



Ancillary Rate Sheet

Rates for Effective Dates - 1.1.2016 / 2.1.2016 / 3.1.2016

Dental			
Guardian Managed DentalGuard (DMO) - No participation		Two Tier	Four Tier
<ul style="list-style-type: none"> ● \$5 copay for each primary care office visit (includes a cleaning, one set of x-rays, checkup and second visit includes cleaning only) ● No annual maximum on the plan and offers fixed patient charges for basic and major services ● Most diagnostic and preventive services are provided at no additional cost ● No deductible 	Employee	\$16.35	\$16.35
	Emp/Spouse	n/a	\$32.82
	Emp/Child(ren)	n/a	\$33.97
	Family	\$43.27	\$50.32
Guardian DentalGuard Preferred (Dual Option DMO/PPO) - 75% participation, excluding dental waivers.			
<ul style="list-style-type: none"> ● No referrals needed to see a specialist ● Out-of-area emergency coverage ● \$50 deductible for In-Network services/\$75 deductible for Out-of-Network services ● Annual maximum of \$1,000 In-Network-rollover ● Implant benefit 	Employee	\$45.86	\$45.86
	Emp/Spouse	n/a	\$96.37
	Emp/Child(ren)	n/a	\$87.86
	Family	\$123.58	\$140.40
Guardian Managed DentalGuard Plus (DMO Plus) - No participation			
<ul style="list-style-type: none"> ● \$5 copay for each primary care office visit (includes a cleaning, one set of x-rays, checkup and second visit includes cleaning only) ● No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DMO plan ● Most diagnostic and preventive services are provided at no additional cost ● No deductible 	Employee	\$19.31	\$19.31
	Emp/Spouse	n/a	\$38.61
	Emp/Child(ren)	n/a	\$42.43
	Family	\$51.11	\$61.74
Guardian DentalGuard Preferred Plus (Dual Option DMO Plus/PPO Plus) - 75% participation, excluding dental waivers.			
<ul style="list-style-type: none"> ● No referrals are needed to see a specialist ● Includes out-of-area emergency coverage ● \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services ● Annual maximum of \$1,500 In-Network-rollover ● Implant benefit 	Employee	\$52.45	\$52.45
	Emp/Spouse	n/a	\$110.44
	Emp/Child(ren)	n/a	\$100.71
	Family	\$141.05	\$160.90
Solstice Dental EPO - No participation		Monthly Premium	
<ul style="list-style-type: none"> ● Open access and no specialist referrals ● \$0 copay for primary care office visit (includes a cleaning, one set of x-rays, checkup and second visit includes cleaning only) ● Most diagnostic and preventive services are provided at no additional cost ● No deductible, no calendar maximum ● Implant benefit 	Employee	\$18.83	
	Emp/Spouse	\$32.95	
	Emp/Child(ren)	\$40.80	
	Family	\$51.78	
Solstice Dental PPO - No participation		Monthly Premium	
<ul style="list-style-type: none"> ● No referrals needed to see a specialist ● \$50 deductible both In-Network & Out-of-Network ● Annual maximum of \$2,000 In-Network-rollover ● Implant benefit 	Employee	\$58.90	
	Emp/Spouse	\$105.14	
	Emp/Child(ren)	\$124.07	
	Family	\$163.04	

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 billing and administrative fees apply to the following products:
- Guardian DentalGuard Preferred & Plus plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
 - Guardian VisionGuard: \$1.50
 - Guardian EverGuard & EverGuard Plus plans: \$3.50
 - Solstice PPO: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
 - Solstice Vision: \$1.50

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Pediatric Dental		
Guardian Managed DentalGuard Child Essential (DHMO) - No participation	Monthly Premium	
<ul style="list-style-type: none"> ● Pediatric dental only ● \$0 copay for preventive care ● \$5.00 copay for primary care office visit (includes a cleaning, one set of x-rays, checkup and second visit includes cleaning only) ● Medically necessary orthodontics \$2,500 	Child(ren) up to age 19	\$24.53

Vision			
Guardian VisionGuard - 20% participation, excluding vision waivers.	Two Tier		Four Tier
<ul style="list-style-type: none"> ● \$10 copay for an exam every 12 months ● \$25 copay for materials every 24 months ● Davis Vision In-Network; Out-of-Network access as well ● 24 month group contract 	Employee	\$6.93	\$6.93
	Emp/Spouse	n/a	\$10.62
	Emp/Child(ren)	n/a	\$10.80
	Family	\$13.17	\$16.23
Solstice Vision - No participation	Monthly Premium		
<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 24 months ● Davis Vision In-Network; Out-of-Network access as well 	Employee	\$7.72	
	Emp/Spouse	\$12.39	
	Emp/Child(ren)	\$15.00	
	Family	\$18.61	

Bundled Life & Disability		
EverGuard - No participation	Employee Ages	Monthly Premium
<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 Issued 	18-39	\$13.50
	40-54	\$26.00
	55+	\$48.50
EverGuard Plus - No participation	Employee Ages	Monthly Premium
<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 Issued 	18-39	\$21.50
	40-54	\$39.50
	55+	\$75.50

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- Guardian DentalGuard Preferred & Plus plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Guardian VisionGuard: \$1.50
- Guardian EverGuard & EverGuard Plus plans: \$3.50
- Solstice PPO: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Solstice Vision: \$1.50