



# Ancillary & Additional Products Monthly Rate Sheet

Rates for Effective Date - 10/1/2018, 11/21/2018, 12/1/2018

<b>Dental</b>			
<b>Guardian Managed DentalGuard (DMO) - No minimum participation</b>		<b>Two Tier</b>	<b>Four Tier</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>	Employee	\$16.35	\$16.35
	Emp/Spouse	n/a	\$32.82
	Emp/Child(ren)	n/a	\$33.97
	Family	\$43.27	\$50.32
<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>	Employee	\$45.86	\$45.86
	Emp/Spouse	n/a	\$96.37
	Emp/Child(ren)	n/a	\$87.86
	Family	\$123.58	\$140.40
<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>	Employee	\$19.31	\$19.31
	Emp/Spouse	n/a	\$38.61
	Emp/Child(ren)	n/a	\$42.43
	Family	\$51.11	\$61.74
<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>	Employee	\$52.45	\$52.45
	Emp/Spouse	n/a	\$110.44
	Emp/Child(ren)	n/a	\$100.71
	Family	\$141.05	\$160.90
<b>Solstice Dental EPO - No minimum participation</b>		<b>Four Tier</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>	Employee	\$18.83	
	Emp/Spouse	\$32.95	
	Emp/Child(ren)	\$40.80	
	Family	\$51.78	
<b>Solstice Dental Value EPO - No minimum participation</b>		<b>Four Tier</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>	Employee	\$15.54	
	Emp/Spouse	\$27.20	
	Emp/Child(ren)	\$33.67	
	Family	\$42.74	
<b>Solstice Dental PPO - No minimum participation</b>		<b>Four Tier</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>	Employee	\$58.90	
	Emp/Spouse	\$105.14	
	Emp/Child(ren)	\$124.07	
	Family	\$163.04	
<b>Solstice Dental Value PPO MAC - No minimum participation</b>		<b>Four Tier</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>	Employee	\$34.25	
	Emp/Spouse	\$68.24	
	Emp/Child(ren)	\$73.31	
	Family	\$106.03	

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:

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



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## Dental Continued

UnitedHealthcare Select Managed Care - No minimum participation		Four Tier	
<ul style="list-style-type: none"> <li>No deductible</li> <li>No annual calendar maximum</li> <li>No waiting period</li> <li>1 cleaning per consecutive 6 months</li> <li>Reasonable copayment charges apply for basic and major services</li> <li>Implant benefit</li> </ul>	Employee		\$16.16
	Emp/Spouse		\$28.36
	Emp/Child(ren)		\$35.02
	Family		\$44.52
UnitedHealthcare INO 100/50/50 - (Dual Option INO/High PPO MAC) 2 enrolled minimum			
<ul style="list-style-type: none"> <li>No referrals to see a specialist</li> <li>2 cleanings per consecutive 12 months</li> <li>No waiting period</li> <li>\$50 deductible /\$150 deductible family (calendar year)</li> <li>\$1,000 annual maximum</li> <li>Includes Out-of-Network emergency treatment, if necessary</li> <li>Implant and orthodontic benefits</li> <li>Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum</li> </ul>	Employee		\$24.99
	Emp/Spouse		\$49.98
	Emp/Child(ren)		\$52.65
	Family		\$81.32
UnitedHealthcare Low PPO MAC - (Tri Option Select Managed Care/Low PPO MAC/High PPO MAC) 2 enrolled minimum			
<ul style="list-style-type: none"> <li>No referrals to see a specialist</li> <li>\$50 deductible /\$75 deductible family (calendar year)</li> <li>\$1,000 both In and Out-of-Network annual maximum</li> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees</li> <li>Implant and orthodontic benefits</li> <li>Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum</li> </ul>	Employee		\$45.35
	Emp/Spouse		\$90.46
	Emp/Child(ren)		\$91.13
	Family		\$142.37
UnitedHealthcare High PPO MAC - (Dual Option INO/High PPO MAC) or (Tri Option Select Managed Care/Low PPO MAC/High PPO MAC) 2 enrolled minimum			
<ul style="list-style-type: none"> <li>No referrals to see a specialist</li> <li>Preventive and diagnostic care like exams, cleanings and X-rays won't apply to the annual maximum</li> <li>\$50 deductible /\$100 deductible family (calendar year)</li> <li>\$2,000 both In and Out-of-Network annual maximum</li> <li>Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees</li> <li>Implant and orthodontic benefits</li> <li>Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum</li> </ul>	Employee		\$52.23
	Emp/Spouse		\$106.21
	Emp/Child(ren)		\$104.84
	Family		\$164.73

## Vision

Guardian VisionGuard - 20% participation, excluding vision waivers		Two Tier	Four Tier
<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
Solstice Vision PPO - No minimum participation		Four Tier	
<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
UnitedHealthcare Vision PPO - No minimum participation			
<ul style="list-style-type: none"> <li>\$10 copay for an exam every 12 months</li> <li>\$25 copay for material every 12 months</li> <li>Spectra Eyecare Networks; Out-of-Network access as well</li> </ul>	Employee		\$6.69
	Emp/Spouse		\$11.34
	Emp/Child(ren)		\$13.04
	Family		\$17.73

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 The following billing and administrative fees apply to the following products:  
 • Dental PPO Plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50  
 • Vision plans: \$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



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<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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