



National Ancillary Plans & Monthly Rates

Monthly Rates for Effective Dates - 10/1/2024, 11/1/2024, 12/1/2024
National plans not available in AK, GA, SD, TX & WY

To access the Ancillary Exchange an employee is required to pay a \$2.00 Per Employee Per Month (PEPM) Exchange Access Fee. Additional participation requirements vary per package or plan.

Dental Package 1 - No Participation Requirements Apply

Guardian Managed DentalGuard DHMO - NJ groups only

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
- No deductible
- Orthodontia benefit

Employee

\$19.85

Emp/Spouse

\$37.07

Emp/Child(ren)

\$38.22

Family

\$55.32

Guardian Managed DentalGuard DHMO Plus - NJ groups only

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, 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

Solstice Dental PPO

Four Tier

- 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

- 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

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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
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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.

Guardian Managed DentalGuard DHMO - NJ groups only		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 - NJ groups only		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 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

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- 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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Vision											
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; 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										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; 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
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

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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 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
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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