



**Wheeling Grand LLC & Grand Golf LLC
Employee Health Benefits - Effective July 1, 2025**

Medical				
Carrier	BCBS	BCBS	BCBS	BCBS
Plan Type/Number	MIBCO2085	MIBCO2035	MIBSC2085	MIIESE3073 H.S.A
Deductible Ind. (In/Out)	\$500 BC / \$1,250 PPO / \$2,500	\$1,000 BC / \$2,500 PPO / \$5,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Deductible Fam. (In/Out)	\$1,500 BC / \$3,750 PPO / \$7,500	\$3,000 BC / \$7,500 PPO / \$15,000	\$6,000 / \$12,000	\$10,000 / \$20,000
Coinsurance - (In/Out)	90% BC / 70% PPO / 50%	90% BC / 70% PPO / 50%	80% / 50%	80% / 50%
Out-of-Pocket Max Ind. (In/Out)	\$1,250 BC / \$1,500 PPO / \$4,500	\$3,000 BC / \$6,000 PPO / \$18,000	\$5,000 / \$15,000	\$7,000 / \$21,000
Out-of-Pocket Max Fam. (In/Out)	\$2,500 BC / \$4,500 PPO / \$9,000	\$9,000 BC / \$12,000 PPO / \$36,000	\$15,000 / \$45,000	\$14,000 / \$42,000
Copay (PCP/Spec.) In-Network	\$25 / \$50 BC // \$45 / \$90 PPO	\$30 / \$60 BC // \$55 / \$110 PPO	\$35 Copay	Deductible & Coinsurance
Preventive Care (In/Out)	100%	100%	100% / 50%	100% / 50%
Emergency Room	\$400/Visit + Coinsurance	\$400/Visit + Coinsurance	\$200 Copay	Deductible & Coinsurance
Inpatient Hospitalization (In/Out)	\$250/Visit BC / \$500/Visit PPO / \$600/Visit + Coinsurance	\$250/Visit BC / \$500/Visit PPO / \$600 + Coinsurance	Ded then 20% coins / \$300 copay + 50% coins	Ded then 20% coins / \$300 copay + 50% coins
Outpatient Surgery (In/Out)	\$200/Visit BC / \$400/Visit PPO / \$500 + Coinsurance	\$200/Visit BC / \$400/Visit PPO / \$500 + Coinsurance	Ded then 20% coins / Ded then 50% coins	Deductible & Coinsurance
Prescription Drug (Preferred Pharmacy)	\$5/\$15/\$45/\$85/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350	10%/10%/20%/30%/40%/50%
Network	BLUE CHOICE OPTIONS	BLUE CHOICE OPTIONS	BLUE CHOICE SELECT PPO	BLUE CHOICE SELECT PPO

Per Pay Deduction	MIBCO2085	MIBCO2035	MIBSC2085	MIIESE3073 H.S.A
Single	\$244.81	\$200.16	\$160.88	\$81.18
Single + Spouse	\$624.14	\$534.00	\$454.69	\$293.81
Single + Child(ren)	\$567.11	\$483.80	\$410.51	\$261.84
Family	\$946.43	\$817.64	\$704.33	\$474.46



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Dental		
Carrier	BCBS	
Plan Type/Number	DINLR58	DINHR30
Deductible Ind. (In/Out)	\$50	\$25
Deductible Fam. (In/Out)	\$150	\$225
Preventative Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
OON Reimbursement	90th R&C	90th R&C
Annual Max	\$1,000	\$5,000
Orthodontia (adult & child)	\$1000 @ 50%	\$2000 @ 50%
Network	DNOA	DNOA
Per Pay Deduction	DINLR58	DINHR30
Single	\$19.64	\$28.31
Single + Spouse	\$39.27	\$56.62
Single + Child(ren)	\$49.06	\$64.16
Family	\$75.44	\$100.68

Vision	
Carrier	BCBS
Plan Type/Number	PLAN 8
Contact lense exam	up to \$40/ N/A
Frames Allowance (in/Out)	\$130
Single In network	\$25
Bifocal In network	\$25
Trifocal In network	\$25
Exam	Every 12 months
Frame	Every 12 months
Lenses or Contacts	Every 12 months
Network	In Network

Per Pay Deduction	BCBS PLAN 8
Single	\$3.51
Single + Spouse	\$6.66
Single + Child(ren)	\$7.02
Family	\$10.32