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**Dental Plan Rates (All States)**

**Month / Paycheck**

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EMPLOYEE (EE)	\$38.57 / \$19.29
EE/CHILD	\$70.16 / \$35.08
EE/CHILDREN	\$120.33 / \$60.17
EE/SPOUSE	\$120.33 / \$60.17
FAMILY	\$120.33 / \$60.17

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**2009 Holiday Schedule**

- Thursday, January 1st – New Year's
- Monday, January 19th – Martin Luther King Day
- Monday, February 16th – Presidents' Day
- Monday, May 25th – Memorial Day
- Friday, July 3rd – Independence Day (*Federal observes*)
- Monday, September 7th – Labor Day
- October 12th – Columbus Day
- November 26th – Thanksgiving
- November 27th – Day after Thanksgiving
- December 25th – Christmas Day

**ANTHONY PATRICK  
CONSULTING**

307 International Circle, Suite 390 • Suite 390  
Hunt Valley, Md. 21030  
410-771-5694 • 866-667-4260



## Eligibility

You are eligible for our healthcare coverage starting 90 days after your hire date with an effective date of the 1st of the following month.

Our medical and dental provider is Anthem Blue Cross and Blue Shield. Pricing information and a brief overview of benefits follows. For more comprehensive and inclusive information please visit the provider's website at [www.anthem.com](http://www.anthem.com).

WestStar pays a portion of each individual's premium. The remainder, and any additional premiums covering a spouse and/or dependants, is the responsibility of each employee. The remainder and/or additional premiums are paid through payroll deductions with half of the amount deducted on the 15th of each month and the second half deducted at the end of the month. The payroll deductions are made "pre-tax".

In order for Loan Officers to qualify and be eligible for the benefits provided by WestStar, they must maintain full-time employment status and a monthly income of no less than three thousand dollars (\$3,000.00). Once eligibility requirements are met, Loan Officers will be evaluated on a quarterly basis to gauge production levels and gross monthly income amounts. Loan Officers not maintaining a minimal monthly average income of \$3,000.00 will be considered part time and ineligible to participate in WestStar's benefits plans. Written notification will be issued from Human Resources when ineligibility occurs.

If you decide to enroll in Health and/or Dental insurance, the original enrollment form(s) must be returned to Human Resources on or before end of month that you're eligible. If you decide NOT to enroll in health and/or dental insurance please complete and sign the waiver form. This form must be faxed to 703-491-0479. If your enrollment is received beyond this time frame you may be qualified as a "late entrant" by the insurance company, which results in no coverage at all.

If you have questions regarding participating physicians please visit [www.anthem.com](http://www.anthem.com). From here you must indicate the plan in which you want to participate and choose your state. You will then be able to search for physicians and dentists. If you have additional questions please call the Human Resources Director, Tasha Faison-Hill at 703-497-3914, or email [thill@weststarmortgage.com](mailto:thill@weststarmortgage.com).

## Medical Plan Summaries

	HMO (No referrals needed)	PPO	Value Advantage 25/500 (New Offering)
Doctor's Office	\$20.00	\$20.00	\$25.00
Primary Care	\$20.00	\$20.00	\$25.00
Specialist	\$40.00	\$40.00	\$25.00
Preventive Care	\$20/\$40	\$20/\$40	\$25.00
Eye Exam	\$15.00	\$15.00	\$15.00
Lab/X-ray	\$20/\$40	20%	20%*
MRI/CT scan/Advanced Im	\$150.00	20%	20%*
Outpatient Surgery	\$250.00	100 Plus 20%	20%*
Hospital Inpatient	\$300 per day 5 day max	\$400 plus 20%	20%*
Annual Deductible	\$0.00	\$0.00	500*
Maximum out-of-pocket (individual/family)	\$2500/\$5000	\$3000/\$6000	\$2500/\$5000
Rx Card	10\30\50	10\30\50	10\30\50
Out-of-network coverage	No	Yes	Yes, very minimal amount of reimbursement

\* Annual deductible must be met before services are covered at 20%.

## Medical Plan Rates

	HMO Month/Paycheck	PPO Month/Paycheck	Value Advantage 25/500 Month/Paycheck
EMPLOYEE (EE)	\$233.72/\$116.86	\$316.82/\$158.41	\$156.47/\$78.24
EE/CHILD	\$374.21/\$187.11	\$486.32/\$243.16	\$255.49/\$127.75
EE/CHILDREN	\$616.15/\$308.08	\$778.23/\$389.12	\$443.31/\$221.66
EE/SPOUSE	\$717.6/\$358.80	\$900.65/\$450.33	\$522.07/\$261.04
FAMILY	\$1025.88/\$512.94	\$1272.60/\$636.30	\$761.38/\$380.69

**Maryland, District of Columbia, & Virginia: HMO, PPO, or Value Advantage Plans are available options; All Other States: must select PPO.**

*This benefit summary is for descriptive purposes only. It is not an agreement or a contract. For more detailed information, refer to your Summary Plan Description from the Carrier.*