

2026 EMPLOYEE BENEFITS PACKAGE

PREMIUM

30 DAY WAITING PERIOD

CLIENT PAYS 100% OF MEDICAL, DENTAL, AND VISION

Medical Plans

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

Dental: Cigna HMO (CA) or PPO

Vision: VSP Vision

MEDICAL - 100% PAID BY CLIENT

SELECT EPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$607.81	\$0.00	\$0.00
EE + Spouse	\$1,215.60	\$0.00	\$0.00
EE + Child(ren)	\$1,185.22	\$0.00	\$0.00
EE + Family	\$1,709.70	\$0.00	\$0.00

PREFERRED PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$771.70	\$0.00	\$0.00
EE + Spouse	\$1,543.39	\$0.00	\$0.00
EE + Child(ren)	\$1,504.80	\$0.00	\$0.00
EE + Family	\$2,415.41	\$0.00	\$0.00

CHOICE PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$647.16	\$0.00	\$0.00
EE + Spouse	\$1,294.35	\$0.00	\$0.00
EE + Child(ren)	\$1,243.78	\$0.00	\$0.00
EE + Family	\$2,025.64	\$0.00	\$0.00

DENTAL - 100% PAID BY CLIENT

DENTAL HMO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$12.14	\$0.00	\$0.00
EE + Spouse	\$23.06	\$0.00	\$0.00
EE + Child(ren)	\$25.50	\$0.00	\$0.00
EE + Family	\$34.00	\$0.00	\$0.00

DENTAL PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$39.99	\$0.00	\$0.00
EE + Spouse	\$80.18	\$0.00	\$0.00
EE + Child(ren)	\$97.89	\$0.00	\$0.00
EE + Family	\$143.86	\$0.00	\$0.00

VISION - 100% PAID BY CLIENT

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

EE = Employee EE Monthly = Employee Monthly Cost EE Weekly = Employee Weekly Cost