

2026 EMPLOYEE BENEFITS PACKAGE

DELUXE

30 DAY WAITING PERIOD

Medical Plans

- UMR Select EPO
- UMR Preferred PPO
- UMR Choice PPO

Dental: No cost to client. Employee paid.

Vision: No cost to client. Employee paid.

MEDICAL - CLIENT PAYS 85% OF LOWEST COST PLAN (EPO 1500)

SELECT EPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$517.00	\$90.81	\$20.96
EE + Spouse	\$517.00	\$698.60	\$161.22
EE + Child(ren)	\$517.00	\$668.22	\$154.20
EE + Family	\$517.00	\$1,192.70	\$275.24

PREFERRED PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$517.00	\$254.70	\$58.78
EE + Spouse	\$517.00	\$1,026.39	\$236.86
EE + Child(ren)	\$517.00	\$987.80	\$227.95
EE + Family	\$517.00	\$1,898.41	\$438.09

CHOICE PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$517.00	\$130.16	\$30.04
EE + Spouse	\$517.00	\$777.35	\$179.39
EE + Child(ren)	\$517.00	\$726.78	\$167.72
EE + Family	\$517.00	\$1,508.64	\$348.15

DENTAL - EMPLOYEE PAID

NO COST TO CLIENT

Dental HMO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$0.00	\$12.14	\$2.84
EE + Spouse	\$0.00	\$23.06	\$5.40
EE + Child(ren)	\$0.00	\$25.50	\$5.97
EE + Family	\$0.00	\$34.00	\$7.96

Dental PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$0.00	\$39.99	\$9.23
EE + Spouse	\$0.00	\$80.18	\$18.50
EE + Child(ren)	\$0.00	\$97.89	\$22.59
EE + Family	\$0.00	\$143.86	\$33.20

VISION - PAID BY WORKER

NO COST TO CLIENT

VSP Vision	Client Cost	EE Monthly	EE Weekly
Employee Only	\$0.00	\$10.19	\$2.35
EE + Spouse	\$0.00	\$17.43	\$4.02
EE + Child(ren)	\$0.00	\$17.78	\$4.10
EE + Family	\$0.00	\$28.70	\$6.62

EE = Employee

EE Monthly = Employee Monthly Cost

EE Weekly = Employee Weekly Cost