

2027 HEALTH, DENTAL AND VISION RATES

HEALTH AND PHARMACY COVERAGE

Administered by Wellmark® Blue Cross® and Blue Shield®

IOWA



RATES AND COSTS FOR CARE			TRADITIONAL PLAN	HDHP PLANS	
			Iowa Only HMO	Iowa Only HMO HDHP	Nationwide Point of Service HDHP
WHAT COMES OUT OF YOUR CHECK	TEAM MEMBER MEDICAL PREMIUM PLAN RATES Taken pre-tax from first & second paychecks each month, 24x a year	Single	\$99.09	\$78.12	\$90.53
		Team member + child	\$160.98	\$113.41	\$132.70
		Team member + children	\$220.76	\$158.11	\$182.45
		Team member + spouse	\$220.82	\$160.12	\$186.84
		Family	\$293.50	\$215.41	\$250.48
		Two team members	\$134.51	\$103.10	\$118.66
		Two-team-member family	\$173.79	\$140.39	\$157.64
WHAT YOU PAY AT THE DOCTOR	COPAYMENTS	Office visit	\$25	N/A. You pay the full cost until you meet your deductible.	N/A. You pay the full cost until you meet your deductible.
		Specialty office visit	\$50		
		Urgent care	\$75		
		Emergency room	\$300		
	PREVENTIVE CARE (in-network providers)		\$0	\$0	\$0
	PREVENTIVE BREAST MRI (in-network providers)		\$0	\$0	\$0
	VERMEER CLINIC VISIT		\$0	\$40	\$40
	DOCTOR ON DEMAND® (medical and mental health)		\$0	\$0	\$0
COSTS YOU SHARE WITH THE PLAN	DEDUCTIBLE		\$1,500 individual; \$3,000 family	\$3,500 individual; \$7,000 family	In network \$3,750 individual; \$7,500 family Out of network \$4,000 individual; \$8,000 family
			For medical services only. Pharmacy has a separate deductible.	For medical services and pharmacy combined.	For medical services and pharmacy combined.
	COINSURANCE		20%	0%	0%
THE MAX YOU PAY	OUT-OF-POCKET MAXIMUM		\$4,000 individual; \$8,000 family	\$3,500 individual; \$7,000 family	In network \$3,750 individual; \$7,500 family Out of network \$4,000 individual; \$8,000 family
WHAT YOU PAY AT THE PHARMACY	SEPARATE PHARMACY DEDUCTIBLE		\$100 individual; \$200 family	N/A. You pay the full cost until you meet your deductible.	N/A. You pay the full cost until you meet your deductible.
	PHARMACY COPAYMENTS Fourth tier not covered on any plan.	Generic	\$10 Vermeer; \$25 retail		
		Preferred	\$25 Vermeer; \$50 retail		
		Brand	\$40 Vermeer; \$75 retail		
		Generic specialty	\$75		
		Preferred specialty	\$150		
		Non-preferred specialty	25%		
BENEFIT	QUALIFIES FOR A PRE-TAX HEALTH SAVINGS ACCOUNT (HSA)		No	Yes	Yes
	QUALIFIES FOR FREE BEHAVIORAL HEALTH NAVIGATION		Yes	Yes	Yes

DENTAL COVERAGE

Administered by Delta Dental® of Iowa

PREMIUM RATES Full time 30+hrs/wk*	Single	\$8.86	
	Team member + child(ren)	\$21.20	
	Team member + spouse	\$16.46	
	Family	\$24.49	
PREMIUM RATES Both spouses at Vermeer*	Two team members	\$8.86	
	Two team members + family	\$17.63	
		PPO**	PREMIER**
DEDUCTIBLE	Individual	\$25	\$50
	Family	\$75	\$150
COINSURANCE	Routine exams	\$0	\$0
	Cavity repairs & tooth extractions	10%	20%
	Root canals	20%	20%
	Gum and bone diseases	20%	20%
	High-cost restorations, dentures, bridges & orthodontics	50%	50%
ORTHODONTIA Available to dependents up to age 19	Lifetime maximum benefit	\$1,500 Separate from dental care annual max.	

The dental plan covers an annual maximum of \$1,500 per person. If you don't use your entire \$1,500 dental benefit in one plan year, the leftover amount will be added to your annual maximum for the next plan year. You must have had a dental service that applies to the annual maximum during the year to carry over any unused maximum (excluding orthodontia).

VISION DISCOUNT PLAN

Administered by Avēsis®

PREMIUM RATES*	Single	\$2.00
	Team member + child(ren)	\$4.52
	Team member + spouse	\$4.34
	Family	\$6.86

* Rates in these tables are per paycheck. Premiums are taken pre-tax from the first and second paycheck of each month, 24 times per year.

** Refers to the provider network, not the quality of the provider or the services offered.

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