

# MEDICAL BENEFITS | CAREFIRST

Martha's Table provides \$2,000 in the HSA account for employees enrolled in this plan.

BENEFIT DESCRIPTION	HealthyBlue Option HMO	HealthyBlue HMO HSA/HRA	HealthyBlue 2.0	
	In-Network	In-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> Individual Family	\$500 \$1,000	\$2,000 \$4,000	\$500 \$1,000	\$1,500 \$3,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$4,500 \$6,550	\$4,500 \$6,550	\$4,500 \$6,550	\$6,000 \$12,000
<b>Physician Services</b> Primary Care Physician Specialist Preventive Services	No Charge \$30 Copay No Charge	No Charge after Deductible \$30 Copay No Charge	No Charge \$30 Copay No Charge	Deductible, then \$50 per visit Deductible, then \$50 per visit No Charge
<b>Lab and X-Ray &amp; Diagnostics</b> Outpatient Lab Outpatient x-Rays Outpatient Diagnostics	No Charge No Charge No Charge	No Charge after Deductible No Charge after Deductible No Charge after Deductible	No Charge No Charge No Charge	No Charge after Deductible No Charge after Deductible No Charge after Deductible
<b>Emergency Services</b> Emergency Room (waived if admitted) Emergency Room (Physician) Urgent Care	\$200 Copay per visit No Charge \$50 Copay	\$200 Copay per visit No Charge after Deductible Deductible, then \$500 per visit	\$200 Copay per visit No Charge \$50 Copay	\$200 Copay per visit No Charge \$50 Copay
<b>Hospital Services</b> Inpatient Services (Facility) Inpatient Services (Physician) Outpatient Physician Services Outpatient Surgery (Hospital) Outpatient Surgery (Freestanding Facility)	Deductible, then \$300 per admission No Charge after Deductible No Charge after Deductible Deductible, then \$300 per visit \$100 per visit	Deductible, then \$300 per admission No Charge after Deductible No Charge after Deductible Deductible, then \$300 per visit Deductible, then \$100 per visit	Deductible, then \$300 per admission No Charge after Deductible No Charge after Deductible Deductible, then \$300 per visit N/A	Deductible, then \$500 per admission No Charge after Deductible No Charge after Deductible Deductible, then \$300 per visit N/A
<b>Mental Health/Substance Abuse</b> Office Visits Inpatient Services (Facility) Inpatient Services (Physician) Outpatient Services (Facility) Outpatient Surgery (Physician)	No Charge Deductible, then \$300 per admission No Charge after Deductible No Charge No Charge	No Charge after Deductible Deductible, then \$300 per admission No Charge after Deductible No Charge after Deductible No Charge after Deductible	No Charge Deductible, then \$300 per admission No Charge after Deductible No Charge No Charge	Deductible, then \$30 per visit Deductible, then \$500 per admission Deductible, then \$50 per visit Deductible, then \$30 per visit Deductible, then \$30 per visit
<b>Maternity</b> Office Visits Delivery & Facility Services Nursery Care of Newborn	No Charge Deductible, then \$300 per admission No Charge after Deductible	No Charge Deductible, then \$300 per admission No Charge after Deductible	No Charge Deductible, then \$300 per admission No Charge after Deductible	Deductible, then \$50 per visit Deductible, then \$500 per admission Deductible, then \$500 per visit
<b>PHARMACY</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Retail (Up to a 34-day supply)</b> Generic Preferred Brand Non-Preferred Brand Preferred Specialty Non-Preferred Specialty	\$15 \$35 \$60 50% up to \$100 50% up to \$150	\$0 \$25 \$45 50% up to \$100 50% up to \$150	\$15 \$35 \$60 50% up to \$100 50% up to \$150	\$15 \$35 \$60 50% up to \$100 50% up to \$150
<b>Mail Order (Up to a 90-day supply)</b> Generic Preferred Brand Non-Preferred Brand Preferred Specialty Non-Preferred Specialty	\$30 \$70 \$120 50% up to \$200 50% up to \$300	\$0 \$50 \$90 50% up to \$200 50% up to \$300	\$30 \$70 \$120 50% up to \$200 50% up to \$300	\$30 \$70 \$120 50% up to \$200 50% up to \$300



**Martha's Table**  
EDUCATION • FOOD • OPPORTUNITY

## EMPLOYEE BENEFITS 2020-2021 SUMMARY

## KEY CONTACTS

<b>Medical and Rx</b> CareFirst	855-44-3122 <a href="http://www.carefirst.com">www.carefirst.com</a>	<b>Flexible Spending Account</b> InfiniSource	800-300-3838 <a href="https://www.infinisource.com/benefits/fsa">https://www.infinisource.com/benefits/fsa</a>	<b>Martha's Table</b> Shannon Turner, Benefits Specialist	202-443-0238 <a href="mailto:sturner@marthastable.org">sturner@marthastable.org</a>
<b>Dental</b> Guardian	800-541-7876 <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	<b>Employee Assistance Program</b> Guardian	800-541-7876 <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	<b>NFP</b> Beth Goldberg, Assistant Vice President	301-214-7050 <a href="mailto:beth.goldberg@nfp.com">beth.goldberg@nfp.com</a>
<b>Vision</b> Guardian	800-541-7876 <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	<b>Will Prep</b> Guardian	877-433-6789 <a href="http://www.ibhwillprep.com">www.ibhwillprep.com</a> User Name: WillPrep Password: GLIC09	<b>NFP</b> Lauren Willett, Client Advocate	301-581-7306 <a href="mailto:lauren.willett@nfp.com">lauren.willett@nfp.com</a>

This brochure provides a summary of the plans offered and in no way serves as the Summary Plan Description or plan document for the plans. If there are any discrepancies between this brochure and the plan documents, the plan documents will govern.

## DENTAL BENEFITS | GUARDIAN

BENEFIT DESCRIPTION	In-Network
<b>Annual Deductible</b> Individual Family	\$50 \$150
<b>Annual Maximum Benefit</b>	\$2,000 per person
<b>Preventive Care</b>	100% no deductible
<b>Basic</b>	90% after deductible
<b>Major</b>	60% after deductible
<b>Orthodontia</b>	50% after deductible
BENEFIT DESCRIPTION	Out-of-network
<b>Annual Deductible</b> Individual Family	\$50 \$150
<b>Annual Maximum Benefit</b>	\$2,000 per person
<b>Diagnostic and Preventive Care</b>	100% no deductible
<b>Basic</b>	80% after deductible
<b>Major</b>	50% after deductible
<b>Orthodontia</b>	50% after deductible

## VISION BENEFITS | GUARDIAN

BENEFIT DESCRIPTION	In-Network
<b>Exam (Once Every 12 Months)</b>	\$10 copay
<b>Materials</b>	\$25 copay
<b>Eyeglass Lenses (Once Every 12 Months)</b> Single/ Bifocal/ Trifocal/ Lenticular	\$0 Copay
<b>Contact Lenses (Once Every 12 Months)</b> Elective Medically Necessary	Amount over \$130 \$0 Copay
<b>Frames (Once Every 24 Months)</b>	80% of amount over \$130
BENEFIT DESCRIPTION	Out-of-Network
<b>Exam (Once Every 12 Months)</b>	Amount over \$39
<b>Materials</b>	Amount over \$39
<b>Eyeglass Lenses (Once Every 12 Months)</b> Single Bifocal Trifocal/ Lenticular	Amount over \$23 Amount over \$37 Amount over \$49 Amount over \$64
<b>Contact Lenses (Once Every 12 Months)</b> Elective Medically Necessary	Amount over \$100 Amount over \$210
<b>Frames (Once Every 24 Months)</b>	Amount over \$46

## LIFE & DISABILITY | GUARDIAN

Life/AD&D Insurance*	
<b>Employee Benefit</b>	100% of your annual salary
<b>Maximum Amount</b>	\$200,000
<b>Guarantee Issue</b>	\$200,000
<b>Age Reduction</b>	35% at age 65   50% at age 70
Life insurance is only available for employees working 40+ hours a week.	
Short-Term Disability*	
<b>Maximum Weekly Benefit</b>	60% of your annual base salary up to a maximum of \$2,000 per week.
<b>Elimination Period</b>	0 days if your disability is due to an injury or 7 days if due to a sickness.
<b>Maximum Benefit Duration</b>	13 Weeks
<b>Pre-Existing Conditions</b>	N/A
Disability insurance is only available for employees working 40+ hours a week.	
Long-Term Disability*	
<b>Maximum Monthly Benefit</b>	60% of your annual base salary up to a maximum of \$7,000 per month
<b>Elimination Period</b>	90 days
<b>Maximum Benefit Duration</b>	To Age 65, standard ADEA
<b>Pre-Existing Conditions</b>	3 months look back; 12 months after exclusion
Disability insurance is only available for employees working 40+ hours a week.	
Voluntary Life/AD&D Insurance*	
<b>Employee Benefit</b>	\$10,000 increments
<b>Maximum Amount</b>	\$300,000
<b>Guarantee Issue</b>	\$100,00 (Under 65) \$50,000 (Age 65-69) \$10,000 (Age 70+)
<b>Spouse Benefit</b>	50% of Employee coverage
<b>Maximum Amount</b>	\$150,000
<b>Guarantee Issue</b>	\$25,000 (Under 65)   \$10,000 (Age 65-69)
<b>Child Benefit</b>	10% of Employee coverage for dependents age 14 days to 26 years)
<b>Maximum Amount</b>	\$10,000
<b>Guarantee Issue</b>	\$10,000
<b>Age Reduction</b>	35% at age 65   50% at age 70
Life insurance is only available for employees working 30+ hours a week	

## COMMUTER BENEFITS

Commuter Benefits allow employees to set aside pre-tax dollars to pay for expenses related to commuting to and from work for mass transit, vanpooling and work-related parking costs. This includes transit passes, tokens, fare cards, vouchers, parking passes and more. In 2020, you can contribute up to \$270/month towards mass transit and parking separately.

Eligible Expenses:

- ▶ Bus, Subway, Train, Ferry, Vanpool
- ▶ Parking at or near work
- ▶ Parking at or near public transportation to get to work

## ADDITIONAL BENEFITS

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

This plan is offered at no cost to you through Guardian. Sometimes balancing work and family creates stress that's hard to handle on your own. The EAP is a CONFIDENTIAL service, free of charge to you and your family and designed to help with personal, job and family concerns.

- ▶ Family, marital problems or parenting concerns.
- ▶ Emotional difficulties like depression and anxiety.
- ▶ Drug and alcohol dependence.
- ▶ Stress and burnout and more

Get support, advice and resources 24/7 by calling **800-2386-7055** or visiting the website at <https://ibhworklife.com>.

### WILL PREP SERVICES

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals to help with issues related to:

- ▶ Advanced health care directives
- ▶ Estates taxes, wills, and living wills
- ▶ Financial power & healthcare power of attorney and more

## FLEXIBLE SPENDING ACCOUNTS

### HEALTHCARE FLEXIBLE SPENDING ACCOUNT

The Healthcare Flexible Spending Account allows you to set aside money from your paycheck on a tax-free basis each year into an account. You may then reimburse yourself from your account during the year for eligible healthcare expenses—such as healthcare and dental care deductibles and co-pays, contact lenses, prescription drugs, and certain over-the-counter medications. You may contribute up to a maximum of \$2,750 for individuals into your account during 2020.

### DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account allows you to set aside money, up to \$5,000 in 2020, from your paycheck on a tax-free basis each year into an account. You may then reimburse yourself from your account during the year for eligible day care expenses—such as day camp, elder care, before and after-school care (for children up to age 13), and in-home day care.

## VOLUNTARY BENEFITS

### AFLAC HOSPITAL INDEMNITY

Hospital indemnity insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment—one convenient payment all at once—when you or your family need it most. The extra cash can help you focus on getting back on track – without worrying about finding the money to cover the costs of treatment. A flat amount is usually paid for a hospital admission and a per-day amount for your entire hospital stay.

### AFLAC CRITICAL ILLNESS

Critical illness insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment—one convenient payment all at once—when you or your family need it most. The extra cash can help you focus on getting back on track – without worrying about finding the money to cover some of your expenses.

### AFLAC ACCIDENT INSURANCE

Accident insurance provides a financial cushion for life's unexpected events by helping you pay for costs that aren't covered by your medical plan. It provides you with a lump-sum payment—one convenient payment all at once—when you or your family need it most. The extra cash can help you focus on getting back on track, without worrying about finding the money to help cover the costs of treatment.

### PET'S BEST PET INSURANCE

Pets Best offers a pet health insurance plan that offers 90% reimbursement on accidents and illnesses. You can also choose to add on routine care coverage. With Pets Best, members enjoy:

- ▶ Low Deductibles
- ▶ Optional Vet Direct Pay
- ▶ Fast Claims Processing and Payment
- ▶ Coverage on Accidents, Illnesses, Surgeries, Exam Fees, Cancer and More