

Monthly Rates for Effective Date - 7/1/2019, 8/1/2019, 9/1/2019

\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$16. No annual maximum on the plan and offers fixed patient charges for basic and major services Emp/Child(ren) \$32. No deductible Orthodontia benefit Emp/Child(ren) \$33. Guardian Managed DentalGuard DHMO Plus Four Four \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$19. No deductible Orthodontia benefit Employee \$19. No deductible Orthodontia benefit Employee \$19. Solstice Dental EPO S700B Four Employee \$15. Solstice Dental EPO S800B Four S15. Employee \$15. Solstice Dental EPO S800B Four S16. Employee \$12. Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, ch	ur Tier 16.35 32.82 33.97 50.32 ur Tier 19.31 38.61 42.43 61.74 ur Tier 15.87
Guardian Managed DentalGuard DHMO Four \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$16. No annual maximum on the plan and offers fixed patient charges for basic and major services Family \$32.1 Orthodontia benefit Four \$33.3 Family \$50.0 Quardian Managed DentalGuard DHMO Plus Four Four \$50.00 Four \$50.00 \$	16.35 32.82 33.97 50.32 ur Tier 19.31 38.61 42.43 61.74 ur Tier 15.87
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$16. No annual maximum on the plan and offers fixed patient charges for basic and major services Emp/Child(ren) \$32. No deductible Orthodontia benefit Emp/Child(ren) \$33. Guardian Managed DentalGuard DHMO Plus Four Four \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$19. No deductible Orthodontia benefit Employee \$19. No deductible Orthodontia benefit Employee \$19. Solstice Dental EPO S700B Four Employee \$15. Solstice Dental EPO S800B Four S15. Employee \$15. Solstice Dental EPO S800B Four S16. Employee \$12. Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, ch	16.35 32.82 33.97 50.32 ur Tier 19.31 38.61 42.43 61.74 ur Tier 15.87
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$32. No annual maximum on the plan and offers fixed patient charges for basic and major services Family \$52. Orthodontia benefit Family \$55. Sto copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only). Emp/Spouse \$33. No andual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plus Emp/Spouse \$38. No andual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plus Emp/Child(ren) \$42. Solectice Dental EPO STOOB Four Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$33. No deductible Orthodontia treatment covered Four \$42. \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31. Cosmetic and on specialist referrals Four \$50. \$50. \$50. No deductible, no calendar year maximum \$50. \$50. \$50. \$50.<	32.82 33.97 50.32 ur Tier 19.31 38.61 42.43 661.74 ur Tier 15.87
No annual maximum on the plan and offers fixed patient charges for basic and major services Emp/Spouse \$32. No adductible Orthodontia benefit Emp/Child(ren) \$33. Guardian Managed DentalGuard DHMO Plus Four Four \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$38. No adeductible Orthodontia benefit Emp/Child(ren) \$33. No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan Emp/Spouse \$38. No adeductible Orthodontia benefit Emp/Child(ren) \$42. Solstice Dental EPO S700B Four Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31. No adeuctible, no calendar year maximum Emp/Spouse \$31. Cosmetic and orthodontia treatment covered Emp/Spouse \$31. 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 \$31. Open access and no specialist referrals S	33.97 50.32 ur Tier 19.31 38.61 42.43 661.74 ur Tier 15.87
Orthodontia benefit Emp/Critic(ter) \$333. Guardian Managed DentalGuard DHMO Plus Four \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$19. No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan Employee \$38. No deductible Orthodontia benefit Employee \$38. Solstice Dental EPO S700B Four Employee \$15. Solstice Dental EPO S700B Four Employee \$15. Solstice Dental EPO S700B Four \$50. \$50. \$50. Solstice Dental EPO S700B Four \$50. \$50. \$50. \$50. Open access and no specialist referrals No deductible, no calendary sear maximum \$50. \$50. \$50. \$50. \$50. Solstice Dental EPO S800B Four \$50. <t< td=""><td>550.32 ur Tier 19.31 38.61 42.43 661.74 ur Tier 15.87</td></t<>	550.32 ur Tier 19.31 38.61 42.43 661.74 ur Tier 15.87
Guardian Managed DentalGuard DHMO Plus Four \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$19. No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan Emp/Spouse \$38. No deductible Orthodontia benefit Four Emp/Spouse \$38. Solstice Dental EPO S700B Four Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$15. Open access and no specialist referrals Ko deductible, no calendar year maximum Emp/Child(ren) \$36. Cosmetic and orthodontia treatment covered Implant benefit Employee \$11. Solstice Dental EPO S800B Four Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$15. Open access and no specialist referrals Four \$30. \$30. No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Employee \$12. Implant benefit Cosmetic and orthodontia treatment covered Employee \$12.	ur Tier 19.31 38.61 42.43 61.74 ur Tier 15.87
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$19. No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan Emp/Spouse \$38. No deductible Orthodontia benefit Family \$61. Solstice Dental EPO S700B Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$15. Copen access and no specialist referrals No deductible, no calendar year maximum Emp/Child(ren) \$36. Cosmetic and orthodontia treatment covered Implant benefit Employee \$11. Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$15. Cosmetic and orthodontia treatment covered Emp/Child(ren) \$36. Implant benefit Four \$30. \$30. So copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12. Cosmetic and orthodontia treatment covered Employee \$12. No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered </td <td>19.31 38.61 42.43 61.74 ur Tier 15.87</td>	19.31 38.61 42.43 61.74 ur Tier 15.87
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$38. No deductible Orthodontia benefit Emp/Child(ren) \$42. Sole Family \$61. Sole Copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Child(ren) \$42. Sole Four Four \$61. Sole Copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31. Open access and no specialist referrals No deductible, no calendar year maximum Emp/Child(ren) \$32. Cosmetic and orthodontia treatment covered Implant benefit Four \$30. Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31. Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Four \$30. Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$32. Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes c	38.61 42.43 61.74 ur Tier 15.87
No annual maximum, the Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan Emp/Spouse \$33. No deductible Orthodontia benefit Emp/Child(ren) \$42. Solstice Dental EPO S700B Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31. Open access and no specialist referrals No deductible, no calendar year maximum Emp/Child(ren) \$31. Cosmetic and orthodontia treatment covered Emp/Spouse \$31. Implant benefit Family \$50. Solstice Dental EPO S800B Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31. Solstice Dental EPO S800B Four Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12. Open access and no specialist referrals No deductible, no calendar year maximum Employee \$12. \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12. Open access and no specialist referr	642.43 661.74 ur Tier 615.87
Orthodontia benefitEmploymentEmploymentSolstice Dental EPO S700BFour\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)Employee\$15.1Open access and no specialist referralsEmp/Child(ren)\$36.1No deductible, no calendar year maximumEmp/Child(ren)\$36.1Cosmetic and orthodontia treatment coveredFamily\$50.1Implant benefitFamily\$50.1Solstice Dental EPO S800BFour\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)Employee\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)Employee\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)Employee\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)Employee\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)Employee\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)Employee\$1.1Cosmetic and orthodontia treatment coveredEmployeeImplant benefitFamily\$38.1UnitedHealthcare Select Managed CareFour	61.74 ur Tier 15.87
Solstice Dental EPO S700B Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$15.3 Open access and no specialist referrals Emp/Spouse \$31.1 No deductible, no calendar year maximum Emp/Child(ren) \$36.1 Cosmetic and orthodontia treatment covered Emp/Child(ren) \$36.1 Implant benefit Four \$50.5 Solstice Dental EPO S800B Four \$12.4 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.4 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.4 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.4 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.4 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.4 \$0 cosmetic and orthodontia treatment covered Implant benefit Emp/Child(ren) \$27.4	ur Tier 15.87
\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$15.1 0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31.1 0 cosmetic and orthodontia treatment covered Emp/Child(ren) \$36.1 1 implant benefit Four Solstice Dental EPO S800B Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.1 0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.1 0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.1 0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.1 0 copa access and no specialist referrals No deductible, no calendar year maximum Employee \$12.1 1 mplant benefit Cosmetic and orthodontia treatment covered Emp/Child(ren) \$27.2 1 mplant benefit Family \$38.3 JniitedHealthcare Select Managed Care Four <td>15.87</td>	15.87
\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$31. Emp/Child(ren) \$36.0 Implant benefit Family \$50.5 Sol copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Child(ren) \$36.0 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.0 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.0 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.0 \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse \$24.0 \$0 cosmetic and orthodontia treatment covered Emp/Child(ren) \$27.0 Implant benefit Family \$38.0 UnitedHealthcare Select Managed Care Four	
No deductible, no calendar year maximum Emp/Child(ren) \$0. Cosmetic and orthodontia treatment covered Emp/Child(ren) \$36. Implant benefit Family \$50. Solstice Dental EPO S800B Four Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.0 Open access and no specialist referrals No deductible, no calendar year maximum Emp/Child(ren) \$24.0 Cosmetic and orthodontia treatment covered Emp/Child(ren) \$27.0 Implant benefit Family \$38.3 UnitedHealthcare Select Managed Care Four	
Cosmetic and orthodontia treatment covered Emp/Child(ren) \$36. Implant benefit Family \$50. Solstice Dental EPO S800B Four Four \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12.0 Open access and no specialist referrals Emp/Spouse \$24.0 No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Emp/Child(ren) \$27.0 Implant benefit Family \$38.0 UnitedHealthcare Select Managed Care Four Four	31.74
Family \$50.3 Solstice Dental EPO S800B Four • \$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12. • Open access and no specialist referrals Emp/Spouse \$24. • No deductible, no calendar year maximum Emp/Child(ren) \$27. • Implant benefit Family \$38. UnitedHealthcare Select Managed Care Four	36.07
\$0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee \$12. Open access and no specialist referrals No deductible, no calendar year maximum Emp/Child(ren) \$27. Cosmetic and orthodontia treatment covered Implant benefit Family \$38. UniitedHealthcare Select Managed Care Four	50.50
Sto copay for primary care onice visit (includes a cleaning, if set of x-rays, checkup and 2nd visit includes cleaning only) Emp/Spouse Open access and no specialist referrals Emp/Spouse \$24. No deductible, no calendar year maximum Emp/Child(ren) \$27. Cosmetic and orthodontia treatment covered Family \$38. UniitedHealthcare Select Managed Care Four	ur Tier
Open access and no specialist referrals Emp/Spouse \$24. No deductible, no calendar year maximum Emp/Child(ren) \$27. Cosmetic and orthodontia treatment covered Emp/Child(ren) \$27. Implant benefit Family \$38. UniitedHealthcare Select Managed Care Four	12.06
Cosmetic and orthodontia treatment covered Emp/Child(ren) \$27.4 Implant benefit Family \$38.3 UniitedHealthcare Select Managed Care Four	24.11
JniitedHealthcare Select Managed Care Four	27.40
	38.36
	ur Tier
	16.16
No deductible No annual calendar maximum Spouse \$28.3	28.36
 No waiting period Reasonable copayment charges apply for basic and major services 	35.02
	44.52
Dental Package 2 - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excluding dental waivers.	
Guardian Managed DentalGuard DHMO Four	ur Tier
	16.35
 \$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 	32.82
	33.97
	50.32
Guardian DentalGuard Preferred PPO MAC Four	
No referrals needed to see a specialist Employee \$45.	ur Her
Out-of-area emergency coverage \$96.:	ur Her 45.86
\$50 deductible for In-Network services/\$75 deductible for Out-of-Network services Annual maximum of \$1.000 In-Network-rollover \$87.1	
Implant benefit Family \$140.	45.86

 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 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



Monthly Rates for Effective Date - 7/1/2019, 8/1/2019, 9/1/2019

Dental continued...

Dental Package 3 - Guardian Managed DentalGuard DHMO Plus and Guardian DentalGuard Preferred F	PO Plus MAC. 1	There is 75%
participation, excluding dental waivers. Guardian Managed DentalGuard DHMO <i>Plus</i>		Four Tier
	Employee	\$19.31
\$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only)	Emp/Spouse	\$38.61
No annual maximum, the <i>Plus</i> plan offers a lower fixed patient charges for basic and major services than the standard DMO plan No deductible		\$42.43
Orthodontia benefit	Emp/Child(ren) Family	\$61.74
Guardian DentalGuard Preferred PPO <i>Plus</i> MAC		Four Tier
No referrals are needed to see a specialist	Employee	\$52.45
Out-of-area emergency coverage	Emp/Spouse	\$110.44
 \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,500 In-Network-rollover 	Emp/Child(ren)	\$100.71
Implant benefit	Family	\$160.90
Dental Package 4 - Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO and S MAC. There is no minimum participation.	olstice Dental Va	lue PPO
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 	Employee	\$15.87
	Emp/Spouse	\$31.74
	Emp/Child(ren)	\$36.07
Implant benefit	Family	\$50.50
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	\$12.06
 Open access and no specialist referrals No deductible, no calendar year maximum 	Emp/Spouse	\$24.11
Cosmetic and orthodontia treatment covered	Emp/Child(ren)	\$27.40
Implant benefit	Family	\$38.36
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 	Emp/Spouse	\$105.14
 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) 	Emp/Spouse	\$68.24
 \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services 	Emp/Child(ren)	\$73.31
 Annual maximum of \$1,000 	Family	\$106.03

 Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.

 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: Et \$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



Monthly Rates for Effective Date - 7/1/2019, 8/1/2019, 9/1/2019

Dental continued		
Dental Package 5 - UnitedHealthcare Select Managed Care, UnitedHealthcare Low PPO MAC and Unite MAC. There is a two enrolled minimum participation.	edHealthcare Hig	gh PPO
UnitedHealthcare Select Managed Care		Four Tier
• 1 cleaning per consecutive 6 months	Employee	\$16.16
 No deductible No annual calendar maximum 	Emp/Spouse	\$28.36
 No waiting period Reasonable copayment charges apply for basic and major services 	Emp/Child(ren)	\$35.02
 Implant benefit 	Family	\$44.52
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		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 	Emp/Spouse	\$106.21
 Dut-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
Dental Package 6 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a t participation.	wo enrolled min	imum
UnitedHealthcare INO 100/50/50		Four Tier
 2 cleanings per consecutive 12 months No referrals to see a specialist 	Employee	\$24.99
 No waiting period \$50 deductible /\$150 deductible family (calendar year) 	Emp/Spouse	\$49.98
 \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary 	Emp/Child(ren)	\$52.65
 Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Family	\$81.32
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
 Freventive and diagnostic cale like exams, cleanings and x-rays wort apply to the annual maximum \$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 	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/ This is a summary of plan information. Please refer to the Elicibility Guidelines for further information.	Spouse and Family.	

 Rates are subject to final vertication at the time of enrolment. 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 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



Monthly Rates for Effective Date - 7/1/2019, 8/1/2019, 9/1/2019

Vision		
<u>ision Package 1</u> – Guardian VisionGuard, Solstice Vision PPO and UnitedHealthcare Visi xcluding vision waivers.	ion PPO. There is a 20% par	ticipation,
uardian VisionGuard		Four Tier
	Employee	\$6.93
\$10 copay for an exam every 12 months	Emp/Spouse	\$10.62
\$25 copay for materials every 24 months Davis Vision In-Network and Out-of-Network access as well	Emp/Child(ren)	\$10.80
Davis Vision In-Network and Out-of-Network access as well	Family	\$16.23
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	\$12.39
\$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well	Emp/Child(ren)	\$15.00 \$18.61
nitedHealthcare Vision PPO	Family	Four Tier
	Employee	\$6.69
\$10 copay for an exam every 12 months	Emp/Spouse	
\$25 copay for material every 12 months		\$11.34
Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.04
	Family	\$17.73
ision Package 2 – Solstice Vision PPO and UnitedHealthcare Vision PPO. There is no mi	nimum 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	\$12.39
\$25 copay for frames every 24 months	Emp/Child(ren)	\$15.00
Davis Vision In-Network; Out-of-Network access as well	Family	\$18.61
InitedHealthcare Vision PPO		Four Tier
	Employee	\$6.69
\$10 copay for an exam every 12 months	Emp/Spouse	\$11.34
\$25 copay for material every 12 months Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.04
Specia Lyccare networks, Out-of-Network access as well	Family	\$17.73
ision Package 3 – Guardian VisionGuard 20% participation, excluding vision waivers	,	•••••
		E Tier
uardian VisionGuard		Four Tier
\$10 concutor an even over 12 menths	Employee	\$6.93
\$10 copay for an exam every 12 months \$25 copay for materials every 24 months	Emp/Spouse	\$10.62
Davis Vision In-Network and Out-of-Network access as well	Emp/Child(ren)	\$10.80
	Family	\$16.23
ision Package 4 – Solstice Vision PPO no minimum participation		
olstice Vision PPO		Four Tier
\$10 consultar on even even 12 menths	Employee	\$7.72
\$10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 12 months	Emp/Spouse	\$12.39
\$25 copay for frames every 24 months	Emp/Child(ren)	\$15.00
Davis Vision In-Network; Out-of-Network access as well	Family	\$18.61
ision Package 5 - UnitedHealthcare Vision PPO no minimum participation		
nitedHealthcare Vision PPO		Four Tie
	Face laws	Four Tie
\$10 concutor an even 12 months	Employee	\$6.69
\$10 copay for an exam every 12 months \$25 copay for material every 12 months	Emp/Spouse	\$11.34
Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.04

This is a summary or part information. Please refer to the cligonity Gudenites 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



Monthly Rates for Effective Date - 7/1/2019, 8/1/2019, 9/1/2019

erGuard - No minimum participation	Employee Ages	Three Tie
	18-39	\$13.50
\$1,000 per month of disability income \$25,000 of Term Life Insurance	40-54	
\$75,000 of Accidental Death & Dismemberment Insurance Guaranteed Issued		\$26.00
	55+	\$48.50
erGuard <i>Plus</i> - No minimum participation	Employee Ages	Three Tie
\$1,500 per month of disability income \$50,000 of Term Life Insurance	18-39	\$21.50
\$100,000 of Accidental Death & Dismemberment Insurance	40-54	\$39.50
Guaranteed Issued	55+	\$75.50
ccident		
ardian AccidentGuard Adv - No minimum participation		Four Tie
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	Emp/Child(ren)	\$23.81
Household expenses towards rent, mortgage and/or food		
Injury-related modifications to your home and/or auto	Family	\$33.61
Theft		
oArmor PrivacyArmor - No minimum participation		Two Tie
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
	Family	\$13.95
Armor PrivacyArmor Plus - No minimum participation		Two Tie
InfoArmor PrivacyArmor Plus plan includes all of the PrivacyArmor plan with added features Tri-bureau credit alerts and unlimited credit reports from TransUnion	Employee	\$9.95
n-app Credit Lock	Emp/Spouse	n/a
IP address Monitoring 401(k) and HSA stolen fund reimbursement	Emp/Child(ren)	n/a
Tax fraud refund advances	Family	\$17.95
Lock Benefit Elite - No minimum participation		Four Tie
LifeLock Identity Alert System	Employee	\$7.74
Lost Wallet Protection Address Change Verification	Emp/Spouse	\$15.48
Black Market Website Surveillance Checking and Savings Account Activity Alerts	Emp/Child(ren)	\$13.55
Stolen Fund Reimbursement: Up to \$1 Million	Family	\$21.30
Lock Ultimate Plus™ - No minimum participation		Four Tie
Ultimate Plus™ plan includes all of the Benefit Elite plan with added features	Employee	\$23.24
Checking & Savings Account Application Alerts Bank Account Takeover Alerts	Emp/Spouse	\$46.48
Online Annual tri-bureau credit reports & scores	Emp/Child(ren)	\$32.93
Monthly Credit Score Tracking		

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 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