



2025 - 2026 Employee Benefit Guide



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Introduction

As an employee of EagleWings Medical Group enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well being, but ultimately, in terms of achieving the goals of our organization.

For the 2025 plan year, EagleWings Medical Group has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and EagleWings Medical Group is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your EagleWings Medical Group benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision making tools, will help you make the best health care choices for you and your family.



UPDATE ON HEALTH CARE REFORM

Please be advised that the EagleWings Medical Group benefits program includes medical coverage options that meet both the ACA Minimum Essential Coverage (MEC) requirements along with the ACA Minimum Value (MV) requirements and affordability requirements. When a company medical plan meets these requirements eligible employees are not eligible for ACA Federal Premium subsidies through [healthcare.gov](https://www.healthcare.gov) or your applicable state exchange.

Eligibility and Qualifying Events



ELIGIBILITY

How do I know if I'm eligible for coverage under our health plan?

You may become eligible for coverage under our plan in one of two ways:

1. First time hired as a full-time employee
 - A full-time employee must work at least 30 hours per week.
 - Any company paid benefits will start after your waiting period.
 - Your waiting period and applicable benefits effective date will be the 1st of the month following or coinciding with 60 days.
 - You must sign up for elected benefits during your waiting period and before your applicable effective date.
2. When you change class from part-time to full-time
 - Part-time means you are working under 30 hours per week and full-time means you are working 30 or more hours per week.
 - A class change occurs if you move from part-time to full-time based on your hours per week.
 - Your waiting period and applicable benefits effective date will be the 1st of the month following or coinciding with 60 days from your official class change date.
 - You must sign up for elected benefits during your class change waiting period and before your applicable effective date.

Under our plan, an employee who is regularly scheduled to work 30 or more hours per week is full-time and eligible for health benefits. Check with Human Resources if you are not certain whether you may be eligible for benefits.

In the event you are a Variable Hour Employee (VHE), you may be subject to the Affordable Care Act (ACA) Initial Measurement Period and Stability Period, which determine your full-time equivalent status and eligibility for benefits. For more information about variable hour eligibility, please contact your Human Resources Department.

CHANGES AND QUALIFYING EVENTS

When Coverage Begins and Ends

- Full Time Employees are eligible for coverage the first of the month following or coinciding with 60 days of employment
- Your coverage under the benefits plan will end if you no longer meet the eligibility requirements, your contributions are discontinued, the Group Insurance Policy is terminated, or on your employment termination date

Qualifying Events

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act
- A COBRA qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

When you have a qualified life event (QLE)

The IRS allows for adding, canceling, or changing health insurance when an employee has an IRS defined qualifying life event. A qualifying life event is a requirement for access to special enrollment periods for applicable full-time employees. A list of qualifying life events and additional information can be found at the following website / URLs:

- <https://www.healthcare.gov/glossary/qualifying-life-event/>
- <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>

Overview of Benefits Programs

EagleWings Medical Group provides an array of benefits that can help you enjoy increased well being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS-AT-A-GLANCE

Coverage	Carrier	Phone Number	Website
Group Medical	SBMA / PHCS	Find a network provider: https://multiplan.com/us	
		WellCare Plan – Select PHCS then Select “Preventive Services Only” EliteCare & MV6500 Plans – Select PHCS then Select “Specific Services” Or call (800) 950-7040 Claims Customer Service: 888-505-7724	www.sbmabenefits.com/employees Download the Health Wallet app at get.thehealthwallet.com
Prescription Drugs (SBMA Medical Plan only)	PureRx (ProCare)	888-505-7724	www.sbmabenefits.com/purerx-standard/
Dental Insurance	Delta Dental	Customer Service: 800-452-9310	https://www.deltadentalct.com Select the “Delta Dental PPO” network
Vision Insurance	VSP	Find an in network provider: 800-877-7195	www.vsp.com



How to Enroll

ENROLLING IN BENEFITS

It has never been easier to enroll in your benefits. The enrollment process is paperless, and all elections and changes can be made online via a work computer, home computer, or mobile device.

During your initial new hire eligibility period and during the annual open enrollment period you can make elections, waive coverage, update beneficiaries, and access plan information. You also have 24/7/365 access to plan document, plan certificates, helpful summary plan descriptions, and more.

INITIAL REGISTRATION PROCESS

All first-time users will receive an initial registration email from noreply@employeenavigator.com shortly after your hire date. Subject line: New Hire Benefits Enrollment. The registration email will direct you via a link to the initial registration area.

<https://www.employeenavigator.com/benefits/Account/Register>

To gain access to the benefits enrollment system you will need to follow the online instructions:

- **Username** – you will create your username. It is recommended that you use your email address so that it is easy to remember.
- **Company Identifier** – The company identifier is case sensitive and will be listed in your registration email.
- **Pin** – you will be required to enter a Pin, which will be the last 4 digits of your social security number.
- **Password** – The system will prompt you to set-up a unique password.

ONGOING BENEFITS SYSTEM ACCESS AND PASSWORD RESETS

Once you are a registered user you can access the system 24/7/365 or can reset your password at any time by using the following URL:

<https://www.employeenavigator.com/benefits/Account/Login>

Navigation Benefits Enrollment and Service Center:

(800) 371 – 0407

Hours of Operation

Monday – Friday

9 a.m. – 5 p.m. EST.

service@navben.com

Medical

Health insurance not only helps you with a chronic condition or an unexpected injury, but it also guards your finances from hefty medical costs. Therefore, we are offering the following medical plans. When choosing a medical plan you should think about:

- Your current use of medical services
- The payment that comes out of your paycheck
- Your share of the cost (premium and out-of-pocket costs, such as deductibles, co-payments and co-insurance).
- You must use an in-network medical provider. No benefit will be paid to out-of-network providers.



MEDICAL PLANS OFFERED TO YOU

	WellCare MEC	WellCare MEC + ExtraCare	EliteCare MEC	EliteCare + ExtraCare	Minimum Value (MV 6500)
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 4
Description	100% Coverage for 19 Adult Preventative Services, 23 Preventative Services for Women, 29 Preventative Services for Child(ren)	Provides all of the preventive services in Plan 1 PLUS additional indemnity benefits for hospitalization and emergency room visits	Includes preventative/ wellness coverages, primary care, specialist, urgent care, lab, and Rx.	Includes preventative/ wellness coverages, primary care, specialist, urgent care, lab, and Rx. Also provides additional indemnity benefits for hospitalization and emergency room visits.	High Deductible Health Plan (\$6,500) with medical benefits designed to pay at least 60% of the total cost of medical services for a standard population. The benefits include substantial coverage of physician and inpatient hospital services.
Weekly Rates					
Employee	\$0.00	\$11.31	\$25.15	\$36.46	9.02% rule applies (2025)
Employee + Spouse	\$12.69	\$35.31	\$63.00	\$85.62	9.02% rule applies (2025) + \$137.31
Employee + Children	\$12.69	\$35.31	\$63.00	\$85.62	9.02% rule applies (2025) + \$137.31
Family	\$25.38	\$59.31	\$100.85	\$134.77	9.02% rule applies (2025) + \$274.62

WellCare MEC - Plan 1

Medical Benefits	WellCare MEC
Preventive / Wellness	100%
Rx Discount Program	100%
Virtual Health Benefits	Recuro Health
24/7/365 Telehealth	Included
Health Wallet	Included
Weekly Rates	
Employee	\$0.00
Employee + Spouse	\$12.69
Employee + Child(ren)	\$12.69
Family	\$25.38

1 The WellCare MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.

2 Rx program offers discounts up to 80% on most FDA-approved prescription medications.

3 The Recuro Health Virtual Urgent Care program provides 24/7 on-demand access to U.S. board certified, licensed doctors to treat most common non-emergency conditions.

The WellCare MEC plan DOES NOT cover services such as hospitalization, surgical procedures, emergency room visits, and non-preventative office visits for illness or medical conditions.

The WellCare MEC Plan DOES NOT cover prescriptions for non-preventative conditions



Minimum Essential Coverage (MEC) - Plan 2

FOR ALL ADULTS

- Abdominal Aortic Aneurysm screening
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease
- Blood Pressure screening
- Cholesterol screening
- Colorectal Cancer screening
- Depression screening
- Diabetes screening
- Falls prevention screening
- Healthy diet and physical activity counseling
- Hepatitis B screening
- Hepatitis C virus infection screening
- HIV screening
- Lung cancer screening
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling
- Skin cancer behavioral counseling
- Syphilis screening
- Tobacco use counseling

FOR WOMEN & PREGNANCY

- Anemia screening
- Bacteriuria screening
- BRCA risk assessment
- Breast Cancer preventive medications counseling
- Breast cancer screening mammography
- Breastfeeding counseling during pregnancy
- Cervical Cancer screening
- Chlamydia Infection screening
- Folic Acid supplements for women
- Gestational Diabetes mellitus screening
- Gonorrhea screening
- Hepatitis B screening
- Human Immunodeficiency Virus (HIV) screening
- Intimate partner violence screening
- Osteoporosis screening
- Preeclampsia prevention medication
- Rh incompatibility screening for Rh (D) blood typing
- Sexually Transmitted Infections (STI) counseling
- Syphilis screening for all pregnant women
- Tobacco use counseling
- One well-woman preventive care visit per Policy Year
- High-risk human papillomavirus DNA testing
- One counseling session on sexually transmitted infections
- One counseling session and screening for human immune-deficiency virus
- All FDA approved contraceptive methods
- One screening and counseling for domestic violence
- Breastfeeding support, supplies and counseling
- Routine prenatal obstetrical office visits

FOR CHILDREN

- Alcohol and drug use assessments for adolescents
- Autism screening at 18 and 24 months
- Behavioral assessments for all ages
- Blood Pressure screening for children
- Cervical Dysplasia screening
- Congenital Hypothyroidism screening for newborns
- Depression screening for adolescents
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride Chemoprevention supplements
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, Weight, and Body Mass Index measurements
- Hematocrit or Hemoglobin screening
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at high risk for infection
- HIV screening for adolescents at higher risk
- Immunization vaccines
- Iron supplements for children ages 6 to 12 months who are at increased risk for anemia
- Lead screening for children at risk of exposure
- Medical history for all children throughout development
- Obesity screening and counseling
- Oral Health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling and Sexually Transmitted Infection
- Tuberculin testing for children at higher risk of tuberculosis disorders
- Vision screening for all children
- Routine prenatal obstetrical office visits



WellCare MEC + ExtraCare - Plan 2

Medical Benefits		WellCare MEC
Preventive / Wellness		100%
Rx Discount Program		100%
Virtual Health Benefits		Recuro Health
24/7/365 Telehealth		Included
Health Wallet		Included
Hospital Benefits		ExtraCare Benefit Amount / Limit
Hospital Admission –requires claim separation of 30 days		\$2,500 / up to 3 admissions per year
Hospital Confinement		\$200 per day / up to 30 days per year
Inpatient Surgical Benefits		ExtraCare Benefit Amount / Limit
Inpatient Surgery		\$1,000 / 1 time per year
Behavioral Health		\$300
Outpatient Surgical Benefits –limited to 1 combined per year		ExtraCare Benefit Amount / Limit
Outpatient Surgery –Hospital or Ambulatory Surgical Center		\$1,000 / 1 time per year
Outpatient Surgery –Physician Office		\$300 / 1 time per year
Outpatient Anesthesia		35% of outpatient surgery benefit
Initial Care & Emergency Transportation		ExtraCare Benefit Amount / Limit
Emergency Room		\$100 / up to 2 times per year
Ground Ambulance		\$200 / up to 2 times per year
Air Ambulance		\$1,000 / 1 time per year
Weekly Per Pay Rates		
Employee		\$11.31
Employee + Spouse		\$35.31
Employee + Child(ren)		\$35.31
Family		\$59.31

¹ The WellCare MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.

² Rx program offers discounts up to 80% on most FDA-approved prescription medications.

³ The Recuro Health Virtual Urgent Care program provides 24/7 on-demand access to U.S. board certified, licensed doctors to treat most common non-emergency conditions.

Elite Care - Plan 3

Medical Benefits	EliteCare
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Generic Rx	Tier 1: \$10 or less, Tier 2: \$25 or less
Brand Rx	Tier 3: \$50 or less, Tier 4: \$75 or less
Virtual Health Benefits	Recuro Health
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee / max 3 per year, then \$85
Health Wallet	Included
Weekly Rates	
Employee	\$25.15
Employee + Spouse	\$63.00
Employee + Child(ren)	\$63.00
Family	\$100.85

¹ The EliteCare MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.

² Rx benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/purerx-standard/. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

³ Recuro Health's Virtual Care program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging and connects members with a Psychiatrist or Licensed Counselor through secure and private online video or phone sessions at \$50 each (first 3 visits - \$85 after)



Elite Care + ExtraCare - Plan 4

The EliteCare MEC + Fixed Indemnity includes the MEC 19 Adult Preventative Services, 23 Preventative Services for Women, 29 Preventative Services for Child(ren), in addition to Fixed Indemnity Option. The Fixed Indemnity benefits outlined below are not co-pays but the actual amounts paid for each service.

Medical Benefits	EliteCare MEC
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Rx	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50, Tier 4: \$75
Virtual Health Benefits	Recurro Health
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee / max 3 per year, then \$85
Health Wallet	Included
Hospital Benefits	ExtraCare Benefit Amount / Limit
Hospital Admission –requires claim separation of 30 days	\$2,500 / up to 3 admissions per year
Hospital Confinement	\$200 per day / up to 30 days per year
Inpatient Surgical Benefits	ExtraCare Benefit Amount / Limit
Inpatient Surgery	\$1,000 / 1 time per year
Behavioral Health	\$300
Outpatient Surgical Benefits –limited to 1 combined per year	ExtraCare Benefit Amount / Limit
Outpatient Surgery –Hospital or Ambulatory Surgical Center	\$1,000 / 1 time per year
Outpatient Surgery –Physician Office	\$300 / 1 time per year
Outpatient Anesthesia	35% of outpatient surgery benefit
Initial Care & Emergency Transportation	ExtraCare Benefit Amount / Limit
Emergency Room	\$100 / up to 2 times per year
Ground Ambulance	\$200 / up to 2 times per year
Air Ambulance	\$1,000 / 1 time per year
Weekly Per Pay Rates	
Employee	\$36.46
Employee + Spouse	\$85.62
Employee + Child(ren)	\$85.62
Family	\$134.77

¹ The EliteCare MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.

² Rx benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/purerx-standard/. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

³ Recuro Health's Virtual Care program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging and connects members with a Psychiatrist or Licensed Counselor through secure and private online video or phone sessions at \$50 each (first 3 visits - \$85 after)

Minimum Value 6500 - Plan 4

Medical Benefits	Coverage Information
Annual Deductible	\$6,500 individual / \$13,000 family
Out-of-Pocket Maximum ² (for covered services)	\$6,500 individual / \$13,000 family
Preventive / Wellness	Covered 100%
Primary Care/ Specialist Visits	\$50 Copay
Urgent Care	Covered 100% after deductible is met
Emergency Services (excludes ambulance)	Reference-Based Pricing ³ after deductible is met
Diagnostic Services including Labs, X-Rays and other Imaging	Covered 100% after deductible is met
Inpatient Hospital Services including Physician Fees	Reference-Based Pricing ³ after deductible is met
Outpatient Hospital Services	Not Covered
All additional covered services	Covered 100% after deductible is met
Telemedicine	Included
Prescription Drug Benefits	Coverage Information
Generic Prescription Drugs	Covered 100% after deductible is met
Preferred Brand Prescription Drugs	Covered 100% after deductible is met
Non-Preferred, Specialty and Self-Injectable Prescription Drugs	Not Covered
Weekly Rates	
Employee	9.02% rule applies (2025)
Employee + Spouse	9.02% rule applies (2025) + \$137.31
Employee + Child(ren)	9.02% rule applies (2025) + \$137.31
Family	9.02% rule applies (2025) + \$274.62

¹ This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Specific services including inpatient hospital, maternity and outpatient surgery are subject to pre-certification.

² The out-of-pocket maximum refers to covered services only. Specific services, including emergency and hospital services, are subject to reference-based pricing (see definition below) and patients may be billed beyond the out-of-pocket maximum for these services.

³ Reference-based pricing reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. The MV 6500 plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement total. For additional information regarding reference-based pricing, please contact a SBMA representative at 1.888.505.7724 option 2.



Important Information and FAQs for Medical

NETWORK

Does my medical plans have out of network coverage?

No. You must go to an in-network PHCS provider for the WellCare MEC, EliteCare MEC, & MV 6500 plans to receive benefits under your medical plans.

Do I receive PHCS network discounts for non-covered services?

No. Network discounts only apply to covered services.

LOSS OF MEDICAID

Can I sign up for my employers' medical program if I lose Medicaid for myself, spouse and/or my children?

Yes. You have 60 days from your date of loss to enroll any applicable family members in your company medical plan. You will be required to provide proof of loss before you can enroll in your company plan.

LOSS OF EMPLOYMENT

Can I continue my coverage if my employment ends?

Yes. Applicable federal and state laws require that you be offered coverage through COBRA. After your employment end date is reported, you will receive a COBRA package in the mail to your home address on file. This will allow you to continue coverage for up to 18 months. Please note that you will no longer receive employer contributions to your employer sponsored medial coverage and may be eligible for more affordable alternatives through your federal or state exchange.

Group Health Plan PPO Network PHCS

To check if your provider is in the network for WellCare, Elite Care, & MV 6500 plans go to a www.multiplan.com.

Or you may speak to a representative at
888-263-7543,
Monday – Friday,
7:00 am – 7:00 pm CST.

RX PPO Network PureRx (ProCare)

To check if your provider is in the network, go to www.sbmabenefits.com/purerx-standard/.



Dental

A glowing smile will brighten anyone's day. That is why we are providing a dental plan, offered by **Delta Dental**, to eligible employees. Proper dental care at home, combined with seeing your dentist regularly, is your ticket to good dental health. However, when a dental problem arises, our comprehensive dental benefits help you receive the treatment you need.

To Check if your provider is in the network please visit <https://www.deltadentalCT.com>

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Dental Benefits	Delta 1000 Plan (High Plan)	
	In-Network	Out-of-Network
Annual Deductible	\$50 individual \$150 family	\$100 individual \$300 family
Annual Maximum Benefit	\$1,000 per insured person	\$1,000 per insured person
Diagnostic & Preventive		
Exams / Cleanings (twice per year)	Covered 100% (deductible waived)	Covered 80% (deductible waived)
Bitewing X-Rays (once per year)		
Full mouth X-Rays (once every 5 years)		
Fluoride Treatment (twice per year)	n/a	n/a
Space Maintainers (once per space)	n/a	n/a
Basic Services		
Fillings (once per tooth in 365 days)	Covered 80% after deductible is met	Covered 50% after deductible is met
Extractions		
Root Canal (once per tooth per lifetime)		
Major Services		
Crowns (once per tooth every 5 years)	Covered 50% after deductible is met	Covered 50% after deductible is met
Dentures (once every 5 years)		
Bridges (once every 5 years)		
Implants (once every 5 years)		
Orthodontic Services	Not Covered	Not Covered
Weekly Rates		
Employee		\$0.00
Employee + Spouse		\$9.06
Employee + Child(ren)		\$7.97
Family		\$18.36

Vision

Whether you are driving down the highway or reading a book, seeing clearly is important, which is why we are offering you a vision plan through **Delta Dental/VSP**. From keeping an eye-wear prescription up-to-date to preventing vision loss due to glaucoma or diabetes, regular visits to a quality eye care professional are a must.



Vision Benefits	In-Network	Out-of-Network	Frequency
Comprehensive eye exam	\$10 copay	\$45 allowance	Once every 12 months
Eyeglass Frames	In-Network	Out-of-Network	Frequency
One pair of eyeglass frames	\$130 allowance (\$70 allowance at Walmart / Costco)	\$70 allowance	Once every 24 months
Eyeglass Lenses (instead of contacts)	In-Network	Out-of-Network	Frequency
Single	\$25 copay	\$30 allowance	Once every 12 months
Bifocal	\$25 copay	\$50 allowance	Once every 12 months
Trifocal	\$25 copay	\$65 allowance	Once every 12 months
Contact Lenses (instead of glasses)	In-Network	Out-of-Network	Frequency
Contact Fitting & Evaluation	Maximum \$60 copay	Applied to contact lens allowance	Once every 12 months
Elective disposable	\$130 allowance	\$105 allowance	Once every 12 months
Non-elective (medically necessary)	Covered 100% after copay	\$210 allowance	Once every 12 months
Weekly Rates			
Employee		\$0.00	
Employee + Spouse		\$2.30	
Employee + Child(ren)		\$2.53	
Family		\$5.75	