



Ancillary & Additional Products Monthly Rate Sheet

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

Dental		
Dental Package 1 - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard DHMO <i>Plus</i> , Solstice Dental EPO S700B, Solstice Dental EPO S800B and UnitedHealthcare National Exclusive Network. There is no minimum participation.		
Guardian Managed DentalGuard DHMO		Four Tier
<ul style="list-style-type: none"> \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum on the plan and offers fixed patient charges for basic and major services No deductible Orthodontia benefit 	Employee	\$19.85
	Emp/Spouse	\$37.07
	Emp/Child(ren)	\$38.22
	Family	\$55.32
Guardian Managed DentalGuard DHMO <i>Plus</i>		Four Tier
<ul style="list-style-type: none"> \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit 	Employee	\$22.81
	Emp/Spouse	\$42.86
	Emp/Child(ren)	\$46.68
	Family	\$66.74
Solstice Dental EPO S700B		Four Tier
<ul style="list-style-type: none"> \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only 	Employee	\$19.37
	Emp/Spouse	\$35.99
	Emp/Child(ren)	\$40.32
	Family	\$55.50
Solstice Dental EPO S800B		Four Tier
<ul style="list-style-type: none"> \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only 	Employee	\$15.56
	Emp/Spouse	\$28.36
	Emp/Child(ren)	\$31.65
	Family	\$43.36
UnitedHealthcare National Exclusive Network		Four Tier
<ul style="list-style-type: none"> 1 cleaning per consecutive 6 months No deductible, no annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit 	Employee	\$19.66
	Emp/Spouse	\$32.61
	Emp/Child(ren)	\$39.27
	Family	\$49.52
Dental 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 dental plan.		
Guardian Managed DentalGuard DHMO		Four Tier
<ul style="list-style-type: none"> \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum on the plan and offers fixed patient charges for basic and major services No deductible Orthodontia benefit 	Employee	\$19.85
	Emp/Spouse	\$37.07
	Emp/Child(ren)	\$38.22
	Family	\$55.32
Guardian Managed DentalGuard DHMO <i>Plus</i>		Four Tier
<ul style="list-style-type: none"> \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit 	Employee	\$22.81
	Emp/Spouse	\$42.86
	Emp/Child(ren)	\$46.68
	Family	\$66.74
Guardian DentalGuard Preferred PPO MAC		Four Tier
<ul style="list-style-type: none"> No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$75 deductible for Out-of-Network services Annual maximum of \$1,000 In-Network-rollover Implant benefit 	Employee	\$43.66
	Emp/Spouse	\$91.68
	Emp/Child(ren)	\$85.33
	Family	\$133.57
Guardian DentalGuard Preferred PPO 70 UCR		Four Tier
<ul style="list-style-type: none"> No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,500 In-Network, \$500 rollover Implant benefit 	Employee	\$52.45
	Emp/Spouse	\$110.44
	Emp/Child(ren)	\$102.46
	Family	\$160.90
Guardian DentalGuard Preferred PPO 90 UCR		Four Tier
<ul style="list-style-type: none"> No referrals needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network/\$50 deductible for Out-of-Network, n/a preventive services Annual maximum of \$1,500 In-Network, n/a preventive services Implant benefit Child orthodontia benefit,\$1,500 max 	Employee	\$69.07
	Emp/Spouse	\$145.90
	Emp/Child(ren)	\$147.23
	Family	\$226.88

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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 \$18.25, EE+Child(ren) \$18.25, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$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, 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) \$4.50, 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...		
Dental Package 3 - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice Dental Value PPO MAC. There is no minimum participation.		
Solstice Dental EPO S700B		Four Tier
<ul style="list-style-type: none"> ● \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) ● Open access and no specialist referrals ● No deductible, no calendar year maximum ● Cosmetic and orthodontia treatment covered ● Implant benefit via implant network provider only 	Employee	\$19.37
	Emp/Spouse	\$35.99
	Emp/Child(ren)	\$40.32
	Family	\$55.50
Solstice Dental EPO S800B		Four Tier
<ul style="list-style-type: none"> ● \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) ● Open access and no specialist referrals ● No deductible, no calendar year maximum ● Cosmetic and orthodontia treatment covered ● Implant benefit via implant network provider only 	Employee	\$15.56
	Emp/Spouse	\$28.36
	Emp/Child(ren)	\$31.65
	Family	\$43.36
Solstice Dental PPO		Four Tier
<ul style="list-style-type: none"> ● Includes 4 cleanings in any 12 consecutive months ● No referrals needed to see a specialist ● \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services ● Annual maximum of \$2,000 ● Implant benefit 	Employee	\$58.90
	Emp/Spouse	\$105.14
	Emp/Child(ren)	\$125.82
	Family	\$163.04
Solstice Dental Value PPO MAC		Four Tier
<ul style="list-style-type: none"> ● Includes 2 cleanings in any 12 consecutive months ● No referrals needed to see a specialist ● Out-of-Network reimbursement is MAC (Maximum Allowable Charge) ● \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services ● Annual maximum of \$1,000 	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$75.06
	Family	\$106.03
Dental Package 4 - UnitedHealthcare National Exclusive Network, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.		
UnitedHealthcare National Exclusive Network		Four Tier
<ul style="list-style-type: none"> ● 1 cleaning per consecutive 6 months ● No deductible, no annual calendar maximum ● No waiting period ● Reasonable copayment charges apply for basic and major services ● Implant benefit 	Employee	\$19.66
	Emp/Spouse	\$32.61
	Emp/Child(ren)	\$39.27
	Family	\$49.52
UnitedHealthcare Low PPO MAC		Four Tier
<ul style="list-style-type: none"> ● No referrals to see a specialist ● \$50 deductible /\$75 deductible family (calendar year) ● \$1,000 both In and Out-of-Network annual maximum ● Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees ● Implant and orthodontic benefits ● Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$45.35
	Emp/Spouse	\$90.46
	Emp/Child(ren)	\$92.88
	Family	\$142.37
UnitedHealthcare High PPO MAC		Four Tier
<ul style="list-style-type: none"> ● No referrals to see a specialist ● Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum ● \$50 deductible /\$100 deductible family (calendar year) ● \$2,000 both In and Out-of-Network annual maximum ● Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees ● Implant and orthodontic benefits ● Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$53.23
	Emp/Spouse	\$106.21
	Emp/Child(ren)	\$106.59
	Family	\$164.73
Dental Package 5 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.		
UnitedHealthcare INO 100/50/50		Four Tier
<ul style="list-style-type: none"> ● 2 cleanings per consecutive 12 months ● No referrals to see a specialist ● No waiting period ● \$50 deductible /\$150 deductible family (calendar year) ● \$1,000 annual maximum ● Includes Out-of-Network emergency treatment, if necessary ● Implant and orthodontic benefits ● Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$28.49
	Emp/Spouse	\$54.23
	Emp/Child(ren)	\$56.90
	Family	\$86.32
UnitedHealthcare High PPO MAC		Four Tier
<ul style="list-style-type: none"> ● No referrals to see a specialist ● Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum ● \$50 deductible /\$100 deductible family (calendar year) ● \$2,000 both In and Out-of-Network annual maximum ● Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees ● Implant and orthodontic benefits ● Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee	\$53.23
	Emp/Spouse	\$106.21
	Emp/Child(ren)	\$106.59
	Family	\$164.73

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- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$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, 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) \$4.50, 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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Vision		
Vision Package 1 – Guardian VisionGuard, Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is a 20% participation with Guardian VisionGuard, excluding vision waivers.		
Guardian VisionGuard		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$25 copay for lenses & contact lenses every 24 months ● \$25 copay for frames every 24 months ● Davis Vision In-Network; Out-of-Network access as well 	Employee	\$6.12
	Emp/Spouse	\$10.00
	Emp/Child(ren)	\$10.16
	Family	\$15.52
Solstice Vision 5 PPO		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$10 copay for lenses & contact lenses every 12 months ● \$10 copay for frames every 12 months ● Spectera Vision Network In-Network; Out-of-Network access as well 	Employee	\$6.53
	Emp/Spouse	\$11.80
	Emp/Child(ren)	\$13.45
	Family	\$18.77
UnitedHealthcare Vision PPO		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$25 copay for lenses & contact lenses every 12 months ● \$25 copay for frames every 12 months ● Spectera Vision Network In-Network; Out-of-Network access as well 	Employee	\$6.69
	Emp/Spouse	\$12.09
	Emp/Child(ren)	\$13.79
	Family	\$19.23
Vision Package 2 – Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is no minimum participation.		
Solstice Vision 5 PPO		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$10 copay for lenses & contact lenses every 12 months ● \$10 copay for frames every 12 months ● Spectera Vision Network In-Network; Out-of-Network access as well 	Employee	\$6.53
	Emp/Spouse	\$11.80
	Emp/Child(ren)	\$13.45
	Family	\$18.77
UnitedHealthcare Vision PPO		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$25 copay for lenses & contact lenses every 12 months ● \$25 copay for frames every 12 months ● Spectera Vision Network In-Network; Out-of-Network access as well 	Employee	\$6.69
	Emp/Spouse	\$12.09
	Emp/Child(ren)	\$13.79
	Family	\$19.23
Vision Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers		
Guardian VisionGuard		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$25 copay for lenses & contact lenses every 24 months ● \$25 copay for frames every 24 months ● Davis Vision In-Network; Out-of-Network access as well 	Employee	\$6.12
	Emp/Spouse	\$10.00
	Emp/Child(ren)	\$10.16
	Family	\$15.52
Vision Package 4 – Solstice Vision 5 PPO no minimum participation		
Solstice Vision 5 PPO		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$10 copay for lenses & contact lenses every 12 months ● \$10 copay for frames every 12 months ● Spectera Vision Network In-Network; Out-of-Network access as well 	Employee	\$6.53
	Emp/Spouse	\$11.80
	Emp/Child(ren)	\$13.45
	Family	\$18.77
Vision Package 5 - UnitedHealthcare Vision PPO no minimum participation		
UnitedHealthcare Vision PPO		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$25 copay for lenses & contact lenses every 12 months ● \$25 copay for frames every 12 months ● Spectera Vision Network In-Network; Out-of-Network access as well 	Employee	\$6.69
	Emp/Spouse	\$12.09
	Emp/Child(ren)	\$13.79
	Family	\$19.23

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- Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$18.25, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$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, 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) \$4.50, 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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FSA & Commuter Benefits										
OCA - No minimum participation										
<ul style="list-style-type: none"> ● 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 - Employee non-contributory 100% participation										
<ul style="list-style-type: none"> ● \$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-contributory 100% participation										
<ul style="list-style-type: none"> ● \$100,000 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)	\$26.00		
Life										
Guardian Voluntary Life 25K - 15% participation										
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% participation										
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	
<ul style="list-style-type: none"> ● \$1,000 per month of Disability Income ● \$25,000 of Term Life Insurance ● \$75,000 of Accidental Death & Dismemberment Insurance ● Guaranteed Issue - open enrollment 							18-39		\$17.50	
							40-54		\$30.00	
							55+		\$52.50	
Guardian EverGuard Plus - No minimum participation							Employee Ages		Three Tier	
<ul style="list-style-type: none"> ● \$1,500 per month of Disability Income ● \$50,000 of Term Life Insurance ● \$100,000 of Accidental Death & Dismemberment Insurance ● Guaranteed Issue - open enrollment 							18-39		\$25.50	
							40-54		\$43.50	
							55+		\$79.50	
Accident										
Guardian AccidentGuard Adv - No minimum participation							Four Tier			
<ul style="list-style-type: none"> ● X-rays, emergency room and urgent care facility treatment ● Hospital admission and confinement as well as ICU ● Occupational or physical therapy ● Transportation such as ambulance and air ambulance ● Household expenses towards rent, mortgage and/or food ● Injury-related modifications to your home and/or auto 							Employee		\$15.83	
							Emp/Spouse		\$24.63	
							Emp/Child(ren)		\$24.81	
							Family		\$34.61	

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- Guardian Employer Paid Life/AD&D plans: \$3.00 Per Employee Per Month (PEPM)
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All plans listed below have no minimum participation requirements.

Health, Wellness & Cosmetic

Beyond Med (discount plan)

<ul style="list-style-type: none"> 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 No benefit usage limitations for in-network providers, no claims and no waiting periods 	Employee	\$9.99
	Family	\$19.99

ID Theft

Allstate Identity Protection Pro

<ul style="list-style-type: none"> Identity and credit monitoring Financial transaction monitoring Social Media reputation monitoring 24/7 Privacy Advocate remediation \$1 million identity theft insurance policy 	Two Tier	
	Employee	\$10.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$19.45

Allstate Identity Protection Pro Plus

<ul style="list-style-type: none"> Includes all the benefits of the Allstate Identity Protection Pro plan with added features Tri-bureau credit alerts and unlimited credit reports from TransUnion In-app Credit Lock IP address Monitoring 401(k) and HSA stolen fund reimbursement Tax fraud refund advances 	Two Tier	
	Employee	\$12.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$23.45

LifeLock Benefit Elite

<ul style="list-style-type: none"> LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million 	Four Tier	
	Employee	\$10.74
	Emp/Spouse	\$19.73
	Emp/Child(ren)	\$17.80
	Family	\$26.80

LifeLock Ultimate Plus™

<ul style="list-style-type: none"> Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Sex Offender Registry Reports 	Four Tier	
	Employee	\$26.24
	Emp/Spouse	\$50.73
	Emp/Child(ren)	\$37.18
	Family	\$61.67

Pet Benefit Solutions

Total Pet Plan (discount plan bundle)

<ul style="list-style-type: none"> Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services PetPlus (dogs & cats only) - 40% discount on everyday pet products, Rx and preventatives AskVet (dogs & cats only) - 24/7 Pet Telehealth ThePetTag (dogs & cats only) - 24/7 Lost Pet Recovery Service 	Single Pet	\$13.75
	Family Pet (2+)	\$22.50

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