EMPLOYEE BENEFITS AT A GLANCE

EFFECTIVE 9.1.2025 THROUGH 8.31.2026

BENEFITS SUPPORT

Account Manager

Sandy Harrington
727-772-4214
sharrington@acrisure.com

Account Executive

Kristen Andonian
813-833-8478
kandonian@acrisure.com

CUSTOMER SERVICE – United Healthcare
866-633-2446
www.myuhc.com

	Base Plan - EKVQ NHP	Buy Up Plan – EKRU
In-Network Names	**NHP HMO**	**Choice Plus**
FINANCIALS		
Deductible	$2,000 Per Individual $6,000 Family Max	$1,500 Per Individual $4,500 Family Max
Coinsurance	10% after Deductible (Ded)	20% after Deductible (Ded)
Maximum Out of Pocket	$5,000 Per Individual $10,000 Family Max	$4,500 Per Individual $9,000 Family Max
PHYSICIAN SERVICES		
Primary Care	Under 19: No copay All Others: $35 copay	Under 19: No copay All Others: $30 copay
Specialist	$65 copay	$55 copay
Virtual Visit	No copay when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only.	No copay when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only.
Mental Health Visit	$65 copay	$55 copay
HOSPITALIZATIONS		
Inpatient Hospitalization	10% after Ded	20% after Ded
Outpatient Services	$500 copay	20% after Ded
Physician Services at Hospital and ER	10% after Ded	20% after Ded
Urgent Care	$70 copay	$60 copay
Emergency Room	$300 copay	$250 copay
OUTPATIENT DIAGNOSTICS		
Routine Diagnostics (Lab & X-ray)	No copay	X-ray & Designated Lab: No copay Non-Designated Lab: 50% not subject to Deductible
Major Diagnostics (MRI, CAT, PET, etc.)	Designated: $300 copay Non-Designated: $750 copay	Designated: $250 copay Non-Designated: $750 copay
PRESCRIPTIONS		
Rx Deductible	None	None
Tier 1	$10 copay	$10 copay
Tier 2	$50 copay	$35 copay
Tier 3	$85 copay	$70 copay
Tier 4	N/A	N/A
Mail Order	2.5 x retail copay (90-day supply)	2.5 x retail copay (90-day supply)
OUT OF NETWORK		
Deductible	N/A	$4,500 Per Individual $13,500 Per Family
Coinsurance	N/A	50% after Deductible
Maximum Out of Pocket	N/A	$9,000 Per Individual $18,000 Family Max

ACRISURE®

Medical Weekly (52) Payroll Deductions – PRE-TAX	Base Plan - EKVQ NHP	Buy Up Plan – EKRU
Employee	$39.00	$77.00
Employee + Spouse	$208.00	$299.00
Employee + Child(ren)	$151.00	$224.00
Employee + Family	$309.00	$431.00

DENTAL PLANS CUSTOMER SERVICE: Mutual of Omaha 877-999-2330	**Low Plan**		**High Plan**	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
	Preventive: Plan covers at 100% Basic Expense: Plan covers at 80% Major Expense: Plan covers at 50% $1,000 Maximum	Preventive: Plan covers at 100% Basic Expense: Plan covers at 50% Major Expense: Plan covers at 30% $1,000 Maximum	Preventive: Plan covers at 100% Basic Expense: Plan covers at 80% Major Expense: Plan covers at 50% $1,500 Maximum	Preventive: Plan covers at 100% Basic Expense: Plan covers at 80% Major Expense: Plan covers at 50% $1,500 Maximum

Weekly (52) Payroll Deductions – PRE-TAX	Dental Low Plan	Dental High Plan	Vision
Employee	No cost	$3.00	No cost
Employee + Spouse	$6.00	$11.00	$1.00
Employee + Child(ren)	$10.00	$16.00	$1.00
Employee + Family	$14.00	$23.00	$2.00

Vision	**MUTUAL OF OMAHA**	Exam copay $10, lenses every 12 months; frames every 24 months; Contacts—$130 allowance; Frames—$130 allowance 20% off amount over allowance
Basic Life and AD&D	**MUTUAL OF OMAHA**	**100% Employer Paid**; 1 x annual salary
Voluntary Life and AD&D	**MUTUAL OF OMAHA**	Minimum $10,000 up to $500,000; spouse and child benefits available; 100% employee paid
Short Term Disability	**MUTUAL OF OMAHA**	**100% Employer Paid;** 60% of weekly pay up to $2,000 per week
Long Term Disability	**MUTUAL OF OMAHA**	**100% Employer Paid**; 60% of salary up to a max of $7,500 per month

ENHANCED BENEFITS

Legal — **US Legal**

- Provides various legal benefits
- See benefit guide for details
- 100% Employee Paid