

New York & New Jersey Ancillary Exchange Plans & Rates

Monthly Rates for effective dates 7/1/2026 – 12/1/2026
 Deductibles & Accumulators reset on 7/1/2027 & plan renewal date is 7/1/2027

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

Guardian Managed DentalGuard DHMO

Employee \$19.85	Emp/Spouse \$37.07	Emp/Child(ren) \$38.22	Family \$55.32
<ul style="list-style-type: none"> \$5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Fixed copays for basic & major services Orthodontia benefit - adult & children 	

Guardian Managed DentalGuard DHMO Plus

Employee \$22.81	Emp/Spouse \$42.86	Emp/Child(ren) \$46.68	Family \$66.74
<ul style="list-style-type: none"> \$5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Fixed copays for basic & major services Orthodontia benefit - adult and children 	

Solstice Dental EPO S700B

Employee \$19.37	Emp/Spouse \$35.99	Emp/Child(ren) \$40.32	Family \$55.50
<ul style="list-style-type: none"> \$0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos Open access, no referrals, fixed copays for basic & major services No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Orthodontia - adult and children & cosmetic benefit Implant benefit via implant network provider only 	

Solstice Dental EPO S800B

Employee \$15.56	Emp/Spouse \$28.36	Emp/Child(ren) \$31.65	Family \$43.36
<ul style="list-style-type: none"> \$0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos Open access, no referrals, fixed copays for basic & major services No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Orthodontia - adult and children & cosmetic benefit Implant benefit via implant network provider only 	

Solstice Dental PPO

Employee \$58.90	Emp/Spouse \$105.14	Emp/Child(ren) \$125.82	Family \$163.04
<ul style="list-style-type: none"> 100%/100%/60% In-Network, no referrals/no waiting periods; 4 Cleanings/12 mos \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 100%/80%/50% Out-of-Network (80th UCR) 		<ul style="list-style-type: none"> \$2,000 annual maximum In-Network/\$1,000 Out-of-Network Implant benefit 	

Solstice Dental Value PPO MAC

Employee \$34.25	Emp/Spouse \$68.24	Emp/Child(ren) \$75.06	Family \$106.03
<ul style="list-style-type: none"> 100%/80%/50% In-Network, no referrals/no waiting periods; 2 Cleanings/12 mos \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 		<ul style="list-style-type: none"> 80%/50%/50% Out-of-Network \$1,000 annual maximum In-Network/\$1,000 Out-of-Network 	

UnitedHealthcare National Exclusive Network

Employee \$20.68	Emp/Spouse \$34.40	Emp/Child(ren) \$41.48	Family \$52.32
<ul style="list-style-type: none"> \$0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Fixed copays for basic & major services Implant benefit 	

For more information, please contact FNA AncillaryTeam@fnainsurance.com

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

- Exchange Access Fee: \$2.00
- 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			
Employee \$19.85	Emp/Spouse \$37.07	Emp/Child(ren) \$38.22	Family \$55.32
<ul style="list-style-type: none"> \$5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Fixed copays for basic & major services Orthodontia benefit - adult and children 	
Guardian Managed DentalGuard DHMO Plus			
Employee \$22.81	Emp/Spouse \$42.86	Emp/Child(ren) \$46.68	Family \$66.74
<ul style="list-style-type: none"> \$5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Fixed copays for basic & major services Orthodontia benefit - adult and children 	
Guardian Preferred PPO MAC			
Employee \$43.66	Emp/Spouse \$91.68	Emp/Child(ren) \$85.33	Family \$133.57
<ul style="list-style-type: none"> 100%/80%/50% In-Network, no referrals/no waiting periods; Cleaning every 6 mos \$50 In-Network/\$75 Out-of-Network calendar deductible, preventive waiver 80%/80%/50% Out-of-Network 		<ul style="list-style-type: none"> \$1,000 annual maximum In-Network/Out-of-Network combined, rollover benefit Implant benefit 	
Guardian Preferred PPO 70 UCR			
Employee \$52.45	Emp/Spouse \$110.44	Emp/Child(ren) \$102.46	Family \$160.90
<ul style="list-style-type: none"> 100%/90%/60% In-Network, no referrals/no waiting periods; Cleaning every 6 mos \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 100%/80%/50% Out-of-Network 		<ul style="list-style-type: none"> \$1,500 annual max In-Network/\$1,000 Out-of-Network combined, rollover benefit Implant benefit 	
Guardian Preferred PPO 90 UCR			
Employee \$69.07	Emp/Spouse \$145.90	Emp/Child(ren) \$147.23	Family \$226.88
<ul style="list-style-type: none"> 100%/80%/50% In-Network, no referrals/no waiting periods; Cleaning every 6 mos \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 100%/80%/50% Out-of-Network 		<ul style="list-style-type: none"> \$1,500 annual max In-Network/Out-of-Network combined, rollover benefit, preventive max waiver Implant & orthodontia benefit - adult and children; Child orthodontia \$1,500 max 	
Solstice Dental EPO S700B			
Employee \$19.37	Emp/Spouse \$35.99	Emp/Child(ren) \$40.32	Family \$55.50
<ul style="list-style-type: none"> \$0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos Open access, no referrals, fixed copays for basic & major services No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Orthodontia - adult and children & cosmetic benefit Implant benefit via implant network provider only 	
Solstice Dental EPO S800B			
Employee \$15.56	Emp/Spouse \$28.36	Emp/Child(ren) \$31.65	Family \$43.36
<ul style="list-style-type: none"> \$0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos Open access, no referrals, fixed copays for basic & major services No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Orthodontia - adult and children & cosmetic benefit Implant benefit via implant network provider only 	
Solstice Dental PPO			
Employee \$58.90	Emp/Spouse \$105.14	Emp/Child(ren) \$125.82	Family \$163.04
<ul style="list-style-type: none"> 100%/100%/60% In-Network, no referrals/no waiting periods; 4 Cleanings/12 mos \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 100%/80%/50% Out-of-Network (80th UCR) 		<ul style="list-style-type: none"> \$2,000 annual maximum In-Network/\$1,000 Out-of-Network Implant benefit 	
Solstice Dental Value PPO MAC			
Employee \$34.25	Emp/Spouse \$68.24	Emp/Child(ren) \$75.06	Family \$106.03
<ul style="list-style-type: none"> 100%/80%/50% In-Network, no referrals/no waiting periods; 2 Cleanings/12 mos \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver 		<ul style="list-style-type: none"> 80%/50%/50% Out-of-Network \$1,000 annual maximum In-Network/\$1,000 Out-of-Network 	
UnitedHealthcare National Exclusive Network			
Employee \$20.68	Emp/Spouse \$34.40	Emp/Child(ren) \$41.48	Family \$52.32
<ul style="list-style-type: none"> \$0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos No deductible, annual calendar maximum, pre-ex & waiting periods 		<ul style="list-style-type: none"> Fixed copays for basic & major services Implant benefit 	
UnitedHealthcare INO 100/50/50			
Employee \$30.06	Emp/Spouse \$57.36	Emp/Child(ren) \$60.21	Family \$91.42
<ul style="list-style-type: none"> 100%/50%/50% In-Network, no referrals, no waiting periods; 2 Cleanings/12 mos \$50 member/\$150 family In-Network calendar deductible \$1,000 annual maximum In-Network 		<ul style="list-style-type: none"> Out-of-Network emergency treatment, if necessary Implant & orthodontic (children only) benefits 	
UnitedHealthcare Low PPO MAC			
Employee \$47.62	Emp/Spouse \$94.98	Emp/Child(ren) \$97.55	Family \$149.63
<ul style="list-style-type: none"> 100%/90%/60% In-Network, no referrals, no waiting periods; 2 Cleanings/12 mos \$50/\$50 ind In/Out-of-Network; \$75/\$75 fam In/Out-of-Network calendar deductible, preventive waiver 		<ul style="list-style-type: none"> 80%/70%/50% Out-of-Network \$1,000 annual maximum In-Network & Out-of-Network combined, rollover benefit Implant & orthodontic (children only) benefits 	
UnitedHealthcare High PPO MAC			
Employee \$55.97	Emp/Spouse \$111.70	Emp/Child(ren) \$112.10	Family \$173.35
<ul style="list-style-type: none"> 100%/80%/60% In-Network, no referrals, no waiting periods; 2 Cleanings/12 mos \$50/\$50 ind In/Out-of-Network; \$100/\$100 fam In/Out-of-Network calendar deductible, preventive waiver 		<ul style="list-style-type: none"> 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 	

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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
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
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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- 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
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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		
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 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
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) - set aside money to pay for qualified medical, dental & vision expenses on a pre-tax basis • Dependent Care Account (DCA) - set aside money to pay 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 	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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