

Group Health and Benefits Information

2023



See What's Inside...

-Health Plans p. 1-4

- Medical, Dental, and Vision Plans p.1
- ICHRA p.2
- Health Insurance 101 p.3
- Dental Highlight Sheet p.4
- Vision Highlight Sheet p.5

-Additional Employee Benefits p.6-11

- PTO p.6
- Other Paid Leaves p.7
- Life Insurance p.8
- Wellness/Additional Benefits p.9
- Spending Accounts p.10
- 401K Plan p.11

-Contact Info p.12



Health Plans



ICHRA Medical Plan Benefits

Employees scheduled 30 or more hours per week as well as employees meeting ACA eligibility are eligible for enrollment in an Individual Coverage Health Reimbursement Arrangement (ICHRA) with a company paid allowance towards their monthly insurance premium. Employees may elect coverage for themselves as well as their eligible spouse, domestic partner, and/or child(ren).

* Spouses/domestic partners are only able to enroll in CSG’s medical plan if they do not have other coverage available. A spousal/domestic partner affidavit form may be required by CSG as verification

CSG Dental Plan through Capital Blue Cross 100% Employer Paid -- Employees Only

This benefit is provided to employees electing medical coverage. These employees may also add coverage for a spouse, domestic partner, and/or child(ren). 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 through Capital Blue Cross 100% Employer Paid -- Employees Only

This benefit is provided to employees electing medical coverage.Coverage is not available for any dependents.

Your benefits just got better

A more personalized way to do health insurance

What Is An HRA?

An HRA (health reimbursement arrangement) is a tax-advantaged benefit that enables employers like yours to reimburse employees tax-free for health insurance premiums. Employers set an allowance, employees choose the plan that fits their needs, submits claims, and then employers reimburse you.

Easy, Secure, Stress-free

- ✓ HIPAA Compliant
- ✓ Quality coverage (includes pre-existing conditions)
- ✓ Works with all major medical plans

Now you can sign up for the health plan that works for your needs, your doctors, and your prescriptions!

- ✓ **Buy Individual Insurance**
Shop for the individual insurance plan that best fits your needs and budget

- \$ **Get Reimbursed**
Every month, your employer will reimburse you for the predetermined amount

The way HRAs work is pretty simple

- ✓ Sign up for an HRA compatible health plan with help from dedicated Enrollment Navigators
- ✓ Submit proof of coverage on the Take Command Health platform
- ✓ Set up a recurring claim for your monthly premium
- ✓ Get reimbursed on your paycheck up to the set amount each month

Why Take Command

Your personal benefits navigator at Take Command Health is here to help you shop for an HRA-compliant plan, calculate premium tax credits, answer questions, and make the most of your benefit.

Health Insurance 101

An overview of the terms you will see while shopping

What Your Plan Costs

What You Pay	Description	Example
PREMIUM	The monthly cost of the plan	\$200 a month
COPAY	A fixed amount for care	\$25 for a doctor visit
DEDUCTIBLE	For things without a copay, you have to pay this amount first before insurance pays	If your plan has a \$1,000 deductible, you'll pay the first \$1,000 each year
COINSURANCE	The percentage you pay after the deductible	If your bill after your deductible is \$100 & your coinsurance is 20%, you pay \$20
MAX-OUT OF-POCKET	The most you'll pay in one year. After you reach this amount, insurance pays everything	If your annual max is \$1,000 and you get a bill for \$1M, you pay \$1,000 & nothing more

What Your Plan Covers



NO COST PREVENTATIVE CARE

Things like annual OBGYN visits, screening tests & immunizations are covered at no costs to you.



FORMULARY

A list of prescription drugs your health plan covers & their cost to you.

Other Plan Features

HDHP

A High Deductible Health Plan offers lower premiums but has a higher deductible. They are a great way to save money if you're relatively healthy and protect yourself from serious injuries & illnesses.

HSA

A Health Savings Account is a bank account that allows users to pay medical bills tax-free. HSAs only work with HDHPs.

What Doctors are Included

PROVIDER NETWORK

Most insurance plans have a specific group of doctors you can see called a Provider Network. There are 4 major network types. Understanding the network type & making sure your doctor is "in network" are important for saving money.

	Most Flexible		Most Affordable	
Types of Networks Tip: Find the most affordable network with your doctors.	PPO Preferred Provider Organization	EPO Exclusive Provider Organization	POS Point-of-Service	HMO Health Maintenance Organization
Primary Care Physician (PCP) required	NO	SOMETIMES	YES	YES
Referral required to see a specialist	NO	NO	SOMETIMES	YES
"In-network" benefits	YES	YES	YES	YES
Non-emergency "out-of-network" benefits	YES	NO	YES	NO
Emergency coverage	YES	YES	YES	YES

Capital Blue Cross Dental Community Services Group



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.

HIGHLIGHTS	Member Cost-Sharing
NETWORK: Capital Blue Cross Dental PPO Preferred	
DEDUCTIBLE	
Per benefit period*	None
BENEFIT PERIOD PROGRAM MAXIMUM	
When the program maximum is reached, the Member pays 100% until the end of the benefit period	\$1,500 per member per benefit period
DIAGNOSTIC AND PREVENTIVE	
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"> Periapical X-rays as required Bitewing X-rays twice in twelve months Full Mouth or Panoramic X-rays once in three years 	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
BASIC SERVICES	
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%
MAJOR SERVICES	
Major Restorative (crowns, inlays, onlays)	50%
Repair and adjustment of crowns, dentures and bridges	20%
Prosthodontics <ul style="list-style-type: none"> Procedures for replacement of missing teeth by construction of bridges and partial or complete dentures; prosthetic replacement limited to once in five years Implant surgical placement and removal; implant supported prosthetics 	50%
ORTHODONTICS	
Orthodontic Treatment (procedure for straightening teeth)	50%
ORTHODONTICS LIFETIME MAXIMUM	
Lifetime maximum per dependent	\$1,000

In-Network providers agree to accept our allowance as payment in full—often less than their normal charge. If you visit an Out-of-Network provider, you are responsible for paying the deductible, coinsurance and the difference between the Out-of-Network provider's charges and the allowed 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: Dental Claims Processing Center; PO Box 211424; Eagan, MN 55121.

Electronic claims may be submitted using Payor ID CBC01.

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

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HIGHLIGHTS	PLAN ALLOWANCES	
Benefit frequencies are based on date of service	In-network Providers	Out-of-network Providers
EXAMINATION Under 19 years old once every 12 months; 19 and over once every 24 months	100%	\$32
FRAMES ¹ Under 19 years old once every 12 months; 19 and over once every 24 months	\$60 plus 30% off the retail balance ²	\$24
EYEGLASS LENSES (per pair) ^{1 & 3} 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
CONTACT LENSES ^{1 & 3} 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 ^{2 & 4}	\$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 ^{2 & 4}	\$48
Medically necessary (per pair)	100%	\$200
CONTACT LENS FITTING & FOLLOW UP 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

¹ 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 Capital Blue Cross Vision for materials, not Lens Options.

Doctors affiliated with Walmart/Sam's Club are not Walmart employees; therefore, participation for exams varies.

² Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the Capital Blue Cross Vision program. Discounted amounts may vary and may not be honored at all optical retailers.

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

⁴ Retail discounts do not apply to Contact Fill.

VALUE ADDED DISCOUNTS⁵

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

LENS OPTIONS AND ADDITIONAL SERVICES	MEMBER RESPONSIBILITY	LENS OPTIONS AND ADDITIONAL SERVICES	MEMBER RESPONSIBILITY
Solid Tint	\$10	Progressives – Tier 1	\$50
Fashion / Gradient Tint	\$12	Progressives – Tier 2	\$80
Standard Scratch-Resistant Coating	\$10	Progressives – Tier 3	\$100
Ultraviolet Coating	\$12	Progressives – Tier 4	\$120
Glass Photogrey	\$20 (SV); \$30 (bifocal/trifocal)	Progressives – Tier 5	\$140
Polarized	\$75	Progressives – Tier 6	\$165
Anti-Reflective Coatings – Tier 1	\$40	Progressives – Tier 7	\$190
Anti-Reflective Coatings – Tier 2	\$50	Progressives – Tier 8	20% discount off U&C
Anti-Reflective Coatings – Tier 3	\$65	Blue Blockers	Standard \$40, Premium \$60, Ultra \$150
Anti-Reflective Coatings – Tier 4	\$80	High Index	\$55
Anti-Reflective Coatings – Tier 5	20% discount off U&C	Retinal Imaging	\$39
Polycarbonate Standard Lenses (age 19 and older)	\$25 (SV); \$30 (bifocal/trifocal)	Additional supplies (excluding contact lenses)	20% discount off U&C
Blended Bifocal (Segment)	\$30	Transitions	\$65 (SV); \$70 (bifocal/trifocal)
LASIK SURGERY	Retail Discount		

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Additional Employee Benefits



Paid Time Off (PTO)

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 24-29 Hours Green/Blue Benefit	
Years of Service	Maximum Annual Accrual
New Hire	60 hrs.
Start of 3rd Year	64 hrs.
Start of 5th Year	68 hrs.
Start of 10th Year	72 hrs.
Start of 15th Year	76 hrs.
Start of 20th Year	80 hrs.

Part-Time 16-23 Hours Green/Blue Benefit	
Years of Service	Maximum Annual Accrual
New Hire	40 hrs.
Start of 3rd Year	42 hrs.
Start of 5th Year	44 hrs.
Start of 10th Year	46 hrs.
Start of 15th Year	48 hrs.
Start of 20th Year	50 hrs.

Other Paid Leaves

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 any remaining PTO. 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 480 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](#)).

PARENTAL LEAVE

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

BEREAVEMENT 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 under 26 years of age).

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

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 employees in a scheduled hours position categorized as Executive Level Managers, First/Mid - levels managers or a 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.

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

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. Visit www.myStrength.com and click on "Sign-up." Enter the following Access Code: CSGEE (if an Employee) or CSGFAM (if a family member) and complete the myStrength sign-up process with a brief Wellness Assessment and personal profile. Go Mobile! Using the access code above, get the myStrength app for iOS and Android devices at www.mystrength.com/mobile

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 \$0.625 per mile.

DIRECT DEPOSIT

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

CSG RETIREE BENEFIT

CSG values the service of long term employees who have decided to retire from CSG. To reward employees for their years of service and to support them in retirement, CSG will provide a financial stipend to long-term retiring employees to support the purchase of Medicare Supplemental insurance. Employees, 62 years of age or older, who have worked for CSG for twenty years scheduled 30 or more hours per week are eligible for an annual payment of \$2,000. This benefit will last for three years.

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



Flexible Spending Accounts (Through Flores)

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. Money contributed to an FSA must be used during that plan year and can not be carried over to the next year.

MEDICAL CARE SPENDING ACCOUNTS

This account allows you to pay for unreimbursed medical, dental, and vision expenses. Remember this money is not subject to taxes. By participating in the FSA, you will 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. 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.

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!

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
Net Take Home Pay	\$27,180
Out of Pocket Health Care Costs	-2,400
Spendable Income After Health Care Costs	\$24,780
With Health Care FSA	
Gross Pay	\$36,000
Pre-Tax Health Care Deduction	-\$2,400
Taxable Pay	\$33,600
Taxes @23.8%	-\$7,997
Spendable Income After Health Care Costs	\$25,603
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.	

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. Employees can contribute up to the IRS contribution limit of \$20,500 for the calendar year. Employees age 50 or over may also contribute an additional \$6,500 as a catch contribution.



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	Savings 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 eligible 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 opt-out or elect a deferral percentage of their choice. 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.

Contact Information

GROUP HEALTH/BENEFIT	CARRIER	WEBSITE	TELEPHONE
ICHRA	Take Command	www.takecommandhealth.com	214-224-0990
Dental	Capital Blue Cross	www.capbluecross.com	800.541.3742
Vision	Capital Blue Cross	www.e-nva.com	800.541.3742
401K	Fulton Financial Services	www.fultonfinancialadvisors.com	800.452.4190
Basic Life/Life A&D Supplemental Life Long Term Disability	The Hartford	www.thehartford.com	800.523.2233
FSA/Dependent Care	Flores	www.flores247.com	800.532.3327
EAP	CSG	EAP	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.