Health Pass™ ANCILLARY EXCHANGE

New York & New Jersey Ancillary Exchange Plans & Rates

Monthly Rates for Effective Dates - 1/1/2027, 2/1/2027, 3/1/2027

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		Four Tier
• $5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos • No deductible, annual calendar maximum, pre-ex & waiting periods • Fixed copays for basic & major services • Orthodontia benefit - adult & children	Employee	$19.85
	Emp/Spouse	$37.07
	Emp/Child(ren)	$38.22
	Family	$55.32

Guardian Managed DentalGuard DHMO Plus		Four Tier
• $5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos • No deductible, annual calendar maximum, pre-ex & waiting periods • Fixed copays for basic & major services • Orthodontia benefit - adult and children	Employee	$22.81
	Emp/Spouse	$42.86
	Emp/Child(ren)	$46.68
	Family	$66.74

UnitedHealthcare Dental EPO S800B		Four Tier
• $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 • 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

UnitedHealthcare Dental EPO S700B		Four Tier
• $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 • 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

UnitedHealthcare National Exclusive Network		Four Tier
• $0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos • No deductible, annual calendar maximum, pre-ex & waiting periods • Fixed copays for basic & major services • Implant benefit	Employee	$20.68
	Emp/Spouse	$34.40
	Emp/Child(ren)	$41.48
	Family	$52.32

UnitedHealthcare Dental Value PPO MAC		Four Tier
• 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 • 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 Dental PPO 80 UCR		Four Tier
• 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) • $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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10/15/2026

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- 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
- Wishbone Total Pet plan: Single Pet $2.00, Family Pet (2+) $4.00

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Dental Package 2 - Participation Requirements Apply to Shaded Plans

- For an employee to enroll in a Guardian PPO plan - one more needs to enroll in any Guardian dental plan.
- For an employee to enroll in the UnitedHealthcare INO, Low PPO or High PPO plan - one more needs to enroll in any of these plans or in the National Exclusive plan.

Guardian Managed DentalGuard DHMO		**Four Tier**
• $5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos • 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**
• $5 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos • No deductible, annual calendar maximum, pre-ex & waiting periods • Fixed copays for basic & major services • 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**
• 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 • $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**
• 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 • $1,500 annual max 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**
• 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 • $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	Employee	$69.07
	Emp/Spouse	$145.90
	Emp/Child(ren)	$147.23
	Family	$226.88
UnitedHealthcare Dental EPO S800B		**Four Tier**
• $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 • 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
UnitedHealthcare Dental EPO S700B		**Four Tier**
• $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 • 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
UnitedHealthcare National Exclusive Network		**Four Tier**
• $0 primary care copay - 1st visit: cleaning/checkup/x-rays; Cleaning every 6 mos • No deductible, annual calendar maximum, pre-ex & waiting periods • Fixed copays for basic & major services • Implant benefit	Employee	$20.68
	Emp/Spouse	$34.40
	Emp/Child(ren)	$41.48
	Family	$52.32
UnitedHealthcare INO 100/50/50		**Four Tier**
• 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 benefit; Orthodontic - children only	Employee	$30.06
	Emp/Spouse	$57.36
	Emp/Child(ren)	$60.21
	Family	$91.42
UnitedHealthcare Dental Value PPO MAC		**Four Tier**
• 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 • 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 Low PPO MAC		**Four Tier**
• 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 benefit; Orthodontic - children only	Employee	$47.62
	Emp/Spouse	$94.98
	Emp/Child(ren)	$97.55
	Family	$149.63
UnitedHealthcare High PPO MAC		**Four Tier**
• 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 benefit; Orthodontic - children only	Employee	$55.97
	Emp/Spouse	$111.70
	Emp/Child(ren)	$112.10
	Family	$173.35
UnitedHealthcare Dental PPO 80 UCR		**Four Tier**
• 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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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 $1.00, 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
- Wishbone Total Pet plan: Single Pet $2.00, Family Pet (2+) $4.00

11/5/2026

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Vision

Guardian VisionGuard - No minimum participation		Four Tier
• $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

UnitedHealthcare Vision 5 PPO - No minimum participation		Four Tier
• $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
• $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		
• $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		
• $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
• $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
• $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, 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
- Worldcore Total Pet plan: Single Pet $2.00, Family Pet (2+) $4.00

10/15/2026

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Accident

Guardian AccidentGuard Adv — Four Tier

- 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

- 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

- 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 Benefits

Wishbone Total Pet (discount plan bundle) — Two Tier

- 25% off in-network vet services; Up to 40% off Rx (incl flea & tick)
- Unlimited 24/7 telehealth; Lost pet recovery services
- Discounts on food, toys, supplies & more
- No pre-ex, waiting periods, claims or deductibles

Single Pet	**$13.75**
Family Pet (2+)	**$22.50**

Additional Passthrough Products Available

FSA & Commuter Benefits

OCA - https://oca125.com/healthpass-fsa-application/

- 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

Annual Fee	**$50.00**
Per Employee Per Month (PEPM)	**$8.00**

Health, Wellness & Cosmetic

Beyond Med (discount plan) - https://www.beyondmedplans.com/groups/healthpass — Two Tier

- 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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- 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
- Wishbone Total Pet plan: Single Pet $2.00, Family Pet (2+) $4.00