

INSURANCE COVERAGE

AS OF: 5/1/2026

TYPE	COVERAGE LIMITS	DEDUCTIBLE	CO-PAY	PREMIUM
PROPERTY	\$32,513,286	\$1,000		\$65,013
BUSINESS INCOME	\$500,000			
GENERAL LIABILITY	\$2,000,000 AGGREGATE \$1,000,000 EACH OCCURRENCE \$1,000,000 PERSONAL INJURY \$10,000 MEDICAL EXPENSE			\$22,792 includes all coverages down to umbrella
EMPLOYEE BENEFITS	\$2,000,000 AGGREGATE \$1,000,000 EACH PERSON	\$1,000		
ABUSE & MOLESTATION	\$2,000,000 AGGREGATE \$1,000,000 EACH PERSON			
PROFESSIONAL LIABILITY	\$2,000,000 AGGREGATE \$1,000,000 EACH PERSON			
EMPLOYEE DISHONESTY	\$250,000 PER CLAIM	\$5,000		
UMBRELLA/EXCESS LIABILITY	\$5,000,000 AGGREGATE \$5,000,000 EACH OCCURRENCE \$2,000,000 CAP ON ABUSE CLAIM			\$26,925
AUTOMOBILE	\$1,000,000 COMBINED SINGLE \$1,000,000 UNINSURED MOTORIST \$1,000,000 UNDERINSURED \$25,000 DAMAGE COLLISION COMPREHENSIVE	\$1,000 \$1,000		\$32,911
DIRECTORS & OFFICERS	\$5,000 MEDICAL PAYMENTS/PERSON \$5,000,000 LIMIT	\$2,500		\$12,897 includes D&O, Emp Pract, Cyber
EMPLOYMENT PRACTICES	\$5,000,000 LIMIT	\$5,000		
CYBER RISK POLICY	\$1,000,000 AGGREGATE	\$5,000		
WORKERS' COMPENSATION	\$500,000 EACH ACCIDENT \$500,000 DISEASE			\$24,620
MEDICAL	LIFETIME MAXIMUM * IN NET DEDUCTIBLE (EMPLOYEE/FAMILY) COINSURANCE * ANNUAL MAX out of POCKET (EMP/FAMILY) OFFICE VISIT COPAY DRUG CARD EMERGENCY ROOM URGENT CARE VIRTUAL DOCTOR VISIT	UNLIMITED \$5,000/\$10,000 30% \$10,150/\$20,300 35/PCP \$0/ANNUAL PHYSICAL Visits 1-3 are \$0 cost at designated PCP \$70/SPECIALIST \$10/\$25/\$45/\$60/25%(min \$50 max\$100) \$1,000 \$70 COPAY \$0		
*MHCO WILL REIMBURSE EMPLOYEE FOR DEDUCTIBLE PAYMENTS MADE OVER \$1,500 - NOT TO EXCEED A TOTAL REIMBURSEMENT OF \$3,500.				
DENTAL	ANNUAL MAXIMUM DIAGNOSTIC & PREVENTIVE SERVICES BASIC SERVICES COVERED AT 50%	\$750 COVERAED AT 100% \$50		