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# Medical / Dental / Vision Rates

For associates who are paid *bi-weekly*

Florida Restaurant Group

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myRewards | Benefits

### Bi-weekly MEDICAL Premium

| Plan and Coverage Tier | Rate     | Wellness Rate Associate Only | Wellness Rate Associate & Spouse |
|------------------------|----------|------------------------------|----------------------------------|
| <b>Complete PPO</b>    |          |                              |                                  |
| Associate Only         | \$114.55 | \$91.48                      | \$91.48                          |
| Associate + Spouse     | \$670.91 | \$647.83                     | \$636.29                         |
| Associate + Child(ren) | \$351.14 | \$328.06                     | \$328.06                         |
| Family                 | \$975.09 | \$952.01                     | \$940.47                         |
| <b>Balanced CDHP</b>   |          |                              |                                  |
| Associate Only         | \$77.92  | \$54.85                      | \$54.85                          |
| Associate + Spouse     | \$565.52 | \$542.44                     | \$530.90                         |
| Associate + Child(ren) | \$285.26 | \$262.19                     | \$262.19                         |
| Family                 | \$832.10 | \$809.02                     | \$797.48                         |
| <b>Essentials PPO</b>  |          |                              |                                  |
| Associate Only         | \$41.29  | \$18.22                      | \$18.22                          |
| Associate + Spouse     | \$460.12 | \$437.05                     | \$425.51                         |
| Associate + Child(ren) | \$219.39 | \$196.32                     | \$196.32                         |
| Family                 | \$689.11 | \$666.03                     | \$654.49                         |

## More about Wellness Rates

You can reduce your per paycheck medical premiums by participating in our wellbeing program. Save **\$50/month (\$600/year)** for **individual coverage** or **\$75/month (\$900/year)** for **Associate + Spouse or Family coverage**.

### Here's how it works:

Associates (and participating spouse) must complete 3 out of 7 items on the premium incentive checklist on Personify Health by November 30, 2025.

### To get started:

Go to **Personify Health**  
First time users must enter the passphrase "**luckier-passionfruit-65**" during enrollment. If you're already registered, no passphrase is needed.



### Bi-weekly DENTAL Premium

| Plan and Coverage Tier | Rate    |
|------------------------|---------|
| <b>Dental Enhanced</b> |         |
| Associate Only         | \$5.26  |
| Associate + Spouse     | \$29.13 |
| Associate + Child(ren) | \$37.62 |
| Family                 | \$61.69 |
| <b>Dental Basic</b>    |         |
| Associate Only         | \$3.15  |
| Associate + Spouse     | \$17.48 |
| Associate + Child(ren) | \$22.57 |
| Family                 | \$37.02 |

### Bi-weekly VISION Premium

| Plan and Coverage Tier | Rate   |
|------------------------|--------|
| <b>Vision Enhanced</b> |        |
| Associate Only         | \$0.00 |
| Associate + Spouse     | \$4.58 |
| Associate + Child(ren) | \$2.60 |
| Family                 | \$7.25 |
| <b>Vision Basic</b>    |        |
| Associate Only         | \$0.00 |
| Associate + Spouse     | \$2.43 |
| Associate + Child(ren) | \$1.39 |
| Family                 | \$3.83 |