BENEFITS, HEALTH + WELLNESS

2027 BENEFITS

HEALTH PLAN COMPARISON

	CORE PPO PLAN				HEALTH INVESTMENT PLAN			
Weekly Premiums	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH
Medical/Rx	$12.83	$54.11	$47.62	$73.28	$44.90	$108.22	$95.23	$146.56
Deductible	**In-Network**				**In-Network**			
Individual	$4,250				$2,300			
2 Individuals	$8,500				$3,800			
3+ Individuals	$8,500				$4,600			
Out-of-Pocket Max (includes deductible)								
Individual	$7,000				$4,000			
2 Individuals	$14,000				$7,000			
3+ Individuals	$14,000				$8,000			
Office Visits & Specialist								
Preventive-Care Visit	Covered 100%				Covered 100%			
PCP Office Visit	$40 copay				80% after deductible			
CVS Virtual PCP Visit	Covered 100%				Covered 100%			
Specialists Office Visit	$60 copay				80% after deductible			
Emergency & Hospitalization								
Inpatient Hospital	70% after deductible				80% after deductible			
Emergency Room	70% after deductible				80% after deductible			
Urgent Care	$75 copay				80% after deductible			
Prescriptions								
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%			
Generic	$10 copay				$10 copay after deductible			
Preferred	30% - $25/$75				30% - $25/$75 after deductible			
Non-Preferred	50% - $50/$100				50% - $50/$100 after deductible			
Specialty Medications	50% to $250 copay				50% to $250 copay after deductible			
Retail 90-Day Supply and Mail Order 90-Day Supply								
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%			
Generic	$25 copay				$25 copay after deductible			
Preferred	30% - $62.50 min/$187.50 max				30% - $62.50 min/$187.50 max after deductible			
Non-Preferred	50% - $125 min/$250 max				50% - $125 min/$250 max after deductible			

NuProduce SOLUTIONS℠

HALPERNS' PURVEYORS OF STEAK & SEAFOOD

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