Pharmerica & Support Center 2027 Benefit Rate Sheet

Medical Plans - Monthly Rates

Coverage Level	Imagine 900	Imagine 2000	Imagine 2800	Imagine 4000	Coupe
Employee Only	$387.99	$287.20	$295.93	$103.35	$393.12
Employee + Spouse	$982.31	$754.17	$777.89	$361.50	$994.12
Employee + Child(ren)	$843.16	$647.86	$669.37	$310.94	$852.92
Family	$1,350.56	$943.84	$969.54	$496.35	$1,366.99

Dental Insurance - Monthly Rates

Coverage Level	Preventative Plan	PPO Plus Plan
Employee Only	$15.30	$31.58
Employee + Spouse	$31.21	$64.42
Employee + Children	$35.96	$74.20
Family	$50.80	$104.83

Vision Insurance - Monthly Rates

Coverage Level	Low Plan	High Plan
Employee Only	$6.08	$8.49
Employee + Spouse	$10.63	$14.88
Employee + Children	$11.54	$16.14
Family	$17.60	$24.63