

Monthly Rates for Effective Date - 1/1/2023, 2/1/2023, 3/1/2023

Dental

<u>Dental Package 1</u> - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard DHMO *Plus*, Solstice Dental EPO S700B, Solstice Dental EPO S800B and UnitedHealthcare Select Managed Care. There is no minimum participation.

Guardian Managed DentalGuard DHMO \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum on the plan and offers fixed patient charges for basic and major services No deductible Orthodontia benefit Cuardian Managed DentalGuard DHMO Plus S5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit Carages for basic and major services than the standard DHMO plan Employee Emp/Spouse Emp/Spouse Emp/Spouse Emp/Child(ren)	\$17.85 \$35.07 \$36.22 \$53.32 Four Tier
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No annual maximum on the plan and offers fixed patient charges for basic and major services No deductible Orthodontia benefit Guardian Managed DentalGuard DHMO Plus \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit Emp/Spouse Employee Emp/Spouse Emp/Spouse Emp/Spouse Emp/Child(ren)	\$36.22 \$53.32 Four Tier
No deductible Orthodontia benefit Emp/Child(ren)	\$53.32 Four Tier
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No annual maximum, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit Emp/Child(ren)	\$20.81
No deductible Orthodontia benefit	\$40.86
	\$44.68
Family	\$64.74
Solstice Dental EPO S700B	Four Tier
Employee	\$17.37
Open access and no specialist referrals Emp/Spouse	\$33.99
No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Emp/Child(ren)	\$38.32
Implant benefit via implant network provider only	\$53.50
Solstice Dental EPO S800B	Four Tier
Employee	\$13.56
So copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Open access and no specialist referrals Emp/Spouse	\$26.36
No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Emp/Child(ren)	\$29.65
Implant benefit via implant network provider only	\$41.36
JnitedHealthcare Select Managed Care	Four Tier
1 cleaning per consecutive 6 months	\$17.66
No deductible No annual calendar maximum Emp/Spouse	\$30.61
No waiting period Emp/Child(ren)	\$37.27
Reasonable copayment charges apply for basic and major services Implant benefit Family	\$47.52
Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation dental waivers.	0.000 F0000
Guardian Managed DentalGuard DHMO	Four Tier
Employee	\$17.85
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No annual maximum on the plan and offers fixed patient charges for basic and major services Emp/Spouse	\$35.07
No deductible Emp/Child(ren)	\$36.22
Orthodontia benefit Family	\$53.32
Guardian DentalGuard Preferred PPO MAC	Four Tier
	\$45.86
Employee	561
No referrals needed to see a specialist Out-of-area emergency coverage Employee Employee	\$96.37
No referrals needed to see a specialist Employee	\$96.37 \$87.86

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.
The following plan billing and administrative fees apply to the following products:

Dental In-Network plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$2.5, Family \$26.50

Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.5, Family \$3.00

Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)

Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50.



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No referrals needed to see a specialist \$50 deductible for In-Network services Annual maximum of \$2,000 Implant benefit	Includes 4 cleanings in any 12 consecutive months	Employee	\$58.90
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Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) Family \$163.04 Four Tie \$34.25 Employee \$34.25	Annual maximum of \$2,000	Emp/Child(ren)	\$124.07
Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) Emp/Spouse \$34.25 Emp/Spouse \$68.24	Implant benefit	Family	\$163.04
Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$68.24	olstice Dental Value PPO MAC		Four Tier
No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge)	Includes 2 cleanings in any 12 consecutive months	Employee	\$34.25
	No referrals needed to see a specialist	Emp/Spouse	\$68.24
		Emp/Child(ren)	\$73.31

Family

\$106.03

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The following billing and administrative fees apply to the following products:

Dental in-Network plans: EE \$1.50, EE/Spouse \$2.5, EE+Child(ren) \$2.25, Family \$3.00

Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50

Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)

Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50

Annual maximum of \$1,000



Dental continued...

Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 1/1/2023, 2/1/2023, 3/1/2023

		Four Tie
1 cleaning per consecutive 6 months No deductible	Employee	\$17.66
No annual calendar maximum	Emp/Spouse	\$30.61
No waiting period Reasonable copayment charges apply for basic and major services	Emp/Child(ren)	\$37.27
Implant benefit	Family	\$47.52
nitedHealthcare Low PPO MAC		Four Tie
No referrals to see a specialist	Employee	\$45.35
\$50 deductible /\$75 deductible family (calendar year) \$1,000 both In and Out-of-Network annual maximum	Emp/Spouse	\$90.46
Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits	Emp/Child(ren)	\$91.13
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$142.37
nitedHealthcare High PPO MAC		Four Tie
No referrals to see a specialist	Employee	\$53.23
Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$50 deductible /\$100 deductible family (calendar year)	Emp/Spouse	\$106.21
\$2,000 both In and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees	Emp/Child(ren)	\$104.84
Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$164.73
ental Package 6 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two en	rolled minimum particip	ation.
		Four Tie
nitedHealthcare INO 100/50/50		
2 cleanings per consecutive 12 months	Employee	\$26.49
2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period	Employee	\$26.49 \$52.23
2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible /\$150 deductible family (calendar year) \$1,000 annual maximum		
2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible /\$150 deductible family (calendar year)	Emp/Spouse	\$52.23
2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible /\$150 deductible family (calendar year) \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits	Emp/Spouse Emp/Child(ren)	\$52.23 \$54.90 \$84.32
2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible /\$150 deductible family (calendar year) \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum nitedHealthcare High PPO MAC No referrals to see a specialist	Emp/Spouse Emp/Child(ren)	\$52.23 \$54.90
2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible /\$150 deductible family (calendar year) \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum nitedHealthcare High PPO MAC No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$50 deductible /\$100 deductible family (calendar year)	Emp/Child(ren) Family	\$52.23 \$54.90 \$84.32 Four Tie
2 cleanings per consecutive 12 months No referrals to see a specialist No waiting period \$50 deductible /\$150 deductible family (calendar year) \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum nitedHealthcare High PPO MAC No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum	Emp/Child(ren) Family Employee	\$52.23 \$54.90 \$84.32 Four Tie \$53.23

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Dental PPO plans: EE \$9.25, EE/Spouse \$1.25, EE+Child(ren) \$1.6, 50, Family \$26.50

Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

Guardian EverGuard & EverGuard Plus plans: \$3.50 Per Employee Per Month (PEPM)

Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50



Monthly Rates for Effective Date - 1/1/2023, 2/1/2023, 3/1/2023

/ision	T 1 000% 11 11 11	0 "
<u>ision Package 1</u> – Guardian VisionGuard, Solstice Vision PPO and UnitedHealthcare Vision PPO isionGuard, excluding vision waivers.). There is a 20% participation with	Guardian
Guardian VisionGuard		Four Tier
ualulan visionoualu	Employee	\$6.93
\$10 copay for an exam every 12 months	Emp/Spouse	\$11.37
\$25 copay for materials every 24 months	Emp/Child(ren)	\$11.55
Davis Vision In-Network and Out-of-Network access as well	Family	\$17.73
olstice Vision PPO	Tamiy	Four Tier
	Employee	\$7.72
\$10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 12 months	Emp/Spouse	\$13.14
\$25 copay for frames every 24 months	Emp/Child(ren)	\$15.75
Davis Vision In-Network; Out-of-Network access as well	Family	\$20.11
nitedHealthcare Vision PPO		Four Tier
	Employee	\$6.69
\$10 copay for an exam every 12 months	Emp/Spouse	\$12.09
\$25 copay for materials every 12 months Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.79
Openia Lycolae Networks, Out-of-Network access as well	Family	\$19.23
sion Package 2 – Solstice Vision PPO and UnitedHealthcare Vision PPO. There is no minimum p	(C. 1000)	*******
	ранистрацоп.	
elstice Vision PPO		Four Tier
\$10 copay for an exam every 12 months	Employee	\$7.72
\$25 copay for lenses & contact lenses every 12 months	Emp/Spouse	\$13.14
\$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well	Emp/Child(ren)	\$15.75
Davis Vision in-Network; Out-or-Network access as well	Family	\$20.11
nitedHealthcare Vision PPO		Four Tier
	Employee	\$6.69
\$10 copay for an exam every 12 months	Emp/Spouse	\$12.09
\$25 copay for materials every 12 months	Emp/Child(ren)	\$13.79
Spectra Eyecare Networks; Out-of-Network access as well	Family	\$19.23
	ramny	\$19.23
sion Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers		
uardian VisionGuard		Four Tier
	Employee	\$6.93
\$10 copay for an exam every 12 months	Emp/Spouse	\$11.37
\$25 copay for materials every 24 months Davis Vision In-Network and Out-of-Network access as well	Emp/Child(ren)	\$11.55
	Family	\$17.73
sion Package 4 – Solstice Vision PPO no minimum participation	1	3,000,000,000
olstice Vision PPO		Four Tier
Sidulo Vidio II I O	Employee	\$7.72
\$10 copay for an exam every 12 months	Employee	2011(0)(10)
\$25 copay for lenses & contact lenses every 12 months	Emp/Spouse	\$13.14
\$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well	Emp/Child(ren)	\$15.75
	Family	\$20.11
sion Package 5 - UnitedHealthcare Vision PPO no minimum participation		
nitedHealthcare Vision PPO		Four Tier
	Employee	\$6.69
\$10 copay for an exam every 12 months	Emp/Spouse	\$12.09
\$25 copay for materials every 12 months		
Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.79
	Family	\$19.23

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Monthly Rates for Effective Date - 1/1/2023, 2/1/2023, 3/1/2023

FSA & Commuter Benefits		
PCA - No minimum participation		
Flexible Spending Account (FSA) - Employees set aside money to pay for qualified medical, dental & vision expenses on a pre-tax basis Dependent Care Account (DCA) - Employees set aside money to pay for qualified dependent care expenses on a pre-tax basis Parking & Transit - Employees set aside money to pay for qualified parking & transit expenses on a pre-tax basis	Per Enrolled Per Month (PEPM)	\$8.00
undled Life & Disability		
verGuard - No minimum participation	Employee Ages	Three Tie
\$25,000 of Term Life Insurance	18-39	\$13.50
\$75,000 of Accidental Death & Dismemberment Insurance \$1,000 per month of Disability Income	40-54	\$26.00
Guaranteed Issued	55+	\$48.50
rerGuard Plus - No minimum participation	Employee Ages	Three Tie
\$50,000 of Term Life Insurance	18-39	\$21.50
\$100,000 of Accidental Death & Dismemberment Insurance \$1,500 per month of Disability Income	40-54	\$39.50
Guaranteed Issued	55+	\$75.50
ccident		
ardian AccidentGuard Adv - No minimum participation		Four Tier
Emergency room and urgent care facility treatment	Employee	\$14.83
Hospital admission and confinement as well as ICU Occupational or physical therapy	Emp/Spouse	\$23.63
Transportation such as ambulance and air ambulance Xrays		£22.04
Household expenses towards rent, mortgage and/or food	Emp/Child(ren)	\$23.81
Injury-related modifications to your home and/or auto	Family	\$33.61
Theft		
state Identity Protection Pro - No minimum participation		Two Tier
Identity and credit monitoring	Employee	\$7.95
Financial transaction monitoring Social Media reputation monitoring	Emp/Spouse	n/a
24/7 Privacy Advocate remediation \$1 million identity theft insurance policy	Emp/Child(ren)	n/a
\$1 million identity their insurance policy	Family	\$13.95
state Identity Protection Pro Plus - No minimum participation		Two Tier
Includes all the benefits of the Allstate Identity Protection Pro plan with added features Tri-bureau credit alerts and unlimited credit reports from TransUnion	Employee	\$9.95
In-app Credit Lock	Emp/Spouse	n/a
IP address Monitoring 401(k) and HSA stolen fund reimbursement	Emp/Child(ren)	n/a
Tax fraud refund advances	Family	\$17.95
eLock Benefit Elite - No minimum participation		Four Tie
LifeLock Identity Alert System Lost Wallet Protection	Employee	\$7.74
Address Change Verification	Emp/Spouse	\$15.48
Black Market Website Surveillance Checking and Savings Account Activity Alerts	Emp/Child(ren)	\$13.55
Stolen Fund Reimbursement: Up to \$1 Million	Family	\$21.30
eLock Ultimate Plus™ - No minimum participation		Four Tie
Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts	Employee	\$23.24
Bank Account Takeover Alerts	Emp/Spouse	\$46.48
Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking	Emp/Child(ren)	\$32.93
Sex Offender Registry Reports	Family	\$56.17
et Benefit Solutions		
tal Pet Plan (discount plan bundle) - No minimum participation		Two Tier
Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services PetPlus (dogs & cats only) - 40% discount on everyday pet products, Rx and preventatives AskVet (dogs & cats only) - 24/7 Pet Telebeath	Single Pet	\$11.75
AskVet (dogs & cats only) - 24/7 Pet Telehealth ThePetTag (dogs & cats only) - 24/7 Lost Pet Recovery Service	Family Pet (2+)	\$18.50
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