St. Moritz SECURITY SERVICES, INC.

ST. MORITZ BUILDING SERVICES, INC

2027 Medical Plan Changes:
Side-by-Side Comparison

Your 2026 plan ends 12/31/2026. Your new plan starts 1/1/2027.

Benefit	2026 FlexWork Edge MVP → 2027 Apex Tres Premier $1,000			
	2026 plan (ends 12/31/2026)		2027 plan (starts 1/1/2027)	
	Copay	Annual limit	Copay	Annual limit
Deductible / cost share	Deductible EE/Fam: $0; Coinsurance: 0%		Deductible EE/Fam: $1,000 / $2,000; Coinsurance: 0%	
Annual out-of-pocket max	Employee $9,100; Family $18,200		Employee $9,100; Family $18,200	
Preventive services & meds	$0	Unlimited	$0	Unlimited
Office visits (PCP / specialist)	$25 / $50	6 combined	$25 / $50	Unlimited
Chiropractor & acupuncture	$15	15 combined	$75	10 per year
Minor lab & imaging (office / hosp. outpt.)	$50 / $150	2 service dates	1 Radiology $0 preferred; $50 lab, 30% after ded.	Unlimited
Major lab & imaging (office / hosp. outpt.)	$50 / $150	2 service dates	$0 preferred/$350	2 per year
Urgent care	$100	4 per year	$75	Unlimited
Emergency room	$500	2 per year	$750	1 per year
Outpatient surgery (office / hosp. outpt.)	$500 / $1,000	1 surgery per year	$350 / 30% after deductible	2 per year / 1 per year
Home health care	$80	30 per year	$50	15 per year
Rehab & habilitative services	$80	30 per year	$75	10 per year
Mental health & substance use	$150	15 per year	$75	10 per year
Inpatient services	$1,000 for all inpatient services	$35,000 maximum per admission	30% after deductible	7 Days
Pharmacy	**Member Cost**	**Annual Limit**	**Member Cost**	**Annual Limit**
Rx Tier 1	$15	Unlimited	Preventative: $0; Tier 1: $10	Unlimited
Rx Tier 2	$30		—	—
Rx Tiers 3 & 4	50% cost share		—	—

MONTHLY PAYROLL DEDUCTIONS		
Employee	**9.96% of earnings**	**10.22% of earnings**
Employee + Spouse	**$1,230.07**	**$981.14**
Employee + Child(ren)	**$863.30**	**$801.29**
Family	**$1,777.23**	**$1,572.05**

This is a summary only; official plan documents govern. Questions? Contact Benefit Simply at 888-744-0037.