



Carefirst BlueCross BlueShield Health Plan Options Offered to FT Track Group Employees Rates are for November 1, 2007 – October 31, 2008

To confirm the exact plan and rates available to you, please obtain a quote from your manager prior to enrollment. Health coverage is made available to full time employees. To begin coverage, an employee must enroll on their first day of employment and coverage normally begins on the first of the month following the date of hire.

Carefirst takes 7-10 business days to process all forms. Once the enrollment is processed, Carefirst will mail out the id card but if an id card is needed right away a temporary card can be printed from the Carefirst website by following these steps:

Go to www.carefirst.com. Select "Member & Visitors", Select "My Account", login/register to "My Account", Select "Request ID Card", Select "Print Verification of Coverage", Select Continue. Your name should be selected, then select Continue A verification of coverage should pop up, print this to use for a temporary id card.

Health coverage is made available to full time employees only and is not provided for part time or 1099 contractors. If an employee wishes to begin coverage in the future, this may be possible if a qualifying event takes place. See your manager for details.

To learn more about the coverage options and providers, please visit the Carefirst web site at <http://www.carefirst.com/main/html/HomePage.html>. Benefits and costs are subject to change without notice. Typically, rates change in November of each year. You should not assume you have health care coverage until you receive benefit materials in the mail or confirm directly with Carefirst.

Employee Share per Pay Period shown are employee share per paycheck (issued twice a month) **before** allowance for section 125 pre-tax benefit. Your actual out of pocket cost for the premiums is reduced due to the pre-tax benefit and an estimate of this cost is shown below for each option.

Once you select a plan, you can not change until a month before the next plan year (currently the month of October).

The individual/adult option can include married and domestic partners (same or opposite sex).

The Track Group currently offers two plans.

- Both are under Carefirst BlueCross BlueShield.
- Neither requires a primary care physician referral to see a specialist.
- **If you require an extended network of physicians (including out of the Washington metro area), choose the PPO plan.**
- Dental discount is only included in the OptOut Plus (HMO) Plan.

Blue Choice Opt-Out Plus Program (HMO Type Plan) Medical Option 4

Key Features:

\$500 deductible for out of network visits
\$10 co-payment for primary physician visits and \$20 for specialists
Out of network – can not “balance bill”
Contains both discount dental and vision plan

Single = \$95.00 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$66.50 semi-monthly or \$1,596 annually)

Individual/Child(ren) = \$231.50 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$162.05 semi-monthly or \$3,889.20 annually)

Individual/Adult = \$305.00 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$213.50 semi-monthly or \$5,124.00 annually)

Family Plan * = \$375.00 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$262.50 semi-monthly or \$6,300 annually)

Blue Preferred Program (PPO Type Plan) Medical Option 1

Key Features:

National Network (larger selection of doctors to choose from)
\$500 deductible for out of network visits
\$10 co-payment for primary physician visits and specialists
Contains discount vision plan
Does NOT contain discount dental plan

Single = \$127.50 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$89.25 semi-monthly or \$2,142 annually)

Individual/Child(ren) = \$285 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$199.50 semi-monthly or \$4,788 annually)

Individual/Adult = \$375 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$262.50 semi-monthly or \$6,300 annually)

Family Plan * = \$455 semi-monthly

After tax cost assuming a 30% federal and state tax rate = \$318.50 semi-monthly or \$7,644 annually)

*** Note: To be eligible for inclusion in the family plan, a dependent must be no older than 23 years old unless he or she is a full time student, in which case there is no age limit. The family plan is necessary when the coverage is intended to cover anyone beyond the employee.**