



B.I.G. Enterprises, Inc.

A Guide to Your Employee Benefits

A large, blue, stylized letter 'W' with a curved top left stroke, serving as a decorative initial for the first paragraph.

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 Plans

Employees may choose between two medical plans offered through CareFirst BCBS. Employee contributions vary according to the plan chosen.

	Blue Choice POS Opt Out OA Option 1		Blue Preferred PPO Option 4	
	In-Network	Out-of- Network	In-Network	Out-of- Network
Lifetime Maximum	Unlimited		Unlimited	
Coinsurance	100%	80%	100%	80%
Primary Care Physician Copay	\$10	20%	\$10	20%
Specialist Visit Copay	\$20	20%	\$10	20%
Calendar Year Deductible Per Individual Family Max.	None None	None None	None None	\$250 \$500
Inpatient Hospitalization Outpatient Services	Plan Pays 100% \$20 Copay	20% 20%	Plan Pays 100% Plan Pays 100%	20% 20%
Out of Pocket Maximum Per Individual Family Max.	\$3,300 \$10,100	\$3,300 \$10,100	\$2,000 \$4,000	\$3,300 \$10,100
Preventive Care	Well Care \$10 Copay until 17 years old	20%	Well Care \$10 Copay until 17 years old	20%
Retail Prescription Copay	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30

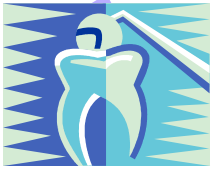
Group # 3Y56

POS Customer Service: 1-866-520-6099

PPO Customer Service: 1-800-321-3497

Website: www.carefirst.com





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%

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



Life Insurance

Term Life Insurance Benefit Amount	\$20,000
Accidental Death & Dismemberment Benefit Amount	\$20,000

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





Short Term Disability

Short Term Disability Benefits

Weekly Benefit Amount: 60% 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% to a maximum of \$5,000 per month.

Elimination Period: 90 Days

Benefit Duration: Until age 65

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





Retirement Benefits

Profit Sharing

In order to be eligible for Employer Profit Sharing Contributions, you must complete 1 Year of Service. One Year of Service is completed on the last day of the Eligibility Computation Period in which you are credited with 1000 Hours of Service (described below). There is no minimum or maximum age requirement.

401(k) Salary Deferrals and Matching Contributions

Employer will match up to 3% of employee contribution. Employer matching is 100% vested after 6 years. Employees who regularly work at least 83 Hours per month and have successfully completed their probation period shall be eligible to become participants on the first Entry Date after completing 90 days of service as long as they are not seasonal or short-term project employees.

If you do not satisfy the above conditions, you can become eligible upon completing 1 Year of Service. One Year of Service is completed on the last day of the Eligibility Computation Period in which you are credited with 1000 Hours of Service (described below).

In any event, there is no minimum or maximum age requirement.

The "Eligibility Computation Period" is the 12 month period that begins with the date you were hired. Thereafter the Eligibility Computation Period becomes the Plan Year and begins the first day of the Plan Year that began in your initial Eligibility Computation Period. Each subsequent period is the Plan Year.

Entry dates are March 1, June 1, September 1, and December 1.



Important Phone Numbers

Customer Service Phone Numbers

<i>CareFirst (medical)</i>	<i>POS: 1-866-520-6099</i> <i>PPO: 1-800-321-3497</i>
<i>CareFirst (dental)</i>	<i>1-866-252-3658</i>
<i>Lincoln Financial</i>	<i>1-800-423-2765</i>
<i>The Hartford</i>	<i>1-800-255-2464</i>
<i>BB&T Insurance Services, Inc.</i>	<i>1-703.352.2222</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.