

# 2025 EMPLOYEE BENEFITS PACKAGE

## BASIC

30 DAY WAITING PERIOD

### Medical Plans

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

### Dental and Vision:

No cost to client. Employee paid.

- If employee makes **\$21.38/hour** or less, client contribution increases to **\$384/month** per employee to comply with ACA affordability regulations. Please refer to ACA Cost Guide [HERE](#).
- For employees working in SF, refer to this guide [HERE](#).
- For employees who reside in Hawaii, refer to this guide [HERE](#).

#### MEDICAL - 50% CLIENT CONTRIBUTION TO EE ONLY LOWEST COST PLAN

SELECT EPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$250.00	\$250.72	\$57.86
EE + Spouse	\$250.00	\$751.42	\$173.40
EE + Child(ren)	\$250.00	\$726.39	\$167.63
EE + Family	\$250.00	\$1,158.46	\$267.34
PREFERRED PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$250.00	\$385.73	\$89.01
EE + Spouse	\$250.00	\$1,021.45	\$235.72
EE + Child(ren)	\$250.00	\$989.66	\$228.38
EE + Family	\$250.00	\$1,739.83	\$401.50
CHOICE PPO	Client Cost	EE Monthly	EE Weekly
Employee Only	\$250.00	\$283.13	\$65.34
EE + Spouse	\$250.00	\$816.29	\$188.37
EE + Child(ren)	\$250.00	\$774.63	\$178.76
EE + Family	\$250.00	\$1,418.73	\$327.40

#### 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