



What's New or Changed for 2027



To learn more about your benefits, you may contact the Marsh Benefits Resource Center at 855-206-1956, log in to myprimeinc.com, or visit www.primeincbenefits.com to access your 2027 Guide and other resources!

BENEFIT	PLAN HIGHLIGHTS	CHANGES FOR 2027
UMR Medical	Traditional PPO - Deductible, Copay, & Coinsurance HDHP with HSA (In-House Only) - Deductible & Coinsurance	None Deductible Increased \$100
Surest Medical	Surest Copay Low or Copay High Plans	None
Sun Life Dental	Dental Low or Dental High Plans	Carrier and policy number change only
VSP Vision	Vision - Copay & Allowances for corrective lenses	None
OneAmerica Life AD&D	Voluntary Group Term Life with AD&D coverage	None
Disability	Voluntary Short Term, Long Term and Lump Sum Disability	None
Trustmark UL	Universal Life - Permanent Life with Long Term Care	None
Worksite Benefits	Accident and Critical Illness coverage	None
Employee Assistance Program	OneAmerica / ComPsych GuidanceResources	Sessions per issue increased to 6
Wellness Program	Command Health	None
Dependent Care	Tax advantaged account for dependent daycare	None
Health Savings Account	Tax advantaged savings account for un-reimbursed medical dental and vision expenses paired with the HDHP	Federal Limit Increase
Fidelity Retirement	401(k) or Roth Retirement Plans	Federal Limit Increase



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MEDICAL BENEFITS

	UMR LOW PPO PLAN	UMR HDHP WITH HSA In-House Only	SUREST COPAY LOW PLAN	SUREST COPAY HIGH PLAN
	In-Network	In-Network	In-Network	In-Network
Calendar Year Deductible				
» Per member	\$900	\$3,500	\$0	\$0
» Per family	\$2,700	\$5,400	\$0	\$0
Out-of-Pocket Maximum				
» Per member	\$6,350	\$5,000	\$6,500	\$2,500
» Per family	\$12,700	\$10,000	\$13,000	\$5,000
Preventive Care	Covered at 100%	Covered at 100%	\$0 copay	\$0 copay
Primary / Specialist Visit	\$50 copay	20%	\$25-\$130 copay	\$5-\$40 copay
Urgent Care Visit	\$75 copay	20%	\$80 copay	\$20 copay
Telehealth Visit	\$20 copay	\$20 copay	\$0-\$130 copay	\$0-\$40 copay

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2027 WEEKLY MEDICAL RATES	UMR LOW PPO PLAN		UMR HDHP WITH HSA In-House Only		SUREST COPAY LOW PLAN		SUREST COPAY HIGH PLAN	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Associate Only	\$95.74	\$36.82	\$84.20	\$32.38	\$95.74	\$36.82	\$154.32	\$98.76
Associate + Spouse	\$190.28	\$73.18	\$166.72	\$64.12	\$190.28	\$73.18	\$300.40	\$192.26
Associate + Child(ren)	\$180.82	\$69.54	\$158.46	\$60.95	\$180.82	\$69.54	\$285.78	\$182.90
Associate + Family	\$280.99	\$108.07	\$245.89	\$94.57	\$280.99	\$108.07	\$440.53	\$281.94

Medical Rates: Adjustments to associates premium contributions for 2027.

2026 WEEKLY MEDICAL RATES	UMR LOW PPO PLAN		UMR HDHP WITH HSA In-House Only		SUREST COPAY LOW PLAN		SUREST COPAY HIGH PLAN	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Associate Only	\$87.04	\$33.48	\$76.54	\$29.44	\$87.04	\$33.48	\$140.29	\$89.78
Associate + Spouse	\$172.98	\$66.53	\$151.57	\$58.29	\$172.98	\$66.53	\$273.09	\$174.78
Associate + Child(ren)	\$164.38	\$63.22	\$144.05	\$55.41	\$164.38	\$63.22	\$259.80	\$166.27
Associate + Family	\$255.44	\$98.25	\$223.54	\$85.98	\$255.44	\$98.25	\$400.48	\$256.31