



Intrastaff 2026 Benefits Summary — Weekly Employee Deductions

Medical Plan Options

| Plan Type | Weekly Cost Before Benefits Allowance | Employee Weekly Payroll Deduction |
|--------------------------------------|---------------------------------------|--|
| PPO | | NOTE: This column is amount per week for medical |
| Employee | \$241.15 | \$77.17 |
| Employee + Child(ren) | \$434.07 | \$270.09 |
| Employee + Spouse / Domestic Partner | \$482.30 | \$318.32 |
| Employee + Family | \$723.45 | \$559.47 |
| EPO | | |
| Employee | \$197.96 | \$63.35 |
| Employee + Child(ren) | \$356.33 | \$221.72 |
| Employee + Spouse | \$395.92 | \$261.31 |
| Employee + Family | \$593.89 | \$459.28 |
| * DPC | | |
| Employee | \$119.34 | \$38.19 |
| Employee + Child(ren) | \$215.07 | \$133.92 |
| Employee + Spouse | \$238.98 | \$157.83 |
| Employee + Family | \$358.46 | \$277.31 |

Dental Plan Options

| Coverage Type | Comprehensive (<i>Employee weekly deduction</i>) | High Option (<i>Employee weekly deduction</i>) |
|-----------------------|--|--|
| Employee Only | \$5.24 | \$8.68 |
| Employee + Child(ren) | \$10.48 | \$17.46 |
| Employee + Spouse | \$14.40 | \$24.01 |
| Employee + Family | \$15.72 | \$26.20 |

Vision Plan Options

| Coverage Type | EHP Vision Plan (<i>Employee weekly deduction</i>) |
|-----------------------|--|
| Employee Only | \$1.94 |
| Employee + Child(ren) | \$3.49 |
| Employee + Spouse | \$3.88 |
| Employee + Family | \$5.74 |

*DPC = Direct Primary Care- This coverage has the same plan design as the PPO plan; however, there is no out-of-network coverage.