

MEDICAL BENEFITS | CAREFIRST

MEDICAL BENEFITS CAREFIRST		Martha's Table provides \$2,000 in the HSA account for employees enrolled in this plan.		
BENEFIT DESCRIPTION	BlueChoice HMO Plan	BlueChoice HMO HSA Plan	BlueChoice Advantage Plan	
NETWORK	In-Network	In-Network	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$500 / \$1,000	\$2,500 / \$5,000	\$500 / \$1,000	\$1,000 / \$2,000
Out-of-Pocket Maximum Individual / Family	\$4,500 / \$9,000	\$4,500 / \$7,900	\$4,500 / \$9,000	\$6,500 / \$13,000
Coinsurance Plan Pays / You Pay	100% / 0%	100% / 0%	100% / 0%	80% / 20%
Physician Services Primary Care Physician Specialist Preventive Services	\$10 Copay \$20 Copay No Charge	Deductible, then No Charge Deductible, then \$5 Copay No Charge	\$10 Copay \$20 Copay No Charge	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then No Charge
Lab and X-Ray & Diagnostics Lab & Tests X-Rays Major Diagnostics (CT, PET, MRI)	Non-Hospital / Hospital \$10 Copay / Deductible, then \$100 Copay \$20 Copay / Deductible, then \$150 Copay \$60 Copay / Deductible, then \$200 Copay	Non-Hospital / Hospital Deductible, then No Charge Deductible, then No Charge Deductible, then No Charge	Non-Hospital / Hospital \$10 Copay / Deductible, then \$100 Copay \$20 Copay / Deductible, then \$150 Copay \$60 Copay / Deductible, then \$200 Copay	Non-Hospital / Hospital Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
Hospital Services Emergency Room Urgent Care Inpatient Hospitalization Outpatient Services Outpatient Services Surgical Center	Deductible, then \$200 Copay \$40 Copay Deductible, then \$300 Copay per Day (5 day Max) Deductible, then \$200 Copay \$100 Copay	Deductible, then No Charge Deductible, then No Charge Deductible, then No Charge Deductible, then No Charge Deductible, then No Charge	Deductible, then \$200 Copay \$40 Copay Deductible, then \$300 Copay per Day (5 day Max) Deductible, then \$200 Copay \$100 Copay	In-Network Deductible, then \$200 Copay \$40 Copay Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
Mental Health/Substance Abuse Office Visits Inpatient Services Physician Inpatient Services Facility Outpatient Services Physician Outpatient Services Facility	\$10 Copay Deductible, then \$20 Copay Deductible, then \$300 Copay per Day (5 day Max) \$20 Copay \$60 Copay	Deductible, then No Charge Deductible, then No Charge Deductible, then No Charge Deductible, then No Charge Deductible, then No Charge	\$10 Copay Deductible, then \$20 Copay Deductible, then \$300 Copay per Day (5 day Max) \$20 Copay \$60 Copay	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
Maternity Services Office Visits Delivery & Facility Services	No Charge Deductible, then \$300 Copay per Day (5 day Max)	Deductible, then No Charge Deductible, then No Charge	No Charge Deductible, then \$300 Copay per Day (5 day Max)	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
PHARMACY				
Retail (Up to 31-day supply) Generic Brand Preferred Brand Non-Preferred Specialty Preferred Specialty Non-Preferred	\$15 Copay \$35 Copay \$60 Copay 50% Coinsurance (\$100 Max) 50% Coinsurance (\$150 Max)	Deductible, then \$0 Copay Deductible, then \$25 Copay Deductible, then \$45 Copay Deductible, then 50% Coinsurance (\$100 Max) Deductible, then 50% Coinsurance (\$150 Max)	\$15 Copay \$35 Copay \$60 Copay 50% Coinsurance (\$100 Max) 50% Coinsurance (\$150 Max)	\$15 Copay \$35 Copay \$60 Copay Not Covered Not Covered
Mail Order (Up to 90-day supply) Generic Brand Preferred Brand Non-Preferred Specialty Preferred Specialty Non-Preferred	\$30 Copay \$70 Copay \$120 Copay 50% Coinsurance (\$200 Max) 50% Coinsurance (\$300 Max)	Deductible, then \$0 Copay Deductible, then \$50 Copay Deductible, then \$90 Copay Deductible, then 50% Coinsurance (\$200 Max) Deductible, then 50% Coinsurance (\$300 Max)	\$30 Copay \$70 Copay \$120 Copay 50% Coinsurance (\$200 Max) 50% Coinsurance (\$300 Max)	\$30 Copay \$70 Copay \$120 Copay Not Covered Not Covered

CONTACT INFORMATION

Medical and Rx CareFirst	855-44-3122 www.carefirst.com	Will Prep Guardian	877-433-6789 www.ibhwillprep.com	Legal Plan LegalShield	844-335-8318 www.shieldbenefits.com/marthastable
Dental, Vision, & Life & Disability Guardian	888-482-7342 www.guardianlife.com	Voluntary Benefits The VB Shop Hilary Radolec	866-888-9755 Email: hradolec@thevshop.com	Martha's Table Human Resources	Email: hr@marthastable.org
Flexible Spending Accounts InfiniSource	800-300-3838 www.infinisource.com	Pet Insurance Pets Best	800-891-2565 petbenefits.com/land/marthastable	NFP Carolyn Crescenze, Client Advocate	301-581-7308 Email: carolyn.crescenze@nfp.com
Employee Assistance Program (EAP) Guardian	800-386-7055 worklife.uprisehealth.com	Aflac Voluntary Benefits Aflac	800-433-3036 www.aflac.com		



EMPLOYEE BENEFITS
2025–2026 SUMMARY

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
Annual Deductible Individual / Family	\$50 / \$150
Annual Maximum Benefit	\$2,000 per person
Preventive Care	Plan Pays 100% No deductible
Basic Services	Plan Pays 90% after deductible
Major Services	Plan Pays 60% after deductible
Orthodontia Services	Plan Pays 50% No deductible
BENEFIT DESCRIPTION	Out-of-Network
Annual Deductible Individual / Family	\$50 / \$150
Annual Maximum Benefit	\$2,000 per person
Preventive Care	Plan Pays 100% no deductible
Basic Services	Plan Pays 80% after deductible
Major Services	Plan Pays 50% after deductible
Orthodontia Services	Plan Pays 50% No deductible

VISION BENEFITS | GUARDIAN

BENEFIT DESCRIPTION	In-Network
Exam (Once Per Calendar Year)	\$10 copay
Materials	\$25 copay
Eyeglass Lenses (Once Per Calendar Year) Single Bifocal Trifocal Lenticular	\$0 Copay
Contacts (Once Per Calendar Year) Elective Medically Necessary	Amount over \$130 \$0 Copay
Frames (Every Other Calendar Year)	80% of amount over \$130
BENEFIT DESCRIPTION	Out-of-Network
Exam (Once Per Calendar Year)	Amount over \$39
Materials	Amount over \$39
Eyeglass Lenses (Once Per Calendar Year) Single Bifocal Trifocal Lenticular	Amount over \$23 Amount over \$37 Amount over \$49 Amount over \$64
Contacts (Once Per Calendar Year) Elective Medically Necessary	Amount over \$100 Amount over \$210
Frames (Every Other Calendar Year)	Amount over \$46

LIFE & DISABILITY | GUARDIAN

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

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 2025, you can contribute up to \$325/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 balanc-ing 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 800-386-7055 or visiting the website at worklife.uprisehealth.com. Access Code: **worklife**.

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 \$3,300 for 2025.

DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account allows you to set aside money, up to \$5,000 in 2025, 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.

LIMITED PURPOSE FSA

The Limited Purpose FSA can be used in conjunction with an HSA account to pay for eligible dental and vision expenses only. You may contribute up to a maximum of \$3,300 for 2025.

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.

PETS 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

LEGALSHIELD

With over 70% of Americans having a legal need each year, LegalShield gives you and your family access to an attorney for everyday needs. Whether your legal matter is expected and unexpected, with LegalShield you will have immediate and ongoing access to a network of highly rated law firms. Fully covered services include:

- ▶ General advice and consultation
- ▶ Defense of misdemeanor
- ▶ Will preparation and periodic updates
- ▶ Traffic infractions and misdemeanors
- ▶ Preparation and review of routine legal documents
- ▶ Purchase, sale, or refinance of primary residence
- ▶ Tenant-Landlord matters
- ▶ Billing and warranty disputes
- ▶ Identity Theft services
- ▶ And more

This benefit is available for you and your entire family