



Your Benefits

Effective January - December 2025



GETTING STARTED

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse

You may cover your legal spouse.

Your Children

Dependent children are eligible:

- Dependent children may be covered until the end of the month in which they turn 26.

[Enroll now](#)

Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

1

When you're first eligible

Your benefits begin on your full-time date of hire; this is your **effective date**. Be sure to submit your selections within your first 14 days of employment.

Your benefit selections will be in effect through December 31.

2

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January – December of the following year unless you have a qualifying life event.

3

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.



You must request a change to your benefits within 30 days of your life event (**60 days for changes involving Medicaid eligibility**).

GETTING STARTED

Helpful terms & resources

We've removed as much jargon as possible.
But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing
When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.
***Medical:** balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance
After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay
A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible
The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network
In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum
The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.


Primary care physician
A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).


Referral/pre-authorization
Some specialty medical providers and services require a referral from a primary doctor. These may include - but are not limited to - cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).




Have questions?
Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices
We're required to tell you about certain rights and responsibilities you have as an employee of Full Visibility LLC.
You can request a paper copy at no charge from:
Tamara Hogue
Manager of Operations
Office: 1-703-349-2579
Cell: 1-386-688-0330
thogue@fullvisibility.com



How to handle medical bills (4:46)



GETTING STARTED

Contact information



Benefits contacts

Medical insurance	UHC	1-866-801-4409 www.uhc.com
	Surest	1-866-683-6440 www.surest.com
Flexible Spending Accounts (FSAs)	TASC	1-800-422-4661 www.tasconline.com
Telehealth	UHC Virtual Visits	1-866-801-4409 www.myuhc.com/virtualvisits
Employee Assistance Program (EAP)	Mutual of Omaha	1-800-775-6000 www.mutualofomaha.com/eap
Dental insurance	UHC	1-866-801-4409 www.uhc.com
Vision insurance	UHC	1-866-801-4409 www.uhc.com
Life and AD&D insurance	Mutual of Omaha Group: G000B7SZ	1-800-775-6000 www.mutualofomaha.com
Disability insurance	Mutual of Omaha Group: G000B7SZ	1-800-775-6000 www.mutualofomaha.com
Additional benefit options (Accident, Critical Illness)	Mutual of Omaha	1-800-775-6000 www.mutualofomaha.com
Additional benefit options (Pet insurance)	Pet Benefit Solutions Group: 4042	1-888-913-7387 www.petbenefits.com

Medical insurance

[Provider Search](#)

Select from two medical options through UHC.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



	Surest Plan	Baseline Plan	Premium Plan
In-network care	Benefits Summary	Benefits Summary	Benefits Summary
Network name:	Choice Plus	Choice Plus	Choice Plus
Annual Deductible (DED)	\$0 per person \$0 family max	\$1,000 per person \$2,000 family max	\$500 per person \$1,000 family max
Out-of-pocket maximum	\$5,000 per person \$10,000 family max	\$3,000 per person \$6,000 family max	\$1,750 per person \$3,500 family max
Preventive care	100% covered	100% covered	100% covered
Primary care visit	\$10 to \$65 copay	\$20 copay (\$0 for children under age 19)	\$10 copay (\$0 for children under age 19)
Specialist visit	\$10 to \$65 copay	\$20 copay	\$10 copay
Virtual visit	\$10 to \$65 copay	\$0 copay	\$0 copay
Urgent care	\$35 copay	\$75 copay	\$50 copay
Emergency room	\$350 copay	DED then you pay \$300 copay	\$150 copay
Inpatient hospital care	\$150 to \$2,500 copay	DED then you pay 0%	\$250 copay
Prescription drugs	30 days	30 days	30 days
Generic	\$10 copay	\$15 copay	\$15 copay
Preferred brand	\$60 copay	\$35 copay	\$35 copay
Non-preferred brand	\$90 copay	\$60 copay	\$60 copay
Out-of-network care	Balance billing applies	Balance billing applies	Balance billing applies
Annual deductible	\$0	\$2,000 / \$4,000	\$1,000 / \$2,000
Out-of-pocket maximum	\$10,000 / \$20,000	\$6,000 / \$12,000	\$3,500 / \$7,000
Your cost for coverage	Monthly	Monthly	Monthly
Employee only	\$185.57	\$226.68	\$301.96
Employee + Child(ren)	\$514.14	\$590.21	\$729.47
Employee + Spouse	\$639.20	\$733.77	\$906.92
Employee + Family	\$778.17	\$893.28	\$1,104.07

● See your plan documents for out-of-net work benefits.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Additional perks

There's more to love with these extra benefits.

Digital Tools

[See plan details](#)

By registering at member.uhc.com/myuhc, your personal member website, you will have access to details about your plan, find doctors, track claims, find ways to save money, and much more. Follow these steps to get started:

- Visit member.uhc.com/myuhc
- Click register now
- Provide requested information to get started!

UHC Rewards

[See plan details](#)

[See plan details](#)

[See plan details](#)

UHC Rewards helps you earn money for reaching program goals and completing reward activities. You'll feel better to! Go to uhc.com/uhc_rewards to register and learn more.

Care Cash

[See plan details](#)

Care Cash is a preloaded debit card designed to help pay towards cost sharing for certain eligible network health care expenses. Eligible employees must first request the card at myuhc.com/carecash. Once the card arrives in the mail, members can use it to help pay toward cost sharing for certain eligible network health care expenses like copays and deductibles. Care Cash helps pay for eligible primary care office visits, premium care specialists office visits, urgent care visits, outpatient behavioral health visits, 24/7 Virtual Visits and outpatient, minor diagnostic lab costs.



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through TASC.

Health care and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

Only the amount you’ve **actually contributed** is available for use at any one time. **Estimate carefully!** Unused funds will be forfeited at the end of the year per IRS regulations.

Eligible expenses

Health care

Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses.

2025 maximum contribution	\$2,400
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Eligible expenses

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2025 maximum contribution	\$5,000
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Married filing separately: contribute up to \$2,500 per person.

For more information regarding eligible expenses, please review IRS Publication [502](#) / [503](#) at [irs.gov](#) or ask your employer for a copy of your Summary Plan Description (SPD).



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Employee Assistance Program (EAP)

Care for your mind – and your life – with support through Mutual of Omaha.

[See plan details](#)

Everyone needs support sometimes.

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online or over the phone. 24/7/365.

EAP features:

- **Confidential.** No one at Full Visibility LLC will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.
- **Face-to-face visits.** When needed, each person can receive up to **3** face-to-face (or virtual) visits with a licensed counselor per issue per year. **At no cost.** Additional visits – if needed – will go through your health insurance.

24/7/365 access to care.

1-800-316-2796

www.mutualofomaha.com/eap



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Dental insurance

Select from two dental options through UHC.

All plans cover in-network preventive care at 100%. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- the maximum amount UHC will pay each year for dental care (**annual maximum benefit**), and
- whether **orthodontic** care is covered.

[Learn about dental care categories](#)



	Base Plan		Premium Plan	
	See plan details		See plan details	
	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible (DED)	\$50 per person \$150 family max	\$50 per person \$150 family max	\$50 per person \$150 family max	\$50 per person \$150 family max
Annual maximum benefit	\$1,500 per person	\$1,500 per person	\$10,000 per person	\$10,000 per person
Preventive care	100% covered	100% covered	100% covered	100% covered
Basic care	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%
Orthodontic care				
Coverage	50% covered (child to age 19)		50% covered (child to age 19)	
Lifetime max benefit	\$1,250 lifetime max benefit		\$1,250 lifetime max benefit	
Your cost for coverage	Monthly		Monthly	
Employee only	\$7.59		\$14.32	
Employee + Child(ren)	\$18.22		\$34.35	
Employee + Spouse	\$15.19		\$28.62	
Employee + Family	\$29.72		\$56.01	



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

Your vision coverage is through UHC.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

Vision plan

In-network care

[See plan details](#)

Network name:	UHC Vision
Annual eye exam (every 12 months)	\$10 copay
Materials copay (lenses & frames)	\$25 copay
Lenses (every 12 months)	Included in materials copay
Frames (every 24 months)	\$130 allowance
Contact lenses (every 12 months)	Elective: \$130 allowance Medically nec: 100% covered
Your cost for coverage	Monthly
Employee only	\$1.50
Employee + Child(ren)	\$2.78
Employee + Spouse	\$2.75
Employee + Family	\$4.30

Your vision plan covers either glasses (lenses and frames) or contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.



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Life and AD&D insurance

Financial peace of mind through Mutual of Omaha.

Life insurance pays a benefit if you pass away while you're covered. **Accidental Death and Dismemberment (AD&D)** insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

[See plan details](#)

Full Visibility LLC provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Full Visibility LLC provides	1 x your annual salary up to \$50,000	1 x your annual salary up to \$50,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional life and AD&D insurance

[See plan details](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	N/A	N/A
Coverage maximum	5 x your annual salary to \$300,000	Your (employee) coverage amount to \$150,000	Your (employee) coverage amount to \$10,000
Medical question limit	5 x your annual salary up to \$50,000	Your (employee) coverage amount to \$25,000	Does not apply



Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

Disability insurance

Protect your paycheck with disability insurance through Mutual of Omaha.

Disability coverage insures your paycheck, replacing a portion of your income if you’re unable to work due to a covered illness or injury.

Short-term disability

[See plan details](#)

Short-term disability coverage can replace part of your paycheck if you’re unable to work for a shorter period of time. Full Visibility LLC provides this coverage at no cost to you.

Benefits begin	Accident: On the first day you're unable to work Illness: After 7 days of inability to work
Coverage amount	60% of your income up to \$1,500 per week
Payments may continue	Up to 13 weeks if you’re unable to return to work

Pre-existing condition limitations


If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

Long-term disability

[See plan details](#)

Long-term disability coverage can provide lasting income protection if you remain unable to work. Full Visibility LLC provides this coverage at no cost to you.


Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$7,000 for per month
Payments may continue	Based on your disabled age



Wish you knew more about finances? Now you can - **at no cost!**



Accident coverage

 [See plan details](#)

Accident coverage through Mutual of Omaha pays you a cash benefit to help with your expenses – your deductible or copays, transportation, groceries and more – if you or a covered family member is injured due to an accident. The money is yours to use as you choose.


[See plan details](#)

[See plan details](#)

Claims Portal Employee

[See plan details](#)



[See plan details](#)

[See plan details](#)

[See plan details](#)



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.