

Monthly Rates for Effective Date - 1/1/2023, 2/1/2023, 3/1/2023

Dental

<u>Dental Package 1</u> - All Carriers (In-Network plans only) Guardian Managed DentalGuard DHMO, Guardian Managed DentalGuard DHMO *Plus,* Solstice Dental EPO S700B, Solstice Dental EPO S800B and UnitedHealthcare Select Managed Care. There is no minimum participation.

Family \$53 Guardian Managed DentalGuard DHMO Plus \$5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) No deductible Orthodontia benefit \$50 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Solstice Dental EPO S700B \$50 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 via implant network provider only \$50 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 Solstice Dental EPO S800B \$50 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 Solstice Dental EPO S800B \$50 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 Solution Dental EPO S800B \$50 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 Solution Dental EPO S800B \$50 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 Solution Dental EPO S800B \$50 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 Solution Dental EPO S800B \$50 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 Solution Dental EPO S800B \$50 copay for primary care office	7.85 5.07 5.22 3.32 Tier 0.81 0.86 4.74 Tier 7.37
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 on the plan and offers fixed patient charges for basic and major services Orthodontia benefit S5 copay for each primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) 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) Family S4 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 via implant network provider only 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 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 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 via implant network provider only Implant benefit via implant network provider only	5.07 5.22 3.32 • Tier 9.81 9.86 4.68 4.74 • Tier
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Orthodontia benefit 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 S0lstice 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 via implant network provider only S0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Family S3 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 No 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 via implant network provider only Family S3 Emp/Spouse Emp/Child(ren) S29 Family S41	3.32 Tier 0.81 0.86 4.68 4.74 Tier
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 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 via implant network provider only S0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Family S13 Family S5 Solstice Dental EPO S800B Emp/Child(ren) 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 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 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 S0 copay for primary care office visit (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee S13 Emp/Spouse S26 Emp/Child(ren) S29 Emp/Child(ren) S29 Emp/Child(ren) S29 Family S41	7.37
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\$ 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 Plus plan offers a lower fixed patient charges for basic and major services than the standard DHMO plan No deductible Orthodontia benefit Emp/Spouse \$40	0.86 1.68 1.74 Tier 7.37
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 via implant network provider only Solstice Dental EPO S800B Solstice Dental EPO S800B Solstice Dental EPO Security (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 Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only Solstice Dental EPO Security (includes a cleaning, 1 set of x-rays, checkup and 2nd visit includes cleaning only) Employee Standard DHMO Plan Employee	1.68 1.74 Tier 7.37
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 via implant network provider only 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) 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 via implant network provider only Implant benefit via implant network provider only	1.74 Tier 7.37
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Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only 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) Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only Employee \$13 Emp/Spouse \$26 Emp/Child(ren) \$29 Family \$41	.99
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) Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only Family \$353 Employee \$13 Emp/Spouse \$26 Emp/Child(ren) \$29 Family \$41	3.32
\$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 via implant network provider only Employee \$13	.50
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Open access and no specialist referrals No deductible, no calendar year maximum Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only Emp/Child(ren) \$29 Family \$41	.56
 Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only Family \$29 Family \$41	6.36
Family \$41	9.65
	1.36
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	7.27
	7.52
<u>Dental Package 2</u> - Guardian Managed DentalGuard DHMO and Guardian DentalGuard Preferred PPO MAC. There is 75% participation, excludental waivers.	luding
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) 	'.85
No annual maximum on the plan and offers fixed patient charges for basic and major services Emp/Spouse \$35	5.07
 No deductible Orthodontia benefit Emp/Child(ren) \$36 	
Family \$53	6.22
Guardian DentalGuard Preferred PPO MAC Four	
	3.22 3.32
No referrals needed to see a specialist	3.22 3.32
 No referrals needed to see a specialist Out-of-area emergency coverage Emp/Spouse \$96 	3.22 3.32 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 	3.32 Tier 5.86

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 \$2.25, 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 3</u> - Guardian Managed DentalGuard DHMO <i>Plus</i> and Guardian DentalGuard Preferred PPO <i>Plus</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
	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 \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services	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 Dental EPO solstice Dental PPO and Solstic	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)	Employee	\$17.37
Open access and no specialist referrals No deductible, no calendar year maximum	Emp/Spouse	\$33.99
Cosmetic and orthodontia treatment covered Implant benefit via implant network provider only	Emp/Child(ren)	\$38.32
Implant benefit via implant network provider only	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 Cosmetic and orthodontia treatment covered 	Emp/Spouse	\$26.36
	Emp/Child(ren)	\$29.65
Implant benefit via implant network provider only	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 	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

Family

\$106.03

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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 \$2.25, 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

Annual maximum of \$1,000



Dental continued...

Ancillary & Additional Products Monthly Rate Sheet

Monthly Rates for Effective Date - 1/1/2023, 2/1/2023, 3/1/2023

<u>Dental Package 5</u> - UnitedHealthcare Select Managed Care, UnitedHealthcare Low PPO MAC and UnitedHeal enrolled minimum participation.	thcare High PPO MA	C. There is a two
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		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)	Emp/Spouse	\$106.21
 \$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 	Emp/Child(ren)	\$104.84
 Implant and orthodontic benefits Consumer MaxMultiplier[®] rewards for dental care by adding dollars to next year's maximum 	. , ,	
general mannanghar romand or contained by detailing contained to not your or mannan.	Family	\$164.73
Dental Package 6 - UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC. There is a two en	olled minimum partici	pation.
UnitedHealthcare INO 100/50/50		Four Tier
2 cleanings per consecutive 12 months No referrals to see a specialist	Employee	\$26.49
No vaiting period \$50 deductible \$150 deductible family (calendar year)	Emp/Spouse	\$52.23
\$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary	Emp/Child(ren)	\$54.90
Implant and orthodontic benefits	. , ,	****
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	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
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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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/ision		
<u>Ision Package 1</u> – Guardian VisionGuard, Solstice Vision PPO and UnitedHealthcare Vision PPO. There	is a 20% participation with	Guardian
isionGuard, excluding vision waivers.		
Suardian 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
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	7	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
	Family	\$19.23
<u>sion Package 2</u> – Solstice Vision PPO and UnitedHealthcare Vision PPO. There is no minimum participa	ition.	
Istice 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	Family	\$20.11
nitedHealthcare Vision PPO	runny	Four Tier
illed realtricate vision FFO	Employee	\$6.69
\$10 copay for an exam every 12 months		•
\$25 copay for materials every 12 months	Emp/Spouse	\$12.09
Spectra Eyecare Networks; Out-of-Network access as well	Emp/Child(ren)	\$13.79
	Family	\$19.23
<u>sion Package 3</u> – Guardian VisionGuard 20% participation, excluding vision waivers		
uardian VisionGuard		Four Tier
	Employee	\$6.93
\$10 copay for an exam every 12 months	Emp/Spouse	\$11.37
\$25 copay for materials every 24 months Davis Vision In-Network and Out-of-Network access as well	Emp/Child(ren)	\$11.55
	Family	\$17.73
sion Package 4 – Solstice Vision PPO no minimum participation	. ,	•
		F
Ilstice 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
	Family	\$20.11
sion Package 5 - UnitedHealthcare Vision PPO no minimum participation		
itedHealthcare 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
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 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



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FSA & Commuter Benefits		
OCA - 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		
EverGuard - 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
everGuard <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
Accident		
Guardian 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
D Theft		
Ilstate 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
	Family	\$13.95
Ilstate 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
	Family	\$17.95
ifeLock Benefit Elite - No minimum participation	Employee	Four Tier \$7.74
LifeLock Identity Alert System Lost Wallet Protection	Employee Emp/Spouse	\$15.48
Address Change Verification Black Market Website Surveillance		\$13.46
Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million	Emp/Child(ren)	
	Family	\$21.30
ifeLock Ultimate Plus™ - No minimum participation Ultimate Plus™ plan includes all of the Benefit Elite plan with added features	Employee	Four Tier \$23.24
Checking & Savings Account Application Alerts	Emp/Spouse	\$46.48
Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores	Emp/Child(ren)	\$32.93
Monthly Credit Score Tracking Sex Offender Registry Reports	Family	\$52.93 \$56.17
Pet Benefit Solutions	. anny	400.11
otal Pet Plan (discount plan bundle) - No minimum participation		Two Tier
Pet Assure (any type of pet) - 25% discount from participating vets in US and PR, applies to all in-house medical services	Single Pet	\$11.75
PetPlus (dogs & cats only) - 40% discount on everyday pet products, Rx and preventatives AskVet (dogs & cats only) - 24/7 Pet Telehealth	Foreily Det (C)	640.50
• ThePetTag (dogs & cats only) - 24/7 Lost Pet Recovery Service ates 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	Family Pet (2+)	\$18.50

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 \$2.52, 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