

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

Monthly Rates for Effective Dates - 4/1/2024, 5/1/2024, 6/1/2024

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				
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	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				
<ul> <li>\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup</li> </ul>	Employee	\$15.56				
and 2nd visit includes cleaning only)  ● Open access and no specialist referrals	Emp/Spouse	\$28.36				
No deductible, no calendar year maximum	Emp/Child(ren)	\$31.65				
<ul> <li>Cosmetic and orthodontia treatment covered</li> <li>Implant benefit via implant network provider only</li> </ul>	Family	\$43.36				
Solstice Dental PPO	,	Four Tier				
	Employee	\$58.90				
<ul> <li>Includes 4 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> </ul>	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				
<ul> <li>Annual maximum of \$2,000</li> <li>Implant benefit</li> </ul>	Family	\$163.04				
Solstice Dental Value PPO MAC	,	Four Tier				
	Employee	\$34.25				
<ul> <li>Includes 2 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> </ul>	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				
UnitedHealthcare National Exclusive Network		Four Tier				
	Employee	\$19.66				
<ul> <li>1 cleaning per consecutive 6 months</li> <li>No deductible, no annual calendar maximum</li> </ul>	Emp/Spouse	\$32.61				
No waiting period	Emp/Child(ren)	\$39.27				
<ul> <li>Reasonable copayment charges apply for basic and major services</li> <li>Implant benefit</li> </ul>	Family	\$49.52				
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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

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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.

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 Emp/Spouse	\$19.85 \$37.07
No annual maximum on the plan and offers fixed patient charges for basic and major services  No deductible	Emp/Spouse Emp/Child(ren)	\$37.07
Orthodontia benefit	Family	\$55.32
ardian 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 Plus 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 Annual 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	Employee	\$52.45
Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services	Emp/Spouse	\$110.44
Annual maximum of \$1,500 In-Network, \$500 rollover	Emp/Child(ren)	\$102.46
mplant benefit	Family	\$160.90
ardian DentalGuard Preferred PPO 90 UCR		Four Tier
No referrals needed to see a specialist	Employee	\$69.07
Dut-of-area emergency coverage i50 deductible for In-Network/\$50 deductible for Out-of-Network, n/a preventive services	Emp/Spouse	\$145.90
Annual maximum of \$1,500 In-Network, n/a preventive services	Emp/Child(ren)	\$147.23
hild orthodontia benefit,\$1,500 max	Family	\$226.88
stice Dental EPO S700B		Four Tier
	Employee	\$19.37
60 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Deen access and no specialist referrals	Emp/Spouse	\$35.99
No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$40.32
mplant benefit via implant network provider only	Family	\$55.50
stice Dental EPO S800B	. a.m.y	Four Tier
	Employee	\$15.56
60 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
Vo deductible, no calendar year maximum	Emp/Child(ren)	\$31.65
Cosmetic and orthodontia treatment covered mplant benefit via implant network provider only		\$43.36
stice Dental PPO	Family	
	Employee	Four Tier \$58.90
ncludes 4 cleanings in any 12 consecutive months No referrals needed to see a specialist	Emp/Spouse	\$105.14
S50 deductible for In-Network services/\$50 deductible for Out-of-Network services		\$105.14
Annual maximum of \$2,000 mplant benefit	Emp/Child(ren)	\$125.62 \$163.04
stice Dental Value PPO MAC	Family	Four Tier
	Fundama	\$34.25
ncludes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist	Employee	\$34.25 \$68.24
Out-of-Network reimbursement is MAC (Maximum Allowable Charge)	Emp/Spouse	
550 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000	Emp/Child(ren)	\$75.06
	Family	\$106.03
tedHealthcare National Exclusive Network	Frances	Four Tier \$19.66
cleaning per consecutive 6 months lo deductible, no annual calendar maximum	Employee	
No waiting period	Emp/Spouse Emp/Child(ren)	\$32.61 \$39.27
Reasonable copayment charges apply for basic and major services mplant benefit	Emp/Child(ren) Family	\$39.27 \$49.52
tedHealthcare INO 100/50/50	1 anny	Four Tier
2 cleanings per consecutive 12 months No referrals to see a specialist	Employee	\$28.49
lo waiting period ' 50 deductible /\$150 deductible family (calendar year)	Emp/Spouse	\$54.23
1,000 annual maximum	Emp/Child(ren)	\$56.90
ncludes Out-of-Network emergency treatment, if necessary mplant and orthodontic benefits	Zp. Simu(ton)	
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$86.32
		Four Tier
tedHealthcare Low PPO MAC	Employee	\$45.35
		\$90.46
lo referrals to see a specialist 50 deductible /\$75 deductible family (calendar year)	Emp/Spouse	
No referrals to see a specialist 550 deductible /\$75 deductible family (calendar year) 51.0 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	Emp/Spouse Emp/Child(ren)	
No referrals to see a specialist 50 deductible /\$75 deductible family (calendar year) 51,000 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 mplant and orthodontic benefits	Emp/Child(ren)	\$92.88
No referrals to see a specialist 50 deductible /\$75 deductible family (calendar year) 11,000 both In and Out-of-Network annual maximum Jul-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		
No referrals to see a specialist 50 deductible /\$75 deductible family (calendar year) 11,000 both In and Out-of-Network annual maximum Jul-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	Emp/Child(ren)	\$92.88
No referrals to see a specialist 550 deductible /\$75 deductible family (calendar year) 51,000 both In and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mplant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum  tedHealthcare High PPO MAC  No referrals to see a specialist	Emp/Child(ren)	\$92.88 \$142.37
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  itedHealthcare High PPO MAC  No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum	Emp/Child(ren) Family Employee	\$92.88 \$142.37 Four Tier
No referrals to see a specialist 550 deductible /\$75 deductible family (calendar year) 51,000 both In and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mplant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum  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 550 deductible /\$100 deductible family (calendar year) 52,000 both In and Out-of-Network annual maximum	Emp/Child(ren) Family  Employee  Emp/Spouse	\$92.88 \$142.37 Four Tier \$53.23 \$106.21
No referrals to see a specialist \$50 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  ItedHealthcare High PPO MAC  No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$50 deductible family (calendar year) \$2,000 both In and Out-of-Network annual maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits	Emp/Child(ren) Family Employee	\$92.88 \$142.37 Four Tier \$53.23

- This is a summary of plan information. Please refer to the Elipälity Guidelines for further information. The following productive fees sough to the following products:

   Dental Pro Opans: EB \$3.5, EE:(Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.00
   Dental Pro Opans: EB \$9.5, EE:(Spouse \$1.25, EE+Child(ren) \$4.25, Family \$5.00
   Vision plans: EB \$1.50, EE:(Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
   Guardian Employer Paid Lilla/RoBD plans: \$3.00 of Employee Paid Lilla/RoBD plans: \$1.00 of Employee Paid Month (PEPM)
   Guardian Vecudural & Ewedural Plan plans: \$7.00 of Employee Per Month (PEPM)
   Guardian Accident/Guard Adv plan: EB \$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 - 4/1/2024, 5/1/2024, 6/1/2024

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Vision Guardian VisionGuard									Fare	r Tior
							Emn	loyee		r Tier
<ul> <li>\$10 copay for an exam eve</li> <li>\$25 copay for lenses &amp; cor</li> </ul>								Spouse	\$6.12 \$10.00	
	pay for lenses & contact lenses every 24 months pay for frames every 24 months						hild(ren)		0.16	
									5.52	
Solstice Vision 5 PPO							,	Four Tier		
	\$10 copay for an exam every 12 months					Emp	loyee	\$6.53		
<ul> <li>\$10 copay for lenses &amp; cor</li> </ul>			าร				Emp/Spouse		\$11.80	
<ul><li>\$10 copay for frames ever</li></ul>	y 12 months	•					Emp/Child(ren)		\$13.45	
<ul> <li>Spectera Vision Network Ir</li> </ul>	pectera Vision Network In-Network; Out-of-Network access as well					Fai	mily	ily \$18.77		
JnitedHealthcare Vision PPO	dHealthcare Vision PPO							Four Tier		
• \$10 copay for an exam eve	0 copay for an exam every 12 months				Employee		\$6.69			
\$25 copay for lenses & cor		ery 12 month	ns				Emp/Spouse		\$12.09	
<ul><li>\$25 copay for frames ever</li><li>Spectera Vision Network Ir</li></ul>		t of Network	access as wel	ı			Emp/Child(ren)		\$13.79	
Speciera vision Network II	I-Network, Ou	t-oi-inclwork a	access as wei	I			Fai	mily	\$19	9.23
Life/AD&D	DOD FOK F	unlavaa nan	a a matuila usta mu. 1	000/ martisina	Ai a sa					
Guardian Employer Paid Life/A			contributory i	00% participa	llon					
<ul><li>\$50,000 of Term Life Insur</li><li>Enhanced AD&amp;D - 100% or</li></ul>		е					Por E	nrolled		
Guaranteed Issue - open 6								th (PEPM)	\$14	4.50
<ul> <li>Accelerated Life Benefit - t</li> </ul>		ion						,		
Guardian Employer Paid Life/A	ND&D 100K - E	Employee non	n-contributory	100% particip	ation					
● \$100,000 of Term Life Insu	ırance Covera	ge								
<ul><li>Enhanced AD&amp;D - 100% o</li></ul>	f life benefit	-						nrolled	\$20	6.00
<ul> <li>Guaranteed Issue - open e</li> <li>Accelerated Life Benefit - t</li> </ul>		ion					Per Mont	th (PEPM)		J. 00
Accelerated Life Berleilt - I	eminai condit	1011								
Life	4.50/: -:4									
Guardian Voluntary Life 25K - 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
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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 -										
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	<b>CO FO</b>	<b>#0.05</b>	\$11.06	¢44.0E	¢20.04	<b>600 E4</b>	\$48.57	<b>#66.30</b>	¢440.76	\$219.84
_L/Opouse	\$8.53	\$9.05	\$11.00	\$14.25	\$20.94	\$32.51	φ40.37	\$66.38	\$113.76	\$219.04
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
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Disability/Life/AD&D		4°					Emmler		Thus	- Ti
Guardian EverGuard - No minimum participation							ee Ages		e Tier	
\$1,000 per month of Disab	,						18	-39	\$1	7.50
	25,000 of Term Life Insurance 75,000 of Accidental Death & Dismemberment Insurance				40-54 \$		\$30	30.00		
<ul> <li>Guaranteed Issue - open e</li> </ul>		Cilion insur	arioc				5	5+	\$5	2 50
						\$52.50				
Guardian EverGuard <i>Plus</i> - No	o minimum pai	ticipation						ee Ages		e Tier
\$1,500 per month of Disab							18	-39	\$2	5.50
	\$50,000 of Term Life Insurance					40-54		\$43	3.50	
<ul> <li>\$100,000 of Accidental Death &amp; Dismemberment Insurance</li> <li>Guaranteed Issue - open enrollment</li> </ul>				E	 5+	¢70	9.50			
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.					5	Jr	<b>\$7</b>	9.00		
This is a summary of plan information. Please refer to the The following billing and administrative fees apply to the Poetral In-Network plans: EE \$3.50, EE/Spouse \$4.2.  Dental In-Network plans: EE \$3.50, EE/Spouse \$4.2.5. EIS-  Vision plans: EE \$1.50, EE/Spouse \$2.2.5, EE/S-  Guardian Vision plans: EE \$1.50, EE/Spouse \$4.2.5, EE/S-  Guardian Vision plans: EE \$2.00, EE/Spouse \$4.2.5, EE/S-  Guardian Vision plans: EE \$3.50, EE/Spouse \$4.2.5, EE/S-  ID Theft plans: EE \$3.00, EE/Spouse \$4.25, EE/S-  ID Theft plans: EE \$3.00, EE/Spouse \$4.25, EE/S-  DY Theft plans: EE/SPOUSE \$4.25, EE/S-  DY THE PLANS \$4.25, EE/S-  DY TH	e Eligibility Guidelines for frollowing products: 5, EE+Child(ren) \$4.25, F. E+Child(ren) \$18.25, Family (ren) \$2.25, Family \$3.00 Employee Per Month (PE \$3.00, EE+Child(ren) \$3. ) Per Employee Per Month ouse \$4.50, EE+Child(ren) Ild(ren) \$4.25, Family \$5.5	urther information.  amily \$5.00  by \$26.50  PM)  00, Family \$4.50  (PEPM)  ) \$4.50, Family \$6.50			<u></u>					

## New York Ancillary Plans & Monthly Rates

Monthly Rates for Effective Dates - 4/1/2024, 5/1/2024, 6/1/2024		
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
<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
Financial transaction monitoring	Emp/Spouse	n/a
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  Trib type of a public plants and typic into a public plants are discovered by the 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
<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™		Four Tier
Ultimate Plus™ plan includes all of the Benefit Elite plan with added features	Employee	\$26.24
<ul> <li>Checking &amp; Savings Account Application Alerts</li> <li>Bank Account Takeover Alerts</li> </ul>	Emp/Spouse	\$50.73
Online Annual tri-bureau credit reports & scores	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		
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	Single Pet	\$13.75
<ul> <li>in-house medical services</li> <li>PetPlus (dogs &amp; cats only) - 40% discount on everyday pet products, Rx and preventatives</li> </ul>	onigie i et	Ψ10.70
<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/		
Flexible Spending Account (FSA) - Employees set aside money to pay for qualified medical, dental & vision		
<ul> <li>expenses on a pre-tax basis</li> <li>Dependent Care Account (DCA) - Employees set aside money to pay for qualified dependent care expenses</li> </ul>	Per EnrolledPer	\$8.00
on a pre-tax basis	Month (PEPM)	¥ <del>*</del>
Parking & Transit - Employees set aside money to pay for qualified parking & transit expenses on a pre-tax basis  Health, Wellness & Commetic.		
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	Employee	\$9.99
<ul> <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> </ul>	Lilipioyee	ψ3.33
No benefit usage limitations for in-network providers, no claims and no waiting periods	Family	\$19.99
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)		

- Nision plans: Et \$1.50, EExSpouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

  Guardian Emplover Paid LiefA/D&D plans: \$3.00 Pet 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 Pet Employee Per Month (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: Single Pet \$2.00, Family Pet (2+) \$4.00