

Employee Group Health Plan Contributions - Open Enrollment

EDCERT, LLC - 5804300

Printed on: 12/22/2025
 Pay Frequency: SemiMonthly
 Contribution Frequency: Per Month
 Benefits Waiting Period: 0 Days
 Effective Date: 01/01/2026
 Open Enrollment Period: 11/17/2025 - 01/01/2026

Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
National					
UnitedHealthcare Choice Plus 1000	\$158.46	\$332.37	\$300.69	\$300.69	\$490.44
UnitedHealthcare Choice Plus 1500	\$151.02	\$316.22	\$286.28	\$286.28	\$466.84
UnitedHealthcare Choice Plus 2500	\$140.56	\$296.57	\$267.43	\$267.43	\$437.22
UnitedHealthcare Choice Plus 500 (80%)	\$162.42	\$341.71	\$309.40	\$309.40	\$504.69
UnitedHealthcare Choice Plus 6000	\$132.01	\$276.62	\$249.85	\$249.85	\$408.71
UnitedHealthcare Primary Advantage CP 2000	\$171.79	\$361.22	\$327.01	\$327.01	\$533.12
UnitedHealthcare Primary Advantage CP 4500	\$165.03	\$347.07	\$313.91	\$313.91	\$512.21
UnitedHealthcare Primary Advantage CP 5000	\$152.36	\$319.83	\$288.78	\$288.78	\$471.03
UnitedHealthcare Choice Plus HDHP 1700	\$97.62	\$205.03	\$185.05	\$185.05	\$301.89
UnitedHealthcare Choice Plus HDHP 3400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthcare Choice Plus HDHP 5000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
California HMOs					
Blue Shield of CA DHMO 1000 North	\$346.94	\$705.79	\$642.96	\$642.96	\$1,063.68
Blue Shield of CA DHMO 1000 South	\$276.82	\$559.20	\$510.02	\$510.02	\$845.39
Blue Shield of CA HMO North	\$505.44	\$1,026.25	\$934.46	\$934.46	\$1,547.81
Blue Shield of CA HMO South	\$375.52	\$759.38	\$692.75	\$692.75	\$1,151.00
Kaiser DHMO 1000 CA North	\$237.16	\$486.54	\$454.18	\$454.18	\$694.04
Kaiser DHMO 1000 CA South	\$191.15	\$419.91	\$381.52	\$381.52	\$571.25
Kaiser HMO CA North	\$331.84	\$684.23	\$636.85	\$636.85	\$975.18
Kaiser HMO CA South	\$265.95	\$583.18	\$529.87	\$529.87	\$795.28
UHC Signature Value HMO CA North	\$575.40	\$1,183.57	\$1,104.73	\$1,104.73	\$1,687.73
UHC Signature Value HMO CA South	\$411.42	\$847.84	\$790.46	\$790.46	\$1,210.23
UHC Signature Value Harmony DHMO 1000 CA North	\$228.27	\$469.72	\$438.31	\$438.31	\$669.61
UHC Signature Value Harmony DHMO 1000 CA South	\$163.55	\$337.42	\$314.26	\$314.26	\$481.15
UHC Signature Value Harmony DHMO 2000 CA North	\$200.99	\$413.57	\$386.28	\$386.28	\$589.66
UHC Signature Value Harmony DHMO 2000 CA South	\$143.88	\$297.13	\$277.14	\$277.14	\$424.36
Kaiser HMO HDHP 3400 CA North	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser HMO HDHP 3400 CA South	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Colorado HMOs					
Kaiser DHMO 1000 CO	\$118.58	\$260.72	\$237.08	\$237.08	\$355.59
Kaiser DHMO 500 CO	\$122.23	\$268.81	\$244.38	\$244.38	\$366.53
Kaiser HMO HDHP 3400 CO	\$93.67	\$205.99	\$187.27	\$187.27	\$280.87
Hawaii					
HMSA BCBS of Hawaii	\$270.47	\$620.11	\$513.19	\$513.19	\$862.51
Kaiser HMO Hawaii	\$232.08	\$488.12	\$441.17	\$441.17	\$719.74
UnitedHealthcare Options PPO	\$410.76	\$859.78	\$777.00	\$777.00	\$1,269.26
Massachusetts					
HPHC Access America 1000	\$158.46	\$332.37	\$300.69	\$300.69	\$490.44
HPHC Access America 1500	\$151.02	\$316.22	\$286.28	\$286.28	\$466.84
HPHC Access America 500 (80%)	\$162.42	\$341.71	\$309.40	\$309.40	\$504.69
HPHC DHMO 1000 MA	\$150.94	\$317.51	\$286.42	\$286.42	\$452.36
HPHC DHMO 2000 MA	\$137.93	\$289.59	\$261.99	\$261.99	\$414.28
HPHC HMO MA	\$179.50	\$376.21	\$340.04	\$340.04	\$537.87
HPHC Access America HDHP 1700	\$97.62	\$205.03	\$185.05	\$185.05	\$301.89
HPHC Access America HDHP 3400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HPHC HMO HDHP 3400 MA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
New Hampshire HMOs					
HPHC DHMO 1000 NH	\$142.38	\$298.80	\$270.40	\$270.40	\$426.82
HPHC DHMO 2000 NH	\$137.30	\$288.17	\$260.72	\$260.72	\$411.59
HPHC HMO NH	\$161.41	\$338.93	\$306.56	\$306.56	\$484.08
HPHC HMO HDHP 3400 NH	\$119.05	\$249.93	\$226.13	\$226.13	\$357.01
Northwest					
Kaiser DHMO 1000 Northwest	\$107.79	\$237.72	\$216.14	\$216.14	\$324.18
Kaiser DHMO 500 Northwest	\$128.73	\$283.09	\$257.23	\$257.23	\$386.20
Kaiser HMO HDHP 3400 Northwest	\$93.36	\$205.36	\$186.96	\$186.96	\$280.40

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Rhode Island HMOs					
HPHC DHMO 1000 RI	\$136.19	\$285.95	\$258.66	\$258.66	\$408.42
HPHC DHMO 2000 RI	\$128.10	\$269.77	\$244.07	\$244.07	\$385.26
HPHC HMO RI	\$164.11	\$344.64	\$311.80	\$311.80	\$492.34
HPHC HMO HDHP 3400 RI	\$109.54	\$229.95	\$208.06	\$208.06	\$328.46
Washington					
Kaiser Fdn Hlth Plan WA (DHMO 1000)	\$117.63	\$258.98	\$235.82	\$235.82	\$353.69
Kaiser Fdn Hlth Plan WA (DHMO 500)	\$128.57	\$282.77	\$256.75	\$256.75	\$385.73
Kaiser Fdn Hlth Plan WA (HMO HDHP 3400)	\$100.65	\$221.06	\$201.07	\$201.07	\$301.81
National Out-of-Area (Indemnity)					
UnitedHealthcare Out-of-Area 500	\$410.76	\$859.78	\$777.00	\$777.00	\$1,269.26
UnitedHealthcare Out-of-Area HDHP 1700	\$97.62	\$205.03	\$185.05	\$185.05	\$301.89
UnitedHealthcare Out-of-Area HDHP 3400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthcare Out-of-Area HDHP 5000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental and Vision					
UnitedHealthcare Dental PPO 50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Insperty HSA Employer Contributions - Open Enrollment

EDCERT, LLC - 5804300

Printed on: 12/22/2025

Contribution Frequency: Per Payroll

Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
1650 Deductible HDHP (1700 in 2026)	\$850.00	\$1,700.00	\$1,700.00	\$1,700.00	\$1,700.00
3300 Deductible HDHP (3400 in 2026)	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
5000 Deductible - HDHP	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
HPHC HMO HDHP MA	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
HPHC HMO HDHP NH	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
HPHC HMO HDHP RI	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
Kaiser HMO HDHP CA North	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
Kaiser HMO HDHP CA South	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
Kaiser HMO HDHP CO	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
Kaiser HMO HDHP Northwest	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00
Kaiser HMO HDHP Washington	\$1,700.00	\$3,400.00	\$3,400.00	\$3,400.00	\$3,400.00

Notes

This document reflects the Insperty Group Health Plan contribution amounts that will apply to elections made during the annual open enrollment period indicated above. These amounts may be different than the contribution amounts currently in effect.

The contribution amounts are reflected on either a per pay period or monthly basis, as indicated above under 'Contribution Frequency'. If the 'Contribution Frequency' displayed is 'monthly', employees who want to know the contribution amount based on pay frequency should request the 'per pay period' version of this document. Amounts are subject to change and this document is not a guarantee that the contribution amounts reflected will remain in place for the full coverage period.

Eligibility for Insperty Group Health Plan coverage is subject to satisfaction of the waiting period indicated above (if any). The availability of coverage options is based on the employee's zip code. For information on which options are available, employees can refer to the online benefits enrollment tool (if they are in an enrollment period) or call the Insperty Contact Center at 866-715-3552.

Report ID: 18941015