



B.I.G. Enterprises, Inc.

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www.bigenterprises.com

A Guide to Your Employee Benefits

2010

We are pleased to offer to you a competitive benefit package for you and your family. We are proud of our employees and our commitment to bring financial health and prosperity to the people of our community. We are equally proud of our commitment to provide quality benefit options.

The benefit package includes, but is not limited to, a quality medical, dental, disability and group life insurance plan along with a retirement plan that is an asset to you and your family.

We pledge to review and update our benefits package so that it provides the services you need to enhance the quality of your life.

Thank you for your service.



B.I.G. Enterprises, Inc.



Medical Plan

BlueChoice POS Opt Out OA Option 6

<i>Benefits</i>	<i>In Network</i>	<i>Out of Network</i>
Co-Insurance	100%	80% / 20%
Plan Year Deductible	Individual - None Family - None	Individual - \$500 Family - \$1,000
Out-of-Pocket Maximum Per Plan Year	Individual - \$3,300 Family - \$10,100	Individual - \$2,500 Family - \$5,000

<i>Covered Services</i>	<i>Amounts You Pay</i>	<i>Amounts You Pay</i>
Inpatient Hospital Services	100%	20% after deductible
Outpatient Hospital Services	\$30	20% after deductible
Emergency Room	\$35 Copay (Waived if admitted)	\$35 Copay (Waived if admitted)
Primary Care Physician	\$20 Copay	20% after deductible
Specialist Office Visit	\$30 Copay	20% after deductible
Preventive Care	\$10 Copay - Child \$20 Copay - Adult	20% after deductible
Comprehensive Eye Exam	\$10 Copay	Plan pays \$33
Prescription Drugs		
Tier 1		\$10 Copay
Tier 2		\$20 Copay
Tier 3		\$30 Copay

Group # 3Y56
 Customer Service: 1-866-520-6099
 Website: www.carefirst.com





Medical Plan

BluePreferred Option 4

<i>Benefits</i>	<i>In Network</i>	<i>Out of Network</i>
Co-Insurance	100%	80% / 20%
Plan Year Deductible	Individual - None Family - None	Individual - \$250 Family - \$500
Out-of-Pocket Maximum Per Plan Year	Individual - \$2,000 Family - \$4,000	Individual - \$2,000 Family - \$4,000

<i>Covered Services</i>	<i>Amounts You Pay</i>	<i>Amounts You Pay</i>
Inpatient Hospital Services	100%	20% after deductible
Outpatient Hospital Services	100%	20% after deductible
Emergency Room	\$35 Copay (Waived if admitted)	\$35 Copay (Waived if admitted)
Primary Care Physician	\$10 Copay	20% after deductible
Specialist Office Visit	\$10 Copay	20% after deductible
Preventive Care	\$10 Copay - Child \$10 Copay - Adult	20% after deductible
Comprehensive Eye Exam	\$10 Copay	Plan pays \$33
Prescription Drugs		
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Tier 3		\$30 Copay

Group # 3Y56
 Customer Service: 1-800-321-3497
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Dental

Dental Benefits

Deductible	
Individual (Waived for Preventive)	\$50
Family (Waived for Preventive)	\$150
Annual Maximum	\$1,250
Orthodontics Lifetime Maximum	\$1,500
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontics	50%
Endodontics	Basic Services
Periodontics	Basic Services
Waiting Periods	
Basic Services Waiting Period	None
Major Services Waiting Period	None
Orthodontia Waiting Period	None

Group # 3Y56
Customer Service: 1-866-252-3658
Website: www.carefirst.com





Life Insurance

Term Life Insurance Benefit Amount Benefit reduces at age 65	\$20,000
Accidental Death & Dismemberment Benefit Amount	\$20,000

Short Term Disability

Short Term Disability Benefits

Weekly Benefit Amount: 60% of weekly pre-disability pay, to a maximum of \$1,000 per week.

Elimination Period: 15 Days Injury, 15 Days Sickness

Benefit Duration: 13 Weeks

Long Term Disability

Long Term Disability Benefits

Monthly Benefit Amount: 60% of monthly pre-disability pay, to a maximum of \$5,000 per month.

Elimination Period: 90 Days

Benefit Duration: To Age 65

100% Employer Paid

Group # 10074869
Customer Service: 1-800-423-2765
Website: www.lfg.com





Retirement Benefits

401(k)

Employer will match up to 3% of employee contribution. Employer matching is 100% vested after 6 years. Eligibility is after 90 days of service. Entry dates are January 1st , April 1st, August 1st and December 1st.

Profit Sharing

B.I.G. Enterprises, Inc. may make profit-sharing contributions at its discretion. Employees must complete 1 year of services, a minimum of 1,000 hours, and are not employed the last day of the plan year.



Important Phone Numbers

Customer Service Phone Numbers

<i>CareFirst (POS)</i>	<i>1-866-520-6099</i>
<i>CareFirst (PPO)</i>	<i>1-800-321-3497</i>
<i>CareFirst (Dental)</i>	<i>1-866-252-3658</i>
<i>Lincoln Financial (Life, STD and LTD)</i>	<i>1-800-423-2765</i>
<i>The Hartford (401(k))</i>	<i>1-800-255-2464</i>
<i>BB&T Insurance Services, Inc.</i>	<i>703-352-2222</i>

BB&T

INSURANCE SERVICES, INC.

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents. In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.