Welcome to Your 2026 VCM Benefits

For coverage 12/01/2025 - 11/30/2026

Open Enrollment is

11/ /2025

through

11/ /2025

Please complete your paper applications and submit to ***David Smith.***

Medical Plan Highlight

UHC Signature Value HMO Silver

You WILL BE required to select a primary care physician.
For more information, please refer to your benefits microsite.
http://www.myvcmbenefits.com/

We are pleased to present your healthcare benefits option. Your health and well-being is important to us, which is why we have chosen to subsidize these benefits for you if you decide to participate. If you choose to decline any company benefits, you will not be compensated in lieu of your participation.

Medical Plan Details

Item *(No Out-of-Network Benefits)*	UHC Signature Value HMO Silver
Plan Type	**HMO - Plan ID DZ-FK / RX L61S**
Deductible	$2,400 (I) / $4,800 (F)
Out-of-Pocket Maximum	$9,200 (I) / $18,400 (F)
PCP/Specialist Copay	$60 / $95 Copay
Inpatient	40% coinsurance after deductible
Diagnostic Testing	$45 copay
Emergency Room	40% coinsurance
Rx Deductible	$400 (I) / $800 (F) applies to Tier 2 - 4
Preventive	100%
Rx Tier 1 (Retail/Mail Order)	$20/$40 Copay
Rx Tier 2 (Retail/Mail Order)	$80/$160 after deductible
Rx Tier 3 (Retail/Mail Order)	$125/$250 after deductible
Rx Tier 4 (Retail/Mail Order)	25% coinsurance up to $250 copay max per prescription/ $500 copay max per prescription

Be sure to review mandatory compliance notices on within www.myvcmbenefits.com. A Summary of Benefits and Coverage (SBC) has been designed to assist you with better understanding the coverage being offered to you, and to allow you to compare coverage options. The SBC is available on www.myvcmbenefits.com. A paper copy is also available, free of charge, by calling 661-254-2189.

This brochure highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications. It should be kept with your most recent Summary Plan Description. Visit www.milesmanagementbenefits.com. for more information.

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

All benefit plans are governed by master policies, contracts, and plan documents. In the event of any inconsistency between the information contained herein and the applicable plan documents, the provisions of the plan documents shall prevail. VCM reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

Premium Determination - HMO Plan

Our December 1, 2025 and your 2025/2026 premiums are age-specific, meaning there are different premiums for every age. We have included a work area for you to use to quickly determine what your bi-weekly premiums would be for this plan. For your convenience, we have also included an example to help guide you.

Scan the QR code to view the Patient Protection Disclosure.

Example

Covered	Age	Premium
Employee	53	$52.25
Spouse	50	$325.54
Child 1	22	$182.28
Child 2	18	$166.42
Child 3	15	$151.84
Biweekly Premium		**$878.33**

Work Area

Covered	Age	Premium
Employee		$52.25
Biweekly Premium		

Bi-Weekly Premiums - UHC Signature Value HMO Silver

Age	Employee Cost	Dependent Cost	Age	Employee Cost	Dependent Cost	Age	Employee Cost	Dependent Cost
0-14	$52.25	$139.44	33	$52.25	$218.37	49	$52.25	$310.96
15	$52.25	$151.84	34	$52.25	$221.28	50	$52.25	$325.54
16	$52.25	$156.57	35	$52.25	$222.74	51	$52.25	$339.94
17	$52.25	$161.31	36	$52.25	$224.20	52	$52.25	$355.80
18	$52.25	$166.42	37	$52.25	$225.66	53	$52.25	$371.84
19	$52.25	$171.52	38	$52.25	$227.11	54	$52.25	$389.16
20	$52.25	$176.81	39	$52.25	$230.03	55	$52.25	$406.47
21-24	$52.25	$182.28	40	$52.25	$232.95	56	$52.25	$425.25
25	$52.25	$183.00	41	$52.25	$237.32	57	$52.25	$444.20
26	$52.25	$186.65	42	$52.25	$241.51	58	$52.25	$464.44
27	$52.25	$191.03	43	$52.25	$247.35	59	$52.25	$474.46
28	$52.25	$198.13	44	$52.25	$254.64	60	$52.25	$494.70
29	$52.25	$203.97	45	$52.25	$263.21	61	$52.25	$512.19
30	$52.25	$206.88	46	$52.25	$273.42	62	$52.25	$523.68
31	$52.25	$211.26	47	$52.25	$284.90	63	$52.25	$538.08
32	$52.25	$215.63	48	$52.25	$298.20	64+	$52.25	$546.83