

Monthly Rates for Effective Date - 1/1/2021, 2/1/2021, 3/1/2021

Dental

<u>Dental Package 1</u> - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard

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Suardian Managed DentalGuard DHMO		Four Tier
\$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	Employee	\$17.85
	Emp/Spouse	\$35.07
No deductible Orthodontia benefit	Emp/Child(ren)	\$36.22
Orthodolita beliefit	Family	\$53.32
Guardian Managed DentalGuard DHMO <i>Plus</i>		Four Tier
	Employee	\$20.81
\$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 <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan	Emp/Spouse	\$40.86
No deductible Orthodontia benefit	Emp/Child(ren)	\$44.68
Orthodolita beliefit	Family	\$64.74
Solstice Dental EPO S700B		Four Tier
\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$17.37
Open access and no specialist referrals No deductible, no calendar year maximum	Emp/Spouse	\$33.99
Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$38.32
Implant benefit	Family	\$53.50
Solstice Dental EPO S800B		Four Tie
\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$13.56
Open access and no specialist referrals No deductible, no calendar year maximum	Emp/Spouse	\$26.36
Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$29.65
Implant benefit	Family	\$41.36
InitedHealthcare Select Managed Care		Four Tier
1 cleaning per consecutive 6 months	Employee	\$17.66
No deductible 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
<u>Pental Package 2</u> - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MA articipation, excluding dental waivers.	C. There is 75%	
Guardian Managed DentalGuard DHMO		Four Tier
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$17.85
No annual maximum on the plan and offers fixed patient charges for basic and major services	Emp/Spouse	\$35.07
No deductible Orthodontia benefit	Emp/Child(ren)	\$36.22
	Family	\$53.32
Guardian DentalGuard Preferred PPO MAC		Four Tie
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		\$45.86
		\$96.37
		\$87.86
Implant benefit	Family	\$140.40

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 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) \$16.50, Family \$2.650

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



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So 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 DMO plan No deductible Orthodontia benefit Suardian DentalGuard Preferred PPO Plus MAC No referrals are needed to see a specialist Out-of-area emergency coverage SS0 deductible for In-Network services SS0 deductible for Out-of-Network services Combined In-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (in-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (in-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (in-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (in-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (in-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (in-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (in-Network annual maximum participation. Solstice Dental EPO S700B Solstice Dental EPO S800B Four Tier EmplSpouse S11.35 EmplSpouse S13.39 Solstice Dental EPO S800B Four Tier EmplChild(ren) \$38.32 Family \$53.50 Solstice Dental EPO S800B Four Tier EmplSpouse \$3.55 EmplSpouse	Guardian Managed DentalGuard DHMO Plus		Four Tier
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Orthodontia benefit Surardian DentalGuard Preferred PPO Plus MAC No referrals are needed to see a specialist Out-of-area emergency coverage SS0 deductible for In-Network services(SS0 deductible for Out-of-Network services Combined In-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network services) Emp/Spouse \$110.44 Emp/Child(ren) \$100.71 Family \$160.90 Dental Package 4 - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice Dental Value PPO WAC. There is no minimum participation. Solstice Dental EPO S700B Four Tier Open access and no specialist referrals No deductible, no calendar year maximum Emplant benefit S0 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 No deductible, no calendar year maximum Emplant benefit S0 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 No deductible, no calendar year maximum Employee S0 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 No deductible, no calendar year maximum Cosmetic and orthodontal treatment covered Implant benefit Femp/Spouse S26.36 Emp/Spouse S26.36 Emp/Child(ren) S29.65 Emp/Spouse S58.90 Emp/Spouse S68.24 Emp/Child(ren) S73.31		Emp/Spouse	\$40.86
Suardian DentalGuard Preferred PPO Plus MAC No referrals are needed to see a specialist Out-of-area emergency coverage S50 deductible for In-Network services S50 deductible for Out-of-Network services Combined In-Network and Out-of-Network amual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover) Implant benefit S00 deductible for In-Network amual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover) Implant benefit S01 deductible for In-Network amual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover) Implant benefit S01 copa y 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 No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit S01 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 No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit S01 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 No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit S03 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 No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit S04 cotto the province of the provin		Emp/Child(ren)	\$44.68
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Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit Family \$41.36 Solstice Dental PPO Includes 4 cleanings in any 12 consecutive months No referrals needed to see a specialist \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit Solstice Dental Value PPO MAC Includes 2 cleanings in any 12 consecutive months Includes 2 cleanings in any 12 consecutive months Implication of \$2,000 Implant benefit Solstice Dental Value PPO MAC Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 Employee \$34.25 Employee \$34.25 Employee \$34.25 Employee \$34.25 Employee \$34.25 Employee \$33.31	\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Employee	\$13.56
Cosmetic and orthodontia treatment covered Implant benefit \$29.65 Implant benefit \$41.36 Solstice Dental PPO Includes 4 cleanings in any 12 consecutive months No referrals needed to see a specialist \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit \$100.00 Solstice Dental Value PPO MAC Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Employee \$34.25 Emp/Spouse \$68.24 Emp/Child(ren) \$73.31	Open access and no specialist referrals	Emp/Spouse	\$26.36
Family \$41.36 Solstice Dental PPO Four Tier Includes 4 cleanings in any 12 consecutive months No referrals needed to see a specialist Annual maximum of \$2,000 Implant benefit Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Emp/Spouse \$105.14 Emp/Child(ren) \$124.07 Family \$163.04 Solstice Dental Value PPO MAC Four Tier Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 Family \$41.36 Emp/Spouse \$105.14 Emp/Child(ren) \$124.07 Emp/Spouse \$34.25 Emp/Spouse \$68.24	Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$29.65
Includes 4 cleanings in any 12 consecutive months No referrals needed to see a specialist \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit Solstice Dental Value PPO MAC Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 Emp/Spouse \$34.25 Emp/Spouse \$68.24 Emp/Child(ren) \$73.31	Implant benefit	Family	\$41.36
No referrals needed to see a specialist \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Emp/Spouse \$105.14 Emp/Child(ren) \$124.07 Family \$163.04 Four Tier Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 Emp/Child(ren) \$73.31 Emp/Child(ren) \$73.31	Solstice Dental PPO		Four Tier
No referrals needed to see a specialist \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit Solstice Dental Value PPO MAC Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Family \$163.04 Emp/Child(ren) \$163.04 Four Tier Employee \$34.25 Dut-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 Emp/Spouse \$68.24	 Includes 4 cleanings in any 12 consecutive months 	Employee	\$58.90
Annual maximum of \$2,000 Emp/Child(ren) \$124.07 Implant benefit Family \$163.04 Solstice Dental Value PPO MAC Four Tier Includes 2 cleanings in any 12 consecutive months Employee \$34.25 No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000	No referrals needed to see a specialist	Emp/Spouse	\$105.14
Family \$163.04 Solstice Dental Value PPO MAC Four Tier Includes 2 cleanings in any 12 consecutive months No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Appulal maximum of \$1 000 \$73.31		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) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Appulal maximum of \$1,000	Implant benefit		\$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) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Appual maximum of \$1 000 \$73.31	Solstice Dental Value PPO MAC		Four Tier
No referrals needed to see a specialist Out-of-Network reimbursement is MAC (Maximum Allowable Charge) \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Appual maximum of \$1,000 **Total Control of the Control of t	No referrals needed to see a specialist		\$34.25
\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Emp/Child(ren) \$73.31			\$68.24
Annual maximum of \$1,000	\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services	Emp/Child(ren)	\$73.31
Family \$106.03	Annual maximum of \$1,000		\$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. Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with 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 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) \$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



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Dental continued			
<u>Dental Package 5</u> - UnitedHealthcare Select Managed Care, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC. There is a two enrolled minimum participation.			
UnitedHealthcare Select Managed Care		Four Tier	
1 cleaning per consecutive 6 months	Employee	\$17.66	
No deductible 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	
UnitedHealthcare Low PPO MAC		Four Tier	
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	
UnitedHealthcare High PPO MAC	UnitedHealthcare 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 	Employee	\$53.23	
\$50 deductible /\$100 deductible family (calendar year) \$2,000 both In and Out-of-Network annual maximum	Emp/Spouse	\$106.21	
Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits		\$104.84	
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$164.73	
<u>Dental Package 6</u> - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a transfer participation.	wo enrolled mir	nimum	
UnitedHealthcare INO 100/50/50		Four Tier	
 2 cleanings per consecutive 12 months No referrals to see a specialist 	Employee	\$26.49	
 No waiting period \$50 deductible /\$150 deductible family (calendar year) 	Emp/Spouse	\$52.23	
 \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits 	Emp/Child(ren)	\$54.90	
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$84.32	
UnitedHealthcare High PPO MAC		Four Tier	
 No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum 	Employee	\$53.23	
 \$50 deductible /\$100 deductible family (calendar year) \$2,000 both In and Out-of-Network annual maximum 		\$106.21	
Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits	Emp/Child(ren)	\$104.84	
Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum	Family	\$164.73	

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

Dental IPPO plans: EE \$9.25, EE/Spouse \$1.25, EE+Child(ren) \$2.25, Family \$3.00

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 - 1/1/2021, 2/1/2021, 3/1/2021

/ision		
<u> Ision Package 1</u> – Guardian VisionGuard, Solstice Vision PPO and UnitedHealthcare Vision P	PO. There is a 20% part	ticipation wit
uardian VisionGuard, excluding vision waivers.		
uardian VisionGuard		Four Tier
010 can out for an average average 40 mounths	Employee	\$6.93
\$10 copay for an exam every 12 months \$25 copay for materials every 24 months	Emp/Spouse	\$11.37
Davis Vision In-Network and Out-of-Network access as well	Emp/Child(ren)	\$11.55
	Family	\$17.73
olstice Vision PPO		Four Tier
\$10 copay for an exam every 12 months	Employee	\$7.72
\$25 copay for lenses & contact lenses every 12 months \$25 copay for frames every 24 months	Emp/Spouse Emp/Child(ren)	\$13.14 \$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 material every 12 months Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.79
Spectra Eyecare Networks, Out-or-Network access as well	Family	\$19.23
Vision Backers 2 Calatina Vision DDO and United House Vision DDO There is no minimum	,	Ψ13.23
ision Package 2 – Solstice Vision PPO and UnitedHealthcare Vision PPO. There is no minimu	im participation.	
olstice 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
InitedHealthcare Vision PPO		Four Tier
	Employee	\$6.69
\$10 copay for an exam every 12 months	Emp/Spouse	\$12.09
\$25 copay for material every 12 months Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.79
Special Eyesale Helmone, each of Helmon access as well	Family	\$19.23
ision Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers		, -
Guardian VisionGuard		Farm Tiam
buardian visionGuard		Four Tier
010 consultar on every every 10 months	Employee	\$6.93
\$10 copay for an exam every 12 months \$25 copay for materials every 24 months	Emp/Spouse	\$11.37
Davis Vision In-Network and Out-of-Network access as well	Emp/Child(ren)	\$11.55
	Family	\$17.73
ision Package 4 – Solstice Vision PPO no minimum participation		
olstice Vision PPO		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	. , ,	\$20.11
	Family	φ40.11
Seion Books on E. Huite di la altha ann Afric BBO		
ision Package 5 - UnitedHealthcare Vision PPO no minimum participation		
		Four Tier
Vision Package 5 - UnitedHealthcare Vision PPO no minimum participation InitedHealthcare Vision PPO	Employee	Four Tier \$6.69
InitedHealthcare Vision PPO \$10 copay for an exam every 12 months	Employee Emp/Spouse	
InitedHealthcare Vision PPO		\$6.69

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. Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included wit 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 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) \$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



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Second No minimum participation 18-39 \$11.30 \$13.30 \$1			
\$1.00 per month of disability income 18-39 \$13.50 \$20.00 of Actual Leb Insurance 20.00 of Actual Leb Insurance 20.	Bundled Life & Disability		
\$25,000 of Term Life Insurance \$75,000 of Term Life Insurance \$375,000 of Term Life Insurance \$55 \$48.50 \$375,000 of Term Life Insurance \$55 \$48.50 \$55,000 of Term Life Insurance \$18.30 \$21.50 \$50.000 of Term Life Insurance \$30.000 of Term Life Insurance \$40.54 \$39.50 \$50.000 of Term Life Insurance \$40.54 \$39.50 \$50.000 of Term Life Insurance \$55.000 of	EverGuard - No minimum participation	Employee Ages	Three Tier
\$75,00 of Accidental Death & Dismemberment Insurance \$25,00 of Accidental Death & State \$25,00 of Accidental Death & State \$21,50 of State \$21,50		18-39	\$13.50
VerGuard Plus - No minimum participation Employee Ages Three Tier \$1,500 per month of disability income \$10,000 of Torm Life insurance \$10,000 of Torm Li		40-54	\$26.00
\$1,500 per month of disability income 18-39 \$21.50 \$50,00 of Term Life insurance \$10,00 of Term Life insurance \$10,00 of Term Life insurance \$150,00 of Term Life \$	Guaranteed Issued	55+	\$48.50
\$50.00 of Term Life Insurance \$50.00 of Academial Death & Dismemberment Insurance Guaranteed Issued \$50.00 of Academial Death & Dismemberment Insurance Guaranteed Issued \$50.00 of Academial Death & Dismemberment Insurance Guaranteed Issued \$50.00 of Academial Death & Dismemberment Insurance \$50.00 of Academial Death & Dismemberment Insurance Employee \$14.83 Employee \$14.83 Hospital admission and confinement as well as ICU Occupational or physical theretapy Transportation such as ambulance and air ambulance Xrays Transportation such as ambulance and transportation and tran	EverGuard <i>Plus</i> - No minimum participation	Employee Ages	Three Tier
\$10,000 of Accidental Death & Dismemberment Insurance Suaranteed Issued	\$1,500 per month of disability income	18-39	\$21.50
Accident Suardian AccidentGuard Adv - No minimum participation Emergency room and urgent care facility treatment Hospital admission and confinement as well as ICU Occupational or physical therapy Transportation such as ambulance and air ambulance Xrays Argy Transportation such as ambulance and air ambulance Xrays Transportation profession to No minimum participation XIII and the Denefits of the Alistate Identity Protection Pro plan with added features Employee Xrays XIII and the Denefits of the Alistate Identity Protection Pro plan with added features Employee Xrays XIII and the Denefits of the Alistate Identity Protection Pro plan with added features Employee Xrays XIII and the Denefits of the Alistate Identity Protection Pro plan with added features Employee Xrays Xrays XIII and the Denefits of the Alistate Identity Protection Pro plan with added features Employee Xrays		40-54	\$39.50
Emergency room and urgent care facility treatment hospital admission and confinement as well as ICU Occupational or physical therapy 17 menoprotation such as ambulance and air ambulance 2	Guaranteed Issued	55+	\$75.50
Emergency room and urgent care facility treatment	Accident		
Hospital admission and confinement as well as ICU Occupational or physical therapy Transportation such as ambulance and air ambulance Xrays Household expenses towards rent, mortgage and/or food Injuny-related modifications to your home and/or auto Two Tier Identity and credit monitoring Identity Protection Pro - No minimum participation Identity and credit monitoring In Image Identity Protection Pro - No minimum participation Image Identity Protection Pro Plus - No minimum participation In Image Identity Protection Pro Plus - No minimum participation Includes all the benefits of the Allstate Identity Protection Pro play a with added features In-bureau credit alerts and unlimited credit reports from TransUnion In-app Credit Lock In Paddress Monitoring In Paddress Monitoring In Image Identity Protection Pro Plus - No minimum participation In Image Identity Protection Pro Plus - No minimum participation Image Identity Protection Pro Plus - No minimum participation Image Identity Protection Pro Plus - No minimum participation Image Identity Protection Pro Plus - No minimum participation Image Identity Protection Pro Plus - No minimum participation Image Identity Protection Protection In Identity Identity Identity Protection In Identity Identity Identity Identity Identity Protection In Identity Identity Identity Identity Identity Protection In Identity Ide	Guardian AccidentGuard Adv - No minimum participation		Four Tier
Cocupational or physical therapy Emp/Spouse \$23.63 Transportation such as ambulance and air ambulance Emp/Child(ren) \$23.81 Household expenses towards rent, mortgage and/or food Injury-related modifications to your home and/or auto Two Tier Wistate Identity Protection Pro - No minimum participation Emp/Spouse \$7.95 Identity and credit monitoring Emp/Spouse n/a Social Media reputation monitoring Emp/Spouse n/a 24/7 Privacy Advocate remediation 1/a 3 f million identity thefit insurance policy Emp/Child(ren) n/a 5 f million identity thefit insurance policy Emp/Child(ren) 1/a 5 f million identity thefit insurance policy Emp/Child(ren) 1/a 1 in-ap Orealit Lock Emp/Spouse n/a 2 in-ax fraud refund advances Emp/Spouse n/a 3 in-ax fraud refund advances Emp/Spouse n/a 2 in-ax fraud refund advances Emp/Spouse n/a 3 in-ax fraud refund advances Emp/Spouse Sin-ax 3 in-ax fraud refund advances Emp/Spouse Sin-ax 4 in-ax fraud refund advances Emp/Spouse Sin-ax 5 in-ax fraud refund advances Emp/Spouse Sin-ax 5 in-ax fraud refund advances Emp/Spouse Sin-ax 6 in-ax fraud refund advances Emp/Spouse Sin-ax 7 in-ax fraud refund advances Emp/Spouse Sin-ax 8 in-ax fraud refund advances Emp/Spouse Sin-ax 9 in-ax fraud refund advances Emp/Spouse Sin-ax 1 in-ax fraud refund advances Emp/Spouse Sin-ax 1 in-ax fraud refund advances Emp/Spouse Sin-ax 2 in-ax fraud refundation Sin-ax 3 in-ax fraud refundation Sin-ax 4 in-ax fraud refundation Sin-ax		Employee	\$14.83
Xrays Household expenses towards rent, mortgage and/or food Injury-related modifications to your home and/or auto Family \$33.61		Emp/Spouse	\$23.63
Household expenses towards rent, mortgage and/or food Injury-related modifications to your home and/or auto Temple 1 Wistate Identity Protection Pro - No minimum participation Identity and credit monitoring Identity and credit monitoring Identity and credit monitoring Identity and credit monitoring Industry and credit monitoring Insurance I transaction monitoring Social Media reputation monitoring Social Media reputation monitoring 24/7 Privacy Advocate remediation \$1 million identity theft insurance policy Wistate I dentity Protection Pro Plus - No minimum participation Two Tier Includes all the benefits of the Allstate Identity Protection Pro plan with added features Includes all the benefits of the Allstate Identity Protection Pro plan with added features Includes all the benefits of the Allstate Identity Protection Pro plan with added features Includes all the benefits of the Allstate Identity Protection Pro plan with added features Includes all the benefits of the Allstate Identity Protection Pro plan with added features Includes all the benefits of the Allstate Identity Protection Pro plan with added features Employee \$9.95 Vistate Identity Allstate Identity Protection Pro plan with added features Employee \$1.05 Employee \$1.05 Family \$1.75 Includes All the Indian Allstate Identity Protection Pro plan with added features Includes All the Indian Allstate Identity Protection Pro plan with added features Includes All the Indian Allstate Identity Protection Indian	·	Fmn/Child(ren)	\$23.81
Mistate Identity Protection Pro - No minimum participation Mistate Identity Protection Pro - No minimum participation Employee \$7.95 Identity and credit monitoring Employee \$7.95 Financial transaction monitoring Employee \$7.95 Financial transaction monitoring Employeue n/a Social Media reputation monitoring Employeue n/a \$24/7 Privacy Advocate remediation Employeue \$13.95 Mistate Identity Protection Pro Plus - No minimum participation Two Tier Includes all the benefits of the Alistate Identity Protection Pro plan with added features Employee \$9.95 Tri-bureau credit alerts and unlimited credit reports from TransUnion Employee \$9.95 Tri-bureau credit alerts and unlimited credit reports from TransUnion Employee \$9.95 In address Monitoring Employee n/a 401(k) and HSA stolen fund reimbursement Employee n/a Tax fraud refund advances Employee \$17.74 Tax fraud refund advances Employee \$7.74 Lief-Lock Identity Alert System Employee \$7.74 Lost Wallet Protection Employee \$15.48 Black Market Website Surveillance Employee \$15.88 Black Market Website Surveillance Employee \$13.55 Stolen Fund Reimbursement: Up to \$1 Million \$13.55 Stolen Fund Reimbursement: Up to \$1 Million Family \$21.30 Mistate Identity Protection Alerts Employee \$23.24 Employee \$23.24 Employee \$23.24 Employee \$23.24 Employee \$3.293 Online Annual It-in-ueau credit reports & scores Employeie \$46.48 Employehid(ren) \$32.93 Bank Account Takeover Alerts Employee \$43.293 Online Annual It-in-ueau credit reports & scores Employeie \$43.293 Employee \$43.293 Employee \$44.48 Employee \$43.293 Employee \$44.48 Employee \$43.293 Employee \$44.48 Emplo	● Household expenses towards rent, mortgage and/or food		•
Identity Protection Pro - No minimum participation Employee \$7.95	·· ·	Family	\$33.61
Identity and credit monitoring Employee \$7.95 Financial transaction monitoring Employee Impospouse Imposp	D Theft		
Identity and credit monitoring Emp/Spouse n/a	Allstate Identity Protection Pro - No minimum participation		
Social Media reputation monitoring 24/7 Privacy Advocate remediation \$1 million identity theft insurance policy Sample Sampl		Employee	\$7.95
24/7 Privacy Advocate remediation \$1 million identity theft insurance policy Stamillion identity theft insurance policy Family \$13.95 Allstate Identity Protection Pro Plus - No minimum participation Two Tier Includes all the benefits of the Allstate Identity Protection Pro plan with added features Employee \$9.95 Tri-bureau credit alerts and unlimited credit reports from TransUnion Employee \$9.95 In-app Credit Lock Emp/Spouse n/a In-app Credit Lock Emp/Spouse n/a Paddress Monitoring Emp/Child(ren) n/a 401(k) and HSA stolen fund reimbursement Emp/Child(ren) n/a 401(k) and HSA stolen fund reimbursement Family \$17.95 IfeLock Benefit Elite - No minimum participation Employee \$7.74 Lost Wallet Protection Emp/Spouse \$15.48 Black Market Website Surveillance Emp/Spouse \$15.48 Black Market Website Surveillance Emp/Child(ren) \$13.55 Stolen Fund Reimbursement: Up to \$1 Million Family \$21.30 IfeLock Ultimate Plus ™ - No minimum participation Four Tier Ultimate Plus ™ - No minimum participation Four Tier Ultimate Plus ™ plan includes all of the Benefit Elite plan with added features Emp/Spouse \$46.48 Bank Account Takeover Alerts Emp/Spouse \$46.48 Emp/Spouse \$46.48 Emp/Child(ren) \$32.93 Monthly Credit Score Tracking Emp/Child(ren) \$32.93		Emp/Spouse	n/a
Allstate Identity Protection Pro Plus - No minimum participation Includes all the benefits of the Allstate Identity Protection Pro plan with added features Tri-bureau credit alerts and unlimited credit reports from TransUnion In-app Credit Lock IP address Monitoring 401 (k) and HSA stolen fund reimbursement Tax fraud refund advances IfeLock Benefit Elite - No minimum participation LifeLock Benefit Elite - No minimum participation LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million IfeLock Ultimate Plus™ Plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Two Tier Two Tier Two Tier Two Tier Employee \$9.95 Employee \$7.74 Employee \$15.48 Employee \$15.48 Employee \$21.30 IfeLock Ultimate Plus™ Plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking	24/7 Privacy Advocate remediation	Emp/Child(ren)	n/a
Includes all the benefits of the Allstate Identity Protection Pro plan with added features Tri-bureau credit alerts and unlimited credit reports from TransUnion In-app Credit Lock IP address Monitoring 401(k) and HSA stolen fund reimbursement Tax fraud refund advances IfeLock Benefit Elite - No minimum participation Ifelock Benefit Elite - No minimum participation Ifelock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million Ifelock Ultimate Plus™ No minimum participation Ultimate Plus™ No minimum participation Ifelock Ultimate Plus™ No minimum participation Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Employee \$9.95 Employee \$9.95 Employee \$1.46 Employee \$7.74 Employee \$15.48 Employee \$13.45 Employee \$23.24 Employee \$32.24 Employee \$46.48 Emp/Child(ren) \$32.93	\$1 million identity theft insurance policy	Family	\$13.95
Tri-bureau credit alerts and unlimited credit reports from TransUnion In-app Credit Lock IP address Monitoring 401(k) and HSA stolen fund reimbursement Tax fraud refund advances IfeLock Benefit Elite - No minimum participation LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million IfeLock Ultimate Plus M plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Emp/Spouse \$15.48 Emp/Child(ren) \$13.55 Employee \$21.30 Employee \$23.24 Emp/Spouse \$46.48 Emp/Spouse \$46.48	Allstate Identity Protection Pro Plus - No minimum participation		Two Tier
In-app Credit Lock IP address Monitoring 401(k) and HSA stolen fund reimbursement Tax fraud refund advances IfeLock Benefit Elite - No minimum participation LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million IfeLock Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Image Emp/Spouse N/a Emp/Child(ren) \$13.55 Emp/Child(ren) \$13.55 Emp/Child(ren) \$21.30 Employee \$23.24 Emp/Spouse \$46.48 Emp/Spouse \$46.48 Emp/Child(ren) \$32.93 Emp/Child(ren) \$32.		Employee	\$9.95
401(k) and HSA stolen fund reimbursement Tax fraud refund advances Family \$17.95 ifeLock Benefit Elite - No minimum participation LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million ifeLock Ultimate Plus™ - No minimum participation LifeLock Ultimate Plus™ - No minimum participation Employee \$23.24 Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking		Emp/Spouse	n/a
Tax fraud refund advances ifeLock Benefit Elite - No minimum participation LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million ifeLock Ultimate Plus™ - No minimum participation Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Four Tier \$17.95 Employee \$7.74 Emp/Spouse \$15.48 Emp/Child(ren) \$13.55 Family \$21.30 Employee \$23.24 Emp/Spouse \$46.48		Emp/Child(ren)	n/a
LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million LifeLock Ultimate Plus™ - No minimum participation LifeLock Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Employee \$7.74 Emp/Spouse \$15.48 Emp/Child(ren) \$13.55 Employee \$21.30 Employee \$23.24 Emp/Spouse \$46.48		Family	\$17.95
Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million IfeLock Ultimate Plus™ - No minimum participation Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Emp/Spouse \$15.48 Emp/Child(ren) \$13.55 Family \$21.30 Employee \$23.24 Emp/Spouse \$46.48	LifeLock Benefit Elite - No minimum participation		Four Tier
Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million ifeLock Ultimate Plus™ - No minimum participation Four Tier Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking \$15.48 Emp/Spouse \$15.48 Emp/Child(ren) \$13.55 Family \$21.30 Four Tier Employee \$23.24 Emp/Spouse \$46.48		Employee	\$7.74
Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million LifeLock Ultimate Plus™ - No minimum participation Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Emp/Child(ren) \$13.93 Four Tier Employee \$23.24 Emp/Spouse \$46.48 Emp/Child(ren) \$32.93		Emp/Spouse	\$15.48
Stolen Fund Reimbursement: Up to \$1 Million Four Tier Ultimate Plus™ - No minimum participation Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking \$21.30 Four Tier \$23.24 Employee \$23.24 Emp/Spouse \$46.48 Emp/Child(ren) \$32.93		Emp/Child(ren)	\$13.55
Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Employee \$23.24 Emp/Spouse \$46.48 Emp/Child(ren) \$32.93	•·······g -·· g - · · · · · · · · · ·	Family	\$21.30
Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Emp/Child(ren) \$32.93	LifeLock Ultimate Plus™ - No minimum participation		Four Tier
Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Emp/Spouse \$46.48 Emp/Child(ren) \$32.93		Employee	\$23.24
Monthly Credit Score Tracking Monthly Credit Score Tracking	Bank Account Takeover Alerts	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 In-Network plans: EE \$1.50, EE/Spouse \$2.55, EE+Child(ren) \$2.25, Family \$3.00

Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$2.25, Family \$3.00

Vision plans: EE \$1.50, EE/Spouse \$2.55, 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