | | I | | | |
| \$100,000 of Term Life Insurance Cove Enhanced AD&D - 100% of life benefit Guaranteed Issue - open enrollment Accelerated Life Benefit - terminal cond | Enhanced AD&D - 100% of life benefit Guaranteed Issue - open enrollment | | | | Per Enrolled Per Month (PEPM) | | \$26.00 | | | |
| Life | | | | | | | | | | |
| Guardian Voluntary Life 25K - 15% particip | | | | | | | | | | |
| 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 | \$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% particip | | 20.24 | 25.20 | 40.44 | 45.40 | 50.54 | 55.50 | CO C4 | CF CO | 70. |
| Age | <30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| 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 |
| Family | \$11.10 | \$11.62 | \$13.63 | \$16.82 | \$23.51 | \$35.08 | \$51.14 | \$68.95 | \$116.33 | \$222.41 |
| Disability/Life/AD&D Guardian EverGuard - No minimum participation Employee Ages Three Tier | | | | | | | e Tier | | | |
| | | | | | | | | -39 | | 7.50 |
| \$1,000 per month of Disability Income \$25,000 of Term Life Insurance | | | | | | | 40-54 \$30 | | \$30.00 \$52.50 | |
| \$75,000 of Accidental Death & Dismen Guaranteed Issue - open enrollment | nberment insurance | • | | | | | 55+ | | | |
| | | | | | | | | | | |
| nardian EverGuard <i>Plus</i> - No minimum participation | | | | | Employee Ages 18-39 | | Three Tier \$25.50 | | | |
| \$1,500 per month of Disability Income\$50,000 of Term Life Insurance | \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance | | | | 40-54 | | \$43.50 | | | |
| \$100,000 of Accidental Death & Disme Guaranteed Issue - open enrollment | | | | | 55+ | | \$43.50 \$79.50 | | | |
| | | | | | | | 5 | οτ | \$75 | 7.00 |
| Accident Guardian AccidentGuard Adv - No minimur | m participation | | | | | | | | Four | r Tier |
| | | | | | | | Emp | loyee | | 5.83 |
| X-rays, emergency room and urgent care facility treatment Hospital admission and confinement as well as ICU Occupational or physical therapy | | | | Emp/Spouse | | \$24.63 | | | | |
| Transportation such as ambulance and Household expenses towards rent, mo | Transportation such as ambulance and air ambulance Household expenses towards rent, mortgage and/or food | | | | Emp/Child(ren) | | \$24.81 | | | |
| Injury-related modifications to your home and/or auto | | | | Family | | \$34.61 | | | | |
| Rates are subject to final verification at the time of enrollment. Domestic Partne | | riers. Rates for Domestic Partners | will be the same as rates for Emplo | yee/Spouse and Family. | | | | | | |

Rates are subject to final verification at the time of enrollment. Domestic Plather coverage is included with This is a summary of plan information. Please refer to the Etiglicity Guidelines for further information. The bloowing billing and administrative here supply to the following products:

• Detail Phylogines E58 325, EEE/Spouse \$2.25, EEE/Child(ren) \$2.25, Family \$3.00

• Detail Phylogines E58 925, EEE/Spouse \$2.25, EEE/Child(ren) \$2.25, Family \$3.00

• Water on plans: E58 150, EEE/Spouse \$2.25, EEE/Child(ren) \$2.25, Family \$3.00

• Guardian Engrey Pard LifeADAD plans: \$3.00 Per Engreyope Per Month (FPPM)

• Guardian Voluntary Life plans: E52 200, EEE/Spouse \$5.00, EEE/Child(ren) \$3.00, Family \$4.50

• Guardian Nocleand & EverGuard Plan plans: \$3.00 Per Engreyope Per Month (FPPM)

• Guardian Accidentificand Act plans: E53 200, EEE/Spouse \$4.50, EEE/Child(ren) \$4.50, Family \$6.50

• Dit Thet Spars: E58 300, EES/Spouse \$4.25, EEE/Child(ren) \$4.25, Family \$5.50

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

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

| All plans listed below have no minimum participation requirements. | | | | | |
|---|-----------------|-----------|--|--|--|
| 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 Exclusive network of board-certified doctors and licensed providers | Employee | \$9.99 | | | |
| No benefit usage limitations for in-network providers, no claims and no waiting periods | Family | \$19.99 | | | |
| ID Theft | | | | | |
| Allstate Identity Protection Pro | | Two Tier | | | |
| Identity and credit monitoring | Employee | \$10.95 | | | |
| Financial transaction monitoring | Emp/Spouse | n/a | | | |
| Social Media reputation monitoring 24/7 Privacy Advocate remediation | 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 | | | |
| Tri-bureau credit alerts and unlimited credit reports from TransUnion In-app Credit Lock | Emp/Spouse | n/a | | | |
| IP address Monitoring 401(k) and HSA stolen fund reimbursement | Emp/Child(ren) | n/a | | | |
| Tax fraud refund advances | Family | \$23.45 | | | |
| LifeLock Benefit Elite | , | Four Tier | | | |
| | Employee | \$10.74 | | | |
| LifeLock Identity Alert System 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 | | | |
| | 1 annly | * | | | |
| LifeLock Ultimate Plus™ | | Four Tier | | | |
| Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts | Employee | \$26.24 | | | |
| Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores | Emp/Spouse | \$50.73 | | | |
| Monthly Credit Score Tracking | Emp/Child(ren) | \$37.18 | | | |
| Sex Offender Registry Reports | Family | \$61.67 | | | |
| Pet Benefit Solutions | | | | | |
| Total 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 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 ThePetTag (dogs & cats only) - 24/7 Lost Pet Recovery Service | Family Pet (2+) | \$22.50 | | | |

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 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 \$1.25, EE+Child(ren) \$18.25, Family \$2.50

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

- Vision plans: Et \$1.50, Et-Nopuse \$2.20, Et-Child(rein) \$2.20, Family \$3.00
 Guardian Enployee Pad LiffabBO plans: \$3.00 Per Employee 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 Adv plan: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$4.25, Family \$5.50
 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