

Benefits Exchange Ancillary Plans & Rates

Monthly Rates for Effective Dates - 4/1/2026, 5/1/2026 & 6/1/2026

Dental Package 1 - No Participation Requirements Apply		
Guardian Managed DentalGuard DHMO		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 - adult and children 	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 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 - adult and children 	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 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months Open access, no specialist referrals, lower fixed copays for basic & major services than the S800B No deductible, annual calendar maximum, pre-ex & waiting periods Orthodontia - adult and children & cosmetic benefit 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 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months Open access, no specialist referrals, fixed copays for basic & major services No deductible, annual calendar maximum, pre-ex & waiting periods Orthodontia - adult and children & cosmetic benefit 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"> 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
Solstice Dental Value PPO MAC		Four Tier
<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
UnitedHealthcare National Exclusive Network		Four Tier
<ul style="list-style-type: none"> \$0 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 Implant benefit 	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 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. 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.		
Guardian Managed DentalGuard DHMO		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 - adult and children 	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 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 - adult and children 	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 EPO S700B		Four Tier
<ul style="list-style-type: none"> ● \$0 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months ● Open access, no specialist referrals, lower fixed copays for basic & major services than the S800B ● No deductible, annual calendar maximum, pre-ex & waiting periods ● Orthodontia - adult and children & cosmetic benefit ● 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 primary care office visit copay - 1st visit is for cleaning, checkup & x-rays; Cleaning every 6 months ● Open access, no specialist referrals, fixed copays for basic & major services ● No deductible, annual calendar maximum, pre-ex & waiting periods ● Orthodontia - adult and children & cosmetic benefit ● 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"> ● 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
Solstice Dental Value PPO MAC		Four Tier
<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
UnitedHealthcare National Exclusive Network		Four Tier
<ul style="list-style-type: none"> ● \$0 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 ● 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"> ● 100%/50%/50% In-Network, no specialist referrals, no waiting periods; 2 Cleaning per 12 months ● \$50 member/\$150 family In-Network calendar deductible ● \$1,000 annual maximum In-Network ● Out-of-Network emergency treatment, if necessary ● Implant & orthodontic (children only) benefits 	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"> ● 100%/90%/60% In-Network, no specialist referrals, no waiting periods, 2 Cleanings per 12 months ● \$50/\$50 individual In/Out-of-Network; \$75/\$75 family In/Out-of-Network calendar deductible, preventive waiver ● 80%/70%/50% Out-of-Network ● \$1,000 annual maximum In-Network & Out-of-Network combined, rollover benefit ● Implant & orthodontic (children only) benefits 	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"> ● 100%/80%/60% In-Network, no specialist referrals, no waiting periods, 2 Cleanings per 12 months ● \$50/\$50 individual In/Out-of-Network; \$100/\$100 family In/Out-of-Network calendar deductible, preventive waiver ● 90%/80%/60% Out-of-Network ● \$2,000 annual maximum In-Network & Out-of-Network combined, rollover benefit, preventive max waiver ● Implant & orthodontic (children only) benefits 	Employee	\$53.23
	Emp/Spouse	\$106.21
	Emp/Child(ren)	\$106.59
	Family	\$164.73

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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, 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"> ● \$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
UnitedHealthcare Vision PPO - 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 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
FSA & Commuter Benefits											
OCA - No minimum participation											
<ul style="list-style-type: none"> ● Flexible Spending Account (FSA) - set aside money for qualified medical, dental & vision expenses on a pre-tax basis ● Dependent Care Account (DCA) - set aside money for qualified dependent care expenses on a pre-tax basis ● Commuter - set aside money to pay for qualified parking & transit expenses on a pre-tax basis 										Annual Fee	\$50.00
										Per Employee 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 ● Guaranteed Issue - open enrollment and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details. 										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 ● Guaranteed Issue - open enrollment and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details. 										Per Employee Per Month (PEPM)	\$26.00
Life											
Guardian Voluntary Life 25K - 15% participation											
Guaranteed Issue - open enrollment and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details.											
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											
Guaranteed Issue - open enrollment and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details.											
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	
<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 and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details. 										18-39	\$17.50
										40-54	\$30.00
										55+	\$52.50
Guardian EverGuard Plus - No minimum participation										Employee Ages	
<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 and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details. 										18-39	\$25.50
										40-54	\$43.50
										55+	\$79.50

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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, Fam
 - 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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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
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
ID Theft		
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 pet type) - 25% discount at participating vets (US & PR) for 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

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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, Family \$5.50
- Pet Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00