



1934 Old Gallows Road, Suite 350
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BENEFITS ENROLLMENT SUMMARY

The following is a summary of Full Visibility's benefit package provided that you are a regular full-time salaried employee. The benefits described below and associated employee costs are in effect for the plan year **1/1/25 through 12/31/25**.

The benefit plans are reviewed annually and are subject to change.

Please refer to the plan overviews for any specific questions related to each plan.

	2025 Employee Co-Pay (Monthly - Pre-Tax Basis)
UNITED HEALTH CARE PLANS (CHOOSE ONE)	
<i>SUREST (UPFRONT TRANSPARENT CO-PAY PLAN)</i>	
Base Plan Individual	\$185.57
Base Plan Adult/Child(ren)	\$514.14
Base Plan Adult/Spouse	\$639.20
Base Plan Family	\$778.17
<i>BASELINE PPO PLAN \$1000 ANNUAL DEDUCTIBLE</i>	
Base Plan Individual	\$226.68
Base Plan Adult/Child(ren)	\$590.21
Base Plan Adult/Spouse	\$733.77
Base Plan Family	\$893.28
<i>PREMIUM PPO PLAN \$500 ANNUAL DEDUCTIBLE</i>	
Buy-Up Plan Individual	\$301.96
Buy-Up Plan Adult/Child(ren)	\$729.47
Buy-Up Plan Adult/Spouse	\$906.92
Buy-Up Plan Family	\$1,104.07
<i>OR WAIVE HEALTH COVERAGE</i>	
Waive Coverage	\$0.00
UHC BASIC DENTAL PLAN	
Individual	\$7.59
Adult/Child(ren)	\$18.22
Adult/Spouse	\$15.19
Family	\$29.72
<i>OR OPTION TO BUY UP TO UHC PREMIUM DENTAL PLAN</i>	
Buy-Up Plan Individual	\$14.32
Buy-Up Plan Adult/Child(ren)	\$34.35
Buy-Up Plan Adult/Spouse	\$28.62
Buy-Up Plan Family	\$56.01
<i>OR WAIVE DENTAL COVERAGE</i>	
Waive Coverage	\$0.00



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UHC PREMIUM VISION PLAN	
Individual	\$1.50
Adult/Child(ren)	\$2.78
Adult/Spouse	\$2.75
Family	\$4.30
OR WAIVE VISION COVERAGE	
Waive Coverage	\$0.00
ADDITIONAL BENEFITS	
Supplemental Life Insurance	No Cost to Employee
Long Term Disability	No Cost to Employee
Short Term Disability	No Cost to Employee
AD&D	No Cost to Employee
401k	Eligible employee can contribute up to 16% of their salary after the first full month after date of hire. After one year enrollment anniversary, FV matches 100% up to 4% of the contribution which is vested.