



National Ancillary Exchange Plans & Rates

Monthly Rates for Effective Dates - 1/1/2025, 2/1/2025, 3/1/2025
 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. Participation requirements vary per package or plan.

Dental Package 1 - No Participation Requirements Apply

Plan Name	Category	Rate
Guardian Managed DentalGuard DHMO - NJ <ul style="list-style-type: none"> \$5 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months No deductible, annual calendar maximum, pre-ex & waiting periods Fixed copays for basic & major services Orthodontia benefit 	Employee	\$19.85
	Emp/Spouse	\$37.07
	Emp/Child(ren)	\$38.22
	Family	\$55.32
	Four Tier	
Guardian Managed DentalGuard DHMO Plus - NJ <ul style="list-style-type: none"> \$5 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months No deductible, annual calendar maximum, pre-ex & waiting periods Lower fixed copays for basic & major services than the DentalGuard DHMO Orthodontia benefit 	Employee	\$22.81
	Emp/Spouse	\$42.86
	Emp/Child(ren)	\$46.68
	Family	\$66.74
	Four Tier	
Solstice Dental PPO <ul style="list-style-type: none"> 100%/100%/60% In-Network, no specialist referrals, no waiting periods; 4 Cleanings per 12 months \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 100%/80%/50% Out-of-Network (80th UCR) \$2,000 annual maximum In-Network/\$1,000 Out-of-Network 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"> 100%/80%/50% In-Network, no specialist referrals, no waiting periods; 2 Cleanings per 12 months \$50 In-Network/\$50 Out-of-Network calendar deductible, 3 max per family, preventive waiver 80%/50%/50% Out-of-Network \$1,000 annual maximum In-Network/\$1,000 Out-of-Network 	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$75.06
	Family	\$106.03
	Four Tier	

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All plans listed above include the following billing & administrative fees:

- 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, 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.		
Guardian Managed DentalGuard DHMO - NJ		Four Tier
<ul style="list-style-type: none"> \$5 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months No deductible, annual calendar maximum, pre-ex & waiting periods Fixed copays for basic & major services Orthodontia benefit 	Employee	\$19.85
	Emp/Spouse	\$37.07
	Emp/Child(ren)	\$38.22
	Family	\$55.32
Guardian Managed DentalGuard DHMO Plus - NJ		Four Tier
<ul style="list-style-type: none"> \$5 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months No deductible, annual calendar maximum, pre-ex & waiting periods Lower fixed copays for basic & major services than the DentalGuard DHMO 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"> 100%/80%/50% In-Network, no specialist referrals, no waiting periods; Cleaning every 6 months \$50 In-Network/\$75 Out-of-Network calendar deductible, preventive waiver 80%/80%/50% Out-of-Network \$1,000 annual maximum In-Network/Out-of-Network combined, rollover benefit 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"> 100%/90%/60% In-Network, no specialist referrals, no waiting periods; Cleaning every 6 months \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 100%/80%/50% Out-of-Network \$1,500 annual maximum In-Network/\$1,000 Out-of-Network combined, rollover benefit 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"> 100%/80%/50% In-Network, no specialist referrals, no waiting periods; Cleaning every 6 months \$50 In-Network/\$50 Out-of-Network calendar deductible, 3 max per family, preventive waiver 100%/80%/50% Out-of-Network \$1,500 annual maximum In-Network/Out-of-Network combined, rollover benefit, preventive max waiver Implant & orthodontia 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"> 100%/100%/60% In-Network, no specialist referrals, no waiting periods; 4 Cleanings per 12 months \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 100%/80%/50% Out-of-Network (80th UCR) \$2,000 annual maximum In-Network/\$1,000 Out-of-Network Implant benefit 	Employee	\$58.90
	Emp/Spouse	\$105.14
	Emp/Child(ren)	\$125.82
	Family	\$163.04
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<ul style="list-style-type: none"> 100%/80%/50% In-Network, no specialist referrals, no waiting periods; 2 Cleanings per 12 months \$50 In-Network/\$50 Out-of-Network calendar deductible, 3 max per family, preventive waiver 80%/50%/50% Out-of-Network \$1,000 annual maximum In-Network/\$1,000 Out-of-Network 	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
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Vision											
Guardian VisionGuard - No minimum participation										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 - No minimum participation										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 Employee 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 Employee 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 & urgent care facility treatment ● Hospital admission & confinement as well as ICU ● Occupational or physical therapy ● Transportation such as ambulance & 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 & credit monitoring ● Financial transaction monitoring ● Social Media reputation monitoring ● 24/7 Privacy Advocate remediation ● \$1 million identity theft insurance policy 	Employee	\$10.95
	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 & 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
	Family	\$23.45
LifeLock Benefit Elite Plus		Two Tier
<ul style="list-style-type: none"> ● LifeLock Identity Alert System ● Stolen Wallet Protection; Address Change Verification ● Dark Web Monitoring ● Bank & Credit Card Activity Alerts ● Stolen Fund Reimbursement: Up to \$1 Million ● One-bureau credit monitoring 	Employee	\$11.49
	Family	\$22.48
LifeLock Benefit Elite Premium		Two Tier
<ul style="list-style-type: none"> ● Benefit Elite Premium plan includes all of the Benefit Elite Plus plan with added features: ● Identity Lock ● Home Title Monitoring ● Checking & Savings Account Application Alerts & Bank Account Takeover Alerts ● Three-bureau credit monitoring ● Monthly Credit Reports, Credit Scores & Score Tracking 	Employee	\$16.99
	Family	\$33.48
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, no pre-ex ● PetPlus (dogs & cats only) - 40% discount on everyday pet products, Rx & 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 Employee Per Month (PEPM)	\$8.00
Health, Wellness & Cosmetic		
Beyond Med (discount plan)		Two Tier
<ul style="list-style-type: none"> ● Membership program offering up to 20% reduced costs on elective & cosmetic services ● Services include fertility, dermatology, med spa, plastic surgery, acupuncture, bariatrics & more ● Exclusive network of board-certified doctors & licensed providers ● No benefit usage limitations for in-network providers, no claims & no waiting periods 	Employee	\$11.99
	Family	\$23.99

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