

A GUIDE TO YOUR

EMPLOYEE BENEFITS

2026



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01 MEDICAL PLANS OVERVIEW

CareFirst BlueCross BlueShield | Coverage Period: January 1 – December 31, 2026

	BlueChoice HMO HSA Gold 1800	BlueChoice Advantage HSA Gold 1800	BlueChoice Plus HSA Silver 2300
	GOLD PLAN	GOLD PLAN	SILVER PLAN
Plan Type	HMO	POS	POS
Individual Deductible (In-Network)	\$1,800	\$1,800	\$2,300
Family Deductible (In-Network)	\$3,600	\$3,600	\$4,600
OOP Maximum (Individual In-Network)	\$5,800	\$5,800	\$8,450
OOP Maximum (Family In-Network)	\$11,600	\$11,600	\$16,900
Referral Required?	No	No	No

All plans are HSA-eligible (BlueFund). No referral needed to see a specialist. Preventive care covered at no charge in-network.

MEDICAL PLAN DETAILS — IN-NETWORK COST SHARING

	HMO Gold 1800	Advantage Gold 1800	Plus Silver 2300
PCP Office Visit	Ded, then \$10	Ded, then \$10	Ded, then \$25
Specialist Visit	Ded, then \$30	Ded, then \$30	Ded, then \$70
Preventive Care	No Charge	No Charge	No Charge
Urgent Care	Ded, then \$50	Ded, then \$50	Ded, then \$100
Emergency Room	Ded, then \$250	Ded, then \$250	Ded, then \$500
Inpatient Facility	Ded, then \$200/adm	Ded, then \$200/adm	Ded, then \$500/adm
Outpatient Surgery (Hospital)	Ded, then \$100	Ded, then \$100	Ded, then \$500
Imaging (MRI/CT)	Ded, then \$50–\$100	Ded, then \$50–\$100	Ded, then \$250–\$500

"Ded" = After deductible is met. Out-of-network costs are higher. HMO plan has no out-of-network coverage except emergencies.

02 PRESCRIPTION DRUG COVERAGE

All plans include integrated prescription drug coverage. Deductibles apply before copays on HSA plans.

Drug Tier	HMO Gold 1800	Advantage Gold 1800	Plus Silver 2300
Tier 1 Generic	\$10 copay	\$10 copay	\$15 copay
Tier 2 Preferred Brand	\$45 copay	\$45 copay	\$50 copay
Tier 3 Non-Preferred Brand	\$65 copay	\$65 copay	\$70 copay
Tier 4 Preferred Specialty	50% up to \$100	50% up to \$100	50% up to \$100
Tier 5 Non-Preferred Specialty	50% up to \$150	50% up to \$150	50% up to \$150

Key Notes: 30-day retail supply per copay. 90-day maintenance supply = 2x copay (mail order). Preventive drugs & contraceptives: No Charge. Specialty drugs must be purchased through the Exclusive Specialty Pharmacy Network.

03 MEDICAL ENROLLMENT COSTS — INDIVIDUAL AGE RATES (AGES 0-14 THROUGH 39)

Monthly premium per member per month, based on age at effective date. All plans are HSA-eligible (BlueFund). Source: CareFirst Renewal QR-2948854.

Age	HMO Gold 1800	Advantage Gold 1800	Plus Silver 2300
0-14	\$345.99	\$371.77	\$305.30
15	\$376.75	\$404.82	\$332.44
16	\$388.51	\$417.46	\$342.82
17	\$400.27	\$430.09	\$353.19
18	\$412.93	\$443.70	\$364.37
19	\$425.60	\$457.31	\$375.54
20	\$438.71	\$471.40	\$387.12
21	\$452.28	\$485.98	\$399.09
22	\$452.28	\$485.98	\$399.09
23	\$452.28	\$485.98	\$399.09
24	\$452.28	\$485.98	\$399.09
25	\$454.09	\$487.92	\$400.69
26	\$463.13	\$497.64	\$408.67
27	\$473.99	\$509.31	\$418.25
28	\$491.63	\$528.26	\$433.81
29	\$506.10	\$543.81	\$446.58
30	\$513.34	\$551.59	\$452.97
31	\$524.19	\$563.25	\$462.55
32	\$535.05	\$574.91	\$472.12
33	\$541.83	\$582.20	\$478.11
34	\$549.07	\$589.98	\$484.50
35	\$552.69	\$593.87	\$487.69
36	\$556.30	\$597.76	\$490.88
37	\$559.92	\$601.64	\$494.07
38	\$563.54	\$605.53	\$497.27
39	\$570.78	\$613.31	\$503.65

Rates are per member per month. Premiums subject to final underwriting approval. Ages 21-24 share the same rate. Ages 64 and 65+ share the same rate.

03 MEDICAL ENROLLMENT COSTS — INDIVIDUAL AGE RATES (AGES 40 THROUGH 65+)

Monthly premium per member per month, based on age at effective date. All plans are HSA-eligible (BlueFund). Source: CareFirst Renewal QR-2948854.

Age	HMO Gold 1800	Advantage Gold 1800	Plus Silver 2300
40	\$578.01	\$621.08	\$510.04
41	\$588.87	\$632.75	\$519.62
42	\$599.27	\$643.92	\$528.79
43	\$613.74	\$659.47	\$541.57
44	\$631.84	\$678.91	\$557.53
45	\$653.09	\$701.76	\$576.29
46	\$678.42	\$728.97	\$598.64
47	\$706.91	\$759.59	\$623.78
48	\$739.48	\$794.58	\$652.51
49	\$771.59	\$829.08	\$680.85
50	\$807.77	\$867.96	\$712.77
51	\$843.50	\$906.35	\$744.30
52	\$882.85	\$948.63	\$779.02
53	\$922.65	\$991.40	\$814.14
54	\$965.62	\$1,037.57	\$852.06
55	\$1,008.58	\$1,083.74	\$889.97
56	\$1,055.17	\$1,133.79	\$931.08
57	\$1,102.21	\$1,184.33	\$972.58
58	\$1,152.41	\$1,238.28	\$1,016.88
59	\$1,177.28	\$1,265.01	\$1,038.83
60	\$1,227.49	\$1,318.95	\$1,083.13
61	\$1,270.91	\$1,365.60	\$1,121.44
62	\$1,299.40	\$1,396.22	\$1,146.59
63	\$1,335.13	\$1,434.61	\$1,178.11
64	\$1,356.84	\$1,457.94	\$1,197.27
65+	\$1,356.84	\$1,457.94	\$1,197.27

Rates are per member per month. Premiums subject to final underwriting approval. Ages 21-24 share the same rate. Ages 64 and 65+ share the same rate.

04 DENTAL COVERAGE

Preferred Dental Plan 4 | CareFirst | Annual Maximum: \$1,500

\$1,500

Annual Maximum

\$1,200

Ortho Lifetime Max
(Under Age 19)

\$25

In-Network
Deductible (Ind.)

\$75

In-Network
Deductible (Family)

Service Category & Examples	In-Network	Out-of-Network
Preventive & Diagnostic Exams (2/yr), Cleanings (2/yr), X-rays, Fluoride, Sealants	No Charge	20% of Allowed Benefit
Basic Services Fillings, Simple Extractions, Periodontal Scaling, Root Canal	20% after Deductible	40% after Deductible
Major Surgical Periodontic Surgery, Oral Surgery, Endodontics, Anesthesia	20% after Deductible	40% after Deductible
Major Restorative Dentures, Bridges, Crowns, Implants (once per 60 months)	50% after Deductible	65% after Deductible
Orthodontics (Under 19) Benefits may be available for covered members meeting treatment criteria	50% (up to \$1,200 lifetime)	65% (up to \$1,200 lifetime)

Network: Preferred Dental PPO. Benefits for Major Services & Orthodontics may not be available until 12 months after effective date.

05 VISION COVERAGE

BlueVision Plus Option 3 | Administered by Davis Vision | 12-Month Benefit Period

Eye Exam	Eyeglass Lenses	Frames	Contact Lenses
\$10 copay (once per 12 months)	No copay (Single, Bifocal, Trifocal)	No copay (Davis Collection) or up to \$100 allowance	Up to \$127 allowance (non-collection lenses)

Benefit	In-Network	Out-of-Network
Routine Eye Exam	\$10 copay	Plan pays \$45, you pay balance
Basic Single Vision Lenses	No copay	Plan pays \$52, you pay balance
Basic Bifocal Lenses	No copay	Plan pays \$82, you pay balance
Basic Trifocal Lenses	No copay	Plan pays \$101, you pay balance
Davis Vision Collection Frame	No copay (200+ frame options)	Not applicable
Non-Collection Frame	Up to \$100 allowance	Plan pays \$45, you pay balance
Medically Necessary Contacts	No copay	Plan pays \$285, you pay balance
Other (Non-Collection) Contacts	Up to \$127 allowance	Up to \$127, you pay balance

Cannot combine eyeglasses and contacts in the same benefit period. Network includes Visionworks, Walmart, Costco, Warby Parker & Glasses.com.

06 DENTAL & VISION MONTHLY RATES

DENTAL — Preferred Dental Plan 4

Coverage Tier	Monthly Premium
Employee Only (Individual)	\$36.29
Employee + Children	\$87.10
Employee + Spouse/Adult	\$72.58
Family	\$141.53
Medicare	\$36.29

VISION — BlueVision Plus Option 3

Coverage Tier	Monthly Premium
Employee Only (Individual)	\$8.46
Employee + Children	\$17.77
Employee + Spouse/Adult	\$16.92
Family	\$24.79
Medicare	\$8.46

Combined Monthly Cost Example — Family: Dental \$141.53 + Vision \$24.79 = **\$166.32/month** | Individual: Dental \$36.29 + Vision \$8.46 = **\$44.75/month**

07 IMPORTANT CONTACTS & ENROLLMENT

CareFirst Medical

Medical claims, ID cards, find a provider

 **1-855-258-6518**

 www.carefirst.com

Dental Claims

Dental Customer Service (M-F, 8am-6pm ET)

 **866-891-2802**

 carefirst.com/doctor

BlueVision / Davis Vision

Vision claims & provider locator

 **800-783-5602**

 carefirst.com

Account Manager — Sherry Hunt

Benefits questions & plan changes

 **301-261-1626 x107**

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ENROLLMENT QUICK REFERENCE

New Hire Enrollment: Complete enrollment within 30 days of hire date. **Qualifying Life Events:** You have 30 days from the event to make changes. **Open Enrollment:** Occurs once per year — elections remain in effect for the full plan year unless a qualifying event occurs.



Questions about your benefits?

**Contact your HR team or
Account Manager**

Benefits@Itezz.com

Account Manager: Sherry Hunt | 301-261-1626 x107

CareFirst Member Services: 1-855-258-6518 | www.carefirst.com

Itezz Inc | Employee Benefits Guide | January 1 – December 31, 2026