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dedicated insurance broker:

Arthur J. Gallagher,
Formerly Cool Insuring Agency

Benefits Guide: 2022

THIS YEAR:

- **Medical:**
  CDPHP High and Low Plan
- **Dental:**
  Guardian Dental Guard Preferred
- **Vision:**
  Guardian Davis Vision
- **Telemedicine**:
  United Concierge
- **Flexible Spending Account:**
  ProBenefits
- **Voluntary Life Insurance:**
  Guardian

Employee Benefit Guide

Coverage Period : January 1, 2022 – December 31, 2022

Welcome

CEO takes pride in offering a comprehensive and valuable benefit package to its employees. CEO offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best suited for you and your family.

About this guide

This guide is a basic outline of your benefits and highlights the plans that are part of CEO's benefits program. This guide does not include all of the details or exclusions that are found in the insurance contracts or official plan documents. If there is a conflict between this guide or the information directly from the carriers contract, the official carrier's plan document will govern.

Benefits at a glance for 2022

Insurance Type	Carrier	Renewal Date	Plan
Medical	CDPHP	1/1	High Plan
			Low Plan
Heath Funding Arrangement	Health Equity	1/1	HRA- Employer Funded
Dental	Guardian	1/1	PPO
Vision		1/1	Davis Vision
Telemedicine	United Concierge	1/1	Employer Paid
Flexible Spending Account	ProBenefits	1/1	FSA- Employee Funded
Voluntary Life Insurance	Guardian	1/1	Term Life

Changes ahead: When switching Insurance carriers

- Make sure your provider(s) are participating
- Make sure that your medications are on the drug formulary
- Keep in mind that authorizations are not always carried over
- Make sure once the new plans are active, that you provide your new ID card to your doctors, pharmacy, dental office, and vision provider.

2022

Eligibility

If you are a full-time or part - time employee you are eligible to enroll in the benefits outlined in this guide. The following family members are eligible for medical, dental, and vision coverage: spouse, domestic partner, and any eligible dependent children.

New Employee

New employees are eligible for coverage first of the following month after you complete 30 days of employment.

Open Enrollment

The annual open enrollment is the time for you to review your benefit offerings and update information if necessary. During Open Enrollment you can make the following benefit changes:

- Switch between plans
- Enroll yourself (and dependents) in the insurance(s)
- Cancel your coverage
- Remove dependents

Special Enrollment

Typically you are not permitted to make changes to or cancel your coverage during the plan year. Changes and cancellations are permitted only during the annual Open Enrollment or if you experience a qualifying event during the plan year. The effective date of coverage would occur the date the change below took place. Qualifying events include:

- Marriage/ Divorce
- Birth of child; adoption or legal guardianship
- Death
- Loss or gain of alternative coverage
- Change in work status
- Medicare/ Medicaid eligible

2022

Open Enrollment - What do I need to know?

- CEO is generously still providing the annual **HRA** contribution.
  - CDPHP used to administer the HRA internally, they are moving to an outside vendor called Health Equity.
    - You will receive a new HRA debit card that will be used for pharmacy.
    - Medical claims will still be claims integrated (bills are automatically paid to your provider as long as you have funds available).
  - HRA eligible expenses- medical, dental, and vision.
  - We want employees to be cautious when spending funds towards dental or vision expenses. For example, if an employee elected the low plan with the $500 HRA and on April 5th you went and purchased a $500 pair of glasses, you would not have any money to use towards medical expenses for the remainder of the year.
- **Guardian dental and vision** is remaining the same- same price, same benefits.
- **Guardian voluntary life** is remaining the same, if you are newly enrolling for open enrollment or are increasing the amount of life insurance, you will need to complete the EOI form (medical underwriting). Guardian will approve or deny your coverage request, you will receive a letter confirming this.
  - Open enrollment is a reminder to make sure you have the most up to date beneficiary on file.
- **Guardian EAP** (Employee Assistance Program) is remaining the same.
- **UCM, virtual ER** is continuing as an employer paid benefit.
  - If you did not opt in to the benefit previously and would like to participate, you can elect to do so for open enrollment (1/1/2021). This benefit covers you and your dependents!
- For **Open Enrollment you MUST sign into HR connection** to 'keep benefits the same' or to 'waive or decline' coverage. On this portal (www.hrconnection.com) can can also make changes, add or remove benefits and/ dependents on your plan.
  - You will be receiving an email link notifying you open enrollment is open, if you do not remember your password, you can use the 'forgot password' feature.
  - Be sure to review any personal information (home address) and update (or add) dependents if they are being enrolled in any of the benefits with you. The information you enter in the system is what we use to enroll you in benefits selected. (If you do not add your spouse/ child in HR connection, they will not have insurance).
  - Reach out to Gallagher if you are having issues with HR Connection.

2022

CDPHP HDHMO High Plan - with $2,250 HRA Funding

Carrier	CDPHP
HRA Funding From CEO	$2,250
Plan Type	High Deductible
Network	HMO
Cost Share Information	
Individual/Family Deductible	$2,700/ $5,400
Out of Pocket Maximum	$5,000/ $10,000
Co-Insurance	N/A
Office Visits	
Routine Preventive Care	$0
Primary Care	$30
Specialist	Deduct then $40
Inpatient Services	
Inpatient Hospital	Deduct then $500
Outpatient Services	
Outpatient Surgery	Deduct then $200*
Lab	Deduct then $40*
Advanced Radiology	Deduct then $40*
Emergency Care	
ER	Deduct then $100
Urgent Care	Deduct then $40
Prescription Drugs	
RX Deductictible	Medical Deductible then
Drug Card	$10/ $30/ $50

*Reduced cost or waive copay at CDPHP Preferred Sites

2022

CDPHP HDHMO Low Plan - with $500 HRA Funding

Carrier	CDPHP
HRA Funding From CEO	$500
Plan Type	High Deductible
Network	HMO
Cost Share Information	
Individual/Family Deductible	$2,700/ $5,400
Out of Pocket Maximum	$5,000/ $10,000
Co-Insurance	N/A
Office Visits	
Routine Preventive Care	$0
Primary Care	$30
Specialist	Deduct then $40
Inpatient Services	
Inpatient Hospital	Deduct then $500
Outpatient Services	
Outpatient Surgery	Deduct then $200*
Lab	Deduct then $40*
Advanced Radiology	Deduct then $40*
Emergency Care	
ER	Deduct then $100
Urgent Care	Deduct then $40
Prescription Drugs	
RX Deductictible	Medical Deductible then
Drug Card	$10/ $30/ $50

*Reduced cost or waive copay at CDPHP Preferred Sites

2021

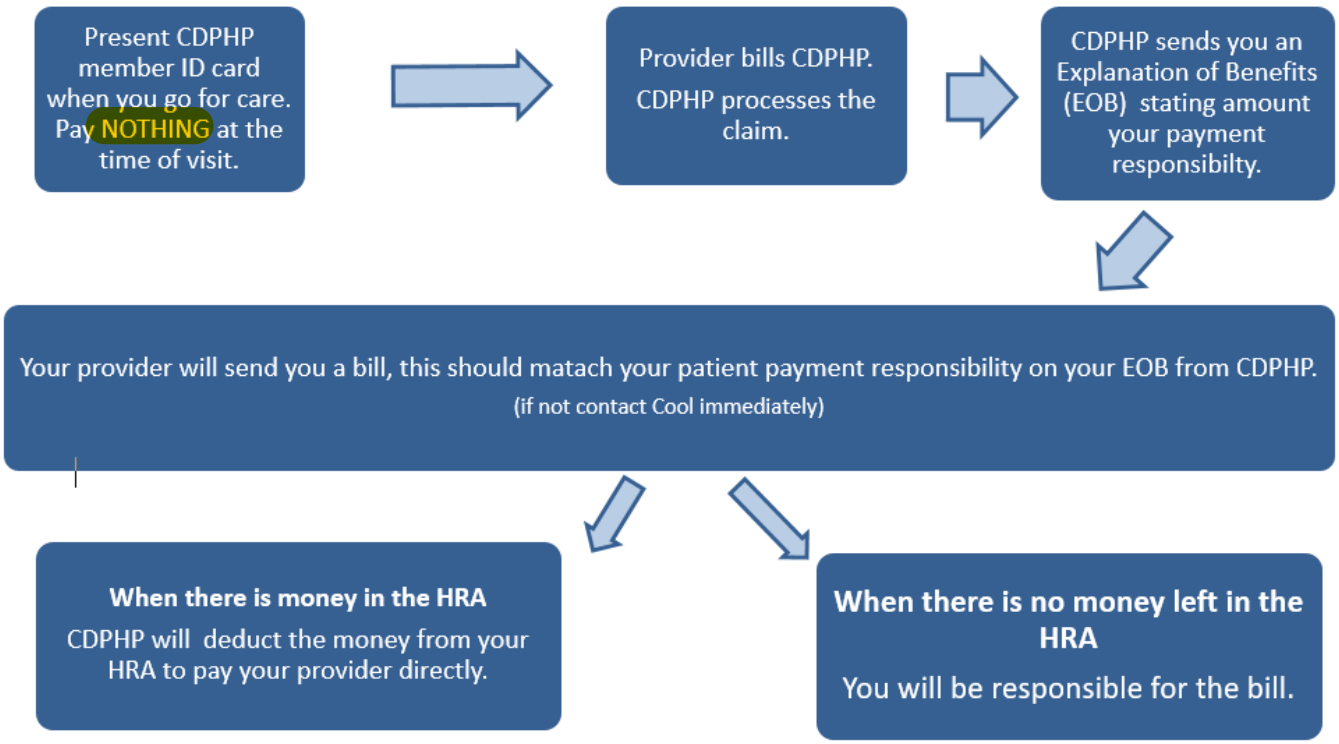
Health Reimbursement Account (HRA)

- CEO generously funds a portion of your deductible. These funds are available on day one.

	CEO's contribution into your HRA
High plan	$2,250
Low plan	$500

- All the medical claims are integrated, paid from HRA direct to the provider.
    - **This includes your $30 PCP copay, do not pay your PCP copay at the time of your visit. If the doctors office is insisting payment, call Gallagher! OR send Gallagher a picture of your receipt after your appointment so we can assist with a refund.**
- The debit card should ONLY be used at the pharmacy, dental, or vision. If you do not have your debit card, you can submit a manual claim. Do not swipe your debit card for medicals claim or else the one claim will be paid twice from your HRA account.

See the below chart when you utilize benefits that apply towards your deductible AND your PCP $30 COPAY.



CDPHP ® HDHMO Plan Benefit Summary

Plan Code: HDHM2L22 (Pending DFS Approval)
Group ID: 20023624
Presented For: Commission on Economic Opportunity
Date Prepared: 9/27/2021
Effective Date: 01/01/2022

	In-Network
Cost Sharing Information	
Deductible	$2,700 Single / $5,400 Family (Embedded)
Out of Pocket Maximum	$5,000 Single / $10,000 Family (Embedded)
Office Visits	
PCP	$30 Copayment
Specialist	Deductible then $40 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera, aptihealth, Brave)	$30 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider
Preventive and Well Care Services*	
Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full
Mammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Bone Density Tests	Covered in full
*Cost sharing may apply to diagnostic care	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	$500 Copayment
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then $200 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	$500 Copayment
Newborn Nursery	Covered in full
*(Non-routine services may result in an additional cost share)	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then $100 Copayment
Ambulance	Deductible then $100 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	Deductible then $40 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	Deductible then $40 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	Deductible then $40 Copayment
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	Deductible then $500 Copayment
Mental Health/Substance Use Outpatient Services	Deductible then $30 Copayment
*(Up to 20 visits per plan year may be used for substance use family counseling.)	
Condition Support Services	
Outpatient Rehabilitation - Physical Therapy	Deductible then $40 Copayment (30 visits per benefit period)
Outpatient Rehabilitation - Speech Therapy	Deductible then $40 Copayment (20 visits per benefit period)

CDPHP ® HDHMO Plan Benefit Summary

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	In-Network
Outpatient Rehabilitation - Occupational Therapy	Deductible then $40 Copayment (30 visits per benefit period)
Home Health Care	Deductible then Covered in full
Skilled Nursing Facility	Deductible then $500 Copayment (45 days per plan year)
Chemotherapy/Radiation Therapy visit	Deductible then $30 Copayment
Prosthetic Appliances and Durable Medical Equipment	Deductible then 50% Coinsurance
Diabetic Services	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME. Insulin is limited to $100 out of pocket per 30 day supply.	Deductible then $30 Copayment
Vision Services	
Laser Eye Surgery	Up to a maximum of $750 reimbursement for eligible eye surgeries and consultations per lifetime
Wellness Care	
Weight Management	Up to a $100 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Up to $200 reimbursement per 50 visits for subscriber (max $400 reimbursement per year) and $100 reimbursement per 50 visits for covered dependent (max $200 reimbursement per year)
Child Birthing Classes	Up to $75 reimbursement available for completion of child birthing class
CaféWell Participation	Participating (Up to $180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	Deductible then $40 Copayment
Nutritional Counseling	Deductible then $40 Copayment
Chiropractic Benefits	Deductible then $40 Copayment

This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.

CDPHP gives you access to more than 12,000 participating practitioners and providers, including most of the local hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at www.cdphp.com.

Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc. ® (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc. ® (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.

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Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

Domestic Partnership	
Rider Name	ELG12
Description	Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.
Pharmacy Coverage	
Rider Name	RDHM2L22
Description	Retail Prescription Drugs (30 Day Supply) Tier 1 Drugs $10 Tier 2 Drugs $30 Tier 3 Drugs $50 Specialty Drugs $50 Mail order, 2.0 copayments for a 90-day supply. Prescription drugs are subject to the deductible. Preventive prescription drugs are not subject to the plan deductible. Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program and require preauthorization to be obtained through CDPHP's participating specialty vendors.

HMO

Security of a plan you can trust

You select your doctor. We do the rest.

Our HMO plan is designed to offer you comprehensive coverage with care delivered by your choice of physicians from our extensive network. All for just a fixed copayment per visit.

The primary care physician (PCP) you select will handle most of your health care needs and refer you within the Capital District Physicians' Health Plan, Inc. (CDPHP) network for specialty care when necessary. Women may choose both a primary care physician and an OB/GYN to visit without a referral. For complete information on the CDPHP network, refer to the Directory of Participating Practitioners and Providers, or go to **findadoc.cdphp.com**.

With our HMO plan:

- No charge for certain preventive care visits, including well-baby care, immunizations, mammograms, routine annual physicals, Pap smears, prostate cancer screenings, and well-woman care.
- Predictable copayment per visit.
- Routine preventive care and medical treatments provided and coordinated by a PCP.
- No special referral paperwork required.
- Single-source referral phone line to direct you to the health or wellness program that best fits your needs.

You can take it with you.

Your coverage, that is. Travel out of the service area for work or pleasure, and CDPHP covers you worldwide for emergency care.

We're here if you need us.

If you have questions about your benefits, simply call one of our knowledgeable member representatives, any weekday between 8 a.m. and 8 p.m.

You also have access to your benefit information online, any time, by logging into **www.cdphp.com**.

HMO Tip Sheet

MEMBER BENEFIT QUESTIONS: 1-800-777-2273 **PRIOR AUTHORIZATION REQUESTS:** 1-800-274-2332

- As a member of the HMO, you must have a CDPHP-participating primary care physician (PCP). Female members may also select a network OB/GYN.
- To view your choice of physicians, please visit findadoc.cdphp.com. To select or change a PCP or OB/GYN, simply contact the member services department as listed above. You may also change your PCP online.
- When changing your PCP, you must contact member services within five days of visiting your new physician, so you do not get charged for the visit. Also, if your previous doctor has written prescriptions or given you an ongoing referral to a specialist, please consult with your new practitioner to coordinate your care.
- Out-of-network care is covered only in an emergency or if pre-approved by CDPHP.
- Please refer to your ID card or the benefit materials provided to you upon enrollment for details on your copayment and coinsurance levels. These vary according to the plan purchased by your employer group.

At the Time of Your Visit

Please remember to present your member ID card and copayment at the time of service.

Referrals

- To request a referral, please consult with your PCP.
- Your PCP should direct you to in-network specialists as needed.
- You do not need a referral number or any special paperwork. Just tell the specialist's office the name of the PCP who referred you.

Emergency Care

- Emergency services are covered for a condition that is of sufficient severity that the average person would believe that serious bodily harm, loss of function, or disfigurement could result unless care is received right away.
- If you require emergency medical care as described above, go to the nearest hospital emergency room or call 911 or your local emergency response number.

This tip sheet provides an overview of your coverage but does not detail all of the benefits, limitations, or exclusions. It is not a contract and is subject to change. For more detailed information, please refer to your membership certificate.

Discrimination is Against the Law
Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services
ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

2022

Dental Insurance

Participating Dentist vs. Non-Participating Dentist

Under this plan you have the freedom to see any provider you chose. However, if your dentist is participating, it will reduce or eliminate out of pocket expenses. When seeing an out of network provider, they may balance bill you, which increases your out of pocket expense.

Guardian Network

To take advantage of in network (participating) dentists, you want to make sure they participate with the Guardian DentalGuard Preferred Network.

Pre-Determination or Pre-Treatment Plan

When you are going for dental services other than a routine cleaning or exam, you should have your dental office submit a pre-determination or pre-treatment plan on your behalf. The dental office submits a form to the insurance carrier outlining all of the anticipated services and Guardian in turn tells the dental office at what percentage the services are covered, how much of the annual maximum has been used, and most importantly what your expected out of pocket cost is.

Please note the Guardian ID Cards are generic and are available on the Guardian website: guardiananytime.com we also attached a PDF copy of the generic card on HR connection.

2022

Dental Insurance: Guardian

The Guardian Dental Plans		
Benefit	**In Network**	**Out of Network**
Annual Deductible *Amount you must pay before the plan begins to pay*	$50; max 3 per (waived for Diagnostic & Preventive services)	
Annual Benefit Maximum *Maximum amount the plan will pay per person enrolled, in a year. Once this money is exhausted you are responsible for your dental expenses in full.*	$2,000	
Preventive & Diagnostic Services (eligible once per 6 months) *Oral exams, cleanings, sealants*	90%	90%
Basic Services *X-rays, fillings, Root canals, periodontal services, simple extractions*	80%	80%
Major Services *Bridges, dentures, crowns, inlays, onlays*	50%	50%
Orthodontia	$1,250 Lifetime maximum	
Roll Over	Yes	

Limitations or exclusions may apply.

*** Keep in mind that if you exhaust your annual maximum, you are responsible for the full cost of the dental service, regardless of the percentage that is listed above.* ***Note****: This includes routine cleanings.*

Dependent age limits: 19 unless proof of full time student status, then to age 23

Dental Maximum Rollover®

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
$2000	$800	$400	$600	$1500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed $3,500 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

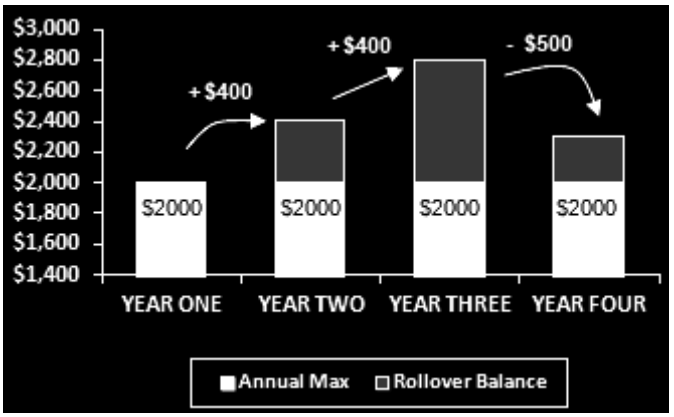
Here's how the benefits work:

YEAR ONE: Jane starts with a $2000 Plan Annual Maximum. She submits $150 in dental claims. Since she did not reach the $800 Threshold, she receives a $400 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of $2,400. This year, she submits $50 in claims and receives an additional $400 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of $2,800. This year, she submits $2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is $2,300 ($2,000 Plan Annual Maximum + $300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form #GP-1-DG2000, et al.

College Tuition Benefit Self Registration

Welcome to the College Tuition Benefit Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholars Consortium colleges.

How does it work?

You can use your College Tuition Benefits Rewards at over 340+ private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News & World Reports. This benefit is being provided to you by your employer and Guardian at no addition cost to you.

- Each Tuition Rewards point equals a $1 guaranteed minimum reduction off of published full price tuition, spread evenly over four years of undergraduate education, starting with freshman year.
- You will receive rewards each year you have Guardian Dental Plan benefits.
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren. Don't forget to enroll them!
- See how quickly your account can grow!

Policy Year	Subscriber Reward*	Subscriber's Reward Balance (balance does not accrue interest)
Initial Registration Subscriber & Student Rewards		2,500 (2,000 + 500)
2	2,000	4,500
3	2,000	6,500
4	**4,500 (Bonus Year)**	11,000
5	2,000	13,000
6	2,000	15,000
7	2,000	17,000

*After initial registration, future points created 30 days after plan anniversary.

To learn more about the program and how to get started, go to: http://www.Guardian.CollegeTuitionBenefit.com to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly 215-839-0119.

Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. #2014-15077 Exp. 12/16

Register Today!

(Print and cut out ID Card)

College Tuition Benefits Rewards – ID Card

Register @
http://www.Guardian.CollegeTuitionBenefit.com

User ID: 443854

Password: Guardian

f o l d

COLLEGE TUITION BENEFIT.com

The College Tuition Benefit
150 E. Swedesford Road, Suite 100
Wayne, PA 19087
Phone: (215) 839-0119
Fax: (215) 392-3255

2022

Guardian Vision

Your vision coverage provides a full range of vision care services provided through Guardian. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a manual claim for reimbursement.

Guardian Network

To take advantage of in network (participating) vision providers, you want to make sure they participate with the Davis Network.

Please note the Guardian ID Cards are generic and are available on the Guardian website: guardiananytime.com we also attached a PDF copy of the generic card on HR connection.

Davis Full Feature		
Benefits	**In Network**	**Out of Network**
Vision Exam *Once every 12 months*	$10	$46 Allowance
Eyeglass Frames *Once every 24 months*	$135 Allowance + 20% off remaining balance	$47 Allowance
Eyeglass Lenses *Once every 12 months*		
Single	$10	$47 Allowance
Bifocal	$10	$66 Allowance
Trifocal	$10	$85 Allowance
Lenticular	$10	$125 Allowance
*Lens upgrades apply additional copays		
Contact Lenses *Once every 12 months*		
Medically Necessary	Covered in full	$210 Allowance
Elective	$135 Allowance +15% off	$105 Allowance

* Additional discounts may not be available at Sam's Club or Walmart
Dependent age limits: 19 unless proof of full time student status, then to age 23

UNITED
CONCIERGE MEDICINE
THE VIRTUAL ER

FOR PATIENTS, EMPLOYEES, & DEPENDENTS

Emergency Medicine Expertise at the touch of a button.

FOR 24/7/365 ACCESS TO A HEALTHCARE PROVIDER DOWNLOAD THE UCMNOW APP

Speak with an Emergency Medicine Provider. ANYTIME. ANYWHERE.

- One Click Call to request consults with an Emergency Trained Provider
- Schedule consults from your App or Online
- Prescriptions sent directly to your pharmacy
- Share pictures and/or video with a provider
- Follow up to track your recovery
- Access to your own patient portal
- Labs, x-rays, and diagnostics ordered STAT
- Eliminate travel time and copays

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844-4-VIPDOC • www.UCMnow.com

2022

Flexible Spending Account: ProBenefits

- FSA is a stand alone product meaning you do not need to be enrolled in a medical plan at CEO to enroll.
- A funding arrangement through ProBenefits, where you can put aside pre-tax dollars from your paycheck to help fund any copays, deductibles, or coinsurance.
- In addition to medical expenses, you can use your FSA for any section 213(d) qualified expense, which includes dental and vision expenses. FSA can be used to help fund dependent care for children under 12.
- Elections will be calculated on the number of pay periods from your effective date to 12/31/2022.
- $500 rollover feature– this allows to rollover a portion of your unused funds to the next plan year. Funds are 'released' after the claims run out, typically end of March.

Why should I consider enrolling in the FSA? If this past year you:

- Felt like you paid a lot of healthcare expenses out of pocket
- If you have high cost medications
- Planned medical or dental procedures
- Satisfied your deductible in 2020
- How much should I consider electing for my FSA?

Healthcare services incurred throughout the year can not always be expected. The best suggestion to decide how much to put in your FSA is based on last years medical history. Keep in mind if you see a specialist regularly, if you take medications every month, if you have a planned in patient hospitalization (ie. birth of a child), if you plan to get new glasses, if you wear contacts, if you need dental work.

	Health FSA	Dependent Care FSA
Minimum Election	$500	$500
Maximum Election	$2,850	$5,000
Allocation Available	Day 1	As money is accrued

Flexible Spending Accounts

What to know and how to use them

Flexible Spending Accounts (FSAs) are reimbursement accounts that allow you to pay for certain eligible expenses with tax-free dollars. Through pre-tax salary reduction and reimbursement, you convert taxable income into non-taxable benefits. The result is reduced tax withholdings and more take-home pay — and who doesn't want that, right? When you participate in an FSA, you give yourself access to tax savings of approximately 30 percent for all dollars run through the plan.

There are two types of FSAs:

1. **Medical/Dental/Vision FSA** can be used to pay for eligible unreimbursed medical expenses (not covered or paid by any insurance) incurred by you, your spouse, and your dependents. A general listing of reimbursable and non-reimbursable expenses is included in this guide. For more information visit *ProBenefits.com* .
2. **Dependent Care FSA** can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work, or attend school full-time. Covered expenses must be for:
   - Dependent children age 12 and under; or
   - A person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself.

   What's eligible? Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care and day camps.

   What's not? Ineligible expenses include kindergarten tuition, overnight camps and expenses paid to a tax-dependent.

Important Notes about FSAs

There are varying FSA plan designs that treat unused funds at the end of the plan year differently. For more information about how your plan treats unused funds, please refer to your Summary Plan Description (SPD).

Your FSA annual election cannot change during the plan year except in the event of a recognized Status Change or Qualifying Event.

Per IRS regulations, dependent care elections cannot exceed $5,000 per family per tax year.

Reimbursement is based on the date of service, not the date of payment. In order for you to be reimbursed from your FSA funds, the date the expense is incurred must be within the current plan year and while you are an active participant in the plan.

Prepayments, such as deposits for prenatal care/delivery, surgery, dental work or dependent care summer programs are not eligible for reimbursement until the service has actually been rendered.

Generally, you have 90 days after the end of your plan year or 90 days after your last day of plan participation to file reimbursement claims for eligible expenses; your plan details may vary — see your SPD.

Your Dependent Care and Medical/Dental/Vision FSAs are two separate plans, and funds cannot be transferred between them.

Please visit ProBenefits.com *for more detailed information on the IRS rules governing FSA plans.*

Flexible Spending Accounts

What to know and how to use them

What's Reimbursable?

Sometimes we have to require certain documentation or confirm a few details of your plan with you — it's all in the best interest of you and your organization. Our commitment to doing things well and doing things right ensures that both you and your employer are protected. Below are some examples of common types of expenses reimbursable by your Medical/Dental/Vision Flexible Spending Account, based on Internal Revenue Code 213(d). These types of expenses are reimbursable when incurred by you, as well as by your spouse and eligible dependents, even if they are not enrolled in your employer's insurance coverage. There are many other eligible expenses - find more at *ProBenefits.com*, or call us to discuss.

Medical

Insurance deductibles, copays, and coinsurance

Office visits, diagnostic tests, and surgical procedures (non-cosmetic)

Prescription drugs

Birth control/contraception

Hearing aids and batteries

Insulin and diabetic test supplies

Addiction treatment, including smoking cessation programs

Care, special education, and supplies for persons with disabilities

Durable medical supplies such as crutches, wheelchairs, and bandages

Transportation expenses for medical services

Diagnostic devices such as blood pressure monitors

Orthotics/orthopedic shoe inserts

Specialist services, including psychologists/psychiatrists, physical therapy, chiropractors, and acupuncture

Dental

Orthodontia (special rules apply – see *ProBenefits.com*)

Exams, cleanings, x-rays

Fillings, caps, crowns, bridges

Dentures

Vision

Eye exams

Contact lenses and care supplies

Glasses

Laser eye surgery

Reimbursable with a Letter of Medical Necessity

The following items may be reimbursable if accompanied by a note from a doctor recommending the item to treat a specific medical condition. Other special rules may apply. Please see ProBenefits.com *for more information.*

Cord blood/embryo/egg/sperm storage

Home improvements for medical conditions

Massage

Nutritionist

Not Reimbursable

Here are some common examples of ineligible expenses:

Cosmetic surgery (unless restorative)

Finance charges

Food

Imported drugs (Canada, Mexico)

Insurance premiums for individual policies

Long-term care expenses

Marriage counseling

Missed appointment fees

Personal hygiene products

Spa fees

Teeth whitening

Toothbrushes

Toothpaste

Warranties (including extended eyeglasses or corrective lens warranties, such as Eyewear Protection Plans)

Reimbursable with a Letter, continued

Orthopedic shoes (not mass-produced)

Vitamins & nutritional supplements (only if recommended by a doctor for a specific medical condition)

Weight loss to treat existing disease

Wigs

OTC Drugs and Medicines: Reimbursable with a Prescription

Over-the-counter drugs and medicines require a prescription for FSA reimbursement. The prescription must be written by a physician on an official prescription pad and must include the name of the patient, the specific OTC drug or medicine, and the number of refills or duration of treatment (up to one year). Upload a copy of your prescription and a receipt for purchase of the product with your online or mobile app claim.

Acid control medication (Prevacid, Prilosec, Zantac, etc.)

Acne treatment

Allergy medication (Zyrtec, Claritin, etc.)

Antacids (Tums, etc.)

Anti-itch medication

Cold medication

Cough drops

Nicotine patches or gum

Pain relievers (Advil, Tylenol, etc.)

Sleep aid medication

Stomach remedies

(Pepto-Bismol, etc.)

Instant Access to your FSA Funds

About the debit card

The ProBenefits Debit Card is a Visa limited merchant category card. It is designed to work at merchants with a healthcare merchant category code, such as a doctor's office or hospital. At these locations, card transactions that match your employer-sponsored group health plan copays will be automatically approved. You will need to submit documentation to ProBenefits for other amounts.

The debit card will also work at retail merchants that have an Inventory Information Approval System (IIAS) in place. This means you can only purchase eligible items with your card at these locations, and you will not need to submit paperwork for these charges. However, per IRS requirements, you should always keep your receipts on file.

If you have a Dependent Care FSA, your card will work at some dependent care locations that accept debit cards. You can spend up to the amount of contributions you have available at the time of the swipe. Use our app for easy balance checks. You will need to submit documentation for these expenses.

For a complete listing of eligible Merchant Category Codes and a listing of IIAS Retail Merchants where the debit card is accepted, please visit our website at *ProBenefits.com*.

Please note: Your plan may not offer the debit card or your plan details may differ slightly from those listed. Contact your employer or ProBenefits for more information.

Top 5

Benefits of the Debit Card

1. **Cashless FSA Transactions:** The debit card provides instant access to FSA funds, reducing out-of-pocket expenditures.
2. **Less Paperwork to Submit:** Charges are automatically approved at many locations where the card is accepted, so in many cases you will only need to save your receipts instead of submitting them to ProBenefits.
3. **Online and Mobile Account Access:** See personal account information including your available balance and transaction history.
4. **Free Cards:** You will automatically receive two free cards when enrolled in an eligible plan.
5. **Flexibility:** You can still file reimbursement claims if you forget your card or choose not to use it.

Instant Access to your Account

Logging in to your *my.ProBenefits.com* account

After enrollment is complete, you can access your Flexible Spending Account information at any time on our secure web portal. Just go to *my.ProBenefits.com* and click "Create your new username and password" under New User? Then follow the steps to set up your account. If you have logged in on *my.ProBenefits.com* before but have forgotten your username and/or password, click the Forgot Username or Password link and follow the steps to have your login information reset.

Here's what you can find online

When logged in to your account, you will be able to view account balances, claim information, pending debit card transactions, and even images of claims you have submitted online or on the mobile app. ProBenefits will also email important information to help you keep track of your account — so be sure to provide your email address on your Plan Participation Form, or add or change your email address and other contact information online at *my.ProBenefits.com*.

Yes, we have an app for that!

To access account balances, submit claims on the go, and more, you can download our ProBenefits mobile app, available for iOS and Android. Look for the yellow apple icon.

Here's what you can do online:

Use an interactive FSA Savings Calculator to see how much you save with the Flexible Spending Account

Change your contact information

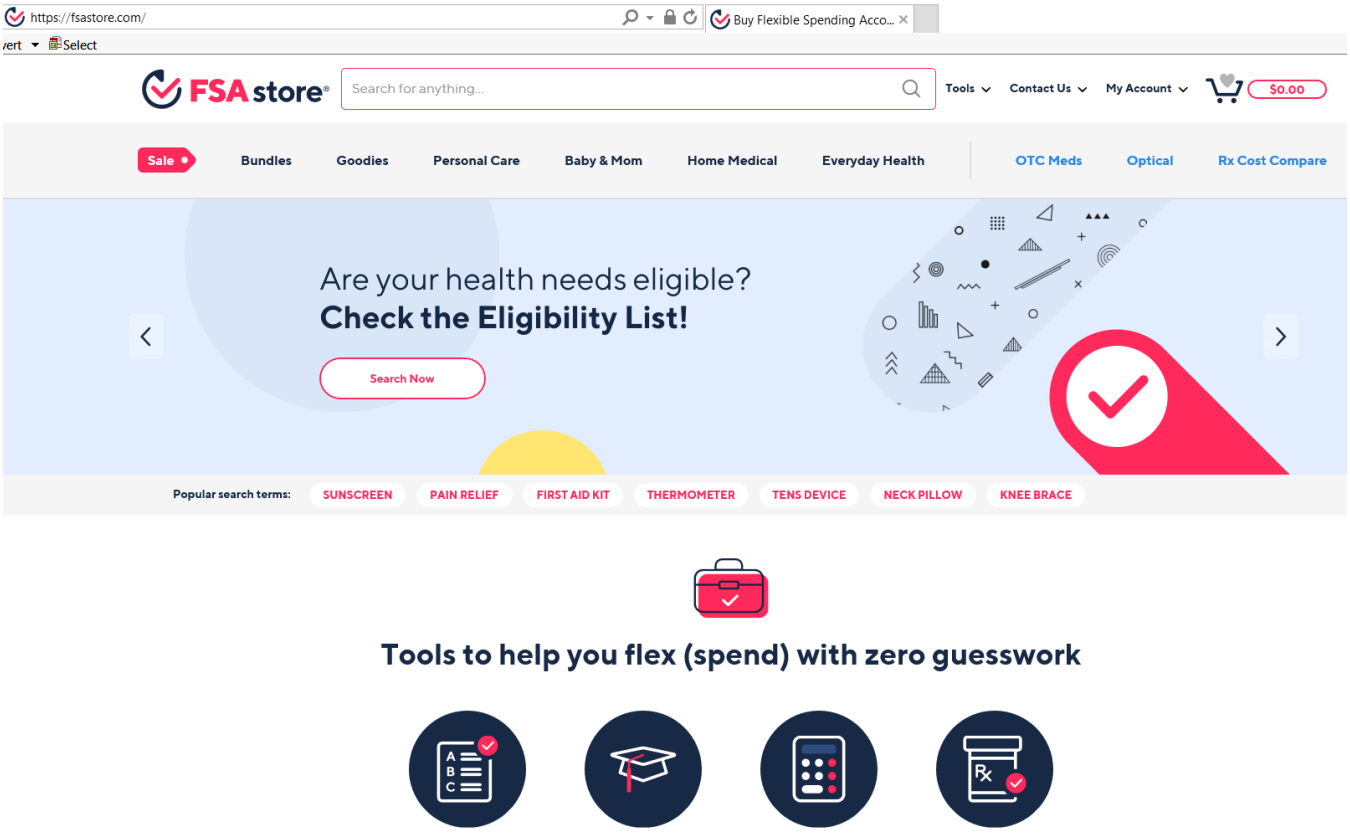
Add or change your direct deposit information

View account balances

Submit a claim

Check the status and view images of claims you have submitted

- FSA store online is a great resource to check for eligible expenses. It has a typable search bar where you can enter health care expenses to see if they are qualified.
- You can also purchase anything online on the FSA store with, all items on the website are eligible. This is a great way to help spend down FSA money if needed



2022

Life Insurance: Guardian

Group Life Insurance

Life Insurance helps protect your family from financial risk and sudden loss of income in the event of your death.

Guarantee Issue means that the insurance company will insure you regardless of your health, provided you apply during your initial eligibility period or open enrollment. This program provides a maximum of $50,000 of Guarantee Issue and if your spouse will be guaranteed a maximum of $20,000 of group term life insurance.

$250,000 is the maximum amount of insurance available to an employee through this program (in $10,000 increments). Amounts in excess of $50,000 require Evidence of Insurability.

Your child(ren) may be insured for either $2,500, $5,000 or $10,000. The monthly cost for this amount of insurance is $.50 for $2,500, $1.00 for $5,000, or $10,000 for $2.00 per family.

Basic Group Life Insurance	
Employee Benefit *Guarantee Issue*	$50,000
Maximum Life Benefit Amount	$250,000 with approved Evidence of Insurability
Benefit Reduction	Yes: Age 65 = Reduction 65% Age 70 = Reduction 40%
Portable	Yes
Evidence of Insurability *Medical Underwriting*	Yes, if you elect over $50k

Guardian

Your life coverage

	VOLUNTARY TERM LIFE
Employee Benefit	$10,000 increments to a maximum of $250,000. See Cost Illustration page for details.
Spouse/Domestic Partner Benefit	$5,000 increments to a maximum of $100,000. See Cost Illustration page for details.‡
Child Benefit	Your dependent children age 14 days to 26 years. $2,500 increments to a maximum of $10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period**.**	We Guarantee Issue coverage up to: Employee Less than age 65 $50,000, $0, 70+ $10,000. Spouse Less than age 65 $20,000, 65-69 $10,000, $0. Dependent children $10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes

Guardian®

Your life coverage

	VOLUNTARY TERM LIFE
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

‡ **Spouse/DP coverage terminates at age 70.**

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to $50,000, up to the Guarantee Issue amount.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Monthly premiums displayed.

Policy Election Amount	Policy Election Cost Per Age Bracket								
Employee	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$10,000	$.70	$.90	$1.20	$1.90	$3.20	$5.40	$8.50	$13.10	$23.60
$20,000	$1.40	$1.80	$2.40	$3.80	$6.40	$10.80	$17.00	$26.20	$47.20
$30,000	$2.10	$2.70	$3.60	$5.70	$9.60	$16.20	$25.50	$39.30	$70.80
$40,000	$2.80	$3.60	$4.80	$7.60	$12.80	$21.60	$34.00	$52.40	$94.40
$50,000	$3.50	$4.50	$6.00	$9.50	$16.00	$27.00	$42.50	$65.50	$118.00
$60,000	$4.20	$5.40	$7.20	$11.40	$19.20	$32.40	$51.00	$78.60	$141.60
$70,000	$4.90	$6.30	$8.40	$13.30	$22.40	$37.80	$59.50	$91.70	$165.20
$80,000	$5.60	$7.20	$9.60	$15.20	$25.60	$43.20	$68.00	$104.80	$188.80
$90,000	$6.30	$8.10	$10.80	$17.10	$28.80	$48.60	$76.50	$117.90	$212.40
$100,000	$7.00	$9.00	$12.00	$19.00	$32.00	$54.00	$85.00	$131.00	$236.00
$110,000	$7.70	$9.90	$13.20	$20.90	$35.20	$59.40	$93.50	$144.10	$259.60
$120,000	$8.40	$10.80	$14.40	$22.80	$38.40	$64.80	$102.00	$157.20	$283.20
$130,000	$9.10	$11.70	$15.60	$24.70	$41.60	$70.20	$110.50	$170.30	$306.80
$140,000	$9.80	$12.60	$16.80	$26.60	$44.80	$75.60	$119.00	$183.40	$330.40
$150,000	$10.50	$13.50	$18.00	$28.50	$48.00	$81.00	$127.50	$196.50	$354.00
$160,000	$11.20	$14.40	$19.20	$30.40	$51.20	$86.40	$136.00	$209.60	$377.60
$170,000	$11.90	$15.30	$20.40	$32.30	$54.40	$91.80	$144.50	$222.70	$401.20
$180,000	$12.60	$16.20	$21.60	$34.20	$57.60	$97.20	$153.00	$235.80	$424.80
$190,000	$13.30	$17.10	$22.80	$36.10	$60.80	$102.60	$161.50	$248.90	$448.40
$200,000	$14.00	$18.00	$24.00	$38.00	$64.00	$108.00	$170.00	$262.00	$472.00
$210,000	$14.70	$18.90	$25.20	$39.90	$67.20	$113.40	$178.50	$275.10	$495.60
$220,000	$15.40	$19.80	$26.40	$41.80	$70.40	$118.80	$187.00	$288.20	$519.20
$230,000	$16.10	$20.70	$27.60	$43.70	$73.60	$124.20	$195.50	$301.30	$542.80
$240,000	$16.80	$21.60	$28.80	$45.60	$76.80	$129.60	$204.00	$314.40	$566.40
$250,000	$17.50	$22.50	$30.00	$47.50	$80.00	$135.00	$212.50	$327.50	$590.00
Policy Election Amount									
Spouse/DP									
$5,000	$.35	$.45	$.60	$.95	$1.60	$2.70	$4.25	$6.55	$11.80
$10,000	$.70	$.90	$1.20	$1.90	$3.20	$5.40	$8.50	$13.10	$23.60

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$15,000	$1.05	$1.35	$1.80	$2.85	$4.80	$8.10	$12.75	$19.65	$35.40
$20,000	$1.40	$1.80	$2.40	$3.80	$6.40	$10.80	$17.00	$26.20	$47.20
$25,000	$1.75	$2.25	$3.00	$4.75	$8.00	$13.50	$21.25	$32.75	$59.00
$30,000	$2.10	$2.70	$3.60	$5.70	$9.60	$16.20	$25.50	$39.30	$70.80
$35,000	$2.45	$3.15	$4.20	$6.65	$11.20	$18.90	$29.75	$45.85	$82.60
$40,000	$2.80	$3.60	$4.80	$7.60	$12.80	$21.60	$34.00	$52.40	$94.40
$45,000	$3.15	$4.05	$5.40	$8.55	$14.40	$24.30	$38.25	$58.95	$106.20
$50,000	$3.50	$4.50	$6.00	$9.50	$16.00	$27.00	$42.50	$65.50	$118.00
$55,000	$3.85	$4.95	$6.60	$10.45	$17.60	$29.70	$46.75	$72.05	$129.80
$60,000	$4.20	$5.40	$7.20	$11.40	$19.20	$32.40	$51.00	$78.60	$141.60
$65,000	$4.55	$5.85	$7.80	$12.35	$20.80	$35.10	$55.25	$85.15	$153.40
$70,000	$4.90	$6.30	$8.40	$13.30	$22.40	$37.80	$59.50	$91.70	$165.20
$75,000	$5.25	$6.75	$9.00	$14.25	$24.00	$40.50	$63.75	$98.25	$177.00
$80,000	$5.60	$7.20	$9.60	$15.20	$25.60	$43.20	$68.00	$104.80	$188.80
$85,000	$5.95	$7.65	$10.20	$16.15	$27.20	$45.90	$72.25	$111.35	$200.60
$90,000	$6.30	$8.10	$10.80	$17.10	$28.80	$48.60	$76.50	$117.90	$212.40
$95,000	$6.65	$8.55	$11.40	$18.05	$30.40	$51.30	$80.75	$124.45	$224.20
$100,000	$7.00	$9.00	$12.00	$19.00	$32.00	$54.00	$85.00	$131.00	$236.00
Policy Election Amount									
Child(ren)									
$2,500	$0.50	$0.50	$0.50	$0.50	$0.50	$0.50	$0.50	$0.50	$0.50
$5,000	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00
$7,500	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50	$1.50
$10,000	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.
Premiums for Voluntary Life Increase in five-year increments
Spouse/DP coverage premium is based on Employee age.
†Benefit reductions apply.

All Employees are eligible for the Guardian EAP program even if you do not enroll in a Guardian product

Guardian®

Employee Assistance Program Overview

Our comprehensive WorkLifeMatters Employee Assistance Program[1], available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

Work/life assistance & resources

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

Legal/financial assistance & resources

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

Ibhworklife.com

User Name: Matters
Password: wlm70101
Phone: 1 800 386 7055
Available 24 hours a day, 7 days a week[2]

The Guardian Life Insurance Company of America

guardianantytime.com

New York, NY

2018-58488 (04-20)

[1] WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.
[2] Office hours: Monday-Friday 6 a.m.–5 p.m. PST.

2021

Wellness

Life Points®

You could earn up to $180 in 365 days! By completing and tracking healthy activities in your personal life for yourself and any dependents (over 19) on your medical plan. When engaging in healthy activities, you earn points which are converted to dollars once you complete your welcome video. You redeem the money in the form of gift cards from a variety of retailers. Please note this is a calendar year program.

Rx for Less

Pay less for generic drugs—as little as **$1 for 100 pills** when prescriptions are purchased at Price Chopper, CVS, Shop- Rite or Wal-Mart. There is no sign-up process or registration fee.

Preventive Drug List

CDPHP developed the CDPHP Preventive Drug List, which is a list of medications that are no longer subject to the deductible with the HDHP. This drug list includes medications that may prevent the onset of a disease or condition when taken by a person who has developed risk factors for the disease or condition.

Gym Reimbursement

You can be reimbursed up to $200 (subscriber) and $100 (for spouse, if on plan) if you go to the gym at least 50 times in each 6 month period.

Arthur J. Gallagher & Co.

We make ourselves available throughout the year to all CEO employees for any questions or issues with any of the benefits. Along with the following:

- ID cards
- Finding a provider
- Registering on the carrier's portals (member portal)
- HRA
- Claim submission
- Verify you're billed correctly
- Appeals and Grievances
- Denied claims
- Authorizations
- Coordinate Care
- Provider outreach and education
- Prescription savings programs
- High cost medications
- Community resource programs
- Wellness program participation

CHILD HEALTH PLUS

www.health.ny.gov website is still reflecting 2021 rates. Contact Gallagher to be put in contact with our Fidelis rep who can assist with Medicaid, CHP, and Fidelis plans and verifying eligibility/help with enrollment.

To be eligible for either Children's Medicaid or Child Health Plus, children must be under the age of 19 and be residents of New York State. Whether a child qualifies for Children's Medicaid or Child Health Plus depends on gross family income. Children who are not eligible for Medicaid can enroll in Child Health Plus if they don't already have health insurance and are not eligible for coverage under the public employees' state health benefits plan. Check the following income charts to see whether your child qualifies for Child Health Plus or Children's Medicaid.

There is no monthly premium for families whose income is less than 1.6 times the poverty level. That's about $711 a week for a three-person family, about $858 a week for a family of four. Families with somewhat higher incomes pay a monthly premium of $9, $15, $30, $45, or $60 per child per month, depending on their income and family size. For larger families, the monthly fee is capped at three children. If the family's income is more than 4 times the poverty level, they pay the full monthly premium charged by the health plan. There are no co-payments for services under Child Health Plus, so you don't have to pay anything when your child receives care through these plans.

To see whether you would have to pay a premium for coverage, consult the Child Health Plus eligibility tables below.

Child Health Plus
2021 Federal Poverty Levels

Family Contributions	Monthly Income by Family Size*								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Free Insurance	$1,717	$2,322	$2,927	$3,533	$4,138	$4,743	$5,349	$5,954	$605
$9 Per Child Per Month (Maximum of $27 per family)	$2,383	$3,223	$4,063	$4,903	$5,743	$6,583	$7,423	$8,263	$840
$15 Per Child Per Month (Maximum of $45 per family)	$2,684	$3,630	$4,575	$5,521	$6,467	$7,413	$8,359	$9,305	$946
$30 Per Child Per Month (Maximum of $90 per family)	$3,220	$4,355	$5,490	$6,625	$7,760	$8,895	$10,030	$11,165	$1,135
$45 Per Child Per Month (Maximum of $135 per family)	$3,757	$5,081	$6,405	$7,730	$9,054	$10,378	$11,702	$13,026	$1,325
$60 Per Child Per Month (Maximum of $180 per family)	$4,294	$5,807	$7,320	$8,834	$10,347	$11,860	$13,374	$14,887	$1,514
Full Premium Per Child Per Month	Over $4,294	Over $5,807	Over $7,320	Over $8,834	Over $10,347	Over $11,860	Over $13,374	Over $14,887	Over $1,514

*Pregnant Women: Household size calculation includes all expected children.

Children's Medicaid
2021 Federal Poverty Levels

Age Categories for Children	Monthly Income by Family Size*								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Children Under 1 Year; Pregnant Women*	$2,394	$3,238	$4,081	$4,925	$5,769	$6,612	$7,456	$8,300	$844
Children 1 - 18 Years	$1,653	$2,236	$2,819	$3,401	$3,984	$4,567	$5,149	$5,732	$583

*Pregnant Women: Household size calculation includes all expected children.

Arthur J. Gallagher & Co.

CEO has a dedicated Account Manager who is available to you throughout the year.

Brittany LaFreniere
Phone: (518) 556-3124
Email: brittany_lafreniere@ajg.com

In the event that you need something and are unable to reach Brittany, you can reach out to Stacey Lauder or Hannah Baker in the Employee Benefits Department.

Stacey Lauder
Phone: (518) 556-3125
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Hannah Baker
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Benefit Questions?

Call **Arthur J. Gallagher**

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