

## 2025 Employee Benefits Summary

TEAM offers four group medical insurance plan options – Platinum, Gold, Silver, and Bronze – as well as a Dental and Vision plan. Individuals can enroll in Dental and Vision separately from the Medical plan.

MEDICAL: UNITED HEALTHCARE								
Calendar Year Benefits	Select Plus PPO Platinum		Select Plus PPO Gold		Select Plus PPO Silver		Select Plus PPO Bronze	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible - Single	\$250	\$1,000	\$2,000	\$6,000	\$3,500	\$10,500	\$6,000	\$18,000
Deductible - Family	\$500	\$2,000	\$4,000	\$12,000	\$7,000	\$21,000	\$12,000	\$36,000
Out of Pocket Maximum - Single	\$4,500	\$13,500	\$6,500	\$19,500	\$7,000	\$21,000	\$8,550	\$25,600
Out of Pocket Maximum - Family	\$9,000	\$27,000	\$13,000	\$39,000	\$14,000	\$42,000	\$17,100	\$51,200
Coinsurance	80%	50%	70%	50%	70%	50%	70%	50%
Preventative Care	0%	50% After Deductible	0%	50% After Deductible	0%	50% After Deductible	0%	50% After Deductible
Office Visits - Primary Care	\$15	50% After Deductible	\$30	50% After Deductible	\$30	50% After Deductible	\$35	50% After Deductible
Office Visits - Specialist	\$30	50% After Deductible	\$60	50% After Deductible	\$60	50% After Deductible	\$70	50% After Deductible
Hospital – Inpatient or Outpatient	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Diagnostic Lab and X-ray	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Urgent Care	\$50	50% After Deductible	\$50	50% After Deductible	\$50	50% After Deductible	\$50	50% After Deductible
Emergency Room	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Prescription Drugs - Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescription - Tier 1	\$5	\$5	\$15	\$15	\$15	\$15	\$15	\$15
Prescription- Tier 2	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Prescription - Tier 3	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Prescription - Tier 4	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Specialty	Varies by Tier	N/A	Varies by Tier	N/A	Varies by Tier	N/A	Varies by Tier	N/A

## 2025 Dental and Vision Benefits Summary

DENTAL: DENTAL GUARD PREFERRED			VISION: DAVIS VISION		
	In Network	Out of Network		In Network	Out of Network
Deductible - Single	\$50	\$50	Vision Exam	\$10 Copay	\$10 Copay (Then Plans Pays Up To \$50)
Deductible - Family	\$150	\$150			
Preventive	Plan Pays 100%	Plan Pays 100%	Prescription Glasses	\$25 Copay	\$25 Copay
Basic	Plan Pays 80%	Plan Pays 80%	Lenses	Single Vision Lined Bifocal Lined Trifocal Lenticular	Plan Pays \$48 Plan Pays \$67 Plan Pays \$86 Plan Pays \$126
Major	Plan Pays 50%	Plan Pays 50%			
Orthodontia – Coinsurance	Not Covered				
Annual Maximum	\$1,000 Per Person				
Maximum Rollover	Yes				
Rollover Threshold	\$500				
Rollover Amount	\$250		Frames Allowance	\$130 Every 24 Months	Plan Pays \$48 Every 24 Months
Rollover In Network Amount	\$350		Contacts (In Lieu of Frames and Lens)	\$130 Every Calendar Year	\$130 Every Calendar Year
Rollover Account Limit	\$1,000				

## 2025 Monthly Premiums

MEDICAL PLAN PREMIUMS				
Plan Level	Select Plus Platinum	Select Plus Gold	Select Plus Silver	Select Plus Bronze
Employee Only	\$1,083.00	\$874.25	\$810.99	\$763.69
Employee + Spouse	\$2,555.88	\$2,063.23	\$1,913.94	\$1,802.31
Employee + Child	\$1,992.72	\$1,608.62	\$1,492.22	\$1,405.19
Employee + Family	\$3,573.90	\$2,885.03	\$2,676.27	\$2,520.18

DENTAL AND VISION PLAN PREMIUMS		
Plan Level	Dental	Vision
Employee Only	\$27.59	\$7.59
Employee + Spouse	\$56.00	\$14.36
Employee + Child	\$67.97	\$14.63
Employee + Family	\$102.60	\$23.15