

# *Group Health and Benefits Information*

## *2019*



COMMUNITY  
SERVICES GROUP

*A Network of Services. A World of Possibilities.*





# COMMUNITY SERVICES GROUP

## *Group Health and Benefits Information*

# 2019

Community Services Group (CSG) continues to prioritize making quality healthcare and valuable wellness benefits accessible and affordable to our employees in 2019. In addition to offering medical insurance that provide comprehensive coverage, we strive to incorporate the ideas and feedback that members of our organization have shared. We believe that your input helps us to create the best opportunities for improving health and quality of life for everyone at CSG.

In 2019, we will again offer group health plans through Capital Blue Cross. Although costs of providing insurance to our employees have continued to increase, CSG has made the decision to absorb the additional expense. This year, as a result, we are happy to share that there will be no increase to employee contributions for group health plans in 2019. This decision was made easier by CSG staff's active participation in wellness programs, health education, and preventative care. Your continued commitment to your personal wellness and the health of our organization is directly connected to the excellent care and services that you provide to individuals every day and to the success of CSG.

For employees who participated in Healthy Rewards in 2018, your participation and earned incentives will reduce your employee contributions. Participants in the Healthy Rewards Program will receive a credit per pay period towards the 2019 employee cost for your selected coverage.

Coverage still includes the benefit of a \$0.00 copayment for generic prescription drugs, and Capital Blue Cross also provides a number of \$0 copay wellness resources, such as Virtual Care telehealth services and Nurse Line. We encourage everyone to use these resources to determine whether a visit to an emergency room or urgent care center are needed, helping us all to save dollars for the things that matter most. All wellness resources are listed on page 9 of the Benefits Summary.

The Healthy Rewards program will again be offered to employees enrolled in our group health plan. Those who complete the program requirements will earn an incentive towards the 2020 employee contributions for medical insurance. Thank you to everyone who participated in the Healthy Rewards program this year. The program and activities continually improve because of employee suggestions and feedback. The goal is to provide the best and most relevant resources and tools to use on our shared journey to improved wellness and better quality of life.

Access to myStrength (the health club for your mind), fun workplace wellness challenges, and the Wellness Reimbursement program will still be available to all CSG staff. We hope these tools will help you on your path to health and happiness. Please review the following pages to learn more about the generous benefits provided by CSG. Thank you for playing a critical role in the success and health of our organization. CSG is an extraordinary place to work because of you.

Yours in health and wellness,

*Susan C. Blue*

President and CEO

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# Group Health Plans

## Group Health Plans



For information on Capital BlueCross please visit [www.capbluecross.com](http://www.capbluecross.com)

### Medical Plan Benefits

Employees scheduled 30 or more hours per week as well as employees meeting ACA eligibility can enroll for either Bronze or Gold Plans.

	2018 Employee Contributions for Medical Plan Benefits		2018 Contribution for Healthy Rewards (HR) Participants**	
Employee Rates per Pay	Bronze	Gold	Bronze HR	Gold HR
Employee	\$55.00	\$67.00	\$43.00	\$55.00
Employee & Child(ren)	\$103.00	\$127.00	\$91.00	\$115.00
Employee & Spouse/Domestic Partner*	\$137.00	\$192.00	\$125.00	\$180.00
Employee & Family*	\$185.00	\$252.00	\$173.00	\$240.00

\* Spouses/domestic partners are only able to enroll in CSG plans if they do not have other coverage available.

\*\* See Healthy Rewards Participant Results Letter in your HR Dashboard for your Participant Status

### CSG Dental Plan 100% Employer Paid — Employees Only

This benefit is provided to employees electing medical coverage. These employees may add a spouse even if the spouse is not on CSG's Medical Plan.

BENEFIT	Employee Bi- weekly payroll deduction
Employee	100% Employer Paid
Employee & Child(ren)	\$8.60
Employee & Spouse	\$7.31
Employee & Family	\$16.82

### CSG Vision Plan 100% Employer Paid — Employees Only

This benefit is provided to employees electing medical coverage.

**THIS IS NOT A CONTRACT.** This information highlights some of the benefits available through this program and is NOT intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Certificate of Coverage (COC). Refer to your COC for benefit details.

SUMMARY OF COST-SHARING		Amounts Members Are Responsible For:	
		Participating Providers	NonParticipating Providers
<b>Deductible</b> (per benefit period)		\$1,500 per member \$3,000 per family	\$5,000 per member \$10,000 per family
<b>Copayments</b>			
<ul style="list-style-type: none"> <li><b>Office Visits</b> (performed by a Family Practitioner, General Practitioner, Internist, Pediatrician, Preventive Medicine specialist, or participating Retail Clinic)</li> </ul>		\$25 copayment per visit	50% coinsurance
<ul style="list-style-type: none"> <li><b>Virtual Visits</b> (performed through the CBC Virtual Care platform or an approved virtual visit participating provider)</li> </ul>		Covered in full, waive deductible	Not Covered
<ul style="list-style-type: none"> <li><b>Specialist Office Visit</b></li> </ul>		\$40 copayment per visit	50% coinsurance
<ul style="list-style-type: none"> <li><b>Emergency Room</b></li> </ul>		\$300 copayment per visit, waived if admitted	
<ul style="list-style-type: none"> <li><b>Urgent Care</b></li> </ul>		\$75 copayment per visit	50% coinsurance
<ul style="list-style-type: none"> <li><b>Inpatient</b> (Per Day)</li> </ul>		\$500 copayment per day	50% coinsurance
<ul style="list-style-type: none"> <li><b>Outpatient Surgery Copayment</b> (facility)</li> </ul>		Not Applicable	50% coinsurance
<b>Coinsurance</b>		50% coinsurance	50% coinsurance
<b>Out-of-Pocket Maximum</b> (includes Deductible, Copayments and Coinsurance for Medical (including ER), and Prescription Drug for Participating Providers only).		\$4,000 per member \$8,000 per family	\$10,000 per member \$20,000 per family
SUMMARY OF BENEFITS		Amounts Members Are Responsible For:	
Limits and Maximums		Participating Providers	NonParticipating Providers
<b>PREVENTIVE CARE:</b> Administered in accordance with Preventive Health Guidelines and PA state mandates			
Pediatric Preventive Care		Covered in full, waive deductible	50% coinsurance after deductible
Adult Preventive Care		Covered in full, waive deductible	50% coinsurance after deductible
Screening Mammogram	One per benefit period	Covered in full, waive deductible	50% coinsurance waive deductible
Diagnostic Mammogram		50% coinsurance after deductible	50% coinsurance after deductible
Screening Gynecological Exam & Pap Smear	One per benefit period	Covered in full, waive deductible	50% coinsurance waive deductible
<b>BENEFITS LISTED BELOW APPLY ONLY AFTER BENEFIT PERIOD DEDUCTIBLE IS MET</b>			
<b>Acute Care Hospital Room &amp; Board</b>		\$500 copayment/day, then covered in full	50% coinsurance after deductible
<b>Acute Inpatient Rehabilitation</b>	60 days/benefit period	\$500 copayment/day, then covered in full	50% coinsurance after deductible
<b>Skilled Nursing Facility</b>	100 days/benefit period	\$500 copayment/day, then covered in full	50% coinsurance after deductible
<b>Surgery</b>			
<ul style="list-style-type: none"> <li>Surgical Procedure &amp; Anesthesia</li> </ul>		30% coinsurance after deductible	50% coinsurance after deductible
<b>Maternity Services and Newborn Care</b>		50% coinsurance after deductible	50% coinsurance after deductible
<b>Diagnostic Services</b> (facility)			
<ul style="list-style-type: none"> <li>High Tech Imaging (MRI, CT, PET, SPECT Scans etc.)</li> </ul>		\$250 copayment/service, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Radiology (other than High Tech Imaging)</li> </ul>		\$150 copayment/service, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Laboratory</li> </ul>		\$100 copayment/visit, then covered in full	50% coinsurance after deductible
<b>Diagnostic Services</b> (professional)			
<ul style="list-style-type: none"> <li>High Tech Imaging (MRI, CT, PET, SPECT Scans etc.)</li> </ul>		50% coinsurance after deductible	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Radiology (other than High Tech Imaging)</li> </ul>		50% coinsurance after deductible	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Laboratory</li> </ul>		50% coinsurance after deductible	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Medical tests</li> </ul>		50% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient Surgery</b>		30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient Therapy Services</b>			
<ul style="list-style-type: none"> <li>Physical Medicine</li> </ul>	20 visits/benefit period	\$40 copayment/visit, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Occupational Therapy</li> </ul>	20 visits/benefit period	\$40 copayment/visit, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Speech Therapy</li> </ul>	12 visits/benefit period	\$40 copayment/visit, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Respiratory Therapy</li> </ul>	20 visits/benefit period	\$40 copayment/visit, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Manipulation Therapy</li> </ul>	20 visits/benefit period	\$40 copayment/visit, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Acupuncture</li> </ul>		Not Covered	Not Covered
<b>Emergency Services</b>		Covered in full, waive deductible Emergency room copayment applies, waived if admitted inpatient	
<b>Mental Health Care Services</b>			
<ul style="list-style-type: none"> <li>Inpatient Services</li> </ul>		\$500 copayment/day, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Outpatient Services</li> </ul>		\$25 copayment/visit, then covered in full	50% coinsurance after deductible
<b>Substance Use Disorder Services</b>			
<ul style="list-style-type: none"> <li>Detoxification – Inpatient</li> </ul>		\$500 copayment/day, then covered in full	50% coinsurance after deductible
<ul style="list-style-type: none"> <li>Rehabilitation – Outpatient</li> </ul>		\$25 copayment/visit, then covered in full	50% coinsurance after deductible
<b>Home Health Care Services</b>	90 visits/benefit period	50% coinsurance after deductible	50% coinsurance after deductible
<b>Durable Medical Equipment (DME) &amp; Supplies</b>		50% coinsurance after deductible	50% coinsurance after deductible
<b>Prosthetic Appliances</b>		50% coinsurance after deductible	50% coinsurance after deductible
<b>Orthotic Devices</b>		50% coinsurance after deductible	50% coinsurance after deductible

SUMMARY OF BENEFITS	Amounts Members Are Responsible For:		
<b>PRESCRIPTION DRUG DEDUCTIBLE</b>	\$250 per member		
Per benefit period* (Applies to Brand Preferred and Brand Non-Preferred Drugs obtained at a Retail Pharmacy)	\$500 per family		
	<b>Retail Pharmacy (up to a 30-day supply)</b>	<b>Mail Service Pharmacy (up to a 90-day supply)</b>	<b>Specialty Pharmacy (up to a 30-day supply)</b>
<b>PRESCRIPTION DRUG TIER</b>	<b>BENEFIT</b>		
Generic Preferred Prescription Drugs	\$0 copayment	\$0 copayment	\$0 copayment
Generic Non-Preferred Prescription Drugs	\$0 copayment	\$0 copayment	\$0 copayment
Brand Preferred Prescription Drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)
Brand Non-Preferred Prescription Drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)
<b>Network</b>	CVS Caremark National Pharmacy Network		
<b>PRESCRIPTION DRUG TIER (Contraceptives)</b>	<b>BENEFIT</b>		
Generic Prescription Drugs	\$0 copayment	\$0 copayment	Not covered
Select Brand Prescription Drugs**	\$0 copayment	\$0 copayment	Not covered
Brand Preferred Prescription Drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	Not covered
Brand Non-Preferred Prescription Drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	Not covered
<b>FORMULARY SYSTEM</b>	Open		
<b>UTILIZATION PROGRAM</b>	<b>BENEFIT</b>		
Generic Substitution Program	<b>Mandatory Generic Substitution</b> – In addition to the coinsurance/copayment, the member pays the difference between the brand drug and generic drug price (when there is a generic drug alternative) regardless of whether the prescribing physician requests that the brand drug be dispensed.		
Specialty Pharmacy	<b>For most specialty medications, coverage is available only when dispensed by a Capital BlueCross Preferred Specialty Network. For a list of Preferred Specialty Networks, please refer to the Specialty Pharmacy information located in The Guide to Rx Benefits at <a href="http://www.capbluecross.com">www.capbluecross.com</a>.</b>		
Quantity Level Limits (per prescription, day supply or copayment)	<b>Applicable to selected drugs. Refer to the Capital BlueCross formulary or go to <a href="http://www.capbluecross.com">www.capbluecross.com</a>.</b>		
Prior Authorization and Enhanced Prior Authorization	<b>Applicable to selected drugs. Refer to the Capital BlueCross formulary or go to <a href="http://www.capbluecross.com">www.capbluecross.com</a>.</b>		

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. Independent licensee of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Inpatient admissions as well as certain other services and equipment may require Preauthorization.

*Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.*

\*\*Select Brands include contraceptives for which there is no generic equivalent.

Participating providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit a nonparticipating provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the nonparticipating provider's or nonparticipating pharmacy's charges and the allowed amount. NonParticipating Providers may balance bill the member. Some nonparticipating facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to nonparticipating pharmacies are not applied to the out-of-pocket maximum. In certain situations a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost sharing amount may apply to the facility fee.

**On behalf of Capital BlueCross, CVS/caremark™ assists in the administration of our prescription drug program. CVS/caremark is an independent pharmacy benefit manager.**

For more information or to locate a participating provider, visit [www.capbluecross.com](http://www.capbluecross.com).  
Autism Spectrum Disorders are covered as mandated by Pennsylvania state law for group size >51.



**THIS IS NOT A CONTRACT.** This information highlights some of the benefits available through this program and is NOT intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Certificate of Coverage (COC). Refer to your COC for benefit details.

SUMMARY OF COST-SHARING		Amounts Members Are Responsible For:	
		Participating Providers	NonParticipating Providers
<b>Deductible</b> (per benefit period)		\$750 per member \$1,500 per family	\$4,000 per member \$8,000 per family
<b>Copayments</b>			
<ul style="list-style-type: none"> <li><b>Office Visits</b> (performed by a Family Practitioner, General Practitioner, Internist, Pediatrician, Preventive Medicine specialist, or participating Retail Clinic)</li> </ul>		\$25 copayment per visit	30% coinsurance
<ul style="list-style-type: none"> <li><b>Virtual Visits</b> (performed through the CBC Virtual Care platform or an approved virtual visit participating provider)</li> </ul>		Covered in full, waive deductible	Not Covered
<ul style="list-style-type: none"> <li><b>Specialist Office Visit</b></li> </ul>		\$40 copayment per visit	30% coinsurance
<ul style="list-style-type: none"> <li><b>Emergency Room</b></li> </ul>		\$300 copayment per visit, waived if admitted	
<ul style="list-style-type: none"> <li><b>Urgent Care</b></li> </ul>		\$40 copayment per visit	30% coinsurance
<ul style="list-style-type: none"> <li><b>Inpatient</b> (Per Admission)</li> </ul>		Not Applicable	50% coinsurance
<ul style="list-style-type: none"> <li><b>Outpatient Surgery Copayment</b> (facility)</li> </ul>		Not Applicable	50% coinsurance
<b>Coinsurance</b>		10% coinsurance	30% coinsurance
<b>Out-of-Pocket Maximum</b> (includes Deductible, Copayments and Coinsurance for Medical (including ER), and Prescription Drug for Participating Providers only).		\$3,000 per member \$6,000 per family	\$3,000 per member \$6,000 per family
SUMMARY OF BENEFITS		Amounts Members Are Responsible For:	
Limits and Maximums		Participating Providers	NonParticipating Providers
<b>PREVENTIVE CARE:</b> Administered in accordance with Preventive Health Guidelines and PA state mandates			
Pediatric Preventive Care		Covered in full, waive deductible	30% coinsurance after deductible
Adult Preventive Care		Covered in full, waive deductible	30% coinsurance after deductible
Screening Mammogram	One per benefit period	Covered in full, waive deductible	30% coinsurance waive deductible
Diagnostic Mammogram		10% coinsurance after deductible	30% coinsurance after deductible
Screening Gynecological Exam & Pap Smear	One per benefit period	Covered in full, waive deductible	30% coinsurance waive deductible
<b>BENEFITS LISTED BELOW APPLY ONLY AFTER BENEFIT PERIOD DEDUCTIBLE IS MET</b>			
<b>Acute Care Hospital Room &amp; Board</b>		10% coinsurance after deductible	50% coinsurance after deductible
<b>Acute Inpatient Rehabilitation</b>	60 days/benefit period	10% coinsurance after deductible	50% coinsurance after deductible
<b>Skilled Nursing Facility</b>	100 days/benefit period	10% coinsurance after deductible	50% coinsurance after deductible
<b>Surgery</b>			
<ul style="list-style-type: none"> <li>Surgical Procedure &amp; Anesthesia</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Maternity Services and Newborn Care</b>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Diagnostic Services</b> (facility)			
<ul style="list-style-type: none"> <li>High Tech Imaging (MRI, CT, PET, SPECT Scans etc.)</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Radiology (other than High Tech Imaging)</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Laboratory</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Diagnostic Services</b> (professional)			
<ul style="list-style-type: none"> <li>High Tech Imaging (MRI, CT, PET, SPECT Scans etc.)</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Radiology (other than High Tech Imaging)</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Laboratory</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Medical tests</li> </ul>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Outpatient Surgery</b>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Outpatient Therapy Services</b>			
<ul style="list-style-type: none"> <li>Physical Medicine</li> </ul>		\$40 copayment per visit	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Occupational Therapy</li> </ul>	12 visits/benefit period	\$40 copayment per visit	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Speech Therapy</li> </ul>	12 visits/benefit period	\$40 copayment per visit	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Respiratory Therapy</li> </ul>	30 visits/benefit period	\$40 copayment per visit	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Manipulation Therapy</li> </ul>		\$40 copayment per visit	30% coinsurance after deductible
<ul style="list-style-type: none"> <li>Acupuncture</li> </ul>		Not Covered	Not Covered
<b>Emergency Services</b>		Covered in full, waive deductible Emergency room copayment applies, waived if admitted inpatient	
<b>Mental Health Care Services</b>			
<ul style="list-style-type: none"> <li>Inpatient Services</li> </ul>		10% coinsurance after deductible	30% professional and 50% facility coinsurance after deductible
<ul style="list-style-type: none"> <li>Outpatient Services</li> </ul>		\$25 copayment per visit	30% professional and 50% facility coinsurance after deductible
<b>Substance Use Disorder Services</b>			
<ul style="list-style-type: none"> <li>Detoxification – Inpatient</li> </ul>		10% coinsurance after deductible	30% professional and 50% facility coinsurance after deductible
<ul style="list-style-type: none"> <li>Rehabilitation – Outpatient</li> </ul>		\$25 copayment per visit	30% professional and 50% facility coinsurance after deductible
<b>Home Health Care Services</b>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Durable Medical Equipment (DME) &amp; Supplies</b>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Prosthetic Appliances</b>		10% coinsurance after deductible	30% coinsurance after deductible
<b>Orthotic Devices</b>		10% coinsurance after deductible	30% coinsurance after deductible



SUMMARY OF BENEFITS	Amounts Members Are Responsible For:		
<b>PRESCRIPTION DRUG DEDUCTIBLE</b>			
Per benefit period* (Applies to Brand Preferred and Brand Non-Preferred Drugs obtained at a Retail Pharmacy)	\$250 per member \$500 per family		
	<b>Retail Pharmacy (up to a 30-day supply)</b>	<b>Mail Service Pharmacy (up to a 90-day supply)</b>	<b>Specialty Pharmacy (up to a 30-day supply)</b>
<b>PRESCRIPTION DRUG TIER</b>	<b>BENEFIT</b>		
Generic Preferred Prescription Drugs	\$0 copayment	\$0 copayment	\$0 copayment
Generic Non-Preferred Prescription Drugs	\$0 copayment	\$0 copayment	\$0 copayment
Brand Preferred Prescription Drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)
Brand Non-Preferred Prescription Drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)
<b>Network</b>	CVS Caremark National Pharmacy Network		
<b>PRESCRIPTION DRUG TIER (Contraceptives)</b>	<b>BENEFIT</b>		
Generic Prescription Drugs	\$0 copayment	\$0 copayment	Not covered
Select Brand Prescription Drugs**	\$0 copayment	\$0 copayment	Not covered
Brand Preferred Prescription drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	Not covered
Brand Non-Preferred Prescription drugs	30% coinsurance (with \$250 maximum)	30% coinsurance (with \$250 maximum)	Not covered
<b>FORMULARY SYSTEM</b>	Open		
<b>UTILIZATION PROGRAM</b>	<b>BENEFIT</b>		
Generic Substitution Program	<b>Mandatory Generic Substitution</b> – In addition to the coinsurance/copayment, the member pays the difference between the brand drug and generic drug price (when there is a generic drug alternative) regardless of whether the prescribing physician requests that the brand drug be dispensed.		
Specialty Pharmacy	<b>For most specialty medications, coverage is available only when dispensed by a Capital BlueCross Preferred Specialty Network. For a list of Preferred Specialty Networks, please refer to the Specialty Pharmacy information located in The Guide to Rx Benefits at <a href="http://www.capbluecross.com">www.capbluecross.com</a>.</b>		
Quantity Level Limits (per prescription, day supply or copayment)	<b>Applicable to selected drugs. Refer to the Capital BlueCross formulary or go to <a href="http://www.capbluecross.com">www.capbluecross.com</a>.</b>		
Prior Authorization and Enhanced Prior Authorization	<b>Applicable to selected drugs. Refer to the Capital BlueCross formulary or go to <a href="http://www.capbluecross.com">www.capbluecross.com</a>.</b>		

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. Independent licensee of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Inpatient admissions as well as certain other services and equipment may require Preauthorization.

*Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.*

\*\*Select Brands include contraceptives for which there is no generic equivalent.

Participating providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit a nonparticipating provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the nonparticipating provider's or nonparticipating pharmacy's charges and the allowed amount. NonParticipating Providers may balance bill the member. Some nonparticipating facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to nonparticipating pharmacies are not applied to the out-of-pocket maximum. In certain situations a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost sharing amount may apply to the facility fee.

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For more information or to locate a participating provider, visit [www.capbluecross.com](http://www.capbluecross.com).  
Autism Spectrum Disorders are covered as mandated by Pennsylvania state law for group size >51.

HIGHLIGHTS	Member Cost-Sharing
<b>NETWORK:</b> BlueCross Dental PPO Preferred	
<b>DEDUCTIBLE</b> Per benefit period*	None
<b>BENEFIT PERIOD PROGRAM MAXIMUM</b> When the program maximum is reached, the Member pays 100% until the end of the benefit period	\$1,500 per member per benefit period
<b>DIAGNOSTIC AND PREVENTIVE</b>	
Routine Exams (oral exams limited to twice in twelve months; pregnant women may receive one additional oral exam)	Covered in full
X-rays <ul style="list-style-type: none"> <li>• Periapical X-rays as required</li> <li>• Bitewing X-rays twice in twelve months</li> <li>• Full Mouth or Panoramic X-rays once in three years</li> </ul>	Covered in full
Fluoride Treatments (twice in twelve months for dependent children to age 19)	Covered in full
Prophylaxis (twice in twelve months; pregnant women may receive one additional cleaning)	Covered in full
Sealants (for dependent children to age 15 on permanent first and second molars; one sealant per tooth in any three year period)	Covered in full
Space Maintainers (for dependent children to age 19)	Covered in full
Palliative Emergency Treatment (acute condition requiring immediate care)	Covered in full
Consultations	Covered in full
<b>BASIC SERVICES</b>	
Basic Restorative (amalgam "silver" fillings and composite "white" non-molar fillings)	20%
Endodontics (procedures for pulpal therapy and root canal filling)	20%
Periodontics (treatment to the gums and supporting structures of the teeth; surgical and non-surgical periodontal treatment is covered)	20% non-surgical 50% surgical
Oral Surgery (extraction and oral surgery procedures, including pre- and post-operative care; general anesthesia is covered when used in conjunction with covered oral surgical procedures)	50%
<b>MAJOR SERVICES</b>	
Major Restorative (crowns, inlays, onlays)	50%
Repair and adjustment of crowns, dentures and bridges	20%
Prosthodontics <ul style="list-style-type: none"> <li>• Procedures for replacement of missing teeth by construction of bridges and partial or complete dentures; prosthetic replacement limited to once in five years</li> <li>• Implant surgical placement and removal; implant supported prosthetics</li> </ul>	50%
<b>ORTHODONTICS</b>	
Orthodontic Treatment (procedure for straightening teeth)	50%
<b>ORTHODONTICS LIFETIME MAXIMUM</b>	
Lifetime maximum per dependent	\$1,000

*Programs are subject to change. This is not a contract.* This information highlights dental benefits when you visit a participating provider and is not intended to be a complete list or complete description of available services.

Participating providers agree to accept our allowance as payment in full—often less than their normal charge. If you visit a non-participating provider, you are responsible for paying the deductible, coinsurance and the difference between the non-participating provider's charges and the allowable amount.

*Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.*

\*Refer to your Certificate of Coverage or contact your employer for the applicable benefit period.

**Paper claims may be submitted to the following address: BlueCross Dental; PO Box 1126; Elk Grove Village, IL 60009**

**Electronic claims may be submitted using Payor ID CBC01.**

**Benefits are issued by Capital Advantage Assurance Company®, a subsidiary company of Capital BlueCross. Independent licensee of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.**

## Community Services Group

HIGHLIGHTS	PLAN ALLOWANCES	
Benefit frequencies are based on date of service	Participating	Non-participating
<b>VISION EXAMINATION</b> Under 19-years-old once every 12 months; 19 and over once every 24 months	100%	\$32
<b>FRAMES</b> <sup>1</sup> Under 19-years-old once every 12 months; 19 and over once every 24 months	\$60 plus 30% off the retail balance <sup>2</sup>	\$24
<b>EYEGLASS LENSES (per pair)</b> <sup>1 &amp; 3</sup> Under 19-years-old once every 12 months; 19 and over once every 24 months		
Single Vision Standard Lenses	100%	\$24
Bifocal Standard Lenses	100%	\$36
Trifocal Standard Lenses	100%	\$46
Aphakic/Lenticular Standard Lenses	100%	\$72
Polycarbonate Standard Lenses (under age 19)	100%	Not covered
<b>CONTACT LENSES</b> <sup>1 &amp; 3</sup> Under 19-years-old once every 12 months; 19 and over once every 24 months		
Disposable (unlimited boxes)	\$75, plus 25% off the retail balance <sup>2 &amp; 4</sup>	\$48
Conventional including, but not limited to: Hard/soft daily wear and spherical	100%	\$48
Specialty lenses including but not limited to: Bifocal, toric or gas permeable	\$75, plus 25% off the retail balance <sup>2 &amp; 4</sup>	\$48
Medically necessary (per pair)	100%	\$200
<b>CONTACT LENS FITTING &amp; FOLLOW UP</b> Under 19-years-old once every 12 months; 19 and over once every 24 months		
Daily wear	100%	\$20
Extended wear	100%	\$30
Specialty	\$50 copay	Not covered

*Programs are subject to change. This is not a contract.* This information highlights vision benefits and is not intended to be a complete list or complete description of available services. Contact your employer, marketing representative, or broker for additional benefit details.

<sup>1</sup> **Walmart/Sam's Club:** To maintain comparable values with Walmart's pricing structure, your frame allowance will be 50% of the allowance shown above with no additional retail discounts. Your contact lens allowance will be 75% of the allowance shown above with no additional retail discount. Walmart/Sam's Club stores accept BlueCross Vision for materials, not Lens Options. Doctors affiliated with Walmart/Sam's Club are not Walmart employees; therefore, participation for exams varies.

<sup>2</sup> Discounted amounts may vary and may not be honored at all optical retailers

<sup>3</sup> Payment will be made for either lenses or contact lenses within a benefit period. Payment will not be made for both.

<sup>4</sup> Retail discounts do not apply to Contact Fill.

### VALUE ADDED DISCOUNTS<sup>4</sup>

Costs associated with the services and materials listed below are the responsibility of the member. Valid at participating providers only.

LENS OPTIONS	Member cost
Solid Tint	\$10
Fashion / Gradient Tint	\$12
Standard Scratch-Resistant Coating	\$10
Ultraviolet Coating	\$12
Standard Anti-reflective Coating	\$40
Glass Photogrey	\$20 (SV); \$30 (bifocal/trifocal)
Polarized	\$75
Standard Progressive Lenses <sup>5</sup>	\$50
Premium Progressive Lenses <sup>5</sup>	\$100
Transitions	\$65 (SV); \$70 (bifocal/trifocal)
Polycarbonate Standard Lenses (age 19 and older)	\$25 (SV); \$30 (bifocal/trifocal)
Blended Bifocal (Segment)	\$30
High Index	\$55
Additional supplies (excluding contact lenses)	20% off retail
<b>LASIK SURGERY</b>	Retail Discount

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**VALUE ADDED PLUS <sup>4</sup>**

Value Added Plus provides discounts on additional purchases during the benefit period after the insured benefits have been exhausted. Costs associated with the services and materials listed below are the responsibility of the member. Valid at participating providers only.

Benefit frequencies are unlimited

<b>SERVICE AND MATERIALS</b>	<b>Member cost</b>
<b>VISION EXAMINATION</b>	<b>Balance after \$10 Discount</b>
<b>FRAMES</b>	35% off retail
<b>EYEGLASS LENSES (per pair)</b>	
Single Vision Standard Lenses	\$35
Bifocal Standard Lenses	\$55
Trifocal Standard Lenses	\$70
Aphakic/Lenticular Standard Lenses	\$70
<b>CONTACT LENSES<sup>6</sup></b>	
Disposable (unlimited boxes)	10% off retail
Conventional including, but not limited to: Hard/soft daily wear and spherical	15% off retail
Fitting & Follow up	10% off retail
<b>LENS OPTIONS</b>	
Ultraviolet Coating	\$12
Tint (Solid & Gradient)	\$12
Scratch-Resistant Coating (Standard)	\$15
Polycarbonate (Standard)	\$35
Anti-Reflective Coating (Standard)	\$45
Polarized	\$75
Transitions (Standard)	\$65 (Single vision) \$70 (bifocal or trifocal)
Standard Progressive Lenses <sup>5</sup>	\$50+ Bifocal or trifocal lens charge
Additional supplies	20% off retail

*Programs are subject to change. This is not a contract.* This information highlights vision benefits when you visit a participating provider and is not intended to be a complete list or complete description of available services. Contact your employer, marketing representative, or broker for additional benefit details.

<sup>4</sup>Value Added Discounts & Value Added Plus are not part of the insured benefits. Value Added Discounts & Value Added Plus are a reduced fee-for-service discount program. Members pay a discounted amount for listed services by participating providers. Capital BlueCross does not pay the participating providers for these services. Discounted pricing does not apply at Walmart, Sam's Club and select retailers. Discounted amounts may vary and may not be honored at all participating provider locations. Contact your provider's office to verify their participation in this program.

<sup>5</sup>Fixed discounted pricing is not available on all brands.

<sup>6</sup>Retail discounts do not apply to Contact Fill.

*Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.*

## Capital BlueCross Wellness Resources



Capital Blue Cross Wellness Resources	For information on Capital Blue Cross please visit <a href="http://www.capbluecross.com">www.capbluecross.com</a>
Care Management	Care Management Programs are a collaborative process that assess the health needs of a member with a chronic condition and provides education, counseling and on-demand information designed to increase a member's self-management of his/her diabetes, asthma, heart disease , and/or depression.
Nurse Line	Nurse Line is staffed 24 hours a day, 7 days a week by experienced Registered Nurses to provide information and support for any health-related concern. Call 800-452-BLUE
Better Health Works <sup>SM</sup> Personal Profile	Answer questions about yourself and the way you live and , based on the answers you provide, you will receive customized recommendations for your health situation. Support is available to follow through on these recommendations and to make positive health changes.
mycapbluecross.com	Members registered for on-line access to their personal account to check claim status, compare hospital quality and treatment costs, print temporary proof of coverage, read the SimplyWell member newsletter, view explanation of benefits, and much more.
Virtual Care	With Virtual Care doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Access Virtual Care from your phone, tablet, or computer and get treatment from a Virtual Care doctor or behavioral health specialist within minutes. To sign up, download the free Virtual Care app or visit virtual-carecbc.com
Healthy Rewards	Healthy Rewards is an exciting wellness initiative brought to us by Capital Blue Cross and Bravo. Through the voluntary 2019 Healthy Rewards Program, all employees enrolled in the Capital BlueCross medical plan have the opportunity to reduce your per pay period employee contribution. Taking steps such as completing a biometric health screening, meeting the health screening goals, and completing wellness activities allows you the opportunity to earn the reward of reduced employee contribution amounts per pay period for the 2020 plan year.





# Services and Support for Your Health

Thank you for choosing the Capital BlueCross family of companies.

As your trusted partner in health, your well-being is our top priority. More than just an insurance company, we offer many programs and services to help you manage your care needs and live healthy. Many of our programs and services are listed below. Call us to learn more about these programs, ask questions about your coverage, or for help to coordinate your care.

## **Care Management (855.924.6448)**

Experienced registered nurses and licensed social workers provide support, education, and coordination of services for customers' complex medical needs including:

**Precious Baby Prints®** — We support expecting and new mothers with resources and advice for a healthy pregnancy. In addition, case managers are available for moms and babies with special needs.

**Condition Management** — We work with customers, their families, caregivers, and providers to coordinate care throughout treatment for, and recovery from, complex medical conditions.

**Cancer Care Management** — We provide guidance to customers diagnosed with cancer to help them understand their benefits, coordinate services, manage treatment-related symptoms, and develop a plan to support their immediate and long-term well-being.

**Transplant Case Management** — A case manager works closely with the customer and the transplant facility to plan pre- and post-procedure care.

We also offer free educational resources and phone support to customers with chronic conditions such as:

- Asthma
- Depression
- Diabetes
- Heart disease
- Lung disease

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## Behavioral Health Support (Mental Health and Substance Use)

**Mental Health Services** — We assist with and coordinate referrals to a mental health specialist for customers experiencing problems with depression, anxiety, mood swings, or any other emotional issues that may impact their quality of life.

**Substance Use** — For customers experiencing problems with alcohol or drug use, we assist with and coordinate referrals to a certified addictions counselor.

## Care Guides at Capital Blue Health and Wellness Centers

Meet with a health professional for free at a Capital Blue health and wellness center for:

- Health screenings and health risk assessments
- Help finding a doctor
- Nutrition and fitness guidance
- Personal wellness plan development
- Planning for medical procedures and surgery

Find a Capital Blue health and wellness center near you at [CapitalBlueStore.com](https://www.CapitalBlueStore.com).

## Social Services

Our experienced clinical staff provide assistance, education, and resources to help customers:

- Deal with loss of health insurance coverage
- Deal with loss of income and/or housing
- Find transportation to health care appointments
- Pay for some prescription drugs

### Please note:

Call us at **855.924.6448** to ensure a current care plan continues if you, or a covered dependent, are scheduled for surgery, follow-up treatment, diagnostic study, or are currently receiving services such as:

- Chemotherapy
- Drug infusions
- Durable medical equipment
- Oxygen
- Radiation treatments
- Therapy services

## How do I get started?

To learn more about any of the programs and services listed above for you or one of your covered family members, please call us at **855.924.6448** or visit [capbluecross.com/healthprograms](https://www.capbluecross.com/healthprograms).

**All programs are voluntary and confidential,  
and are available at no extra cost to you!**

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[capbluecross.com](https://www.capbluecross.com)

Members can take advantage of these programs at no cost. Participation is completely voluntary and is based on your current enrollment and benefits. Your benefits will not be affected if you decide not to participate or if you withdraw from a program after you have enrolled.

The programs discussed in this document are not a substitute for services performed by your health care providers who are the only ones that can diagnose and treat your individual medical conditions. Capital BlueCross believes these programs provide useful information but does not assume any liability associated with their use.

The Blue365® program is brought to you by the BlueCross BlueShield Association. The BlueCross BlueShield Association is an association of independent, locally operated BlueCross and/or BlueShield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that members may purchase from independent vendors, which are different from covered benefits under your policies with Capital BlueCross and its family of companies.

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## HEALTHY LIVING IS JUST A DEAL AWAY. Join Blue365® and start saving today!

With Blue365, great deals are yours for every aspect of your life—like 20% off at Reebok.com, discounted products through Jenny Craig, or a membership to over 10,000 gyms.

**Register now at [blue365deals.com](http://blue365deals.com) to discover your savings! Have your member ID card ready and in just a few minutes, you will be registered and ready to shop. Plus, we'll email special deals straight to your inbox.**

**Check out these top brands with discounts just for you:**

# Blue365®

Because health is a big deal<sup>SM</sup>

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**LasikPlus+**  
Imagine your life in focus

**fitness your way**  
by Tivity Health

**Fairmont**  
HOTELS & RESORTS

**jenny**  
CRAIG

**Reebok**

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To find out what is covered under your policies, contact your local Blue Company. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

HEW-28 (12/22/17)





# CHOOSE THE BEST SOURCE FOR YOUR CARE

Different health problems require different levels of care. This guide can help you make the right decisions about where to receive treatment so you can get prompt attention, reduce wait times, and even save money.

## Family Doctor

Call your doctor first when you are sick or injured and it is not an urgent matter. Your doctor:

- Has an existing relationship with you and is familiar with your medical history
- Can quickly diagnose and start treatment
- Can help you decide what steps to take if you need to see a specialist or visit a hospital

## Urgent Care Center

If you believe you should have same-day care and you can't see your doctor, an urgent care center may be a good option. No appointments are necessary at an urgent care center, and some have on-site pharmacies. Many urgent care centers can take X-rays, stitch wounds, and care for other minor injuries and ailments, such as:

- Colds and flu
- Earaches
- Minor burns
- Minor skin rashes
- Small cuts
- Sprains and strains

## Your Choice On Where to Get Care Can Save You Money

Copays and deductibles may apply to health care services you receive. Generally, costs are lowest for telehealth and office visits and are highest for emergency room care. Refer to your Certificate of Coverage for cost share details.

## Telehealth

Most Capital BlueCross plans\* include telehealth doctor visits by live video using a smartphone, tablet, or computer. Video appointments are convenient when:

- Your doctor's office is closed
- You feel too sick to leave the house
- You become sick while traveling
- You need to see a doctor, but can't find the time

You can see a doctor for these common conditions:

- Sinus infection
- Sore throat
- Bladder infection
- Urinary tract infection
- Abdominal pain
- Diarrhea
- Fever
- Pink eye
- Painful urination
- Influenza
- Respiratory infection
- Headache
- Strep throat

Learn how to access this benefit at  
[capbluecross.com/telehealth](https://www.capbluecross.com/telehealth).

\*The telehealth benefit is not available on CareConnect<sup>SM</sup> plans, Individual HMO plans, and BlueJourney HMO plans.

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## Emergency Room (ER)

You should only use the ER for serious problems that require immediate attention. The following are examples of problems where the ER usually is the right choice:

- Chest pain
- Breathing trouble
- Severe dizziness or confusion
- Seizures
- Heavy bleeding
- Large open wounds
- Severe vomiting
- Poisoning

If a problem is serious, you should call 911 or go straight to an emergency room.

## We Can Help You Decide Where to Get Care

**Capital BlueCross Nurse Line 800.452.2583** (TTY: 800.855.2880)

Call 24/7 to speak with a Registered Nurse for advice on symptoms, where to get care, and general health concerns.

## Healthwise® Knowledgebase Symptom Checker

Our free library of health topics and interactive tools can help you determine when and where to seek care.

Access the tool by registering or logging in at [capbluecross.com](https://capbluecross.com) and choosing the Wellness tab at the top of your secure member page. Type a word or short phrase into the search box to find information about a specific condition or health-related question. To use the Symptom Checker, click on *Check Your Symptoms*.

### Stay connected on the go!

Download the Capital BlueCross mobile app to quickly find doctors and urgent care centers.



# Capital BLUE



[capbluecross.com](https://capbluecross.com) | [capitalbluestore.com](https://capitalbluestore.com)

The information provided is meant for a general audience. It is not intended to be a substitute for services or advice received from your health care providers who are the only ones that can diagnose and treat your individual medical conditions. Capital BlueCross and its affiliated companies believe this health education resource provides useful information but do not assume any liability associated with its use. If you have any questions about the information, please contact your health care provider. Individual coverage for any services that may be discussed in this resource depends on your benefits plan. To determine coverage for any health care service, please refer to your Certificate of Coverage or Evidence of Coverage or call Customer Service at the toll-free number on your health plan ID card.

On behalf of Capital BlueCross, Healthwise® assists in the promotion of health and wellness by providing educational materials. Healthwise is an independent company.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

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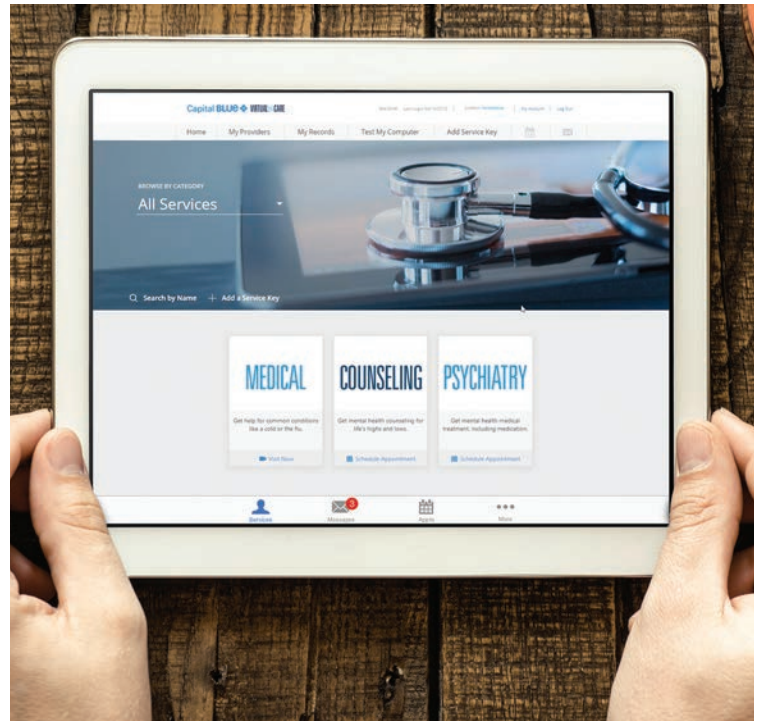
## VIRTUAL CARE

### See a doctor anytime, anywhere, with Virtual Care.

With Virtual Care, doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Virtual Care is a covered benefit on most health plans from the Capital BlueCross family of companies\*, and it even includes behavioral health and counseling services.

#### Why use Virtual Care?

- ✓ Convenient and easy
- ✓ Can be less costly than a trip to an urgent care center or emergency room
- ✓ Helpful when:
  - You need to see a doctor, but can't fit it into your schedule
  - Your doctor's office is closed
  - You feel too sick to leave the house
  - You become sick while traveling



\*Virtual Care is not available to all members. Please check with your employer or review your benefit plan booklet to verify that Virtual Care is included in your program.

# Convenient care — everywhere

From your phone, tablet, or computer, get treatment from a Virtual Care doctor or behavioral health specialist within minutes.

	Medical	Counseling	Psychiatry
Doctors and Counselors	Virtual Care providers are licensed doctors that have an average of 15 years of experience.	Virtual Care counseling services are provided by licensed psychologists and master's level counselors.	Virtual Care psychiatry services are provided by board-certified psychiatrists and neurologists, who provide a thorough assessment and follow-up visits for medication management.
Treatment for conditions, such as:	<ul style="list-style-type: none"><li>• Abdominal pain</li><li>• Bronchitis and other respiratory infections</li><li>• Flu</li><li>• Pink eye</li><li>• Strep throat</li></ul>	<ul style="list-style-type: none"><li>• Anxiety</li><li>• Bereavement and grief</li><li>• Depression</li><li>• LGBTQ counseling</li><li>• Trauma</li></ul>	<ul style="list-style-type: none"><li>• Anxiety disorders</li><li>• Anorexia/bulimia</li><li>• Bipolar disorder</li><li>• Obsessive compulsive disorder</li><li>• Post traumatic stress disorder</li></ul>
Availability	24/7 (including weekends and holidays) through the mobile app or website. No appointment necessary.	7 a.m. – 11 p.m. ET, 7 days a week, by appointment only (same day appointment is possible).	Patients can typically get appointments within 14 days, and a psychiatrist will schedule follow-up visits as needed.

### Two ways to sign up:

1. Download the free Virtual Care app
2. Visit **virtualcarecbc.com**




## Learn More


Visit **virtualcarecbc.com** to learn more about virtual visits and how to find local network doctors.

## Questions

Virtual Care and website: Call **833.433.5914**

Health plan benefits: Call the number on your member ID card

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capbluecross.com



# BENEFITS



## Paid Time Off (PTO) and Other Paid Leaves

Full-Time 37-40 Hours Green Benefit	
Years of Service	Maximum Annual Accrual
New Hire	152 hrs.
Start of 3rd Year	192 hrs.
Start of 5th Year	208 hrs.
Start of 10th Year	232 hrs.
Start of 15th Year	248 hrs.
Start of 20th Year	272 hrs.

Full-Time 37-40 Hours Blue Benefit	
Years of Service	Maximum Annual Accrual
New Hire	208 hrs.
Start of 3rd Year	248 hrs.
Start of 5th Year	264 hrs.
Start of 10th Year	288 hrs.
Start of 15th Year	304 hrs.
Start of 20th Year	328 hrs.

Part-Time 30-36 Hours Green Benefit	
Years of Service	Maximum Annual Accrual
New Hire	114 hrs.
Start of 3rd Year	144 hrs.
Start of 5th Year	156 hrs.
Start of 10th Year	174 hrs.
Start of 15th Year	186 hrs.
Start of 20th Year	204 hrs.

Part-Time 30-36 Hours Blue Benefit	
Years of Service	Maximum Annual Accrual
New Hire	156 hrs.
Start of 3rd Year	186 hrs.
Start of 5th Year	198 hrs.
Start of 10th Year	216 hrs.
Start of 15th Year	228 hrs.
Start of 20th Year	246 hrs.

Part-Time Less than 30 Hours-Green/ Blue Benefit	
Scheduled Hours	Flat Amount
20-29 hours/week	56 hrs.
1-19 hours/week	40 hrs.

### SICK LEAVE

Employees scheduled 30 or more hours will be able to earn Sick Leave at the end of the fiscal year by trading in PTO in hour increments up to 40 hours. When converted to Sick Leave, the amount of PTO will be doubled as sick leave, ex. an employee converting 40 hours of PTO would have 80 hours of sick leave. Employees may accumulate a maximum sick leave bank of the equivalent of 640 scheduled hours. Sick leave can be used for the employee's own serious illness or to care for a family member for employees with ten or more years of service. (Refer to Policy E.6.d).

### MATERNITY/PATERNITY LEAVE

Full-time employees are granted two weeks off with pay per pregnancy and adoption (Refer to Policy E.6.e.).

### FUNERAL LEAVE

Employees are granted up to three paid days off. (Refer to Policy E.6.f).

# Life Insurance, Accidental Death & Dismemberment & Supplemental Life

## Basic Life Insurance - 100% Employer Paid—No Cost to Employees

- Basic Life Insurance coverage provides important supplemental financial protection for your family in the event of your death. Community Services Group provides eligible employees with Basic Life Insurance at no cost to you.
- All Employees scheduled 30 or more hours are eligible for Basic Life Insurance.
- The Life Insurance benefit is equal to 1.5 times basic annual earnings (annual base salary year), up to a maximum of \$250,000.
- Taxable Income: The cost of employer provided life insurance benefits in excess of \$50,000 is reportable as income each year.



## Voluntary/Supplemental Life Insurance—Employee Paid Option

- Voluntary/Supplemental Life Insurance coverage provides important supplemental financial protection for your family in the event of your death. This Life Insurance benefit is available for the employee in increments of \$10,000, ranging from \$10,000 to the lesser of \$400,000 or 5x your basic annual earnings. If an employee elects more than 3 times their annual salary (or \$150,000) or they do not elect when first eligible they will need to complete a statement of health form. Employees who voluntarily elect Supplemental life insurance may also elect Voluntary Spousal coverage or dependent coverage or voluntary Accidental Death and Dismemberment coverage.
- Spousal Supplemental life insurance is also available for the employee's spouse (if the employee carries supplemental life) in increments of \$5,000, to a maximum of \$50,000. The spouses Guaranteed issue amount is 50% of the employees elected life insurance amount or \$20,000 whichever is less. If you elect more coverage for your spouse they will need to complete a statement of health form.
- Supplemental Life insurance is available for the employee's children if the employee carries supplemental life) in an amount of \$10,000 per child. (dependents must be 26 years of age or younger).

Supplemental Life Insurance Rates are Bi-Weekly	
Employee	
18-24	\$ 0.18
25-29	\$ 0.22
30-34	\$ 0.30
35-39	\$ 0.39
40-44	\$ 0.63
45-49	\$ 0.89
50-54	\$ 1.68
55-59	\$ 3.18
60-64	\$ 4.63
65-69	\$ 7.96

For additional information and/or to enroll contact the payroll/benefits team or the Life/Voluntary Insurance at: [www.thehartford.com](http://www.thehartford.com)

## LONG TERM DISABILITY

Long Term Disability coverage provides important supplemental financial protection for your family in the event of an extended recovery from accident or illness. CSG provides full-time Executive Level Managers, First/Mid - levels managers and professional positions requiring a graduate degree, advanced certification, or professional license with Long Term Disability at no cost. This benefit is calculated at 60% of your monthly wages to a maximum of \$5,000 monthly.

## Wellness and Additional Benefits



### **EMPLOYEE ASSISTANCE PROGRAM**

CSG recognizes that our most valuable corporate asset is our employees. In order to assist employees to better balance their work and personal lives CSG offers Employee Assistance Programs (EAP) in the belief that when things get overwhelming everyone can benefit from seeking short term professional help. These services are free and confidential offering assessment, referral, short term counseling, and work/life consultation to employees and their families in such areas as: work stress, coping with change, family issues, relationship problems, anxiety, depression, grief/loss, anger management, elder care, financial concerns, parental issues, and substance abuse.

### **myStrength**

Join CSG's health club for the mind, myStrength, it's free for you and your family.



1. Visit [www.myStrength.com](http://www.myStrength.com)
2. On the myStrength.com home page, click on "Sign-up."
3. Enter the following Access Code: CSGEE (if an Employee) or CSGFAM (if a family member)
4. Complete the myStrength sign-up process with a brief Wellness Assessment

### **TUITION ASSISTANCE**

Full-time employees who have completed their initial evaluation/introductory period and one year of service may be eligible up to \$1500 of reimbursement per fiscal year to pursue professional growth.

### **TRAVEL**

Approved travel for CSG will be reimbursed at \$.52 per mile.

### **DIRECT DEPOSIT**

Employees have their paycheck automatically deposited on payday into a personal checking or savings account at the financial institution of his/her choice.

### **CREDIT UNION**

Employees can join the Pennsylvania State Employee Credit Union (PSECU) and /or the Red Rose Credit Union and have access to online banking.



### **WORKERS' COMPENSATION INSURANCE**

A no fault insurance that provides benefits to workers injured on the job.

# Tax Savings Programs (Pre-tax FSA & Dependent Care)

## FLEXIBLE SPENDING ACCOUNTS (Through Corporate Coverage)

CSG offers medical benefit eligible employees the opportunity to enroll in a health care Flexible Spending Arrangements (FSA) each year during open enrollment. A health care Flexible Spending Account enables employees to set aside pre-tax dollars out of their paycheck to pay for eligible health care expenses. Monies put into the plan avoid both Federal Income Tax and FICA. The average savings is about 25-30%. This allows employees to deduct pre-tax dollars from their paychecks and to hold the money in trust for qualified expenses. There are two types of FSAs: medical FSA and Dependent Care FSA

### MEDICAL CARE SPENDING ACCOUNTS

This account allows you to pay for un-reimbursed medical, dental, and vision expenses. Remember this money is not subject to taxes. By participating in the FSA, you can receive a debit card which you can use in paying at the point of sale. This card is beneficial, as it can even be used to pay for medical expenses, without the need to pay for these expenses up front, and wait for reimbursement. A form needs to be completed, **mySourceCard Enrollment Agreement**, which can be accessed, by going to the following link: <http://insider.csgonline.org/LinkClick.aspx?fileticket=ItKjXvKWYbl%3d&tabid=144>. Once you have completed this form, it should be scanned to the Payroll/Benefits Department for processing. Some examples of eligible expenses include: deductible expenses from your medical plan, co-pays (doctors or prescriptions), durable medical equipment, and coinsurance for dental and vision expenses. Try to account for any fixed costs such as a regular prescription that you or a family member gets as a way to begin budgeting for this type of account.



#### TAX SAVINGS EXAMPLE

Jill earns \$36,000 annually and has out of pocket costs for deductibles and co-pays on her Medical & Dental plans. Jill wears contacts and also needs a dental crown this year.

Without Health Care FSA	
Gross (taxable) Pay	\$36,000
Taxes @24.5%	-\$8,820
<b>Net Take Home Pay</b>	<b>\$27,180</b>
Out of Pocket Health Care Costs	-2,400
<b>Spendable Income After Health Care Costs</b>	<b>\$24,780</b>
With Health Care FSA	
Gross Pay	\$36,000
Pre-Tax Health Care Deduction	-\$2,400
<b>Taxable Pay</b>	<b>\$33,600</b>
Taxes @23.8%	-\$7,997
<b>Spendable Income After Health Care Costs</b>	<b>\$25,603</b>

Jill has increased her take home pay by \$823 per year by participating in the Health Care Flexible Spending Arrangement. Jill will save even more if her premiums are also deducted on a pre-tax basis through the Premium Conversion Plan.

### DEPENDENT CARE SPENDING ACCOUNTS

Another great pre-tax benefit is the Dependent Care Spending Account (DCSA). The DCSA is designed for people with child care needs such as daycare, pre-school and after school programs while you are at work. It can also be used for adult daycare for eligible dependents in your household. This account does not operate like the FSA in that, the money has to be in your account before you can pull it out to pay for daycare or reimburse yourself back.

The maximum election per year/household is \$5,000. Remember deductions will be taken out evenly throughout the course of the year. Most often, you will be paying yourself back from your account since the providers of care will ask to be paid before enough funds have accumulated into your account. You also have access to your funds through the debit card!

**Important Tip:** The important item to remember for the FSA or the DCSA is that you keep receipts of purchases and prescriptions or EOB's etc. Occasionally, the Spending Account vendor needs to verify an expense. So it is vital to hold onto your paperwork until year end.



## 401k Information

There are many advantages to saving for retirement through CSG's retirement savings plan, including a match from your company, as well as professional management of your investments.

### **TRADITIONAL 401(K)!**

Investing money through your 401(k) plan gives you the benefit of tax-deferred saving. This lets you increase your take home pay and decrease your current taxable income. Remember though, your pre-tax contributions are not tax-free; they're tax-deferred, which means that you don't pay income tax on this money until you withdraw it from the plan (which should be at retirement, when you may be in a lower tax bracket). Take a look at a hypothetical chart to see how contributing to the plan compares with saving outside the plan (in an ordinary savings, or other taxable account).



Contributing to your 401(k) on a pre-tax basis can help you increase your take home pay		
	Pre-tax savings in the plan	Saving in a taxable account outside of the plan
Annual gross salary	\$50,000	\$50,000
6% of pay before-tax contribution	- 3,000	0
Taxable pay	47,000	50,000
Less a hypothetical 27% Federal income tax	-12,690	-13,500
6% regular annual savings in a taxable account outside the plan (from gross salary)	0	-3,000
Take home pay	\$34,310	\$33,500
Annual difference in take home pay		\$810

### **ROTH 401(K)**

The CSG 401(k) plan has a Roth feature for your salary saving contributions. Unlike the chart above, with Roth, your contributions are not pretax. Instead, as long as you keep the funds invested in a Roth account for at least 5 years, you will ultimately be able to withdraw your contributions and the associated earnings tax-free. Making Roth contributions instead of pretax contributions will benefit those who are in a higher tax bracket when they withdraw the funds in retirement than when the contributions are made. This is very difficult to predict, but if you are in a low tax bracket now, you might want to consider Roth. You should consult your tax advisor.

### **COMPANY MATCH AT 4%**

CSG offers up to a 4% match as an incentive to join the company retirement plan. It means that the CSG will match up to 4% of your contributions to your account for every dollar that you contribute.

### **WHO IS ELIGIBLE?**

Employees 21 years or older with six months of service are automatically enrolled to participate in the 401K plan the following January 1 or July 1, whichever comes first, with a deferral percentage of 3% of their annual salary. Employees may also opt-out or elect a different deferral percentage. Employees 21 years or older with one year of service are eligible for their contributions to be matched by the company up to 4% beginning the following January 1 or July 1, whichever comes first.

For account balances, investment elections, advice and education, reports, transaction history and the ability to change your investment elections at any time, go to [www.fultonfinancialadvisors.com](http://www.fultonfinancialadvisors.com).



## CONTACT INFORMATION

GROUP HEALTH/BENEFIT	CARRIER	WEBSITE	TELEPHONE
Gold/Bronze PPO	Capital Blue Cross	<a href="http://www.capbluecross.com">www.capbluecross.com</a>	800.541.3742
Prescriptions	CVS Caremark	<a href="http://www.capbluecross.com">www.capbluecross.com</a>	800.552.8159
Dental	Capital Blue Cross	<a href="http://www.capbluecross.com">www.capbluecross.com</a>	800.541.3742
Vision	Capital Blue Cross	<a href="http://www.e-nva.com">www.e-nva.com</a>	800.541.3742
Behavioral Health	Capital Blue Cross	<a href="http://www.capbluecross.com">www.capbluecross.com</a>	866.322.1657
401K	Fulton Financial Services	<a href="http://www.fultonfinancialadvisors.com">www.fultonfinancialadvisors.com</a>	800.452.4190
Basic Life/Life A&D Supplemental Life Long Term Disability	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	800.523.2233
FSA/Dependent Care	Corporate Coverage	<a href="https://secure.myrsc.com/">https://secure.myrsc.com/</a>	410.823.HELP (4357)
EAP	CSG	<a href="#">EAP</a>	717.285.7121

**IMPORTANT NOTICE:** The information provided in these pages is summarized and is not a complete description of the actual terms and provisions of the Health Plan documents. If any conflict arises between this information and the Plan documents, or if any point is not discussed or is only partially discussed, the Plan documents will govern in all cases. For details and additional information please contact the payroll and benefits team by going to the [Helpdesk](#) or by phone 717.285.7121 x50012.