

2026-2027 Health Benefits

Institutes for Behavior Resources is committed to providing a comprehensive benefit package to our employees. Medical, dental, and vision benefits are offered through CareFirst.

There are 3 plan options for medical benefits utilizing the BlueChoice Network. The **CareFirst BlueChoice HMO HSA** and **BlueChoice Plus HMO HSA** plans are both eligible for an HSA account and limited purpose FSA. The **CareFirst BlueChoice HMO Referral Non-HSA** plan is eligible for an FSA account. Below is an overview of the 3 medical plan options.

	CareFirst BlueChoice HMO HSA \$2,300		Carefirst BlueChoice Plus HMO HSA \$2,300		CareFirst BlueChoice HMO Referral Non-HSA \$5,350	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$2,300 Ind/\$4,600 Fam	Not covered	\$2,300 Ind/\$4,600 Fam	\$4,600 Ind/\$9,200 Fam	\$5,350 Ind/\$10,700 Fam	Not covered
Coinsurance	100%	Not covered	100%	100%	100%	Not covered
Out-Of-Pocket	\$8,450 Individual \$16,900 Family	Not covered	\$8,450 Individual \$16,900 Family	\$16,900 Individual \$33,800 Family	\$9,800 Individual \$19,600 Family	Not covered
PCP Visit	Deductible, then \$25 per visit	Not covered	Deductible, then \$25 per visit	Deductible, then \$90 Copay	\$25 Copay	Not covered
Specialty Visit	Deductible, then \$70 per visit	Not covered	Deductible, then \$70 per visit	Deductible, then \$90 Copay	\$60 Copay	Not covered
Inpatient Hospital Services	Deductible, then \$500 Copay	Not covered	Deductible, then \$500 Copay	Deductible, then \$600 Copay	Deductible, then \$400 Copay Per Day, 5 Day Max	Not covered
Urgent Care	Deductible, then \$100 Copay	Deductible, then \$100 Copay	Deductible, then \$100 Copay	Deductible, then \$200 Copay	\$100 Copay	\$100 Copay
Emergency Room	Deductible, then \$500 Copay, Waived if admitted	Deductible, then \$500 Copay, Waived if admitted	Deductible, then \$500 Copay, Waived if admitted	Deductible, then \$500 Copay, Waived if admitted	Deductible, then \$300 Copay, Waived if admitted	Deductible, then \$300 copay, Waived if admitted
PRESCRIPTION DRUG	Subject to Medical Deductible				Subject to \$450 Deductible	
Preventative	No Charge		No Charge		No Charge	
Generic (30 day supply)	Deductible, then \$15 Copay		Deductible, then \$15 Copay		\$15 Copay	
Preferred Brand (30 day supply)	Deductible, then \$50 Copay		Deductible, then \$50 Copay		Deductible, then \$45 Copay	
Non-Preferred Brand (30 day supply)	Deductible, then \$70 Copay		Deductible, then \$70 Copay		Deductible, then \$75 Copay	

This overview provides highlights of the comprehensive benefits package Institutes for Behavioral Resources offers. Please refer to the plan document for additional benefits. If any description conflicts with the applicable plan document, the plan document will govern.

The **CareFirst BlueDental** Plans gives employees the freedom of choice with a Base plan and a Buy Up plan. The Base Plan has a \$1,500 annual maximum and does not cover orthodontia. The Buy Up plan has a \$2,000 annual maximum and does cover orthodontia. If you are seeking services out of network, you may be billed the difference between the allowed amount and billed amount. You will save money by using PPO provider.

	CareFirst BlueDental Plus-Base		CareFirst BlueDental Plus-Buy Up	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible (Waived for Preventative Care)	\$25 Ind/\$75 Fam	\$50 Ind/\$150 Fam	\$25 Ind/\$75 Fam	\$50 Ind/\$150 Fam
Annual Maximum Benefit	\$1,500		\$2,000	
Preventive-Exams, X-rays, cleanings, sealants	Plan pays 100%	Member pays difference between allowed and billed	Plan pays 100%	Member pays difference between allowed and billed
Basic - Includes fillings, simple extractions, endodontics	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%
Major-Inlays, crowns, bridges	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%
Orthodontia (adults and children)	Not Covered	Not Covered	50% up to lifetime max of \$1,500	50% up to lifetime max of \$1,500

The **CareFirst BlueVision** Plan provides an eye exam every 12 months and glasses or contacts every 12 months. Benefits are available for both in network and out of network.

	CareFirst BlueVision Plus	
	In Network	Out of Network
Coinsurance	100%	Allowance
Exam-Every 12 months	\$10 copay	\$45 allowance
Lenses-Every 12 months	Single: \$20 copay	Single: \$52 Allowance
Frames-Every 12 months	\$130 allowance + 15% off	\$60 allowance
Contacts-Every 12 months (in lieu of frames)	\$130 allowance + 15% off	Elective: \$112 allowance

Institutes for Behavior Resources benefit package includes additional employer paid and voluntary benefit options to protect you and your family. Dependent children may be covered up to age 26. Please contact Human Resources for additional benefit information.



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