



Ancillary & Additional Products Monthly Rate Sheet

Rates for Effective Date - 7/1/2018, 8/1/2018, 9/1/2018

Dental			
Guardian Managed DentalGuard (DMO) - No minimum participation		Two Tier	Four Tier
<ul style="list-style-type: none"> \$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 No deductible Orthodontia benefit 	Employee	\$16.35	\$16.35
	Emp/Spouse	n/a	\$32.82
	Emp/Child(ren)	n/a	\$33.97
	Family	\$43.27	\$50.32
Guardian DentalGuard Preferred (Dual Option DMO/PPO) - 75% participation, excluding dental waivers			
<ul style="list-style-type: none"> 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 Implant benefit 	Employee	\$45.86	\$45.86
	Emp/Spouse	n/a	\$96.37
	Emp/Child(ren)	n/a	\$87.86
	Family	\$123.58	\$140.40
Guardian Managed DentalGuard Plus (DMO Plus) - No minimum participation			
<ul style="list-style-type: none"> \$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 No deductible Orthodontia benefit 	Employee	\$19.31	\$19.31
	Emp/Spouse	n/a	\$38.61
	Emp/Child(ren)	n/a	\$42.43
	Family	\$51.11	\$61.74
Guardian DentalGuard Preferred Plus (Dual Option DMO Plus/PPO Plus) - 75% participation, excluding dental waivers			
<ul style="list-style-type: none"> No referrals are needed to see a specialist Out-of-area emergency coverage \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,500 In-Network-rollover Implant benefit 	Employee	\$52.45	\$52.45
	Emp/Spouse	n/a	\$110.44
	Emp/Child(ren)	n/a	\$100.71
	Family	\$141.05	\$160.90
Solstice Dental EPO - No minimum participation		Four Tier	
<ul style="list-style-type: none"> \$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 Orthodontia benefit Implant benefit 	Employee	\$18.83	
	Emp/Spouse	\$32.95	
	Emp/Child(ren)	\$40.80	
	Family	\$51.78	
Solstice Dental Value EPO - No minimum participation		Four Tier	
<ul style="list-style-type: none"> \$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 Orthodontia benefit 	Employee	\$15.54	
	Emp/Spouse	\$27.20	
	Emp/Child(ren)	\$33.67	
	Family	\$42.74	
Solstice Dental PPO - No minimum participation		Four Tier	
<ul style="list-style-type: none"> Includes 4 cleanings in any 12 consecutive months No referrals needed to see a specialist \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$2,000 Implant benefit 	Employee	\$58.90	
	Emp/Spouse	\$105.14	
	Emp/Child(ren)	\$124.07	
	Family	\$163.04	
Solstice Dental Value PPO MAC - No minimum participation		Four Tier	
<ul style="list-style-type: none"> No referrals needed to see a specialist Out-of-Network reimbursement is MAC \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services Annual maximum of \$1,000 	Employee	\$34.25	
	Emp/Spouse	\$68.24	
	Emp/Child(ren)	\$73.31	
	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.

The following billing and administrative fees apply to the following products:

- Dental PPO Plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$16.50, Family \$26.50
- Vision plans: \$1.50
- Guardian EverGuard & EverGuard Plus plans: \$3.50
- Guardian AccidentGuard Adv plan: EE \$2.50, EE/Spouse \$3.50, EE+Child(ren) \$3.50, Family \$5.50



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Dental Continued

UnitedHealthcare Select Managed Care - No minimum participation		Four Tier	
<ul style="list-style-type: none"> No deductible No annual calendar maximum No waiting period 1 cleaning per consecutive 6 months Reasonable copayment charges apply for basic and major services Implant benefit 	Employee		\$16.16
	Emp/Spouse		\$28.36
	Emp/Child(ren)		\$35.02
	Family		\$44.52
UnitedHealthcare INO 100/50/50 - (Dual Option INO/High PPO MAC) 2 enrolled minimum			
<ul style="list-style-type: none"> No referrals to see a specialist 2 cleanings per consecutive 12 months No waiting period \$50 deductible /\$150 deductible family (calendar year) \$1,000 annual maximum Includes Out-of-Network emergency treatment, if necessary Implant and orthodontic benefits Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee		\$24.99
	Emp/Spouse		\$49.98
	Emp/Child(ren)		\$52.65
	Family		\$81.32
UnitedHealthcare Low PPO MAC - (Tri Option Select Managed Care/Low PPO MAC/High PPO MAC) 2 enrolled minimum			
<ul style="list-style-type: none"> No referrals to see a specialist \$50 deductible /\$75 deductible family (calendar year) \$1,000 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 Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee		\$45.35
	Emp/Spouse		\$90.46
	Emp/Child(ren)		\$91.13
	Family		\$142.37
UnitedHealthcare High PPO MAC - (Dual Option INO/High PPO MAC) or (Tri Option Select Managed Care/Low PPO MAC/High PPO MAC) 2 enrolled minimum			
<ul style="list-style-type: none"> 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) \$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 Consumer MaxMultiplier® rewards for dental care by adding dollars to next year's maximum 	Employee		\$52.23
	Emp/Spouse		\$106.21
	Emp/Child(ren)		\$104.84
	Family		\$164.73

Vision

Guardian VisionGuard - 20% participation, excluding vision waivers		Two Tier	Four Tier
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for materials every 24 months Davis Vision In-Network and Out-of-Network access as well 	Employee	\$6.93	\$6.93
	Emp/Spouse	n/a	\$10.62
	Emp/Child(ren)	n/a	\$10.80
	Family	\$13.17	\$16.23
Solstice Vision PPO - No minimum participation		Four Tier	
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for lenses & contact lenses every 12 months \$25 copay for frames every 24 months Davis Vision In-Network; Out-of-Network access as well 	Employee		\$7.72
	Emp/Spouse		\$12.39
	Emp/Child(ren)		\$15.00
	Family		\$18.61
UnitedHealthcare Vision PPO - No minimum participation			
<ul style="list-style-type: none"> \$10 copay for an exam every 12 months \$25 copay for material every 12 months Spectra Eyecare Networks; Out-of-Network access as well 	Employee		\$6.69
	Emp/Spouse		\$11.34
	Emp/Child(ren)		\$13.04
	Family		\$17.73

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Bundled Life & Disability		
EverGuard - No minimum participation	Employee Ages	Three Tier
<ul style="list-style-type: none"> \$1,000 per month of disability income \$25,000 of Term Life Insurance \$75,000 of Accidental Death & Dismemberment Insurance Guaranteed Issued 	18-39	\$13.50
	40-54	\$26.00
	55+	\$48.50
EverGuard Plus - No minimum participation	Employee Ages	Three Tier
<ul style="list-style-type: none"> \$1,500 per month of disability income \$50,000 of Term Life Insurance \$100,000 of Accidental Death & Dismemberment Insurance Guaranteed Issued 	18-39	\$21.50
	40-54	\$39.50
	55+	\$75.50

Accident		
Guardian AccidentGuard Adv - No minimum participation		Four Tier
<ul style="list-style-type: none"> Emergency room and urgent care facility treatment Hospital admission and confinement as well as ICU Occupational or physical therapy Transportation such as ambulance and air ambulance X-rays Houshold expenses towards rent, mortgage and/or food Injury-related modifications to your home and/or auto 	Employee	\$14.83
	Emp/Spouse	\$23.63
	Emp/Child(ren)	\$23.81
	Family	\$33.61

ID Theft		
InfoArmor PrivacyArmor Essential - No minimum participation		Two Tier
<ul style="list-style-type: none"> Protects ID theft by actively monitoring and notifying employees of suspicious activity through credit monitoring by TransUnion Manages & preserves online reputations by monitoring common social accounts for everyone in the family Manages identity restoration Reduces unwanted credit card solicitation 	Employee	\$7.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$13.95
InfoArmor PrivacyArmor Plus - No minimum participation		Two Tier
<ul style="list-style-type: none"> Protects ID theft by actively monitoring and notifying employees of suspicious activity through tri-bureau credit monitoring Manages & preserves online reputations by monitoring common social accounts for everyone in the family Manages identity restoration Reduces unwanted credit card solicitation Expanded data sources & proactive alerts: Alerts for transactions that do not typically appear on a credit file 	Employee	\$9.95
	Emp/Spouse	n/a
	Emp/Child(ren)	n/a
	Family	\$17.95
LifeLock Benefit Elite - No minimum participation		Four Tier
<ul style="list-style-type: none"> LifeLock Identity Alert System Lost Wallet Protection Address Change Verification Black Market Website Surveillance Checking and Savings Account Activity Alerts Stolen Fund Reimbursement: Up to \$1 Million 	Employee	\$7.74
	Emp/Spouse	\$15.48
	Emp/Child(ren)	\$13.55
	Family	\$21.30
LifeLock Ultimate Plus™ - No minimum participation		Four Tier
<ul style="list-style-type: none"> Ultimate Plus™ plan includes all of the Benefit Elite plan with added features Checking & Savings Account Application Alerts Bank Account Takeover Alerts Online Annual tri-bureau credit reports & scores Monthly Credit Score Tracking Sex Offender Registry Reports 	Employee	\$23.24
	Emp/Spouse	\$46.48
	Emp/Child(ren)	\$32.93
	Family	\$56.17

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