

# New York Ancillary Exchange Plans & Rates

Monthly Rates for Effective Dates - 4/1/2025, 5/1/2025, 6/1/2025

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	Rate Category	Rate
<b>Guardian Managed DentalGuard DHMO</b> <ul style="list-style-type: none"> <li>\$5 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Fixed copays for basic &amp; major services</li> <li>Orthodontia benefit</li> </ul>	Four Tier	
	Employee	\$19.85
	Emp/Spouse	\$37.07
	Emp/Child(ren)	\$38.22
	Family	\$55.32
<b>Guardian Managed DentalGuard DHMO Plus</b> <ul style="list-style-type: none"> <li>\$5 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Lower fixed copays for basic &amp; major services than the DentalGuard DHMO</li> <li>Orthodontia benefit</li> </ul>	Four Tier	
	Employee	\$22.81
	Emp/Spouse	\$42.86
	Emp/Child(ren)	\$46.68
	Family	\$66.74
<b>Solstice Dental EPO S700B</b> <ul style="list-style-type: none"> <li>\$0 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>Open access, no specialist referrals, lower fixed copays for basic &amp; major services than the S800B</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Orthodontia &amp; cosmetic benefit</li> <li>Implant benefit via implant network provider only</li> </ul>	Four Tier	
	Employee	\$19.37
	Emp/Spouse	\$35.99
	Emp/Child(ren)	\$40.32
	Family	\$55.50
<b>Solstice Dental EPO S800B</b> <ul style="list-style-type: none"> <li>\$0 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>Open access, no specialist referrals, fixed copays for basic &amp; major services</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Orthodontia &amp; cosmetic benefit</li> <li>Implant benefit via implant network provider only</li> </ul>	Four Tier	
	Employee	\$15.56
	Emp/Spouse	\$28.36
	Emp/Child(ren)	\$31.65
	Family	\$43.36
<b>Solstice Dental PPO</b> <ul style="list-style-type: none"> <li>100%/100%/60% In-Network, no specialist referrals, no waiting periods; 4 Cleanings per 12 months</li> <li>\$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver</li> <li>100%/80%/50% Out-of-Network (80th UCR)</li> <li>\$2,000 annual maximum In-Network/\$1,000 Out-of-Network</li> <li>Implant benefit</li> </ul>	Four Tier	
	Employee	\$58.90
	Emp/Spouse	\$105.14
	Emp/Child(ren)	\$125.82
	Family	\$163.04
<b>Solstice Dental Value PPO MAC</b> <ul style="list-style-type: none"> <li>100%/80%/50% In-Network, no specialist referrals, no waiting periods; 2 Cleanings per 12 months</li> <li>\$50 In-Network/\$50 Out-of-Network calendar deductible, 3 max per family, preventive waiver</li> <li>80%/50%/50% Out-of-Network</li> <li>\$1,000 annual maximum In-Network/\$1,000 Out-of-Network</li> </ul>	Four Tier	
	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$75.06
	Family	\$106.03
<b>UnitedHealthcare National Exclusive Network</b> <ul style="list-style-type: none"> <li>\$0 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Fixed copays for basic &amp; major services</li> <li>Implant benefit</li> </ul>	Four Tier	
	Employee	\$19.66
	Emp/Spouse	\$32.61
	Emp/Child(ren)	\$39.27
	Family	\$49.52

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.  
 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 Accident/Guard 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. 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 other UnitedHealthcare dental plan.

Plan Name	Employee	Family
<b>Guardian Managed DentalGuard DHMO</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>\$5 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Fixed copays for basic &amp; major services</li> <li>Orthodontia benefit</li> </ul>	Employee	\$19.85
	Emp/Spouse	\$37.07
	Emp/Child(ren)	\$38.22
	Family	\$55.32
<b>Guardian Managed DentalGuard DHMO Plus</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>\$5 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Lower fixed copays for basic &amp; major services than the DentalGuard DHMO</li> <li>Orthodontia benefit</li> </ul>	Employee	\$22.81
	Emp/Spouse	\$42.86
	Emp/Child(ren)	\$46.68
	Family	\$66.74
<b>Guardian DentalGuard Preferred PPO MAC</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/80%/50% In-Network, no specialist referrals, no waiting periods; Cleaning every 6 months</li> <li>\$50 In-Network/\$75 Out-of-Network calendar deductible, preventive waiver</li> <li>80%/80%/50% Out-of-Network</li> <li>\$1,000 annual maximum In-Network/Out-of-Network combined, rollover benefit</li> <li>Implant benefit</li> </ul>	Employee	\$43.66
	Emp/Spouse	\$91.68
	Emp/Child(ren)	\$85.33
	Family	\$133.57
<b>Guardian DentalGuard Preferred PPO 70 UCR</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/90%/60% In-Network, no specialist referrals, no waiting periods; Cleaning every 6 months</li> <li>\$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver</li> <li>100%/80%/50% Out-of-Network</li> <li>\$1,500 annual maximum In-Network/\$1,000 Out-of-Network combined, rollover benefit</li> <li>Implant benefit</li> </ul>	Employee	\$52.45
	Emp/Spouse	\$110.44
	Emp/Child(ren)	\$102.46
	Family	\$160.90
<b>Guardian DentalGuard Preferred PPO 90 UCR</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/80%/50% In-Network, no specialist referrals, no waiting periods; Cleaning every 6 months</li> <li>\$50 In-Network/\$50 Out-of-Network calendar deductible, 3 max per family, preventive waiver</li> <li>100%/80%/50% Out-of-Network</li> <li>\$1,500 annual maximum In-Network/Out-of-Network combined, rollover benefit, preventive max waiver</li> <li>Implant &amp; orthodontia benefit; Child orthodontia benefit \$1,500 max</li> </ul>	Employee	\$69.07
	Emp/Spouse	\$145.90
	Emp/Child(ren)	\$147.23
	Family	\$226.88
<b>Solstice Dental EPO S700B</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>\$0 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>Open access, no specialist referrals, lower fixed copays for basic &amp; major services than the S800B</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Orthodontia &amp; cosmetic benefit</li> <li>Implant benefit via implant network provider only</li> </ul>	Employee	\$19.37
	Emp/Spouse	\$35.99
	Emp/Child(ren)	\$40.32
	Family	\$55.50
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<ul style="list-style-type: none"> <li>\$0 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>Open access, no specialist referrals, fixed copays for basic &amp; major services</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Orthodontia &amp; cosmetic benefit</li> <li>Implant benefit via implant network provider only</li> </ul>	Employee	\$15.56
	Emp/Spouse	\$28.36
	Emp/Child(ren)	\$31.65
	Family	\$43.36
<b>Solstice Dental PPO</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/100%/60% In-Network, no specialist referrals, no waiting periods; 4 Cleanings per 12 months</li> <li>\$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver</li> <li>100%/80%/50% Out-of-Network (80th UCR)</li> <li>\$2,000 annual maximum In-Network/\$1,000 Out-of-Network</li> <li>Implant benefit</li> </ul>	Employee	\$58.90
	Emp/Spouse	\$105.14
	Emp/Child(ren)	\$125.82
	Family	\$163.04
<b>Solstice Dental Value PPO MAC</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/80%/50% In-Network, no specialist referrals, no waiting periods; 2 Cleanings per 12 months</li> <li>\$50 In-Network/\$50 Out-of-Network calendar deductible, 3 max per family, preventive waiver</li> <li>80%/50%/50% Out-of-Network</li> <li>\$1,000 annual maximum In-Network/\$1,000 Out-of-Network</li> </ul>	Employee	\$34.25
	Emp/Spouse	\$68.24
	Emp/Child(ren)	\$75.06
	Family	\$106.03
<b>UnitedHealthcare National Exclusive Network</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>\$0 primary care office visit copay - 1st visit is for cleaning, checkup &amp; x-rays; Cleaning every 6 months</li> <li>No deductible, annual calendar maximum, pre-ex &amp; waiting periods</li> <li>Fixed copays for basic &amp; major services</li> <li>Implant benefit</li> </ul>	Employee	\$19.66
	Emp/Spouse	\$32.61
	Emp/Child(ren)	\$39.27
	Family	\$49.52
<b>UnitedHealthcare INO 100/50/50</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/50%/50% In-Network, no specialist referrals, no waiting periods; 2 Cleanings per 12 months</li> <li>\$50 member/\$150 family In-Network calendar deductible</li> <li>\$1,000 annual maximum In-Network</li> <li>Out-of-Network emergency treatment, if necessary</li> <li>Implant &amp; orthodontic benefits</li> </ul>	Employee	\$28.49
	Emp/Spouse	\$54.23
	Emp/Child(ren)	\$56.90
	Family	\$86.32
<b>UnitedHealthcare Low PPO MAC</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/90%/60% In-Network, no specialist referrals, no waiting periods, 2 Cleanings per 12 months</li> <li>\$50/\$50 individual In/Out-of-Network; \$75/\$75 family In/Out-of-Network calendar deductible, preventive waiver</li> <li>80%/70%/50% Out-of-Network</li> <li>\$1,000 annual maximum In-Network &amp; Out-of-Network combined, rollover benefit</li> <li>Implant &amp; orthodontic benefits</li> </ul>	Employee	\$45.35
	Emp/Spouse	\$90.46
	Emp/Child(ren)	\$92.88
	Family	\$142.37
<b>UnitedHealthcare High PPO MAC</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>100%/80%/60% In-Network, no specialist referrals, no waiting periods, 2 Cleanings per 12 months</li> <li>\$50/\$50 individual In/Out-of-Network; \$100/\$100 family In/Out-of-Network calendar deductible, preventive waiver</li> <li>90%/80%/60% Out-of-Network</li> <li>\$2,000 annual maximum In-Network &amp; Out-of-Network combined, rollover benefit, preventive max waiver</li> <li>Implant &amp; orthodontic benefits</li> </ul>	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.

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&O 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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Vision											
Guardian VisionGuard - No minimum participation										Four Tier	
<ul style="list-style-type: none"> <li>\$10 copay for an exam every 12 months</li> <li>\$25 copay for lenses &amp; contact lenses every 24 months</li> <li>\$25 copay for frames every 24 months; retail allowance In-Network \$130/Out-of-Network \$48</li> <li>Davis Vision In-Network; Out-of-Network access as well</li> </ul>										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"> <li>\$10 copay for an exam every 12 months</li> <li>\$10 copay for lenses &amp; contact lenses every 12 months</li> <li>\$10 copay for frames every 12 months; retail allowance In-Network \$100/Out-of-Network \$45</li> <li>Spectera Vision Network In-Network; Out-of-Network access as well</li> </ul>										Employee	\$6.53
										Emp/Spouse	\$11.80
										Emp/Child(ren)	\$13.45
										Family	\$18.77
UnitedHealthcare Vision PPO - No minimum participation										Four Tier	
<ul style="list-style-type: none"> <li>\$10 copay for an exam every 12 months</li> <li>\$25 copay for lenses &amp; contact lenses every 12 months</li> <li>\$25 copay for frames every 12 months; retail allowance In-Network \$130/Out-of-Network \$45</li> <li>Spectera Vision Network In-Network; Out-of-Network access as well</li> </ul>										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										Per Employee Per Month (PEPM)	\$14.50
<ul style="list-style-type: none"> <li>\$50,000 of Term Life Insurance Coverage</li> <li>Enhanced AD&amp;D - 100% of life benefit</li> <li>Guaranteed Issue - open enrollment</li> <li>Accelerated Life Benefit - terminal condition</li> </ul>											
Guardian Employer Paid Life/AD&D 100K - Employee non-contributory 100% participation										Per Employee Per Month (PEPM)	\$26.00
<ul style="list-style-type: none"> <li>\$100,000 of Term Life Insurance Coverage</li> <li>Enhanced AD&amp;D - 100% of life benefit</li> <li>Guaranteed Issue - open enrollment</li> <li>Accelerated Life Benefit - terminal condition</li> </ul>											
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"> <li>\$1,000 per month of Disability Income</li> <li>\$25,000 of Term Life Insurance</li> <li>\$75,000 of Accidental Death &amp; Dismemberment Insurance</li> <li>Guaranteed Issue - open enrollment</li> </ul>										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"> <li>\$1,500 per month of Disability Income</li> <li>\$50,000 of Term Life Insurance</li> <li>\$100,000 of Accidental Death &amp; Dismemberment Insurance</li> <li>Guaranteed Issue - open enrollment</li> </ul>										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,  
 • 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  
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Accident		
Guardian AccidentGuard Adv		Four Tier
<ul style="list-style-type: none"> <li>● X-rays, emergency room &amp; urgent care facility treatment</li> <li>● Hospital admission &amp; confinement as well as ICU</li> <li>● Occupational or physical therapy</li> <li>● Transportation such as ambulance &amp; air ambulance</li> <li>● Household expenses towards rent, mortgage and/or food</li> <li>● Injury-related modifications to your home and/or auto</li> </ul>	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"> <li>● Identity &amp; credit monitoring</li> <li>● Financial transaction monitoring</li> <li>● Social Media reputation monitoring</li> <li>● 24/7 Privacy Advocate remediation</li> <li>● \$1 million identity theft insurance policy</li> </ul>	Employee	\$10.95
	Family	\$19.45
Allstate Identity Protection Pro Plus		Two Tier
<ul style="list-style-type: none"> <li>● Includes all the benefits of the Allstate Identity Protection Pro plan with added features</li> <li>● Tri-bureau credit alerts &amp; unlimited credit reports from TransUnion</li> <li>● In-app Credit Lock</li> <li>● IP address Monitoring</li> <li>● 401(k) and HSA stolen fund reimbursement</li> <li>● Tax fraud refund advances</li> </ul>	Employee	\$12.95
	Family	\$23.45
LifeLock Benefit Elite Plus		Two Tier
<ul style="list-style-type: none"> <li>● LifeLock Identity Alert System</li> <li>● Stolen Wallet Protection; Address Change Verification</li> <li>● Dark Web Monitoring</li> <li>● Bank &amp; Credit Card Activity Alerts</li> <li>● Stolen Fund Reimbursement: Up to \$1 Million</li> <li>● One-bureau credit monitoring</li> </ul>	Employee	\$11.49
	Family	\$22.48
LifeLock Benefit Elite Premium		Two Tier
<ul style="list-style-type: none"> <li>● Benefit Elite Premium plan includes all of the Benefit Elite Plus plan with added features:</li> <li>● Identity Lock</li> <li>● Home Title Monitoring</li> <li>● Checking &amp; Savings Account Application Alerts &amp; Bank Account Takeover Alerts</li> <li>● Three-bureau credit monitoring</li> <li>● Monthly Credit Reports, Credit Scores &amp; Score Tracking</li> </ul>	Employee	\$16.99
	Family	\$33.48
Pet Benefit Solutions		
Total Pet Plan (discount plan bundle)		Two Tier
<ul style="list-style-type: none"> <li>● Pet Assure (any type of pet) - 25% discount from participating vets in US &amp; PR, applies to all in-house medical services, no pre-ex</li> <li>● PetPlus (dogs &amp; cats only) - 40% discount on everyday pet products, Rx &amp; preventatives</li> <li>● AskVet (dogs &amp; cats only) - 24/7 Pet Telehealth</li> <li>● ThePetTag (dogs &amp; cats only) - 24/7 Lost Pet Recovery Service</li> </ul>	Single Pet	\$13.75
	Family Pet (2+)	\$22.50
Passthrough Products Available at <a href="https://healthpass.com/benefits-exchange/extra-products-and-services/">https://healthpass.com/benefits-exchange/extra-products-and-services/</a>		
FSA & Commuter Benefits		
OCA - <a href="https://oca125.com/healthpass-fsa-application/">https://oca125.com/healthpass-fsa-application/</a>		
<ul style="list-style-type: none"> <li>● Flexible Spending Account (FSA) - Employees set aside money to pay for qualified medical, dental &amp; vision expenses on a pre-tax basis</li> <li>● Dependent Care Account (DCA) - Employees set aside money to pay for qualified dependent care expenses on a pre-tax basis</li> <li>● Parking &amp; Transit - Employees set aside money to pay for qualified parking &amp; transit expenses on a pre-tax basis</li> </ul>	Per Employee Per Month (PEPM)	\$8.00
Health, Wellness & Cosmetic		
Beyond Med (discount plan)		Two Tier
<ul style="list-style-type: none"> <li>● Membership program offering up to 20% reduced costs on elective &amp; cosmetic services</li> <li>● Services include fertility, dermatology, med spa, plastic surgery, acupuncture, bariatrics &amp; more</li> <li>● Exclusive network of board-certified doctors &amp; licensed providers</li> <li>● No benefit usage limitations for in-network providers, no claims &amp; no waiting periods</li> </ul>	Employee	\$11.99
	Family	\$23.99

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.

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