

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

National plans not available in AK, GA, SD, TX & WY

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		
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
<ul> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$2,000</li> </ul>	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
No referrals needed to see a specialist	Emp/Spouse	\$68.24
<ul> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge)</li> <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
Dental Package 2 - Participation Requirements Apply - In order for an employee to enroll in a Guat least one additional enrollee in any Guardian dental plan.	-	nere needs to be
Guardian DentalGuard Preferred PPO MAC		Four Tier
	Employee	\$43.66
<ul> <li>No referrals needed to see a specialist</li> <li>Out-of-area emergency coverage</li> </ul>		
• \$50 deductible for In-Network services/\$75 deductible for Out-of-Network services	Emp/Spouse	\$91.68
<ul> <li>Annual maximum of \$1,000 In-Network-rollover</li> <li>Implant benefit</li> </ul>	Emp/Child(ren)	\$85.33
• Implant benefit	Family	\$133.57
Guardian DentalGuard Preferred PPO 70 UCR		Four Tier
No referrals needed to see a specialist	Employee	\$52.45
<ul> <li>Out-of-area emergency coverage</li> <li>\$50 deductible for In-Network services</li> </ul>	Emp/Spouse	\$110.44
Annual maximum of \$1,500 In-Network, \$500 rollover	Emp/Child(ren)	\$102.46
Implant benefit	Family	\$160.90
Guardian DentalGuard Preferred PPO 90 UCR		Four Tier
No referrals needed to see a specialist	Employee	\$69.07
<ul> <li>Out-of-area emergency coverage</li> <li>\$50 deductible for In-Network/\$50 deductible for Out-of-Network, n/a preventive services</li> </ul>	Emp/Spouse	\$145.90
<ul> <li>Annual maximum of \$1,500 In-Network, n/a preventive services</li> <li>Implant benefit</li> </ul>	Emp/Child(ren)	\$147.23
Child orthodontia benefit,\$1,500 max	Family	\$226.88
Solstice Dental PPO		Four Tier
Includes 4 cleanings in any 12 consecutive months	Employee	\$58.90
<ul> <li>No referrals needed to see a specialist</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> </ul>	Emp/Spouse	\$105.14
Annual maximum of \$2,000	Emp/Child(ren)	\$125.82
Implant benefit  Out of the Production of t	Family	\$163.04
Solstice Dental Value PPO MAC	F	Four Tier
<ul> <li>Includes 2 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> </ul>	Employee	\$34.25 \$68.24
Out-of-Network reimbursement is MAC (Maximum Allowable Charge)	Emp/Spouse Emp/Child(ren)	\$68.24 \$75.06
<ul> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$1,000</li> </ul>	Family	\$106.03
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.	1 annly	ψ100.03

Rates are subject to final verification at the time of enrollment. Densetic 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 Elizability Guidelines for further information. The following plining and administrative fees apply to the following products:

• Dental PPO plans: ES 9.25, EE/Spouse 9.18.25, EEP-children 91 52.05, Family 82.6.50

• Guardian Problems: ES 9.25, EE/Spouse 91.25, EEP-children 91 52.05, Family 91.05

• Guardian Problems: ES 9.25, EE/Spouse 91.25, EEP-children 91 52.05, Family 91.05

• Guardian Problems: ES 92.05, EE/Spouse 91.05, EE/Spouse 92.05, EEP-children 91.05, Family 91.05

• Guardian Problems: ES 92.05, EE/Spouse 91.05, EEP-children 91.05, Family 91.05

• Detail Problems: ES 92.05, EEP-Spouse 94.50, EEP-children 91.05, Family 95.50

• Pet Benefit Solutions plan: Single Pet 92.00, Family Pet (2+) \$4.00

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			National pla	ns not availab	le in AK, GA,	SD, TX & WY				
Vision Guardian VisionGuard									Fou	r Tier
					Employee		Four Tier \$6.12			
<ul> <li>\$10 copay for an exam every 12 months</li> <li>\$25 copay for lenses &amp; contact lenses every 24 months</li> </ul>					Emp/Spouse		\$10.00			
\$25 copay for frames every 24 months			Emp/Child(ren)		\$10.16					
Davis Vision In-Network; Out-of-Network access as well					Family		\$15.52			
Solstice Vision 5 PPO										r Tier
\$10 copay for an exam every 12 months				Employee Emp/Spouse		\$6.53 \$11.80 \$13.45				
\$10 copay for lenses & contact lenses every 12 months										
<ul> <li>\$10 copay for frames every 12 months</li> <li>Spectera Vision Network In-Network; Out-of-Network access as well</li> </ul>				Emp/Child(ren) Family		\$13.45 \$18.77				
Life/AD&D					railily		\$10.77			
Guardian Employer Pa	id Life/AD&D	50K - Emplo	yee non-co	ntributory 10	0% participa	ation				
<ul> <li>\$50,000 of Term Life Insurance Coverage</li> <li>Enhanced AD&amp;D - 100% of life benefit</li> </ul>						Per Enrolled		\$14.50		
<ul> <li>Guaranteed Issue - open enrollment</li> <li>Accelerated Life Benefit - terminal condition</li> </ul>					Per Month (PEPM)		\$14.50			
Guardian Employer Pa	id Life/AD&D	100K - Emp	loyee non-c	ontributory 1	00% partic <u>i</u> p	ation				
<ul> <li>\$100,000 of Term Life Insurance Coverage</li> <li>Enhanced AD&amp;D - 100% of life benefit</li> <li>Guaranteed Issue - open enrollment</li> <li>Accelerated Life Benefit - terminal condition</li> </ul>				Per Enrolled Per Month (PEPM)		\$26.00				
Life	0.514						<u>'</u>		•	
Guardian Voluntary Life Age			25.20	40.44	45.40	50.54	FF F0	CO C4	CE CO	70.
-	<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 Lif	e 50K - 15% p	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  • \$1,000 per month of Disability Income • \$25,000 of Term Life Insurance • \$75,000 of Accidental Death & Dismemberment Insurance • Guaranteed Issue - open enrollment				Employee Ages 18-39		Three Tier				
				40-54		\$17.50 \$30.00				
				55+		\$52.50				
Guardian EverGuard <i>P</i>	<i>Plus -</i> No mini	mum particiţ	oation				Employ	ee Ages	Thre	e Tier
\$1,500 per month of Disability Income			18-39		\$25.50					
<ul> <li>\$50,000 of Term Life Insurance</li> <li>\$100,000 of Accidental Death &amp; Dismemberment Insurance</li> </ul>			40-54		\$43.50					
Guaranteed Issue - open enrollment  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.				55+		\$79.50				

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 PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$18.25, Family \$26.50

Vision plans: EE \$1.00, EE/Spouse \$2.25, EE+Child(ren) \$18.25, Family \$3.00

Guardian Feripolover Paci Life/ADQ plans: \$3.00, EE/Spouse \$3.00, EE+Child(ren) \$3.00, Family \$4.50

Guardian Feripolover Paci Life/ADQ plans: \$3.00, EE/Spouse \$3.00, EE+Child(ren) \$4.50, Family \$6.50

Guardian VerorGuard & Everipad Plan plans: \$7.50 Per Employee Per Monthi (PEPM)

Guardian AccidentGuard Adv plan: EE \$3.00, 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 \$5.50

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

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Accident		
Guardian AccidentGuard Adv		Four Tier
<ul> <li>X-rays, emergency room and urgent care facility treatment</li> <li>Hospital admission and confinement as well as ICU</li> </ul>	Employee	\$15.83
Occupational or physical therapy	Emp/Spouse	\$24.63
<ul> <li>Transportation such as ambulance and air ambulance</li> <li>Household expenses towards rent, mortgage and/or food</li> </ul>	Emp/Child(ren)	\$24.81
Injury-related modifications to your home and/or auto	Family	\$34.61
ID Theft		
Allstate Identity Protection Pro		Two Tier
Identity and credit monitoring	Employee	\$10.95
<ul> <li>Financial transaction monitoring</li> <li>Social Media reputation monitoring</li> </ul>	Emp/Spouse	n/a
<ul> <li>24/7 Privacy Advocate remediation</li> <li>\$1 million identity theft insurance policy</li> </ul>	Emp/Child(ren)	n/a
\$ Thillion identity their 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
<ul> <li>IP address Monitoring</li> <li>401(k) and HSA stolen fund reimbursement</li> </ul>	Emp/Child(ren)	n/a
Tax fraud refund advances	Family	\$23.45
LifeLock Benefit Elite		Four Tier
LifeLock Identity Alert System	Employee	\$10.74
Lost Wallet Protection	Emp/Spouse	\$19.73
<ul> <li>Address Change Verification</li> <li>Black Market Website Surveillance</li> </ul>	Emp/Child(ren)	\$17.80
<ul> <li>Checking and Savings Account Activity Alerts</li> <li>Stolen Fund Reimbursement: Up to \$1 Million</li> </ul>	. ,	-
LifeLock Ultimate Plus™	Family	\$26.80
	Employee	Four Tier \$26.24
<ul> <li>Ultimate Plus™ plan includes all of the Benefit Elite plan with added features</li> <li>Checking &amp; Savings Account Application Alerts</li> </ul>		•
Bank Account Takeover Alerts	Emp/Spouse	\$50.73
<ul> <li>Online Annual tri-bureau credit reports &amp; scores</li> <li>Monthly Credit Score Tracking</li> </ul>		\$37.18
Sex Offender Registry Reports	Family	\$61.67
Pet Benefit Solutions		
Total Pet Plan (discount plan bundle)		Two Tier
<ul> <li>Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services</li> </ul>	Single Pet	\$13.75
<ul> <li>PetPlus (dogs &amp; cats only) - 40% discount on everyday pet products, Rx and preventatives</li> </ul>		
<ul> <li>AskVet (dogs &amp; cats only) - 24/7 Pet Telehealth</li> <li>ThePetTag (dogs &amp; cats only) - 24/7 Lost Pet Recovery Service</li> </ul>	Family Pet (2+)	\$22.50
Passthrough Products Available at https://healthpass.com/benefits-exchange/extra-products-and-services/		
FSA & Commuter Benefits		
OCA - https://oca125.com/healthpass-fsa-application/		
<ul> <li>Flexible Spending Account (FSA) - Employees set aside money to pay for qualified medical, dental &amp; vision expenses on a pre-tax basis</li> </ul>		
Dependent Care Account (DCA) - Employees set aside money to pay for qualified dependent care expenses	Per EnrolledPer Month (PEPM)	\$8.00
<ul> <li>on a pre-tax basis</li> <li>Parking &amp; Transit - Employees set aside money to pay for qualified parking &amp; transit expenses on a pre-tax basis</li> </ul>		
Health, Wellness & Cosmetic		
Beyond Med (Discount Plan) - https://www.beyondmedplans.com/groups/healthpass		
Membership program offering up to 20% reduced costs on elective and cosmetic services     Services include fartility, dermatology, med spa, plastic surgery, accountative, hariatrics and more	Employee	\$9.99
<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> <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>	Employee Family	\$9.99 \$19.99

Rates are subject to final verification at the time of enrollment. Domestic Platner coverage is included with all carriers. Rates for Domestic Platners will be the same as rates for Employee/Spouse and Family. This is a summary of pian information. Please refer to the Englobly Guidelines for further information. The following buildings and administrative less apply to the following products:

• Denata PPO plans. EE 92.05, EE/Spouse \$1.825, EE-Choldren \$1.825, Emrily \$2.05.0

• Usino plans: EE \$1.05, EE/Spouse \$2.25, EE/Children \$2.25, Emrily \$3.00.0

• Guardian Children \$2.00, EE/Choldren \$2.25, Emrily \$3.00, Fernily \$4.00.0

• Guardian Children \$2.00, EE/Choldren \$3.00, FEE/Children \$4.00, EE/Choldren \$3.00, Feernily \$4.00.0

• Guardian Children \$2.00, EE/Choldren \$3.00, FEE/Children \$4.00, Feemily \$5.00, Feemily \$6.00, Feemily \$6.00