

Monthly Rates for Effective Date - 7/1/2022, 8/1/2022, 9/1/2022

Dental

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

| Suardian Managed DentalGuard DHMO Stopay 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 Orthodorita benefit Four Tier Employee \$35.07 Empl/Shouse \$35.07 Empl/Child(ren) \$36.22 Family \$53.32 Guardian Managed DentalGuard DHMO Plus Four Tier Employee \$20.81 Employee \$20.81 Employee \$20.81 Employee \$20.81 Employee \$20.81 Employee \$40.86 Employled Four Tier Family \$44.88 Employee \$41.86 Employee \$41.86 | Solstice Dental EPO S700B, Solstice Dental EPO S800B and UnitedHealthcare Select Managed Care. There is no | minimum participa | ation. |
|---|--|---------------------|------------------|
| Scopay 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 Chrodroftal benefit Scopay 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 DHMO plus Scopay 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 DHMO plus Scotatice Dental EPO S700B Scotatice Dental EPO S800B Scotati | Guardian Managed DentalGuard DHMO | | Four Tier |
| No annual maximum on the plan and offers fixed patient charges for basic and major services **Controdontia benefit** **Controdontia benefit** **Controdontia benefit** **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 DHMO plan No deductible **Ontrodontia benefit** **Solstice Dental EPO S700B** **Solstice Dental EPO S700B** **Soloty 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 othodontia treatment covered Implant benefit** **Soloty open 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** **Soloty open from grace 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 **Soloty open from grace 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** **EmplSpouse** **EmplSpouse** **EmplSpouse** **EmplSpouse** **EmplSpouse** **Soloty open from grace 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** | | Employee | \$17.85 |
| No deductible Open access and no specialist referrals Ocospay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) So Ocopay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No deductible Othedonia benefit So Ocopay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) So Ocopay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) So Ocopay 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 orthodonia treatment covered implant benefit So Ocopay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) implant benefit So Ocopay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) implant benefit So Ocopay 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 orthodonia treatment covered implant benefit Inplant benefit I | \$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 | Emp/Spouse | \$35.07 |
| Guardian Managed DentalGuard DHMO Plus S5 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 DHMO plan No deductible Orthodontia 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 Cosmetic and orthodontia treatment covered Implant benefit S0 cotay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee S17.37 Employee S13.3.50 Employee S33.39 Employee S33.30 Employee S33.36 Employee S33.3 | No deductible | Emp/Child(ren) | \$36.22 |
| S5 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 DHMO plan No deductible Orthodontia 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 S0stice Dental EPO S700B Employee \$17.37 Employee \$17.37 Employee \$17.37 Employee \$17.37 Employee \$33.32 Employee \$33.35 Employee \$13.56 Employe | Orthodonia benefit | Family | \$53.32 |
| So sopay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No armual maximum, the Pfus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit Sol 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 Impliant benefit Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee S17.37 Employee S17.37 Emp/Spouse S33.99 Emp/Child(ren) S38.32 Family S53.50 Solstice Dental EPO S800B Four Tier Sol 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 Finally S13.56 Emp/Spouse S26.36 Emp/Child(ren) S29.65 Emp/Child(ren) S29.65 Emp/Child(ren) S29.65 Emp/Child(ren) S29.65 Emp/Spouse S26.36 Emp/Child(ren) S29.65 Emp/Child(ren) S29.65 Emp/Spouse S30.81 Emp/Child(ren) S37.27 Family S47.52 | Guardian Managed DentalGuard DHMO <i>Plus</i> | | Four Tier |
| No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit Solstice Dental EPO S700B Sol 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 Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse S33.99 Emp/Spouse S33.99 Emp/Child(ren) S38.32 Family S53.50 Solstice Dental EPO S800B Sol 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 United Healthcare Select Managed Care I cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed Dental Guard DHMO and Guardian Dental Guard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | | Employee | \$20.81 |
| Orthodontia benefit Family \$44.88 Family \$64.74 Solstice Dental EPO S700B 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 orthodontia treatment covered Implant benefit S0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Family \$53.50 Solstice Dental EPO S800B 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 orthodontia treatment covered Implant benefit UnitedHealthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No deductible No deductible No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | | Emp/Spouse | \$40.86 |
| Solstice Dental EPO S700B Sol 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 referals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Implant benefit Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Solstice Dental EPO S800B Four Tier Sol 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 United Healthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No deductible No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | | Emp/Child(ren) | \$44.68 |
| \$0 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 Solstice Dental EPO S800B Four Tier Sole open access and no specialist referrals Family \$53.50 Four Tier Emp/Spouse \$13.56 Four Tier \$13.56 Emp/Spouse \$13.56 Four Tier \$13.56 Emp/Spouse \$13.56 Emp/Child(ren) \$29.65 Emp/Child(ren) \$29.65 Family \$41.36 United Healthcare Select Managed Care I cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed Dental Guard DHMO and Guardian Dental Guard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Orthodorida borient | Family | \$64.74 |
| So copaly for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit Solstice Dental EPO S800B Solopay 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 United Healthcare Select Managed Care I cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed Dental Guard DHMO and Guardian Dental Guard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Solstice Dental EPO S700B | | Four Tier |
| Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit So 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 Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit United Healthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | \$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 |
| Cosmetic and orthodontia treatment covered Implant benefit \$38.32 Implant benefit \$50.00000000000000000000000000000000000 | Open access and no specialist referrals | Emp/Spouse | \$33.99 |
| Solstice Dental EPO S800B Sol 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 UnitedHealthcare Select Managed Care I cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Cosmetic and orthodontia treatment covered | Emp/Child(ren) | \$38.32 |
| \$0 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 United Healthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Employee \$13.56 Emp/Spouse \$26.36 Emp/Child(ren) \$29.65 Family \$41.36 Employee \$17.66 Emp/Spouse \$30.61 Emp/Spouse \$30.61 Emp/Child(ren) \$37.27 Family \$47.52 Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Implant benefit | Family | \$53.50 |
| \$0 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 UnitedHealthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Emp/Spouse \$26.36 Emp/Child(ren) \$29.65 Family \$41.36 Employee \$17.66 Emp/Spouse \$30.61 Emp/Spouse \$30.61 Emp/Child(ren) \$37.27 Family \$47.52 Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Solstice Dental EPO S800B | | Four Tier |
| Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit UnitedHealthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | \$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 UnitedHealthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Employee \$17.66 Employee \$17.66 Emp/Spouse \$30.61 Emp/Child(ren) \$37.27 Family \$47.52 Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Open access and no specialist referrals | Emp/Spouse | \$26.36 |
| UnitedHealthcare Select Managed Care 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Emp/Spouse \$30.61 Emp/Child(ren) \$37.27 Family \$47.52 Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Cosmetic and orthodontia treatment covered | Emp/Child(ren) | \$29.65 |
| 1 cleaning per consecutive 6 months No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Emp/Spouse \$30.61 Emp/Child(ren) \$37.27 Family \$47.52 Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | Implant benefit | Family | \$41.36 |
| No deductible No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Emp/Spouse | InitedHealthcare Select Managed Care | | Four Tier |
| No annual calendar maximum No waiting period Reasonable copayment charges apply for basic and major services Implant benefit Dental Package 2 Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | | Employee | \$17.66 |
| Reasonable copayment charges apply for basic and major services Implant benefit Parkage 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | | Emp/Spouse | \$30.61 |
| ■ Implant benefit Family \$47.52 Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers. | No waiting period | Emp/Child(ren) | \$37.27 |
| dental waivers. | | Family | \$47.52 |
| Guardian Managed DentalGuard DHMO | | re is 75% participa | ation, excluding |
| 1 out lief | Guardian Managed DentalGuard DHMO | | Four Tier |
| Employee \$17.85 | CE coppy for each primary care office visit (includes a cleaning 1 act of years shocking and 2nd visit includes cleaning and | Employee | \$17.85 |
| No annual maximum on the plan and offers fixed patient charges for basic and major services Emp/Spouse \$35.07 | | Emp/Spouse | \$35.07 |
| No deductible Orthodontia benefit Emp/Child(ren) \$36.22 | | Emp/Child(ren) | \$36.22 |
| Family \$53.32 | | Family | \$53.32 |
| Guardian DentalGuard Preferred PPO MAC Four Tier | Guardian DentalGuard Preferred PPO MAC | | Four Tier |
| 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 | Employee | \$45.86 |
| Out-of-area emergency coverage S50 deductible for In-Network services/\$75 deductible for Out-of-Network services Emp/Spouse \$96.37 | | Emp/Spouse | \$96.37 |
| ● Annual maximum of \$1,000 In-Network-rollover \$87.86 | | Emp/Child(ren) | \$87.86 |
| ● Implant benefit Family \$140.40 | impiant 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 \$2.5, EE+Child(ren) \$2.25, Family \$3.00

Dental PPO plans: EE \$9.25, EE/Spouse \$1.25, EE+Child(ren) \$16.50, Family \$2.6.50

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



Monthly Rates for Effective Date - 7/1/2022, 8/1/2022, 9/1/2022

| Dental continued | | |
|---|--------------------|-------------------|
| <u>Dental Package 3</u> - Guardian Managed DentalGuard DHMO <i>Plus</i> and Guardian DentalGuard Preferred PPO <i>Plu</i> excluding dental waivers. | s MAC. There is 75 | 5% participation, |
| 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 DMO plan | Emp/Spouse | \$40.86 |
| No deductible Orthodontia benefit | Emp/Child(ren) | \$44.68 |
| oralisasina perioni | Family | \$64.74 |
| Guardian DentalGuard Preferred PPO Plus MAC | | Four Tier |
| No referrals are needed to see a specialist | Employee | \$52.45 |
| Out-of-area emergency coverage | Emp/Spouse | \$110.44 |
| Combined In-Network and Out-of-Network annual maximum of \$1,000 with an additional \$500 of benefit In-Network (In-Network rollover) | Emp/Child(ren) | \$100.71 |
| Implant benefit | Family | \$160.90 |
| <u>Dental Package 4</u> - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and Solstice I minimum participation. | Dental Value PPO N | MAC. There is no |
| 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) Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit | Employee | \$17.37 |
| | Emp/Spouse | \$33.99 |
| | Emp/Child(ren) | \$38.32 |
| | Family | \$53.50 |
| Solstice Dental EPO S800B | | 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 | \$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 |
| Solstice Dental PPO | | Four Tier |
| Includes 4 cleanings in any 12 consecutive months | Employee | \$58.90 |
| 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 | Emp/Spouse | \$105.14 |
| | 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) | Emp/Spouse | \$68.24 |
| - Out-of-Notwork formbursoment is ivino (iviaximum Allowable Onarge) | | |

Emp/Child(ren)

Family

\$73.31

\$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 In-Network plans: EE \$1.50, EE/Spouse \$2.5, EE+Child(ren) \$2.25, Family \$3.00

Dental PPO plans: EE \$9.25, EE/Spouse \$2.55, 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

Annual maximum of \$1,000

\$50 deductible for In-Network services/\$50 deductible for Out-of-Network services



Dental continued...

Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 7/1/2022, 8/1/2022, 9/1/2022

| nitedHealthcare 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 |
| itedHealthcare 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 |
| tedHealthcare High PPO MAC | | Four Tier |
| No referrals to see a specialist | Employee | \$53.23 |
| Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$50 deductible /\$100 deductible family (calendar year) \$2,000 both in and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees Implant and orthodontic benefits | Emp/Spouse | \$106.21 |
| | Emp/Child(ren) | \$104.84 |
| Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum | Family | \$164.73 |
| ntal Package 6 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two en | rolled minimum partici | oation. |
| itedHealthcare INO 100/50/50 | | Four Tier |
| 2 cleanings per consecutive 12 months No referrals to see a specialist | Employee | \$26.49 |
| vo referrais to see a specialist No waiting period 550 deductible /\$150 deductible family (calendar year) | Emp/Spouse | \$52.23 |
| 1,000 annual maximum cludes Out-of-Network emergency treatment, if necessary | Emp/Child(ren) | \$54.90 |
| mplant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum | Family | \$84.32 |
| tedHealthcare High PPO MAC | | Four Tie |
| No referrals to see a specialist Preventive and diagnostic care like exams, cleanings and x-rays won't apply to the annual maximum \$50 deductible /\$100 deductible family (calendar year) | Employee | \$53.23 |
| | Emp/Spouse | \$106.21 |
| i2,000 both In and Out-of-Network annual maximum Out-of-Network reimbursement is MAC (Maximum Allowable Charge) which is based on participating provider contracted fees mplant and orthodontic benefits | Emp/Child(ren) | \$104.84 |
| Implant and orthodontic benefits | | |

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 \$1.25, 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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| Vision | | |
|---|------------------------------|--------------------|
| <u>Vision Package 1</u> – Guardian VisionGuard, Solstice Vision PPO and UnitedHealthcare Vision PPO. There is a 20 | % participation with | Guardian |
| VisionGuard, excluding vision waivers. | | |
| Guardian VisionGuard | | Four Tier |
| | 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 |
| Solstice Vision PPO | | Four Tier |
| \$\\$ \$10 copay for an exam every 12 months 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 |
| UnitedHealthcare Vision PPO | , in the second | Four Tier |
| | Employee | \$6.69 |
| \$10 copay for an exam every 12 months | Emp/Spouse | \$12.09 |
| \$25 copay for materials every 12 months Specific Figure Networks Out of Network access as well. | Emp/Child(ren) | \$13.79 |
| Spectra Eyecare Networks; Out-of-Network access as well | | \$19.23 |
| Marine Brokens C. Coloffic Michigan DDC and Haritad Harine Marine DDC The color of | Family | φ13.23 |
| <u>Vision Package 2</u> – Solstice Vision PPO and UnitedHealthcare Vision PPO. There is no minimum participation. | | |
| Solstice 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 | Emp/Child(ren) | \$15.75 |
| Davis Vision In-Network; Out-of-Network access as well | Family | \$20.11 |
| UnitedHealthcare Vision PPO | | Four Tier |
| | Employee | \$6.69 |
| \$10 copay for an exam every 12 months | Emp/Spouse | \$12.09 |
| \$25 copay for materials every 12 months Spectra Eyecare Networks; Out-of-Network access as well | Emp/Child(ren) | \$13.79 |
| Special Eyecule Networks, Out-of-Network access as well | Family | \$19.23 |
| Vision Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers | | ******* |
| | | |
| Guardian VisionGuard | | Four Tier |
| | 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 |
| <u>Vision Package 4</u> – Solstice Vision PPO no minimum participation | | |
| Solstice 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 fenses & contact fenses every 12 months \$25 copay for frames every 24 months | Emp/Child(ren) | \$15.75 |
| Davis Vision In-Network; Out-of-Network access as well | Family | \$20.11 |
| Vision Backage E. United Lealthears Vision DDO no minimum neutrination | i anniy | ΨΔΨ.ΙΙ |
| Vision Package 5 - UnitedHealthcare Vision PPO no minimum participation | | |
| UnitedHealthcare Vision PPO | | Four Tier |
| | Employee | \$6.69 |
| \$10 copay for an exam every 12 months \$25 copay for materials every 12 months | Emp/Spouse | \$12.09 |
| \$25 copay for materials every 12 months Spectra Eyecare Networks; Out-of-Network access as well | Emp/Child(ren) | \$13.79 |
| | Family | \$19.23 |
| 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 Fami This is a summary of plan information. Please refer to the Eligibility Guidelines for further information. | y. | |

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) \$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 - 7/1/2022, 8/1/2022, 9/1/2022

| FSA & Commuter Benefits | | |
|---|----------------------------------|------------|
| DCA - No minimum participation | | |
| Flexible Spending Account (FSA) - Employees set aside money to pay for qualified medical, dental & vision expenses on a pre-tax basis Dependent Care Account (DCA) - Employees set aside money to pay for qualified dependent care expenses on a pre-tax basis Parking & Transit - Employees set aside money to pay for qualified parking & transit expenses on a pre-tax basis | Per Enrolled Per Month (PEPM) | \$8.00 |
| Bundled Life & Disability | | |
| verGuard - No minimum participation | Employee Ages | Three Tier |
| \$25,000 of Term Life Insurance | 18-39 | \$13.50 |
| \$75,000 of Accidental Death & Dismemberment Insurance \$1,000 per month of Disability Income | 40-54 | \$26.00 |
| Guaranteed Issued | 55+ | \$48.50 |
| verGuard <i>Plus</i> - No minimum participation | Employee Ages | Three Tier |
| \$50,000 of Term Life Insurance | 18-39 | \$21.50 |
| \$100,000 of Accidental Death & Dismemberment Insurance \$1,500 per month of Disability Income | 40-54 | \$39.50 |
| Guaranteed Issued | 55+ | \$75.50 |
| ccident | | |
| uardian AccidentGuard Adv - No minimum participation | | Four Tier |
| Emergency room and urgent care facility treatment | Employee | \$14.83 |
| Hospital admission and confinement as well as ICU Occupational or physical therapy | Emp/Spouse | \$23.63 |
| Transportation such as ambulance and air ambulance | | |
| Xrays Household expenses towards rent, mortgage and/or food | Emp/Child(ren) | \$23.81 |
| Injury-related modifications to your home and/or auto | Family | \$33.61 |
|) Theft | | |
| Istate Identity Protection Pro - No minimum participation | | Two Tier |
| Identity and credit monitoring | Employee | \$7.95 |
| Financial transaction monitoring Social Media reputation monitoring | Emp/Spouse | n/a |
| 24/7 Privacy Advocate remediation \$1 million identity theft insurance policy | Emp/Child(ren) | n/a |
| the final dentity their insurance policy | Family | \$13.95 |
| Istate Identity Protection Pro Plus - No minimum participation | | Two Tier |
| Includes all the benefits of the Allstate Identity Protection Pro plan with added features Tri-bureau credit alerts and unlimited credit reports from TransUnion | Employee | \$9.95 |
| In-app Credit Lock IP address Monitoring | Emp/Spouse | n/a |
| 401(k) and HSA stolen fund reimbursement | Emp/Child(ren) | n/a |
| Tax fraud refund advances | Family | \$17.95 |
| feLock Benefit Elite - No minimum participation | | Four Tier |
| LifeLock Identity Alert System Lost Wallet Protection | Employee | \$7.74 |
| Address Change Verification Black Market Website Surveillance | Emp/Spouse | \$15.48 |
| Checking and Savings Account Activity Alerts | Emp/Child(ren) | \$13.55 |
| Stolen Fund Reimbursement: Up to \$1 Million | Family | \$21.30 |
| feLock Ultimate Plus™ - No minimum participation | Functions | Four Tier |
| Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts | Employee | \$23.24 |
| Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores | Emp/Spouse | \$46.48 |
| Monthly Credit Score Tracking Sex Offender Registry Reports | Emp/Child(ren) | \$32.93 |
| | Family | \$56.17 |
| et Benefit Solutions | | T T' |
| otal Pet Plan (discount plan bundle) - No minimum participation Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services | 6 | Two Tier |
| PetPlus (dogs & cats only) - 40% discount on everyday pet products, Rx and preventatives | Single Pet | \$11.75 |
| AskVet (dogs & cats only) - 24/7 Pet Telehealth ThePetTag (dogs & cats only) - 24/7 Lost Pet Recovery Service | Family Pet (2+) | \$18.50 |
| tes 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 Fami | ly. | |

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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