



Full-Time Benefit Summary

We offer a generous full-time benefit package:

- 401(k) match to 5% of earnings – immediate enrollment and 100% vesting
- Choice of two health plans
- Dental
- Vision
- Life Insurance
- Annual Profit Sharing Bonus
- Long-term Disability Insurance
- Employee Assistance Program
- Vacation Leave
- Sick Leave
- 10 Paid holidays

Health Plans:

The BlueChoice Open Access High Deductible HMO with Health Savings Account (HSA) and the BlueChoice Open Access Low Deductible HMO are “in-network only” plans and use the same network of doctors.

Medical Plan Comparison Chart

Open Access Plans - No PCP or referrals necessary Services Per Plan Year	BlueChoice High Deductible HMO HSA In-Network Only - You Pay	BlueChoice Low Deductible HMO In-Network Only - You Pay
Maximum Benefit	Unlimited	Unlimited
Deductible: Individual/With Dependents	\$1,500/\$3,000	\$250/\$500
Out-of-Pocket Maximum: Individual/With Dependents	\$3,000/\$6,550	\$2,500/\$5,000
Preventive Services	Deductible Waived	Deductible Waived
Well Child Care, Adult Physical Exam	No Copay	No Copay
Routine GYN Visit, Mammogram	No Copay	No Copay
Preventive Prenatal and Postnatal Office Visits	No Copay	No Copay
Cancer Screening (Pap, Prostate, Colorectal)	No Copay	No Copay
Outpatient Services	Deductible Applies	Deductible Applies Unless Noted
Physician Visits: Primary Care (PCP)/Specialist	\$10/\$20 Copay	\$30/\$40 Copay
Telemedicine Video Visits	\$10 Copay	\$30 Copay
Lab Tests, X-Rays & Imaging (MRI, PET & CAT scans)	No Copay	No Copay, Ded. Waived
Outpatient Facility Services	No Copay	No Copay
Routine Eye Exam	\$10 Copay, Ded. Waived	\$10 Copay, Ded. Waived
Urgent Care Center	\$20 Copay	\$40 Copay
Emergency Room - Copay Waived if Admitted	\$100 Copay	\$100 Copay
Hospitalization	Deductible Applies	Deductible Applies
Room & Board - Per Admission	\$250 Copay	20%
Ancillaries & Surgery	No Copay	No Copay
Physicians Visits	No Copay	No Copay
Skilled Nursing Facility	No Copay	No Copay
Prescription Drug Coverage	Deductible Applies	
Out-of-Pocket Maximum: Individual/With Dependents	Combined with Medical	\$4,500/\$9,000

* Please ask for our Eastern Shore, VA Benefit Summary for open positions in that region (Wallops Island, VA and Oak Hall, VA).

CareFirst BlueDental Plus Coverage

CareFirst BlueDental Plus	In-Network	Out-of-Network Reimbursement*
Plan Year Maximum	\$2,000 Per Person - Combined	
Plan Year Deductible <i>Individual Family</i>	\$25 / \$75	\$50 / \$100
Preventive/Diagnostic: <i>Deductible Waived Exams, Cleanings, X-Rays</i>	100%	100% AB
Basic & Major Surgical Services <i>Deductible Applies</i> <i>Fillings, Extractions, Oral Surgery, Endodontics (Root Canal)</i>	80%	80% AB
Major Restorative Services <i>Deductible Applies</i> <i>Dentures, Fixed Bridges, Inlays, Onlays, Crowns</i>	50%	50% AB

*Allowed Benefit (AB): The amount that would have been paid had the participant obtained services from a participating in-network CareFirst Preferred provider.

YOU HAVE 3 OPTIONS FOR CARE:

\$ 1. PREFERRED NETWORK

\$\$ 2. CAREFIRST NETWORK

\$\$\$ 3. NON-NETWORK PROVIDER

LOCATE PROVIDERS
Review Benefits & Claims
carefirst.com/doctor



SELECT: *BlueDental Plus*

CUSTOMER SERVICE
866-891-2802

CareFirst Davis Vision Plan

All medical plans include a basic in-network vision plan through the BlueVision Davis Vision Plan, which is included in the premium. Participants may access participating providers online by visiting davisvision.com.

Avesis Voluntary Vision Plan

Employees interested in a higher level of vision benefits may enroll in the Avesis Premier Vision Plan. Participants may access participating providers online by visiting avesis.com. See chart below for a comparison of the Davis Vision and the voluntary Avesis plans.

Vision Plan Comparison	BlueVision Core Included in Medical	Avesis Premier (voluntary)
Frequency of Service	Davis Vision	Avesis
<i>Vision Exam</i>	Once Per Plan Year	12 Months
<i>Lenses, Frames, Contact Lenses</i>	Once Per Plan Year	No Limit
Vision Exam	\$10 Copayment	No Copayment
Lenses		
<i>Single Vision, Bifocal, Tifocal, Lenticular</i>	\$35 - \$110 Copay	Savings up to 20%
Frames	\$40 plus 10% off the amount over \$70	Savings up to 20%
Contact Lenses (in lieu of glasses)	10% - 20% Savings	Savings up to 20%
Laser Vision Correction	Up to 25% Savings or 5% off advertised special	Savings up to 25%



LOCATE PROVIDERS
Review Benefits & Claims
avesis.com



CUSTOMER SERVICE
800-828-9341