EMPLOYEE BENEFITS GUIDE

2026

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WELCOME

As a new CCH employee, I want to welcome you to a new career with our company. You can take pride in the fact that you are now a team member of a premier provider of skilled health care services. CCH strives to provide excellent care for our residents and will help you attain excellence in your career with us.

An important part of your compensation package is the employee benefits made available to all eligible employees the first of the month following 60 days of employment. This guide will give you an overview of all the available insurance benefit choices. Our H.R./Benefits Team has worked hard to provide you with a broad choice of insurance benefits to protect you and your family in time of need. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. However, It is mandatory to go through the benefit offering interview to hear about your benefit choices. During the benefit interview you can enroll or decline any or all of the offerings.

To make the interview process as easy as possible, we have a dedicated enrollment firm with counselors who are available to help you understand how each benefit can work for you. During the month prior to your benefit eligibility, you must find a time to call the enrollment center at (513) 785-0718. The call center is open 9 AM thru 6 PM Eastern Time. You can have your benefit interview at that time if a counselor is available, or schedule an appointment for a future time. It's that simple.

Again, welcome aboard! Wishing you much success!

CONTENTS

ELIGIBILITY
BENEFIT TERM
QUALIFYING EVENTS

OVERVIEW OF BENEFITS

ELIGIBILITY

Employees are eligible 1st of the month following 60 days of full time employment. Terminations due to termination of employment are effective as of employees' last day worked. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old.

DEPENDENT VERIFICATION:

Employees adding a spouse or children to their health insurance must submit a marriage certificate or birth certificate to the enrollment center within 30 days of enrollment. The medical enrollment will not be sent to the carrier until the dependent verification is submitted.

Employees can submit a copy via email to depverification@benmanage.com or fax (314) 900-3498.

WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days of hire provided you've submitted a completed enrollment with a benefit counselor within 30 days of your benefits effective date. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the date on your last day worked, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event".

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your payroll representative.

KEY TERMS
TO REMEMBER

COINSURANCE

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

COPAYMENT

A flat fee that you pay toward the cost of covered medical services.

IN-NETWORK

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

OUT-OF-NETWORK

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and play payments are SUBJECT to deductibles and copayments.

OUT-OF-POCKET MAXIMUM (OOPM)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

USUAL, CUSTOMARY AND REASONABLE (UCR) ALLOWANCE

The fee paid for services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure, (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.

OPEN ACCESS PLAN

The plan allows for members to access providers who are not participating in the PHCS Practitioner and Ancillary network. If a provider is non-participating in the network, members are urged to call the Customer Service / Concierge number on the back of the card and provide the information on the provider. The Concierge will work with the provider on facilitating access. There are some occasions where the provider will not work with any insurance arrangements. In that case, the member maybe recommended to see a different provider in order to avoid balance billing

This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

EAP BENEFITS

ComPsych®

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This page explains how GuidanceResources can help you and your family deal with everyday challenges.

Contact Us Anytime

Call: 855-387-9727
TDD: 800-697-7053
Online: guidanceresources.com
Your company Web ID: ONEAMERICA3

Guardian®

ONEAMERICA®

Confidential Counseling

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources.

Financial Information and Resources

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, , including getting out of dent, credit card or loan problems, tax questions, retirement planning.

Legal Support and Resources

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Work-Life Solutions

Our Work-Life specialists will do the research for you, providing qualified referrals.

GuidanceResources® Online

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

Secure Your Wishes With a Legally Binding Will

Drafting a will ensures that your assets pass on to your loved ones and your children are protected by a guardian of your choosing. EstateGuidance® makes it easy with online tools that walk you through the process in minutes.

401(k) BENEFITS

401(k) Benefits

Everyone has money questions, but Empower has money answers. See for yourself how we're bringing our message of empowering financial freedom for all to America. Ready to take control of your financial future?

Bi-Annual Open Enrollment

Enroll in your 401(k) benefits twice a year, January 1 to January14 & July 1 to July 14.. Eligibility starts after 1,000 hours of services with CCH.

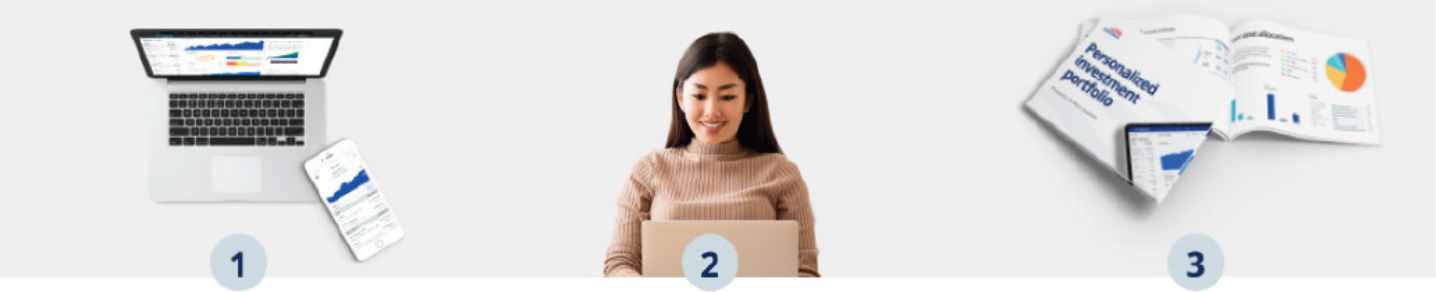
Two ways to enroll!

1. Log onto: empowermyretirement.com
   Click "Register"
   Enter your information

2. Call Empower: **800-338-4015**

MERRILL
A BANK OF AMERICA COMPANY

EMPOWER
RETIREMENT™



Get your free dashboard
Link accounts. Simulate and plan your retirement success.

Get your free second opinion
Talk to an advisor about your current investment strategy.

Get personalized advice
Build a personalized portfolio that's tailored to your goals.

Need Assistance?

Christian Beach
Financial Advisor
732-386-3137

Tony Caldarise
Financial Advisor
732-286-3147

MEDICAL Benefits

Anthem LEADING EDGE ADMINISTRATORS

In-Network Services	Bronze	Gold
Deductible (Single/Family)	$5,500/$11,000	$1,500/$3,000
Out-of-Pocket Limit (Single/Family)	$7,050/$14,100	$3,000/$6,000
Health care provider's office or clinic visit		
Primary care visit for injury/ illness Professional Non-Facility based services Facility based services	20% coinsurance	$25 copay per visit 20% coinsurance
Specialty Care visit Professional Non-Facility based services Facility based services	20% coinsurance	$45 copay per visit 20% coinsurance
Preventive care / screening/ immunization	No Charge*	No Charge*
Laboratory and Radiology Services		
Diagnostic test (x-ray, blood work) Office Based / Facility	20% coinsurance	20% coinsurance* / 20% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance	20% coinsurance
Prescription Drugs	**30-day Retail / 90-day Mail Order**	
Generic (Tier 1)	20% coinsurance	$15 / $30*
Preferred (Tier 2)		20% of medication cost $40-$90 / $90-$180*
Non-Preferred (Tier 3)		20% of medication cost $65-$130 / $130-$260*
Specialty (Tier 4)	Not Covered	Not Covered
No Charge for ACA mandated generic medications. If a prescription is filled with a non-generic drug when a generic equivalent exists, member will be responsible for the cost difference More information about prescription drug coverage is available at **www.ingenio-rx.com** or call **1-833-271-2374**.		
Outpatient Surgery		
Facility fees (e.g., ambulatory surgery center)	20% coinsurance	20% coinsurance
Physician / Surgeon fees		
Immediate Medical Attention		
Emergency room services All facilities are covered as in-network subject to meeting "emergency" criteria	20% coinsurance	$500 copay/visit*
Emergency medical transportation All facilities are covered as in-network subject to meeting "emergency" criteria	30% coinsurance	No Charge*
Urgent Care All urgent care is covered in-network	20% coinsurance	$75 copay/visit*

* Deductible Does not Apply

Unless otherwise noted with an asterisk (*), all copays and coinsurance apply after the deductible has been met. For complete details, please refer to the Summary of Benefits

In Network Services Continued	Bronze	Gold
Hospital Stay		
Facility fee (e.g., hospital room)	20% coinsurance	20% coinsurance
Physician / Surgeon fee	20% coinsurance	20% coinsurance
Mental Health, Behavioral Health, or Substance Abuse Needs		
Outpatient services Non-Facility / Facility Based	20% coinsurance	$25 copay per visit / 20% coinsurance
Inpatient services		20% coinsurance
Pregnancy Services		
Office Visits Non-Facility / Facility Based	20% coinsurance	No Charge* / 20% coinsurance
Childbirth/delivery professional		No Charge*
Childbirth/delivery facility		20% coinsurance
Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Preauthorization is required for stays longer than 48 hours for vaginal birth or 96 hours for cesarean birth		
Recovery or Other Special Health Needs		
Home Health Care	20% coinsurance	20% coinsurance
Rehabilitation Services Non-Facility / Facility Based		Visits 1-30: $45 copay Visits 31-60: $60 copay /20% coinsurance
Habilitation Services Non-Facility / Facility Based		Visits 1-30: $45 copay Visits 31-60: $60 copay /20% coinsurance
Skilled Nursing Care		20% coinsurance
Durable Medical Equipment		
Hospice Service		
Out-of-Network	**Bronze**	**Gold**
Deductible (Single/Family)	$11,000/$22,000	$3,000/$6,000
Out-of-Pocket Limit (Single/Family)	$14,100/$28,200	$16,300/$32,000
Coinsurance	50%	50%

* Deductible Does not Apply

Unless otherwise noted with an asterisk (*), all copays and coinsurance apply after the deductible has been met. For complete details, please refer to the Summary of Benefits

To find an In-Network Provider: anthem.com or call: **1-800-810-2583**

Employees who are adding a spouse or child to their medical coverage must submit a birth certificate or marriage certificate for their application to be approved.

They can submit it by email or fax at depverification@benmanage.com or **(314) 900-3498**.

FINDING A Doctor

Are you looking for a doctor?

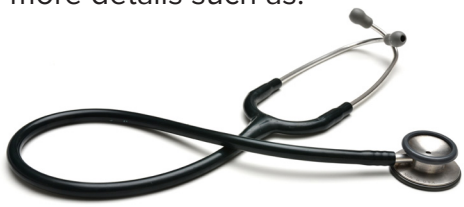
Go to Anthem.com/find-care

You can look for a doctor by using either:

1. **Search as a member: Log in with a username and password or with the member number on your ID card**
2. **Search as guest: Select National PPO (BlueCard PPO), or search by all plans and networks**

Once you log in, select the Find Care option on the welcome menu. Choose who you would like to see. Search for a doctor nearby or use a doctor's name. Select a provider to see more details such as:

- **Specialties**
- **Gender**
- **Languages Spoken**
- **Training**
- **Office Location**
- **Contact Information**



Mesa Member Registration

Go to mesa.leadingedgeadmin.com/

The following are quick steps on how to register as a member via the Leading Edge Administrators MESA Portal:

1. **Click on Sign Up Now (have your Member ID # available**
2. **Select Employee or Dependent**
3. **Enter an email address**
4. **Enter your Identification Number, this is your ID number (Located on your member medical ID card)**
5. **Enter all required fields (listed with an "*") – Name, DOB, Etc.**
6. **Enter your desired username, password, and security questions/answers**
7. **Review all entered information, read disclaimer, and electronically sign with date**

Once registration is complete, you will receive a confirmation email. You will then be able to logon and view your account details which include your plan summary, claims, search for a provider and request permanent and temporary ID cards

NaVcare guiding your journey to better health.

Available at no additional cost to you, NaVcare matches you with a dedicated navigator who coordinates care with your providers and case manager to help guide you through treatment and recovery. For comprehensive care with one point of contact who always keeps the patient at the center of care, contact a NaVcare navigator today.

Benefits of NaVcare services:

- Minimizes out-of-pocket costs by ensuring the right care, right place, right time
- Navigates your care across multiple care settings
- Advocate for high-quality, low cost care and services
- Elevates your experience across the care continuum

To begin using NaVcare services, call (877) 208-5952

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. The funds can even be invested, making it a great addition to your retirement portfolio.

Why Should I Participate in an HSA?

1. **Money goes in tax-free -** Most employers offer a payroll deduction through a Section 125 Cafeteria Plan, allowing you to make contributions to your HSA on a pre-tax basis. The contribution is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.

2. **Money comes out tax-free -** Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your benefits debit card, ACH, online bill-pay, or check – or, you can payout-of-pocket and then reimburse yourself from your HSA.

3. **Earn interest tax-free -** The interest on HSA funds grows on a tax-free basis. And, unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.

Reimbursement Eligible Expenses

Health plan co-pays, deductibles, co-insurance, vision, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

Am I Eligible to Participate?

In order to contribute, you must be enrolled in a qualified HDHP, not covered under a secondary health insurance plan, not enrolled in Medicare, and not another person's dependent. There are no eligibility requirements to spend previously-contributed HSA funds.

What is a High-Deductible Health Plan?

A HDHP is a health insurance plan with deductible amounts that are greater than $1,700 for individual or $3,400 for family coverage and have an out-of-pocket maximum that does not exceed $8,500 for individual or $17,000 for family coverage.

Contributing to an HSA

Payroll deduction is offered by your employer. Your annual contribution will be divided into equal amounts and deducted from your payroll before taxes. Direct contributions can also be made from your personal checking account and can be deducted on your personal income tax return.

Can I Change My HSA Contributions During the Year?

Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes in your contributions by providing the applicable notice of change provided by your employer.

How Much Can I Contribute to My HSA?

Contributions can be made by the eligible employee, their employer, or any other individual. Annual contributions from all sources may not exceed $4,400 for singles or $8,750 for families in 2026. Individuals aged 55 and over may make an additional $1,000 catch-up contributions.

Do I Have to Spend All My Contributions by the End of the Year?

No. HSA money is yours to keep. Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year; it continues to grow, tax-deferred.

What Happens if My Employment is Terminated?

HSAs are portable and move with you if you change employment. Your HSA belongs to you, not your employer, just like your personal checking account.

How do I Access the Fund in My HSA?

Your HSA is similar to a checking account. You are responsible for ensuring the money is spent on qualified purchases only and maintaining records to withstand IRS scrutiny. Payments can be made via check, ACH, online bill-pay, or debit card, depending on what is available to you.

When Must Contributions be Made to an HSA for a Taxable Year?

Contributions for the taxable year can be made in one or more payments at any time after the year has begun and prior to the individual's deadline (without extensions) for filing the eligible individual's federal income tax return for that year. For most taxpayers, the deadline is April 15 of the year following the year for which contributions are made.

What Happens to the Money in My HSA if I no Longer Have HDHP Coverage?

Once you discontinue coverage under an HDHP and/ or get secondary health insurance coverage that disqualifies you from an HSA, you can no longer make contributions to your HSA. However, since you own the HSA, you can continue to use the remaining funds for future healthcare expenses.

Is Tax Reporting Required For an HSA?

Yes. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account.

You do not have to itemize to complete this form.

Can I Still Deduct Healthcare Expenses From my Tax Return?

Yes, but not the same expenses for which you have already been reimbursed from your HSA.

Can I Withdraw the Money For Non-Healthcare Purchases?

Yes. If you withdraw the money for an unqualified expense prior to age 65, you'll pay a 20% excise tax. You can withdraw the money for any reason without penalty after age 65, but are subject to applicable income taxes.

Can I Roll Over or Transfer Funds From My HSA or Medical Savings Account (Archer MSA) into an HSA?

Yes. Pre-existing HSA funds or MSA monies may be rolled into an HSA and will continue their tax-free status.

Can I Control How the Funds are Invested?

Yes. Once your HSA cash account balance reaches the minimum amount required by the custodian, you cant transfer funds to an HSA investment account. You can choose from a selection of mutual funds and setup an allocation model for future transfers like you would for a 401k plan.

Can I Transfer Funds Between the Cash and Investment Accounts?

Yes. You can transfer money between you HSA cash and HSA investment account at any time.

Flexible Spending Accounts allow employees to put money aside pre-tax to pay for certain eligible expenses as described by the Internal Revenue Code (IRC). Employees save on their Federal Income Tax, FICA Tax and State Taxes in most states. Employers save money on these plans as well because their FICA taxes are lowered. The employer typically saves enough to pay for the administration of the plan making this a no cost benefit to the employer.

Filing a Claim

- Online: Log into your account, click “Request Reimbursement” under “My Accounts” then follow on-line instructions.
- Fax or Mail: Complete a Claim Form and send it along with a copy of the receipt / invoice to the Flex Facts Claims Department.
- You can download the Claim Form at flexfacts.com or request a copy from your Human Resources representative.

FSA	Healthcare	Day Care
Maximum Annual Election	$1,000	$3,750 Individual $7,500 Family
Claim Run-Out Date	3 / 31 / 2027	3 / 31 / 2027

Contact Us

Call: 877-943-2287 M-Th 8:30a-8:30p
Friday 8:30a-5:30p
Email: info@flexfacts.com
Fax: 877-747-8564
Mail: 1200 River Ave, ste 10E, NJ 08701

FSA Eligible Healthcare Expenses

Prescriptions, copays, coinsurance, deductibles, vision care, dental expenses for incurred by you or your eligible dependents. Over-the-Counter (OTC) medications are only eligible with a valid prescriptions. A complete list of expenses of expenses eligible under the medical FSA is available at flexfacts.com.

FSA Ineligible Healthcare Expenses

Cosmetic procedures, vitamins / supplements and food under a weight-loss program (may be reimbursable with a doctor’s letter of medical necessity or prescription).*

Maximum Annual Election - Healthcare

The maximum amount you can deduct from your paycheck over the course of the plan year. Your full annual election is available as of the first day of the plan year.

Maximum Annual Election - Dependent Day Care

The maximum amount you can deduct from your paycheck over the course of the plan year. Your full annual election is available as they are deducted from your paycheck. Additional restrictions may apply.

Claim Run-Out Date

The day which all of your manual claims must be submitted. All claims must have incurred during the plan year.

Dependency Day Care FSA Eligible Expenses

Expenses incurred for the care of a child age 13 and under; or a disabled dependent incapable of self care that allow the employee (and spouse, if applicable) to work. Additional restrictions may apply.

Dependent Day Care FSA Ineligible Expenses

Overnight camp, care provided by your dependent under the age of 18, babysitting when you are not working, care of your dependent who does not spend at least 8 hours per day in your home.

* These are just select examples of ineligible expenses. Any expense not listed in the complete list of eligible expenses on the FlexFacts website may be an ineligible expense. Please see www.flexfacts.com

DENTAL Benefits

Humana

	PPO In-Network / Out of Network	Traditional Preferred In-In-Network & Out-of-Network
Plan Details	Out-of-network dentists may bill members for charges above the amount covered by the dental plan.	
Deductible: excludes orthodontia services Individual / Family	$50 / $150	$50 / $150
Annual Maximum Benefit (Basic & Major only) Per Person	$1,000 + extended annual max	$1,750 + extended annual max
Extended Annual Maximum Additional coverage for preventive, basic, and major services after the annual max is met (excludes orthodontia)	30%	30%
Preventative		
Exams 3 per year	100% / 80% No Deductible	100% No Deductible
Cleanings 2 per year		
Bitewing X-rays 2 films 10-, 4 films 10+		
Panoramic X-rays 1 per 3 years, ages 6+		
Fluoride & Sealants through age 15		
Space Maintainers primary teeth, through age 15		
Oral Cancer Screening 1 per year, age 40+		
Basic		
Emergency Care for Pain Relief	80% / 70% After Deductible	80% After Deductible
Amalgam Fillings 1 per tooth every 2 years, composite for anterior/front teeth		
Oral Surgery tooth extractions including impacted teeth		
Routine Extractions		
General Anesthesia		
Stainless Steel Crowns		
Harmful Habit Appliances for Children 1 per lifetime, through age 14		
Periodontics periodontal cleanings 2 per year, scaling/root planing and surgery 1 per quadrant per 2 years		
Endodontics root canals 1 per tooth per lifetime, 1 re-treatment		
Major		
Crowns 1 per tooth every 8 years	50% / 40% After Deductible	50% After Deductible
Inlays / Onlays 1 per tooth every 8 years		
Bridges 1 every 8 years		
Denture Relines/Rebases 1 every 3 years, following 6 months of denture use		
Denture Repairs & Adjustments following 6 months of denture use		
Orthodontia	Not Covered	50% Children under 18 Up to $1,000 lifetime max

Humana

TELEDENTISTRY & Teledentix

Humana members have a new virtual option for on-demand access to an in-network dentist for urgent care and emergency dental care. Teledentix provides a real-time virtual interaction for patients and providers using dedicated, secure technology that can be adapted to phone, chat, smartphone/tablet, or computer. Members can also access information pertinent to their questions or oral health conditions by securely searching an available education database, request delivery of relevant information via email, view images, or correspond around the provided information.

How to use Teledentix

Members can access Teledentix from their computer by logging into the MyHumana website. Members with an active Humana Dental PPO or Traditional Preferred plan can click on the "Dental" tab, where they will see a button for Teledentix. Members can also access Teledentix from their smart phone or tablet through the MyHumana mobile app. Teledentix will appear among the recommended apps.

What services are provided through Teledentistry?

Although there are limitations to the services that can be provided through virtual dental care, many dental needs can be resolved in a timely and cost-effective way, reducing the member's need to visit the emergency room, and providing consultative care without an in-person office visit. Many providers utilize teledentistry to provide diagnostic and prescription services, such as:

- Write prescriptions for antibiotics or non-narcotic pain medications when needed (Please note, the cost of medications are not covered by the Humana Dental plan).
- Perform a visual exam for things like mouth, tooth or jaw pain.
- Provide instructions on caring for mouth, tooth or jaw pain.
- Help members determine if they need urgent/emergency care or home care until they can see their dentist.
- Help members find a dentist if they don't have one or if requested.

How quickly can members see a provider?

Members can choose to see an available provider immediately by selecting "See a Dentist Now".

Are the Teledentix providers in-network?

Yes. All providers who participate with Teledentix offer are part of a new Humana network – Teledentistry Network Inc. (TNI). However, if the member wants to see a provider that is out-of-network, but provides teledentistry services, they can choose to see an out-of-network provider (terms of policy will apply).

Does Humana cover teledentistry with other providers outside of the VDC/Teledentix relationship?

Yes. Similar to Doctor On Demand, Teledentix is a recommendation but not a requirement.

Can members choose their provider?

Yes. When accessing Teledentix, members are given a list of providers available at the time of their visit. All listed providers are in-network and located within the member's state. If the member has a preferred provider that participates with the Teledentix network, the member can choose to see that dentist. If the member has an emergency, or if their regular provider is not available, the member can choose another in-network dentist within the same geographic area.

Is there an additional fee to offer Teledentix?

Teledentix is included in Humana's dental PPO and Traditional Preferred plans, meaning there is no additional cost. Teledentix is being implemented with a $0 copay to members. In the future, members may be subject to their office visit copay, depending upon their plan.

VISION Benefits

Humana

To find a Provider: Humana.com/find-care

Services	In-Network (Member Cost)	Out-of-Network (Reimbursement)
Eye Exam once every 12 months	$0 copay	Up to $40
Retinal Screening	Up to $39	Not Covered
Standard Contact Lens Fit / Follow Up	$0 copay	Up to $30
Premium Contact lens Fit / Follow Up	10% off retail less $55 allowance	Up to $30
Eyeglass Lenses / Lens Options Once every 12 months		
Clear Plastic Lenses in Any Rx (single vision, bifocal, trifocal, lenticular)	$20 copay	$25 /$40 /$60/$100 reimbursement
UV Coating*	$15 copay	Not Covered
Tint* Solid and gradient	$15 copay	Not Covered
Standard scratch-resistance*	$0 copay	Not Covered
Standard polycarbonate - Adults	$40 copay	Not Covered
Standard polycarbonate - Children <19	$0 copay	Not Covered
Standard anti-reflective coating	$10	Up to $25
Premium anti-reflective coating Tier 1 Tier 2 Tier 3	$22 $33 80% of charge less $35 allowance	Up to $25
Standard progressive (add-on to bifocal)	$85 copay	Up to $80
Premium progressive Tier 1 Tier 2 Tier 3 Tier 4	$45 $55 $70 $25 copay, 80% of charge less $120 allowance	Up to $40
Photochromic / plastic transitions*	$75 copay	Not Covered
Polarized*	20% off retail	Not Covered
Conventional Contact Lenses	$160 Allowance** Additional 15% off balance over the allowance	$160 allowance
Disposable Contact Lenses	$160 allowance	$160 allowance
Medically Necessary Contact Lenses	$0 copay	$210 allowance
Frames (Discounts may be available on all frames except when prohibited by the manufacturer)		
Frames once every 24 months	$160 Allowance Additional 20% off balance over the allowance	$50 allowance
Diabetic Eye Care Up to 2 of each service per year		
Exam	$0 copay	Up to $77
Retinal imaging		Up to $50
Extended Ophthalmoscopy		Up to $15
Gonioscopy		Up to $15
Scanning Laser		Up to $33

* This service is not a covered benefit under your insurance policy. However, this service may be available to members from participating providers at the discounted rates shown. Members should confirm with their provider.

ONEAMERICA®

EMPLOYER PAID
Life and AD&D

Your employer cares about you and wants to make sure your loved ones are taken care of in the event that you die. All full time employees are eligible for employer paid life insurance. See your HR director to confirm your benefit amount.

Life and AD&D	
Basic Life	
Basic Life	$5,000 - $20,000 based on eligibility
Guaranteed Issue Amount	$5,000 - $12,000
Accelerated Death Benefit	75% to $250,000
Waiver of Premium on Disability	Total Disability prior to age 60, any occupation. 9 month Elimination Period terminates at 70
Accidental Death and Dismemberment (AD&D)	
Common Carrier Benefit	100% of AD&D Benefit up to $250,000
Exposure / Disappearance Benefit	Included
Rehabilitation / Physical Therapy	less of incurred expenses and $5,000
Seatbelt	$10,000
Airbag	$5,000

Tip!

Make sure to complete your benefit enrollment so you can designate a beneficiary.

Life and AD&D Age Reduction
Age 65 but less than 70: 65% of benefit amount Age 70 and over: 50% of benefit amount Any reduction pursuant to this provision is based on the original coverage amount and will take place on the policy anniversary following the Insureds birthday.

Guaranteed Issue

No health questions required! All Full Time employees automatically qualify for this benefit

Elimination Period

The time period between the beginning of an injury or illness and the receipt of benefits.

LIFETIME BENEFIT
Life Insurance

CHUBB®

Lifetime Benefit Life	
Guaranteed Issue	**Up to $10,000 with no medical questions or exams**

Life insurance provides essential financial protection for your loved ones by ensuring they can maintain their lifestyle and cover expenses like mortgages, education, and daily needs after your death. Beyond paying final expenses and settling debts, it replaces lost income so your family doesn't face financial hardship during an already difficult time. Some policies also build cash value over time, serving as both a protection tool and a financial asset you can use during your lifetime. The long term care rider protects your savings and assets from being depleted by the high costs of extended nursing home, assisted living, or in-home care services that aren't covered by regular health insurance or Medicare.

Guaranteed Premium
Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue.

Guaranteed Benefits During Working Years
Death Benefit is guaranteed 100% when it is needed most during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

Guaranteed Benefits After Age 70
Even after age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit. And based on current interest rates the full death benefit is designed to last a lifetime

Paid-Up Benefits
After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

Long Term Care *(LTC is not available in NY)
If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

Terminal Illness Benefit
After your coverage has been in force for two years, you can receive 50% of your death benefit, up to $100,000, if you are diagnosed as terminally ill.

Fully Portable and Guaranteed Renewable for Life
Your coverage cannot be canceled as long as premiums are paid as due.

Child Term
Death Benefits of $10,000 available. Guaranteed conversion to individual coverage at age 26— up to 5 times the benefit amount.

Waiver of Premium
Waives premium if you become totally disabled.

Payer Waiver of Premium
Waives premium of your spouse, if you become totally disabled.

GROUP Accident

Introducing added protection for life's unexpected moments. If you're like most people, you don't budget for life's unexpected moments. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix. That's the benefit of the Aflac group Accident Advantage Plus plan. In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Ambulance Rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

Benefit Amounts

$50 Wellness Benefit payable when certain preventive services are performed

Hospital, Surgery and Rehabilitation	Employee / spouse / child
Hospital Admission Max 1 per year	$1,000
Hospital Confinement 365 days max per accident	$200
Hospital Intensive Care Unit Confinement (per day) 30 days Maximum per accident	$400
Medical Fees (for each accident)	$125 / $125 / $75
Exploratory Surgery	$250
Abdominal or Thoracic Surgery	$1,000
Emergency Room Treatment treatment within 72 hours	$200
Emergency Room Observation treatment within 72 hours	$100
Rehabilitation 30 days per hospital confinement	$75
Accidents and Injuries	
Animal bite 1 shot per accident	$70
Burn treatment within 72 hours	Up to $20,000
Coma	$10,00
Concussion / Mild TBI	$200
Dislocation 1 per accident	Up to $3,000
Emergency Dental Work	Up to $2500
Eye Injury surgery or removal of foreign object	Up to $250
Fracture Once per accident	Up to $4,000
Ear Injuries 1 ear lifetime limit	Up to $200
Torn Knee Cartilage	Up to $400
Ruptured Disc	Up to $400
Tendon / Ligament Surgical Repair	Up to $600
Laceration 1 treatment per accident	Up to $400
Paralysis - Quadriplegia / Paraplegia	$10,000 / $5,000

Transportation	
Ambulance - Air	$1,000
Ambulance - Ground or Water	$200
Transportation 3 times per accident	$250
Treatment and Follow-Up Care	
Accident Follow-Up Doctor Visit Maximum 6	$30
Ambulatory Surgical Center	$25
Blood/Plasma/Platelets within 90 days of accident	$100
Rehabilitation Admission	$500
Rehabilitation Unit 30 day Maximum	$100
Major Diagnostic Exams	$200
Therapy: Physical 6 max per accident	$30
Appliance	$100
Lodging for Family 30 days per accident within 100 miles	$100
Modification of Residence or Automobile 1 per accident	$1,250
Prosthetic Device/Artificial Limb	$500
PTSD	$200
Death and Dismemberment	
Accidental Death	$50,000 / $25,000 / $5,000
Accidental Death - Common Carrier	$100,000 / $50,000 / $15,000
Accidental Dismemberment (up to)	$25,000 / $10,000 / $5,000

CRITICAL ILLNESS
Insurance

Aflac

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.

Plan Benefits Employee: $5,000 up to $20,000 Spouse: Up to 50% of Employee Benefit	
Guaranteed Issue: Employee / Spouse	$50,000 / $25,000
Basic Benefits	
Heart Attack	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant	100%
Bone Marrow Transplant	100%
Kidney Failure	100%
Stroke (Ischemic or Hemorrhagic)	100%
Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer per calender year	$250
Health Screening Benefits	
Health Screening Employee and Spouse Only per calendar year	$50
Additional Benefits	
Coma	100%
Severe Illness	
Paralysis	
Loos of Sight	
Loss of Speech	
Loss of Hearing	

By purchasing critical illness insurance, you can have peace of mind knowing that you'll have financial support to help cover these expenses if you're ever faced with a serious illness. This can help alleviate some of the stress and anxiety that often comes with a diagnosis and allow you to focus on your recovery.

HOSPITAL INDEMNITY Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which mean costly out-of-pocket expenses.

Base Benefits

Hospital Admission

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident.

Well Baby Care

We will pay the Well Baby Care Benefit amount associated with each benefit plan option when an insured baby receives well baby care (four visits per calendar year, per insured baby). For this plan, a baby is a dependent child 12 months of age or younger. This benefit is payable only if coverage is issued with the Dependent Children Benefit Rider

Hospital Indemnity Benefits	
Hospital Admission (per admission)	**$500**
Hospital Confinement (per day, 180 day max per confinement)	**$200**
Hospital Intensive Care (per day, 30 day max per confinement)	**$200**
Surgical / Anesthesia (up to)	**$2,000 / $500**
Out-of-Hospital Prescription Drug (5 scripts per year per person)	**$10**
Hospital Emergency Room / Physician Benefit (up to)	**$50 per visit $250/person /year $1,000/family/per year**
Well baby Care (per visit)	**$25**

Hospital Confinement

This benefit is paid when a covered person is confined to a hospital as a resident bed patient because of a covered sickness or as the result of injuries received in a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within six months of the date of the covered accident.

Hospital Intensive Care

This benefit is paid when a covered person is confined in a hospital intensive care unit because of a covered sickness or due to an injury received from a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital intensive care unit within six months of the date of the covered accident.

Hospital Emergency Room / Physician

If a covered person is injured in a covered accident or has treatment as the result of a covered sickness, we will pay the benefit as shown for a maximum benefit of $50 based on the following:
$50 – Physician (per visit) / X-ray (per visit)
$25 – Laboratory fees (per visit) / Injections/medications (per visit)
Not to exceed a maximum of $50 per visit.

Surgical and Anesthesia

Surgical and Anesthesia Benefits These benefits are paid when a covered person has surgery performed by a physician due to an injury received in a covered accident or because of a covered sickness. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided. Surgical and Anesthesia Benefits are available subject to plan definitions and the Surgical Schedule.(The Anesthesia Benefit will be 25 percent of the Surgical Benefit paid.)

Out-of-Hospital Prescription Drug

We will pay an indemnity benefit, based on the plan definitions, for each prescription filled for a covered person. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the patient. This benefit is subject to the Out-Of-Hospital Prescription Drug Benefit maximum.

SHORT-TERM Disability

The Aflac Group Disability Advantage Insurance Plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after the 14 day elimination period is satisfied and continue during disability, up to the disability benefit period.

Why enroll in Group Disability Advantage Insurance? Group Disability Advantage is like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury or sickness.

Short Term Disability Benefits	
Total Disability Monthly Benefit	**$300 - $6,000 60% of the employee's base annual pay (up to 40% in states with state disability benefits)**
Benefit Period	**6 Months**
Elimination Period Injury / Sickness	**14 days**
Partial Disability Benefit	**50% of Total Disability Monthly Benefit 3 month Benefit Period**
Pre-Existing Condition	**12/12**

Plan Features

Convenient Payroll Deduction!

Non-Occupational Coverage
This means the plan covers disability due to off-the-job injuries and sicknesses.

Partial Disability
A Partial Disability Benefit allows for a transition period before returning to full-time employment.

Waiver of Premium
Premiums are waived after 90 days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force. This benefit is not available on plans with a 3-month benefit period.

Portability
Employees can continue coverage when they leave employment (with certain stipulations).

Total Disability
This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

Partial Disability
The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you remain partially disabled and are only able to work earning less than 80 percent of your pre-disability income at any job, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

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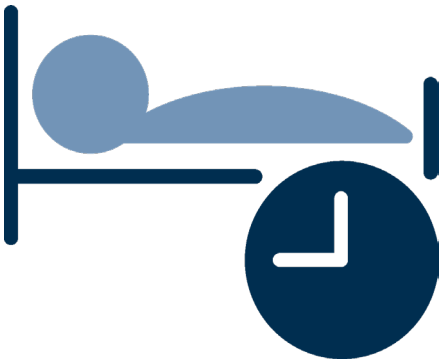
LONG-TERM Disability

PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you and your family.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Benefit	Plan 1	Plan 2
Elimination Period	90 days	180 days
Maximum Benefit Duration	5yr SSNRA	
Maximum Monthly Benefit	$7,500	
Pre-Existing Condition Exclusion	3 / 12	
Total Disability Definition	Regular Occupation - 2 years	
Partial Disability Benefit	50%	
Survivor Benefit	3 times last Gross Monthly Benefit	



Additional Benefit Features

- Gainful Occupation - 80% working / 60% not working
- Minimum Monthly Benefit - $100
- Tax Reporting Services - pertaining to Employee FICA and W2
- Vocational Rehabilitation Program
- Coverage of normal pregnancy and certain complications

BENEFITS SPECIFICATIONS

Maximum Benefit Duration
This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.

Pre-Existing Condition
Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Total Disability
Monthly benefit starts after the elimination period has been met due to injury, sickness, organ donation, pregnancy, and complications of pregnancy. Limited by maximum benefit duration.

Elimination Period
This is a period of consecutive days of disability before benefits Elimination Period: may become payable under the contract.

What if I can work while disabled?
This plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.

Portability
You may have an option to continue your coverage when your employment terminates.

Social Security Normal Retirement Age
SSNRA - the normal retirement age under the Federal Social Security Act

BenManage

CARRIER CONTACT INFORMATION

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(513) 785-0718** Monday-Friday 9am-6pm EST

Below is contact information for each of the carriers of the specific benefits available to you for when you need to make a claim or have questions relating to a specific condition, coverage, or loss.

Carrier Contact Information

Medical	Anthem Leading Edge	BYNC Holdings	Anthem.com	(877) 208-5952
Pharmacy Member Services	Ingeniorx		ingenio-rx.com	(833) 271-2374
Provider Eligibility/Benefits	BlueCross BlueShield			(800) 676-BLUE
Health Savings Account & Flexible Spending Account	Flexfacts		flexfacts.com	(877) 943-2287
Dental	Humana	092724	humana.com/find-care	(877) 434-9809
Vision	Humana	092724	humana.com/find-care	(877) 398-2980
Employer Paid Life and AD&D	OneAmerica	624561	oneamerica.com	(800) 553-5318
Lifetime Benefit Term	Chubb	CCH Healthcare	chubb.com	(855) 241-9891
Accident	Aflac	22502	aflacgroupinsurance.com	(800) 433-3036
Critical Illness	Aflac	22502	aflacgroupinsurance.com	(800) 433-3037
Hospital Indemnity	Aflac	22502	aflacgroupinsurance.com	(800) 433-3038
Short Term Disability	Aflac	22502	aflacgroupinsurance.com	(800) 433-3039
Long-Term Disability	OneAmerica			
Employee Assistance Program	ComPsych	company Web ID: ONEAMERICA3	guidanceresources.com	(855) 387.9727
401(k)	Empower		empowermyretirement.com	(800) 338-4015