



Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Dates - 10/1/2024, 11/1/2024, 12/1/2024

| 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 |

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 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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The following billing and administrative fees apply to the following products:

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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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| 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 |
| 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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- 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
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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 | 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 | 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 | 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 | 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 |

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