

National Ancillary Exchange Plans & Rates

Monthly Rates for Effective Dates - 7/1/2026, 8/1/2026, 9/1/2026

National Plans Are Not Available in AK, SD & WY

Plan Availability Varies by State (see footnote)

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

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 	

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 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

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Solstice Dental Value PPO MAC

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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.

Solstice EPO dental plans are not available in the following states: AK, AR, CT, DE, HI, IA, ID, IN, KS, LA, MA, ME, MN, MO, MT, ND, NE, NH, NM, OR, RI, SD, UT, VT, WI, WV & WY

Guardian and Solstice PPO dental plans are not available in the following states: AK, SD, TX & WY

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 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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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 ● 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		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 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		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 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			

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. Solstice EPD dental plans are not available in the following states: AK, AR, CT, DE, HI, IA, ID, IN, KS, LA, MA, ME, MN, MO, MT, ND, NE, NH, NM, OR, RI, SD, UT, VT, WI, WV & WY. Guardian and Solstice PPO dental plans are not available in the following states: AK, SD, TX & WY. 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: \$1.50 Per Employee Per Month (PEPM); Guardian Accident/Guard Adv plans: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$4.50, Family \$6.50; ID Theft plans: EE \$3.00, Family \$5.50; Pot Benefit Solutions plan: Single Pot \$2.00, Family Pot (\$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
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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