

Monthly Rates for Effective Dates - 7/1/2024, 8/1/2024, 9/1/2024

D	ental						
	ental Package 1 - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard DHMO Plus, S	Solstice Dental EPO S7	00B, Solstice Dental				
E	PO S800B and UnitedHealthcare National Exclusive Network . There is no minimum participation.						
G	uardian Managed DentalGuard DHMO		Four Tier				
	es consultar again primary care office visit (includes a cleaning 1 pet of y rays, checking and the visit includes cleaning and the	Employee	\$19.85				
•	\$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	Emp/Spouse	\$37.07				
•	No deductible	Emp/Child(ren)	\$38.22				
•	Orthodontia benefit	Family	\$55.32				
G	uardian Managed DentalGuard DHMO Plus		Four Tier				
		Employee	\$22.81				
•	\$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	Emp/Spouse	\$42.86				
	No deductible	Emp/Child(ren)	\$46.68				
•	Orthodontia benefit	Family	\$66.74				
S	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)	Employee	\$19.37				
•	Open access and no specialist referrals	Emp/Spouse	\$35.99				
•	No deductible, no calendar year maximum	Emp/Child(ren)	\$40.32				
•	Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only	/	\$55.50				
		Family	-				
	platice Dental EPO S800B	Employee	Four Tier \$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						
•	No deductible, no calendar year maximum	Emp/Spouse	\$28.36				
•	Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only	Emp/Child(ren)	\$31.65				
		Family	\$43.36				
U	nitedHealthcare National Exclusive Network	Engl	Four Tier				
•	1 cleaning per consecutive 6 months	Employee	\$19.66				
•	No deductible, no annual calendar maximum No waiting period	Emp/Spouse	\$32.61				
•	Reasonable copayment charges apply for basic and major services	Emp/Child(ren)	\$39.27				
•	Implant benefit	Family	\$49.52				
D	ental 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					
	ental 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.						
G	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) No annual maximum on the plan and offers fixed patient charges for basic and major services	Employee	\$19.85				
•		Emp/Spouse	\$37.07				
•	No deductible Orthodontia benefit	Emp/Child(ren)	\$38.22				
		Family	\$55.32				
G	uardian 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				
•	to copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Io 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				
G	uardian DentalGuard Preferred PPO MAC		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				
	Implant benefit	Family	\$133.57				
G	uardian DentalGuard Preferred PPO 70 UCR		Four Tier				
	No referrals needed to see a specialist	Employee	\$52.45				
•	Out-of-area emergency coverage	Emp/Spouse	\$110.44				
•	\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services	Emp/Child(ren)	\$102.46				
•	Annual maximum of \$1,500 In-Network, \$500 rollover Implant benefit						
	uardian DentalGuard Preferred PPO 90 UCR	Family	\$160.90				
	No referrals needed to see a specialist	Employee	Four Tier \$69.07				
•	Out-of-area emergency coverage	Employee					
•	\$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	Emp/Spouse	\$145.90				
•	Annual maximum of \$1,500 in-Network, n/a preventive services Implant benefit	Emp/Child(ren)	\$147.23				
• Date	Child orthodontia benefit,\$1,500 max	Family	\$226.88				
This	es 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 EmployeelSpouse and Family. is a summary of plan information. Please refer to the Eligibility Guidelines for further information.						
	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						
	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						

Guardian Carployer Paid Llfi4/D&D plans: \$3.00 Per Employee Per Month (PEPM)
 Guardian Voluntary Llfie plans: E5 20, 00, EFS/Soues 30, 00, EE+Child(ren) 33.00, Family 54.50
 Guardian AcademtGuard Abr plans: \$7.50 Per Employee Per Month (PEPM)
 Guardian AcademtGuard Abr plans: \$5.30, EE/Spouse 84.50, EE+Child(ren) \$4.50, Family \$6.50
 ID Thet plans: EE 53.00, EE/Spouse 84.25, EE+Child(ren) \$4.50, Family \$5.50
 Pat Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00

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tal Package 3 - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice Dental Value PPO MAC. There is no r	ninimum <u>participation.</u>	
tice Dental EPO S700B	· ·	Four Tier
50 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$19.37
Open access and no specialist referrals	Emp/Spouse	\$35.99
lo deductible, no calendar year maximum Sosmetic and orthodontia treatment covered	Emp/Child(ren)	\$40.32
nplant benefit via implant network provider only	Family	\$55.50
tice Dental EPO S800B	-	Four Tier
0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$15.56
Open access and no specialist referrals	Emp/Spouse	\$28.36
lo deductible, no calendar year maximum Sosmetic and orthodontia treatment covered	Emp/Child(ren)	\$31.65
nplant benefit via implant network provider only	Family	\$43.36
tice Dental PPO		Four Tier
adualas 4 alexaningas in any 40 associativa menthe	Employee	\$58.90
ncludes 4 cleanings in any 12 consecutive months Io referrals needed to see a specialist	Emp/Spouse	\$105.14
50 deductible for In-Network services/\$50 deductible for Out-of-Network services	Emp/Child(ren)	\$125.82
nnual maximum of \$2,000 mplant benefit	,	\$123.02
tice Dental Value PPO MAC	Family	
	Employee	Four Tier \$34.25
ncludes 2 cleanings in any 12 consecutive months Io referrals needed to see a specialist		\$68.24
Dut-of-Network reimbursement is MAC (Maximum Allowable Charge)	Emp/Spouse	
50 deductible for In-Network services/\$50 deductible for Out-of-Network services nnual maximum of \$1,000	Emp/Child(ren)	\$75.06
	Family	\$106.03
tal Package 4 - UnitedHealthcare National Exclusive Network, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC. There is a	two enrolled minimum pa	irticipation.
edHealthcare National Exclusive Network		Four Tier
cleaning per consecutive 6 months	Employee	\$19.66
lo deductible, no annual calendar maximum Io waiting period	Emp/Spouse	\$32.61
easonable copayment charges apply for basic and major services	Emp/Child(ren)	\$39.27
nplant benefit	Family	\$49.52
edHealthcare Low PPO MAC		Four Tier
lo referrals to see a specialist	Employee	\$45.35
50 deductible /\$75 deductible family (calendar year)	Emp/Spouse	\$90.46
i1,000 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 consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Emp/Child(ren)	\$92.88
	Family	\$142.37
edHealthcare High PPO MAC		Four Tier
lo referrals to see a specialist	Employee	\$53.23
reventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum 50 deductible /\$100 deductible family (calendar year)	Emp/Spouse	\$106.21
2,000 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)	\$106.59
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$164.73
tal Package 5 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.		
edHealthcare INO 100/50/50		Four Tier
cleanings per consecutive 12 months	Employee	\$28.49
lo referrals to see a specialist	Linployee	\$20.45
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	Emp/onind(ren/	\$50.50
onsumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$86.32
edHealthcare High PPO MAC		Four Tier
lo referrals to see a specialist	Employee	\$53.23
reventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum		
50 deductible /\$100 deductible family (calendar year) 2,000 both In and Out-of-Network annual maximum	Emp/Spouse	\$106.21
Dut-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees	Emp/Child(ren)	\$106.59
nplant and orthodontic benefits consumer MaxMultiplier [®] rewards for dental care by adding dollars to next year's maximum	Family	\$164.73
e subject to final verification at the time of enrolment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for EmployeelSpouse and Family.	i anny	ψ1 04./ 3
s ummary of plan information. Please refer to the Eligibility Guidelines for further information. wing biling and advely to the following products: tal In-Network plans: EE \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.00 tal IPPO plans: EE \$3.26, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$2.50 or plans: EE \$1.26, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$2.50 or plans: EE \$1.26, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$2.50 or plans: EE \$1.26, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$2.50 or plans: EE \$1.26, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$3.00 refian Voluntary Life plans: EE \$2.50, EE/Spouse \$4.50, EE+Child(ren) \$4.50, Family \$4.50 refian Voluntary Life plans: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$4.50, Family \$4.50 refian EvenGuard AE venGuard Plans EE \$3.50, EE+Child(ren) \$4.50, Family \$4.50 refian FuenGuard AE venGuard AE \$1.50, EE+Child(ren) \$4.50, Family \$4.50 refian FuenGuard AE venGuard AE \$1.50, EE+Child(ren) \$4.50, Family \$4.50 refian Scotter \$1.50, EE+Spouse \$4.50, EE+Child(ren) \$4.50, Family \$4.50 refian \$2.50, EE+Spouse \$4.50, EE+Spouse \$4.50, EE+Spouse \$4.50, Family \$5.50 EE+Spouse \$2.50, EE+Spouse \$4.50, EE+Spouse \$4.50, Family \$5.50 Family Family Family Family Family Family \$4.50 Family Family Family Family Family Family Family \$5.50 Family Family \$5.50 Family Family		

Monthly Rates for Effective Dates - 7/1/2024, 8/1/2024, 9/1/2024

/ision		
ision Package 1 – Guardian VisionGuard, Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is a 20% participation with Guard	ian VisionGuard, excluding	g 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
	Family	\$15.52
olstice 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
\$10 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well	Emp/Child(ren)	\$13.45
	Family	\$18.77
nitedHealthcare Vision PPO		Four Tier
\$10 copay for an exam every 12 months	Employee	\$6.69
\$25 copay for lenses & contact lenses every 12 months	Emp/Spouse	\$12.09
\$25 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well	Emp/Child(ren)	\$13.79
	Family	\$19.23
sion Package 2 – Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is no minimum participation.		
bistice 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
\$10 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
itedHealthcare Vision PPO		Four Tier
	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
sion Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers		
		Eour Tior
		Four Tier
\$10 copay for an exam every 12 months	Employee	\$6.12
\$25 copay for lenses & contact lenses every 24 months \$25 copay for frames every 24 months	Emp/Spouse	\$10.00
Davis Vision In-Network; Out-of-Network access as well	Emp/Child(ren)	\$10.16
	Family	\$15.52
sion Package <u>4</u> – Solstice Vision 5 PPO no minimum participation		
olstice 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
\$10 copay for frames every 12 months Spectera Vision Network In-Network; Out-of-Network access as well	Emp/Child(ren)	\$13.45
	Family	\$18.77
sion Package 5 - UnitedHealthcare Vision PPO no minimum participation		
nitedHealthcare Vision PPO		Four Tier
	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
s 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. is a summary of plan information. Please refer to the Eligibility Guidelines for further information.		
ollowing billing and administrative fees apply to the following products: Jental In-Network plans: EE \$3.50, EEISpouse \$4.25, EE+Child(ren) \$4.25, Family \$5.00		

Dentail In-Network plans: EE \$3.25, EE/Spouse \$4.25, EE+Child(en) \$4.25, Family \$5.00
 Dentail PPO plans: EE \$3.25, EE/Spouse \$4.25, EE+Child(en) \$1.25, Family \$2.65
 Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(en) \$2.25, Family \$3.00
 Guardian Volutary, Life plans: \$3.00 Per Employee Per Month (PEPM)
 Guardian Volutary, Life plans: EE \$2.00, EE/Spouse \$3.00, EE+Child(en) \$3.00, Family \$4.50
 Guardian Volutary, Life plans: EE \$2.00, EE/Spouse \$3.00, EE+Child(en) \$3.00, Family \$4.50
 Guardian Volutary, Life plans: EE \$2.00, EE/Spouse \$3.00, EE+Child(en) \$3.00, Family \$4.50
 Guardian Volutary, Life plans: EE \$3.00, EE/Spouse \$4.50, EE/Spouse \$4.50, EE/Spouse \$4.50, EE/Spouse \$4.50, EE/Spouse \$4.50
 ID That plans: EE \$3.00
 ElSpouse \$4.25, EE+Child(en) \$4.50, Family \$5.50
 Pat Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00

Ancillary & Additional Products Monthly Rate Sheet Monthly Rates for Effective Dates - 7/1/2024, 8/1/2024, 9/1/2024

		MO	nthly Rates for	Effective Date	s - 7/1/2024, 8/1	/2024, 9/1/2024				
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							\$8.00			
Life/AD&D										
Guardian Employer Paid Life/AD&D 50K -	Employee non-contr	ibutory 100% parti	cipation							
 \$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 \$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% 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 Age	oation <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 partici	dian EverGuard - No minimum participation						Employee Ages		Three Tier \$17.50	
 \$1,000 per month of Disability Income \$25,000 of Term Life Insurance 							18-39 40-54		\$30.00	
 \$75,000 of Accidental Death & Dismer Guaranteed Issue - open enrollment 	nberment Insurance						55+		\$52.50	
Guardian EverGuard <i>Plus</i> - No minimum p	participation						Employee Ages		Three Tier	
	Sardolpadoli						18-39		\$25.50	
 \$1,500 per month of Disability Income \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Disme 	mhormont Incurana						40-54		\$43.50	
Guaranteed Issue - open enrollment		6					55+		\$79.50	
Accident										
Guardian AccidentGuard Adv - No minimu	m participation								Four Tier	
• X-rays, emergency room and urgent ca							Employee		\$15.83	
 Hospital admission and confinement as well as ICU Occupational or physical therapy 						Emp/Spouse		\$24.63		
Transportation such as ambulance and air ambulance Household expenses towards rent, mortgage and/or food Injury-related modifications to your home and/or auto					Emp/Child(ren)		\$24.81			
Injury - created in Admicrations to your norme and/or actor						Family		\$34.61		
This Is a summary of pain normation. Please refer to the Eligibility Guideme The flowing billing and administrative rea snay by the following products: ■ Detail Hohdenox plasm: EE 51.50, EESpose 51.62, S.E.Er-Child(yee) 51.62, 5 ■ Usion plant: EE 51.00, EESpose 22, EE-Child(yee) 51.62, 5 ■ Guardian Employee Paid Lide/ABJD plans: 51.00 Per Employee Per Mon Guardian Eventory Life plant: EES 250, EESposes 02, EE-Child(yee) ■ Guardian Eventory Life plant: EES 250, EESposes 260, EE-Child © Guardian Evenduard & EvenCuard Plang plans: 57.00 Per Employee Per Guardian Eventorial Life plant: EES 250, EESposes 260, EE-Child(yee) ■ Guardian Eventorial and Any plant: ES 350, EESposes 260, S50, EE-Child(yee) ■ D Theft plans: EE 53.00, EESposes 54.26, EE-Child(yee) 54.26, Family ■ Pet Benefit Solutions plan: Single Pet 32.00, Family Pet (2+) 54.00	s for further information. 25, Family \$5.00 Family \$26.50 3.00 h (PEPM) 1) \$3.00, Family \$4.50 Month (PEPM) d(ren) \$4.50, Family \$6.50									

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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						
Istate Identity Protection Pro						
 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				
LifeLock Identity Alert System	Employee	\$10.74				
Lost Wallet Protection Address Change Verification	Emp/Spouse	\$19.73				
Black Market Website Surveillance Checking and Savings Account Activity Alerts	Emp/Child(ren)	\$17.80				
Stolen Fund Reimbursement: Up to \$1 Million	Family	\$26.80				
LifeLock Ultimate Plus™		Four Tier				
Ultimate Plus™ plan includes all of the Benefit Elite plan with added features	Employee	\$26.24				
Checking & Savings Account Application Alerts Bank Account Takeover Alerts	Emp/Spouse	\$50.73				
Online Annual tri-bureau credit reports & scores 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				
Astes are subject to final verification at the time of enrollment. Dometic 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.						

Kates are subject to final vertication at the fum of enrolment. Domestic Pather coverage is inc.
 This is a summary of plan information. Please refor the Eligibility Califoldines for further inform:
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 Dental In-Network plans: EE \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.00
 Dental IP-O plans: EE \$3.25, EE/Spouse \$1.25, EE+Child(ren) \$4.25, Family \$2.50
 Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00