

New York Ancillary Plans & Monthly Rates

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

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

Plan Name	Category	Rate
Guardian Managed DentalGuard DHMO <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
	Four Tier	
Guardian Managed DentalGuard DHMO Plus <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
	Four Tier	
Solstice Dental EPO S700B <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
	Four Tier	
Solstice Dental EPO S800B <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
	Four Tier	
Solstice Dental PPO <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
	Four Tier	
Solstice Dental Value PPO MAC <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
	Four Tier	
UnitedHealthcare National Exclusive Network <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
	Four Tier	

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 \$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 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.

Plan Name	Employee	Family
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 Plus	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 Plus 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
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
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 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 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

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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 \$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 Employee 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 Accident/Guard Actv 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										
Guardian VisionGuard										
<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; retail allowance In-Network \$130/Out-of-Network \$48 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										
<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; retail allowance In-Network \$100/Out-of-Network \$45 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										
<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; retail allowance In-Network \$130/Out-of-Network \$45 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										
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										
<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 										
Employee Ages										
18-39										
\$17.50										
40-54										
\$30.00										
55+										
\$52.50										
Guardian EverGuard Plus - No minimum participation										
<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 										
Employee Ages										
18-39										
\$25.50										
40-54										
\$43.50										
55+										
\$79.50										

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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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Accident		
Guardian AccidentGuard Adv		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
ID Theft		
Allstate Identity Protection Pro		Two Tier
<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 	Employee	\$10.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$19.45
Allstate Identity Protection Pro Plus		Two Tier
<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 	Employee	\$12.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$23.45
LifeLock Benefit Elite		Four Tier
<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 	Employee	\$10.74
	Emp/Spouse	\$19.73
	Emp/Child(ren)	\$17.80
	Family	\$26.80
LifeLock Ultimate Plus™		Four Tier
<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 	Employee	\$26.24
	Emp/Spouse	\$50.73
	Emp/Child(ren)	\$37.18
	Family	\$61.67
Pet Benefit Solutions		
Total Pet Plan (discount plan bundle)		Two Tier
<ul style="list-style-type: none"> Pet Assure (any type of pet) - 25% discount from participating vets in US & 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
Passthrough Products Available at https://healthpass.com/benefits-exchange/extra-products-and-services/		
FSA & Commuter Benefits		
OCA - https://oca125.com/healthpass-fsa-application/		
<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 EnrolledPer Month (PEPM)	\$8.00
Health, Wellness & Cosmetic		
Beyond Med (Discount Plan) - https://www.beyondmedplans.com/groups/healthpass		
<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

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 • 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