Hoffman
DRIVEN BY TRUST

January 1, 2027 – December 31, 2027

WEEKLY PAYROLL DEDUCTIONS

HEALTH INSURANCE			
WELLNET	Bronze $5,000 Plan	Gold $2,500 Plan	Platinum $1,000 Plan
Employee Only	$4.00	$28.12	$108.72
Employee + Spouse	$70.72	$114.31	$249.63
Employee + Child(ren)	$35.87	$89.71	$256.87
Employee + Family	$76.94	$144.37	$353.72

DENTAL INSURANCE		
HUMANA	PPO Low	PPO High
Employee Only	$3.84	$7.05
Employee + Spouse	$11.37	$18.29
Employee + Child(ren)	$10.50	$16.48
Employee + Family	$18.42	$27.73

VISION INSURANCE	
HUMANA	Vision Plan
Employee Only	$1.52
Employee + Spouse	$3.28
Employee + Child(ren)	$3.11
Employee + Family	$4.48

ACCIDENT & HOSPITAL INDEMNITY		
MUTUAL OF OMAHA	Accident	Hospital Indemnity
Employee Only	$2.64	$3.41
Employee + Spouse	$4.12	$7.82
Employee + Child(ren)	$5.22	$4.69
Employee + Family	$7.08	$9.39

Please refer to Paycom for pricing information regarding Voluntary Life, Disability, and other supplemental insurance options. These benefits are also available for your consideration.