



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 **1/1/26 through 12/31/26**.

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.

	Employee Co-Pay (Monthly - Pre-Tax Basis)
UNITED HEALTHCARE PLANS (CHOOSE ONE)	
<i>SUREST (UPFRONT TRANSPARENT CO-PAY PLAN)</i>	
Base Plan Individual	\$197.81
Base Plan Adult/Child(ren)	\$550.89
Base Plan Adult/Spouse	\$684.89
Base Plan Family	\$833.78
<i>BASELINE PPO PLAN \$1000 ANNUAL DEDUCTIBLE</i>	
Buy-Up Plan Individual	\$246.86
Buy-Up Plan Adult/Child(ren)	\$641.65
Buy-Up Plan Adult/Spouse	\$797.72
Buy-Up Plan Family	\$971.12
<i>PREMIUM PPO PLAN \$500 ANNUAL DEDUCTIBLE</i>	
Buy-Up Plan Individual	\$327.62
Buy-Up Plan Adult/Child(ren)	\$791.04
Buy-Up Plan Adult/Spouse	\$983.47
Buy-Up Plan Family	\$1,197.25
<i>OR WAIVE HEALTH COVERAGE</i>	
Waive Coverage	\$0.00
UHC BASIC DENTAL PLAN	
Individual	\$7.81
Adult/Child(ren)	\$18.75
Adult/Spouse	\$15.63
Family	\$30.59
<i>OR OPTION TO BUY UP TO PREMIUM DENTAL PLAN</i>	
Buy-Up Plan Individual	\$15.01
Buy-Up Plan Adult/Child(ren)	\$36.01
Buy-Up Plan Adult/Spouse	\$30.00



Buy-Up Plan Family	\$58.71
OR WAIVE DENTAL COVERAGE	
Waive Coverage	\$0.00
UHC PREMIUM VISION PLAN	
Individual	\$1.75
Adult/Child(ren)	\$3.26
Adult/Spouse	\$3.22
Family	\$5.03
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
401(k)	Employee can contribute up to 16% of salary upon start date. After one (1) year of service, FV matches 100% up to 4% of the contribution which is vested immediately.