



## Ancillary & Additional Products Monthly Rate Sheet

Rates for Effective Date - 7/1/2018 - 8/1/2018 - 9/1/2018

<b>Dental</b>				
<b>Guardian Managed DentalGuard (DMO) - No minimum participation</b>				
<ul style="list-style-type: none"> <li>\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>No annual maximum on the plan and offers fixed patient charges for basic and major services</li> <li>No deductible</li> <li>Orthodontia benefit</li> </ul>	<b>Employee</b>	<b>Two Tier</b>	<b>Four Tier</b>	
	<b>Emp/Spouse</b>	n/a	<b>\$16.35</b>	<b>\$16.35</b>
	<b>Emp/Child(ren)</b>	n/a	<b>\$32.82</b>	<b>\$33.97</b>
	<b>Family</b>	<b>\$43.27</b>	<b>\$50.32</b>	
<b>Guardian DentalGuard Preferred (Dual Option DMO/PPO) - 75% participation, excluding dental waivers</b>				
<ul style="list-style-type: none"> <li>No referrals needed to see a specialist</li> <li>Out-of-area emergency coverage</li> <li>\$50 deductible for In-Network services/\$75 deductible for Out-of-Network services</li> <li>Annual maximum of \$1,000 In-Network-rollover</li> <li>Implant benefit</li> </ul>	<b>Employee</b>	<b>Two Tier</b>	<b>Four Tier</b>	
	<b>Emp/Spouse</b>	n/a	<b>\$45.86</b>	<b>\$45.86</b>
	<b>Emp/Child(ren)</b>	n/a	<b>\$96.37</b>	<b>\$87.86</b>
	<b>Family</b>	<b>\$123.58</b>	<b>\$140.40</b>	
<b>Guardian Managed DentalGuard Plus (DMO Plus) - No minimum participation</b>				
<ul style="list-style-type: none"> <li>\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>No annual maximum, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DMO plan</li> <li>No deductible</li> <li>Orthodontia benefit</li> </ul>	<b>Employee</b>	<b>Two Tier</b>	<b>Four Tier</b>	
	<b>Emp/Spouse</b>	n/a	<b>\$19.31</b>	<b>\$19.31</b>
	<b>Emp/Child(ren)</b>	n/a	<b>\$38.61</b>	<b>\$42.43</b>
	<b>Family</b>	<b>\$51.11</b>	<b>\$61.74</b>	
<b>Guardian DentalGuard Preferred Plus (Dual Option DMO Plus/PPO Plus) - 75% participation, excluding dental waivers</b>				
<ul style="list-style-type: none"> <li>No referrals are needed to see a specialist</li> <li>Out-of-area emergency coverage</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$1,500 In-Network-rollover</li> <li>Implant benefit</li> </ul>	<b>Employee</b>	<b>Two Tier</b>	<b>Four Tier</b>	
	<b>Emp/Spouse</b>	n/a	<b>\$52.45</b>	<b>\$52.45</b>
	<b>Emp/Child(ren)</b>	n/a	<b>\$110.44</b>	<b>\$100.71</b>
	<b>Family</b>	<b>\$141.05</b>	<b>\$160.90</b>	
<b>Solstice Dental EPO - No minimum participation</b>				
<ul style="list-style-type: none"> <li>\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>Open access and no specialist referrals</li> <li>No deductible, no calendar year maximum</li> <li>Orthodontia benefit</li> <li>Implant benefit</li> </ul>		<b>Four Tier</b>		
	<b>Employee</b>	<b>\$18.83</b>		
	<b>Emp/Spouse</b>	<b>\$32.95</b>		
	<b>Emp/Child(ren)</b>	<b>\$40.80</b>		
<b>Family</b>	<b>\$51.78</b>			
<b>Solstice Dental Value EPO - No minimum participation</b>				
<ul style="list-style-type: none"> <li>\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)</li> <li>Open access and no specialist referrals</li> <li>No deductible, no calendar year maximum</li> <li>Orthodontia benefit</li> </ul>		<b>Four Tier</b>		
	<b>Employee</b>	<b>\$15.54</b>		
	<b>Emp/Spouse</b>	<b>\$27.20</b>		
	<b>Emp/Child(ren)</b>	<b>\$33.67</b>		
<b>Family</b>	<b>\$42.74</b>			
<b>Solstice Dental PPO - No minimum participation</b>				
<ul style="list-style-type: none"> <li>Includes 4 cleanings in any 12 consecutive months</li> <li>No referrals needed to see a specialist</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$2,000</li> <li>Implant benefit</li> </ul>		<b>Four Tier</b>		
	<b>Employee</b>	<b>\$58.90</b>		
	<b>Emp/Spouse</b>	<b>\$105.14</b>		
	<b>Emp/Child(ren)</b>	<b>\$124.07</b>		
<b>Family</b>	<b>\$163.04</b>			
<b>Solstice Dental Value PPO MAC - No minimum participation</b>				
<ul style="list-style-type: none"> <li>No referrals needed to see a specialist</li> <li>Out-of-Network reimbursement is MAC</li> <li>\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>Annual maximum of \$1,000</li> </ul>		<b>Four Tier</b>		
	<b>Employee</b>	<b>\$34.25</b>		
	<b>Emp/Spouse</b>	<b>\$68.24</b>		
	<b>Emp/Child(ren)</b>	<b>\$73.31</b>		
<b>Family</b>	<b>\$106.03</b>			

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
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50
- Solstice PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Solstice Vision: \$1.50



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

<b>Bundled Life &amp; Disability</b>		
<b>EverGuard - No minimum participation</b>	<b>Employee Ages</b>	<b>Three Tier</b>
<ul style="list-style-type: none"> <li>\$1,000 per month of disability income</li> <li>\$25,000 of Term Life Insurance</li> <li>\$75,000 of Accidental Death &amp; Dismemberment Insurance</li> <li>Guaranteed Issued</li> </ul>	18-39	\$13.50
	40-54	\$26.00
	55+	\$48.50
<b>EverGuard Plus - No minimum participation</b>	<b>Employee Ages</b>	<b>Three Tier</b>
<ul style="list-style-type: none"> <li>\$1,500 per month of disability income</li> <li>\$50,000 of Term Life Insurance</li> <li>\$100,000 of Accidental Death &amp; Dismemberment Insurance</li> <li>Guaranteed Issued</li> </ul>	18-39	\$21.50
	40-54	\$39.50
	55+	\$75.50

<b>Accident</b>		
<b>Guardian AccidentGuard Adv - No minimum participation</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>Emergency room and urgent care facility treatment</li> <li>Hospital admission and confinement as well as ICU</li> <li>Occupational or physical therapy</li> <li>Transportation such as ambulance and air ambulance</li> <li>X-rays</li> <li>Houshold expenses towards rent, mortgage and/or food</li> <li>Injury-related modifications to your home and/or auto</li> </ul>	Employee	\$14.83
	Emp/Spouse	\$23.63
	Emp/Child(ren)	\$23.81
	Family	\$33.61

<b>ID Theft</b>		
<b>InfoArmor PrivacyArmor Essential - No minimum participation</b>		<b>Two Tier</b>
<ul style="list-style-type: none"> <li>Protects ID theft by actively monitoring and notifying employees of suspicious activity through credit monitoring by TransUnion</li> <li>Manages &amp; preserves online reputations by monitoring common social accounts for everyone in the family</li> <li>Manages identity restoration</li> <li>Reduces unwanted credit card solicitation</li> </ul>	Employee	\$7.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$13.95
<b>InfoArmor PrivacyArmor Plus - No minimum participation</b>		<b>Two Tier</b>
<ul style="list-style-type: none"> <li>Protects ID theft by actively monitoring and notifying employees of suspicious activity through tri-bureau credit monitoring</li> <li>Manages &amp; preserves online reputations by monitoring common social accounts for everyone in the family</li> <li>Manages identity restoration</li> <li>Reduces unwanted credit card solicitation</li> <li>Expanded data sources &amp; proactive alerts: Alerts for transactions that do not typically appear on a credit file</li> </ul>	Employee	\$9.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$17.95
<b>LifeLock Benefit Elite - No minimum participation</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>LifeLock Identity Alert System</li> <li>Lost Wallet Protection</li> <li>Address Change Verification</li> <li>Black Market Website Surveillance</li> <li>Checking and Savings Account Activity Alerts</li> <li>Stolen Fund Reimbursement: Up to \$1 Million</li> </ul>	Employee	\$7.74
	Emp/Spouse	\$15.48
	Emp/Child(ren)	\$13.55
	Family	\$21.30
<b>LifeLock Ultimate Plus™ - No minimum participation</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>Ultimate Plus™ plan includes all of the Benefit Elite plan with added features</li> <li>Checking &amp; Savings Account Application Alerts</li> <li>Bank Account Takeover Alerts</li> <li>Online Annual tri-bureau credit reports &amp; scores</li> <li>Monthly Credit Score Tracking</li> <li>Sex Offender Registry Reports</li> </ul>	Employee	\$23.24
	Emp/Spouse	\$46.48
	Emp/Child(ren)	\$32.93
	Family	\$56.17

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 • Solstice PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50  
 • Solstice Vision: \$1.50