

2025 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	\$425.00	\$75.72	\$17.47
EE + Spouse	\$425.00	\$576.42	\$133.02
EE + Child(ren)	\$425.00	\$551.39	\$127.24
EE + Family	\$425.00	\$983.46	\$226.95
PREFERRED PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$425.00	\$210.73	\$48.63
EE + Spouse	\$425.00	\$846.45	\$195.33
EE + Child(ren)	\$425.00	\$814.66	\$188.00
EE + Family	\$425.00	\$1,564.83	\$361.11
CHOICE PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$425.00	\$108.13	\$24.95
EE + Spouse	\$425.00	\$641.29	\$147.99
EE + Child(ren)	\$425.00	\$599.63	\$138.38
EE + Family	\$425.00	\$1,243.73	\$287.01

DENTAL - EMPLOYEE PAID

NO COST TO CLIENT

Dental HMO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$0.00	\$11.73	\$2.71
EE + Spouse	\$0.00	\$22.28	\$5.14
EE + Child(ren)	\$0.00	\$24.64	\$5.69
EE + Family	\$0.00	\$32.85	\$7.58
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 - EMPLOYEE PAID

NO COST TO CLIENT

VSP Vision	Client Cost	EE Monthly	EE Weekly
Employee Only	\$0.00	\$9.44	\$2.18
EE + Spouse	\$0.00	\$16.15	\$3.73
EE + Child(ren)	\$0.00	\$16.47	\$3.80
EE + Family	\$0.00	\$26.59	\$6.14

EE = Employee

EE Monthly = Employee Monthly Cost

EE Weekly = Employee Weekly Cost