



## Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 10/1/2019, 11/1/2019, 12/1/2019

<b>Dental</b>		
<b>Dental Package 1</b> - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard DHMO <i>Plus</i> , Solstice Dental EPO S700B, Solstice Dental EPO S800B and UnitedHealthcare Select Managed Care. There is no minimum participation.		
<b>Guardian Managed DentalGuard DHMO</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>	<b>Employee</b>	<b>\$16.35</b>
	<b>Emp/Spouse</b>	<b>\$32.82</b>
	<b>Emp/Child(ren)</b>	<b>\$33.97</b>
	<b>Family</b>	<b>\$50.32</b>
<b>Guardian Managed DentalGuard DHMO <i>Plus</i></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, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan</li> <li>● No deductible</li> <li>● Orthodontia benefit</li> </ul>	<b>Employee</b>	<b>\$19.31</b>
	<b>Emp/Spouse</b>	<b>\$38.61</b>
	<b>Emp/Child(ren)</b>	<b>\$42.43</b>
	<b>Family</b>	<b>\$61.74</b>
<b>Solstice Dental EPO S700B</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>● Cosmetic and orthodontia treatment covered</li> <li>● Implant benefit</li> </ul>	<b>Employee</b>	<b>\$15.87</b>
	<b>Emp/Spouse</b>	<b>\$31.74</b>
	<b>Emp/Child(ren)</b>	<b>\$36.07</b>
	<b>Family</b>	<b>\$50.50</b>
<b>Solstice Dental EPO S800B</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>● Cosmetic and orthodontia treatment covered</li> <li>● Implant benefit</li> </ul>	<b>Employee</b>	<b>\$12.06</b>
	<b>Emp/Spouse</b>	<b>\$24.11</b>
	<b>Emp/Child(ren)</b>	<b>\$27.40</b>
	<b>Family</b>	<b>\$38.36</b>
<b>UnitedHealthcare Select Managed Care</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>● 1 cleaning per consecutive 6 months</li> <li>● No deductible</li> <li>● No annual calendar maximum</li> <li>● No waiting period</li> <li>● Reasonable copayment charges apply for basic and major services</li> <li>● Implant benefit</li> </ul>	<b>Employee</b>	<b>\$16.16</b>
	<b>Emp/Spouse</b>	<b>\$28.36</b>
	<b>Emp/Child(ren)</b>	<b>\$35.02</b>
	<b>Family</b>	<b>\$44.52</b>
<b>Dental Package 2</b> - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers.		
<b>Guardian Managed DentalGuard DHMO</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>	<b>Employee</b>	<b>\$16.35</b>
	<b>Emp/Spouse</b>	<b>\$32.82</b>
	<b>Emp/Child(ren)</b>	<b>\$33.97</b>
	<b>Family</b>	<b>\$50.32</b>
<b>Guardian DentalGuard Preferred PPO MAC</b>		<b>Four Tier</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>\$45.86</b>
	<b>Emp/Spouse</b>	<b>\$96.37</b>
	<b>Emp/Child(ren)</b>	<b>\$87.86</b>
	<b>Family</b>	<b>\$140.40</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:

- 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>Dental continued...</b>		
<b>Dental Package 3</b> - Guardian Managed DentalGuard DHMO <i>Plus</i> and Guardian DentalGuard Preferred PPO <i>Plus</i> MAC. There is 75% participation, excluding dental waivers.		
<b>Guardian Managed DentalGuard DHMO <i>Plus</i></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, 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>\$19.31</b>
	<b>Emp/Spouse</b>	<b>\$38.61</b>
	<b>Emp/Child(ren)</b>	<b>\$42.43</b>
	<b>Family</b>	<b>\$61.74</b>
<b>Guardian DentalGuard Preferred PPO <i>Plus</i> MAC</b>		<b>Four Tier</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>● Combined In-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover)</li> <li>● Implant benefit</li> </ul>	<b>Employee</b>	<b>\$52.45</b>
	<b>Emp/Spouse</b>	<b>\$110.44</b>
	<b>Emp/Child(ren)</b>	<b>\$100.71</b>
	<b>Family</b>	<b>\$160.90</b>
<b>Dental Package 4</b> - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice Dental Value PPO MAC. There is no minimum participation.		
<b>Solstice Dental EPO S700B</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>● Cosmetic and orthodontia treatment covered</li> <li>● Implant benefit</li> </ul>	<b>Employee</b>	<b>\$15.87</b>
	<b>Emp/Spouse</b>	<b>\$31.74</b>
	<b>Emp/Child(ren)</b>	<b>\$36.07</b>
	<b>Family</b>	<b>\$50.50</b>
<b>Solstice Dental EPO S800B</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>● Cosmetic and orthodontia treatment covered</li> <li>● Implant benefit</li> </ul>	<b>Employee</b>	<b>\$12.06</b>
	<b>Emp/Spouse</b>	<b>\$24.11</b>
	<b>Emp/Child(ren)</b>	<b>\$27.40</b>
	<b>Family</b>	<b>\$38.36</b>
<b>Solstice Dental PPO</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>	<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</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>● Includes 2 cleanings in any 12 consecutive months</li> <li>● No referrals needed to see a specialist</li> <li>● Out-of-Network reimbursement is MAC (Maximum Allowable Charge)</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>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>

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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



## Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 10/1/2019, 11/1/2019, 12/1/2019

<b>Dental continued...</b>		
<b>Dental Package 5</b> - UnitedHealthcare Select Managed Care, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.		
<b>UnitedHealthcare Select Managed Care</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>● 1 cleaning per consecutive 6 months</li> <li>● No deductible</li> <li>● No annual calendar maximum</li> <li>● No waiting period</li> <li>● Reasonable copayment charges apply for basic and major services</li> <li>● Implant benefit</li> </ul>	<b>Employee</b>	<b>\$16.16</b>
	<b>Emp/Spouse</b>	<b>\$28.36</b>
	<b>Emp/Child(ren)</b>	<b>\$35.02</b>
	<b>Family</b>	<b>\$44.52</b>
<b>UnitedHealthcare Low PPO MAC</b>		<b>Four Tier</b>
<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>	<b>Employee</b>	<b>\$45.35</b>
	<b>Emp/Spouse</b>	<b>\$90.46</b>
	<b>Emp/Child(ren)</b>	<b>\$91.13</b>
	<b>Family</b>	<b>\$142.37</b>
<b>UnitedHealthcare High PPO MAC</b>		<b>Four Tier</b>
<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>	<b>Employee</b>	<b>\$53.23</b>
	<b>Emp/Spouse</b>	<b>\$106.21</b>
	<b>Emp/Child(ren)</b>	<b>\$104.84</b>
	<b>Family</b>	<b>\$164.73</b>
<b>Dental Package 6</b> - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.		
<b>UnitedHealthcare INO 100/50/50</b>		<b>Four Tier</b>
<ul style="list-style-type: none"> <li>● 2 cleanings per consecutive 12 months</li> <li>● No referrals to see a specialist</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>	<b>Employee</b>	<b>\$24.99</b>
	<b>Emp/Spouse</b>	<b>\$49.98</b>
	<b>Emp/Child(ren)</b>	<b>\$52.65</b>
	<b>Family</b>	<b>\$81.32</b>
<b>UnitedHealthcare High PPO MAC</b>		<b>Four Tier</b>
<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>	<b>Employee</b>	<b>\$52.23</b>
	<b>Emp/Spouse</b>	<b>\$106.21</b>
	<b>Emp/Child(ren)</b>	<b>\$104.84</b>
	<b>Family</b>	<b>\$164.73</b>

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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



# Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 10/1/2019, 11/1/2019, 12/1/2019

<b>Vision</b>		
<b>Vision Package 1</b> – Guardian VisionGuard, Solstice Vision PPO and UnitedHealthcare Vision PPO. There is a 20% participation, excluding vision waivers.		
<b>Guardian VisionGuard</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>	<b>Employee</b>	<b>\$6.93</b>
	<b>Emp/Spouse</b>	<b>\$10.62</b>
	<b>Emp/Child(ren)</b>	<b>\$10.80</b>
	<b>Family</b>	<b>\$16.23</b>
<b>Solstice Vision PPO</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>	<b>Employee</b>	<b>\$7.72</b>
	<b>Emp/Spouse</b>	<b>\$12.39</b>
	<b>Emp/Child(ren)</b>	<b>\$15.00</b>
	<b>Family</b>	<b>\$18.61</b>
<b>UnitedHealthcare Vision PPO</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 material every 12 months</li> <li>Spectra Eyecare Networks; Out-of-Network access as well</li> </ul>	<b>Employee</b>	<b>\$6.69</b>
	<b>Emp/Spouse</b>	<b>\$11.34</b>
	<b>Emp/Child(ren)</b>	<b>\$13.04</b>
	<b>Family</b>	<b>\$17.73</b>
<b>Vision Package 2</b> – Solstice Vision PPO and UnitedHealthcare Vision PPO. There is no minimum participation.		
<b>Solstice Vision PPO</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>	<b>Employee</b>	<b>\$7.72</b>
	<b>Emp/Spouse</b>	<b>\$12.39</b>
	<b>Emp/Child(ren)</b>	<b>\$15.00</b>
	<b>Family</b>	<b>\$18.61</b>
<b>UnitedHealthcare Vision PPO</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 material every 12 months</li> <li>Spectra Eyecare Networks; Out-of-Network access as well</li> </ul>	<b>Employee</b>	<b>\$6.69</b>
	<b>Emp/Spouse</b>	<b>\$11.34</b>
	<b>Emp/Child(ren)</b>	<b>\$13.04</b>
	<b>Family</b>	<b>\$17.73</b>
<b>Vision Package 3</b> – Guardian VisionGuard 20% participation, excluding vision waivers		
<b>Guardian VisionGuard</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>	<b>Employee</b>	<b>\$6.93</b>
	<b>Emp/Spouse</b>	<b>\$10.62</b>
	<b>Emp/Child(ren)</b>	<b>\$10.80</b>
	<b>Family</b>	<b>\$16.23</b>
<b>Vision Package 4</b> – Solstice Vision PPO no minimum participation		
<b>Solstice Vision PPO</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>	<b>Employee</b>	<b>\$7.72</b>
	<b>Emp/Spouse</b>	<b>\$12.39</b>
	<b>Emp/Child(ren)</b>	<b>\$15.00</b>
	<b>Family</b>	<b>\$18.61</b>
<b>Vision Package 5</b> - UnitedHealthcare Vision PPO no minimum participation		
<b>UnitedHealthcare Vision PPO</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 material every 12 months</li> <li>Spectra Eyecare Networks; Out-of-Network access as well</li> </ul>	<b>Employee</b>	<b>\$6.69</b>
	<b>Emp/Spouse</b>	<b>\$11.34</b>
	<b>Emp/Child(ren)</b>	<b>\$13.04</b>
	<b>Family</b>	<b>\$17.73</b>

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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



## Ancillary & Additional Products Monthly Rate Sheet

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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>Xrays</li> <li>Household 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 - No minimum participation</b>		<b>Two Tier</b>
<ul style="list-style-type: none"> <li>Identity and credit monitoring</li> <li>Financial transaction monitoring</li> <li>Social Media reputation monitoring</li> <li>24/7 Privacy Advocate remediation</li> <li>\$1 million identity theft insurance policy</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>InfoArmor PrivacyArmor Plus plan includes all of the PrivacyArmor plan with added features</li> <li>Tri-bureau credit alerts and unlimited credit reports from TransUnion</li> <li>In-app Credit Lock</li> <li>IP address Monitoring</li> <li>401(k) and HSA stolen fund reimbursement</li> <li>Tax fraud refund advances</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

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