



2025–2026 Benefits Summary

Medical Coverage – Blue Cross Blue Shield G9L7CHC (PPO)	In Network Only	
Office Co-Pay (Non-Specialist/Specialist)	\$30 / \$50	
Coinsurance	90%	
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)	\$75 Co-Pay/Visit	
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room is not covered)	\$300 Copay + 10% after deductible	
Calendar Year Deductible	\$3,000 Indiv. / \$9,000 Family	
Annual Out of Pocket Maximum (deductible included)	\$6,000 Indiv / \$18,000 Family	
RX Co-Pay (30-day supply)	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	
Employee Costs (Bi-Weekly): Emp: \$200.00 Emp/Spouse: \$868.00 Emp/Children: \$868.00 Family: \$1,495.00		
Medical Coverage – Blue Cross Blue Shield S9K1CHC (PPO)	In Network Only	
Office Co-Pay (Non-Specialist/Specialist)	\$45 / \$90	
Coinsurance	70%	
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)	\$75	
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered)	\$500 Copay + 30% after Deductible	
Calendar Year Deductible	\$5,100 Indiv. / \$15,300 Family	
Annual Out of Pocket Maximum	\$10,200 Indiv / \$30,600 Family	
RX Co-Pay (30-day supply)	\$0 / \$10 / \$50 / \$100 / \$150/ \$250	
Employee Costs (Bi-Weekly): Emp: \$155.00 Emp/Spouse: \$715.00 Emp/Children: \$715.00 Family: \$1,264.00		
Medical Coverage – Blue Cross Blue Shield B661ADT (HMO)	In Network Only	
Office Co-Pay (Non-Specialist/Specialist)	0% after Deductible – pcp req'd	
Coinsurance	100%	
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)	0% after Deductible	
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered)	0% after Dedictible	
Calendar Year Deductible/Max	\$8,650 Indiv. / \$17,300 Family	
Annual Out of Pocket Maximum	\$8,650 Indiv. / \$17,300 Family	
RX Co-Pay (30-day supply)	0% after Deductible* non-preferred/0% after Deductible preferred	
Employee Costs (Bi-Weekly): Emp: \$30.00 Emp/Spouse: \$212.50 Emp/Children: \$212.50 Family: \$510.00		
Dental Coverage Provided through Humana		
	In Network	Out of Network
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics (Age 19 & under)	50% up to \$2,000	50% up to \$2,000
Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Ortho Lifetime Limit	\$2,000	\$2,000
Calendar Year Maximum	Unlimited	Unlimited
Employee Costs (Bi-Weekly): Employee Only: \$27.94 Employee/Spouse: \$55.89 Employee/Children: \$77.60 Family: \$107.04		

Vision Coverage Provided through Humana

	In Network	Out of Network
Eye Exam	100% after \$10 copay	Up to \$30 Allowance
Single Vision Lenses	100% after \$15 copay	Up to \$25 Allowance
Lined Bifocal	100% after \$15 copay	Up to \$40 Allowance
Trifocal Lenses	100% after \$15 copay	Up to \$60 Allowance
Frames	Up to \$130 (retail) 20% off balance over \$130	Up to \$65 (retail) Allowance
Contact Lenses (Med Nec.)	100%	Up to \$200 Allowance
Contact Lenses (Elective)	Up to \$130, 15% off balance over \$130	Up to \$104 Allowance

Employee Costs (Bi-Weekly): Employee Only: \$4.61 Employee/Spouse: \$9.22 Employee/Children: \$8.76 Family: \$13.77

Supplemental Benefits Available through Aflac

Personal Accident	Cancer Care Plan	Critical Care and Recovery
Hospital Advantage Plan	Short Term Disability	Life/Juvenile Life – Whole and Term

401k Retirement Plan through Paychex

Eligible on July 1 st or January 1 st after 6 months of employment.	Pre-Tax	Roth
	Elected Deferral Range: 1 – 90% of compensation	

Additional Benefits Provided at No Cost to Employees

Basic Term Life / AD&D Plan	\$15,000 Policy	Principal
Long-Term Disability Plan	60% of monthly earnings up to \$6,000/month	Principal
Employee Assistance Program (EAP)	LifeMart Discount Center, Self-care Mobile Apps, Health and Wellness Online Tools, Childcare/Eldercare Resources, Teen and Adolescent Resources, 24/7 Phone Consultations with Licensed Mental Health Professionals	Principal/Magellan Healthcare