

Group Health and Benefits Information

2020



COMMUNITY
SERVICES GROUP

A Network of Services. A World of Possibilities.





COMMUNITY SERVICES GROUP

Group Health and Benefits Information

2020

Dear Employees,

As we plan for our health and wellness initiatives in 2020, I am reminded of how hard every person at CSG has worked in the last year to implement new processes and systems that will make our organization healthier, stronger, and more ready for future challenges and opportunities. It is the care and time that each of you give that makes it possible for us to make tremendous positive changes for the health of our organization. Thank you.

My hope is that you will use the benefits and resources outlined in this guide to give time and care to yourself and your wellbeing. Our goal is to make sure that every single employee has access to tools and resources that can help you feel great and experience a better quality of life. You devote so many hours and so much energy to taking care of others, and I feel it is vitally important for all of us to stay strong and find joy in our work. And that starts with taking care of ourselves.

This benefits summary is full of information about different tools designed to help every CSG employee find their path to experiencing whole person wellness. We have a team of Wellness Champions that can help you to navigate the benefits offered and understand what options are available to you and how to use them. That could be using your paid time off (PTO) or sick leave, contributing to your 401(k) with company match, applying for tuition assistance, volunteering in our community, or submitting for reimbursement for a wellness resource in your personal life. Wellness champions can also assist you with reviewing and selecting the Capital Blue Cross insurance plans available to you and your family. We work hard to continually improve coverage and offer the best possible insurance plans at an affordable employee contribution rate. Webinars about each domain of wellness and healthy living are provided by Capital Blue Cross and are available to all employees, regardless of whether you are enrolled in an insurance plan offered through CSG.

The Wellness Champions are located throughout our locations. Their names and contact information can be found on the wellness page of CSG Connect. Please take the time to read through these benefits and reach out to the Payroll / Benefits team via the Helpdesk or ext. 50012 or to a Wellness Champion in your area with any questions.

I am awed by and grateful for the amount of yourselves that you give every day to your work, to CSG, and to the individuals we serve. Because of that, making sure you have access to quality care and good benefits is extremely important to me and to our leadership team. Thank you for all that you do, and I look forward to a continued journey in health and wellness with all of you in 2020.

Sincerely,

Susan C. Blue

President and CEO

See What's Inside...

-Group Health Plans p. 1-16

- Group Health Plan Benefits p. 2
- Bronze Plan p.3-4
- Gold Plan p.5-6
- Dental p.7
- Vision p.8
- Wellness Resources p. 9
- "Services and Support for your Health" p.10-11
- "Join Blue365" p.12
- "Choose the Best Source for your Care" p.13-14
- "Virtual Care" p.15-16

-Benefits p.16-21

- PTO p.17
- Life Insurance p.18
- Wellness/Additional Benefits p.19
- Spending Accounts p.20
- 401K Plan p.21

-Contact Info p.22



Group Health Plans

Group Health Plans



For information on Capital BlueCross please visit 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.

Employee Rates per Pay	2020 Employee Contributions for Medical Plan Benefits		2020 Contribution for Healthy Rewards (HR) Participants**	
	Bronze	Gold	Bronze HR	Gold HR
Employee	\$65.00	\$82.00	\$43.00	\$60.00
Employee & Child(ren)	\$113.00	\$142.00	\$91.00	\$120.00
Employee & Spouse/Domestic Partner*	\$147.00	\$227.00	\$125.00	\$205.00
Employee & Family*	\$195.00	\$287.00	\$173.00	\$265.00

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

** See Healthy Rewards Participant Results 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.

BENEFIT HIGHLIGHTS
Bronze Plan
Community Services Group

This information is not a contract, but highlights some of the benefits available to you 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 (also known as "benefit booklet"). Refer to your benefit booklet for complete details.

YOUR MEDICAL PLAN SUMMARY OF COST SHARING		
	Member Responsibilities	
	If provider is participating	If provider is nonparticipating
 Deductible (per benefit period)	\$1,500 per member \$3,000 per family	\$5,000 per member \$10,000 per family
 Coinsurance (percentage you pay after your deductible is met)	50% coinsurance	50% coinsurance
 Out-of-Pocket Maximum (The most you pay per benefit period, after which benefits are paid at 100%. This 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
Office Visit / Urgent Care / Emergency Room Copayments		
 Virtual Visits (performed through our Virtual Care tool or an approved virtual visit with a participating provider)	No charge	Not covered
Office Visits (performed by a family practitioner, general practitioner, internist, pediatrician or participating retail clinic)	\$25 copayment per visit	50% coinsurance after deductible
Specialist Office Visits	\$40 copayment per visit	50% coinsurance after deductible
Urgent Care Services	\$40 copayment per visit	50% coinsurance after deductible
Emergency Room	\$200 copayment per visit, waived if admitted	
Preventive Care		
Pediatric and Adult Preventive Care	No charge	50% coinsurance after deductible
Screening Gynecological Exam and Pap Smear (one per benefit period)	No charge	50% coinsurance, waive deductible
Screening Mammogram (one per benefit period)	No charge	50% coinsurance, waive deductible
Diagnostic Mammogram	No charge	50% coinsurance after deductible
Facility / Surgical Services		
Inpatient Hospital Room and Board	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
Acute Inpatient Rehabilitation (60 days per benefit period)	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
Maternity Services and Newborn Care	50% coinsurance after deductible	50% coinsurance after deductible
Surgical Procedure and Anesthesia (professional charges)	30% coinsurance after deductible	50% coinsurance after deductible
 Outpatient Surgery at Ambulatory Surgical Center (facility charge only)	30% coinsurance after deductible	Not covered
Outpatient Surgery at Acute Care Hospital (facility charge only)	30% coinsurance after deductible	50% coinsurance after deductible
Diagnostic Services		
High Tech Imaging (such as MRI, CT, PET) (facility charges)	\$250 copayment/service after deductible	50% coinsurance after deductible
High Tech Imaging (such as MRI, CT, PET) (professional charges)	No charge	50% coinsurance after deductible
Radiology (other than high tech imaging) (facility charges)	\$150 copayment/service after deductible	50% coinsurance after deductible
Radiology (other than high tech imaging) (professional charges)	No charge	50% coinsurance after deductible
 Independent Laboratory	No charge	50% coinsurance after deductible
Facility-owned Laboratory (i.e. Health System owned)	\$100 copayment/visit after deductible	50% coinsurance after deductible
Therapy Services (Rehabilitative and Habilitative Services)		
Physical Therapy (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
Occupational Therapy (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
Speech Therapy (12 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
Respiratory Therapy (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
Manipulation Therapy (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
Acupuncture	Not covered	Not covered

Mental Health (MH) and Substance Use Disorder Services (SUD)		
MH Inpatient Services	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
MH Outpatient Services	\$25 copayment per visit	50% coinsurance after deductible
SUD Detoxification Inpatient	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
SUD Rehabilitation Outpatient	\$25 copayment per visit	50% coinsurance after deductible
Additional Services		
Home Health Care Services (90 visits per benefit period)	50% coinsurance after deductible	50% coinsurance after deductible
Durable Medical Equipment and Supplies	50% coinsurance after deductible	50% coinsurance after deductible
Prosthetic Appliances	50% coinsurance after deductible	50% coinsurance after deductible
Orthotic Devices	50% coinsurance after deductible	50% coinsurance after deductible

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. An independent licensee of the BlueCross BlueShield Association.

COST SHARING FOR PRESCRIPTION DRUGS DOES NOT APPLY TO THE MEDICAL DEDUCTIBLE SHOWN ON PAGE 1


YOUR PRESCRIPTION DRUG SUMMARY OF COST-SHARING

	Member Responsibilities		
	If provider is participating	If provider is nonparticipating	
Deductible (per benefit period) applies to Brand Preferred and Brand Non-Preferred Drugs obtained at a Retail Pharmacy	\$250 per member \$500 per family	Not covered	
	Retail Pharmacy (up to a 30 day supply)	Home Delivery (up to a 90 day supply)	Specialty Pharmacy (up to a 30 day supply)
Prescription Drug Tier			
Generic Preferred	\$0 copayment	\$0 copayment	\$0 copayment
Generic Nonpreferred	\$0 copayment	\$0 copayment	\$0 copayment
Brand Preferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum
Brand Nonpreferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum
Contraceptives* (self-administered)			
Generic	\$0 copayment	\$0 copayment	Not covered
Select Brands (no generic equivalent available)	\$0 copayment	\$0 copayment	Not covered
Brand Preferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	Not covered
Brand Nonpreferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	Not covered
Additional Pharmacy Benefits/Details			
Network (for Specialty Pharmacy information please refer to the Guide to Rx Benefits at www.capbluecross.com)	Broad Plus		
Formulary	Advantage		
\$0 Preventive Rx Coverage	No charge		
Generic Substitution Program	Mandatory Generic Substitution – 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) <u>regardless</u> of whether the prescribing physician requests that the brand drug be dispensed.		

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.







*Certain preventive contraceptives are required to be covered at no cost to you when filled at a participating pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

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.

 Voice activated paper.

Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

This information is not a contract, but highlights some of the benefits available to you 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 (also known as "benefit booklet"). Refer to your benefit booklet for complete details.

YOUR MEDICAL PLAN SUMMARY OF COST SHARING		
	Member Responsibilities	
	If provider is participating	If provider is nonparticipating
 Deductible (per benefit period)	\$750 per member \$1,500 per family	\$4,000 per member \$8,000 per family
 Coinsurance (percentage you pay after your deductible is met)	10% coinsurance	30% coinsurance
 Out-of-Pocket Maximum (The most you pay per benefit period, after which benefits are paid at 100%. This 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
Office Visit / Urgent Care / Emergency Room Copayments		
 Virtual Visits (performed through our Virtual Care tool or an approved virtual visit with a participating provider)	No charge	Not covered
Office Visits (performed by a family practitioner, general practitioner, internist, pediatrician or participating retail clinic)	\$25 copayment per visit	30% coinsurance after deductible
Specialist Office Visits	\$40 copayment per visit	30% coinsurance after deductible
Urgent Care Services	\$40 copayment per visit	30% coinsurance after deductible
Emergency Room	\$200 copayment per visit, waived if admitted	
Preventive Care		
Pediatric and Adult Preventive Care	No charge	30% coinsurance after deductible
Screening Gynecological Exam and Pap Smear (one per benefit period)	No charge	30% coinsurance, waive deductible
Screening Mammogram (one per benefit period)	No charge	30% coinsurance, waive deductible
Diagnostic Mammogram	No charge	30% coinsurance after deductible
Facility / Surgical Services		
Inpatient Hospital Room and Board	10% coinsurance after deductible	50% coinsurance after deductible
Acute Inpatient Rehabilitation (60 days per benefit period)	10% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	10% coinsurance after deductible	50% coinsurance after deductible
Maternity Services and Newborn Care	10% coinsurance after deductible	30% coinsurance after deductible
Surgical Procedure and Anesthesia (professional charges)	10% coinsurance after deductible	30% coinsurance after deductible
 Outpatient Surgery at Ambulatory Surgical Center (facility charge only)	10% coinsurance after deductible	Not covered
Outpatient Surgery at Acute Care Hospital (facility charge only)	10% coinsurance after deductible	50% coinsurance after deductible
Diagnostic Services		
High Tech Imaging (such as MRI, CT, PET) (facility charges)	\$250 copayment/service after deductible	30% coinsurance after deductible
High Tech Imaging (such as MRI, CT, PET) (professional charges)	No charge	30% coinsurance after deductible
Radiology (other than high tech imaging) (facility charges)	\$150 copayment/service after deductible	30% coinsurance after deductible
Radiology (other than high tech imaging) (professional charges)	No charge	30% coinsurance after deductible
 Independent Laboratory	No charge	30% coinsurance after deductible
Facility-owned Laboratory (i.e. Health System owned)	\$100 copayment/service after deductible	30% coinsurance after deductible
Therapy Services (Rehabilitative and Habilitative Services)		
Physical Therapy	\$40 copayment per visit	30% coinsurance after deductible
Occupational Therapy (12 visits per benefit period)	\$40 copayment per visit	30% coinsurance after deductible
Speech Therapy (12 visits per benefit period)	\$40 copayment per visit	30% coinsurance after deductible
Respiratory Therapy (30 visits per benefit period)	\$40 copayment per visit	30% coinsurance after deductible
Manipulation Therapy	\$40 copayment per visit	30% coinsurance after deductible
Acupuncture	Not covered	Not covered

Mental Health (MH) and Substance Use Disorder Services (SUD)		
MH Inpatient Services	10% coinsurance after deductible	30% professional and 50% facility coinsurance after deductible
MH Outpatient Services	\$25 copayment per visit	30% professional and 50% facility coinsurance after deductible
SUD Detoxification Inpatient	10% coinsurance after deductible	30% professional and 50% facility coinsurance after deductible
SUD Rehabilitation Outpatient	\$25 copayment per visit	30% professional and 50% facility coinsurance after deductible
Additional Services		
Home Health Care Services	10% coinsurance after deductible	30% coinsurance after deductible
Durable Medical Equipment and Supplies	10% coinsurance after deductible	30% coinsurance after deductible
Prosthetic Appliances	10% coinsurance after deductible	30% coinsurance after deductible
Orthotic Devices	10% coinsurance after deductible	30% coinsurance after deductible

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. An independent licensee of the BlueCross BlueShield Association.

COST SHARING FOR PRESCRIPTION DRUGS DOES NOT APPLY TO THE MEDICAL DEDUCTIBLE SHOWN ON PAGE 1


YOUR PRESCRIPTION DRUG SUMMARY OF COST-SHARING

	Member Responsibilities		
	If provider is participating	If provider is nonparticipating	
Deductible (per benefit period) applies to Brand Preferred and Brand Non-Preferred Drugs obtained at a Retail Pharmacy	\$250 per member \$500 per family	Not covered	
	Retail Pharmacy (up to a 30 day supply)	Home Delivery (up to a 90 day supply)	Specialty Pharmacy (up to a 30 day supply)
Prescription Drug Tier			
Generic Preferred	\$0 copayment	\$0 copayment	\$0 copayment
Generic Nonpreferred	\$0 copayment	\$0 copayment	\$0 copayment
Brand Preferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum
Brand Nonpreferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum
Contraceptives* (self-administered)			
Generic	\$0 copayment	\$0 copayment	Not covered
Select Brands (no generic equivalent available)	\$0 copayment	\$0 copayment	Not covered
Brand Preferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	Not covered
Brand Nonpreferred	30% coinsurance with \$250 maximum	30% coinsurance with \$250 maximum	Not covered
Additional Pharmacy Benefits/Details			
Network (for Specialty Pharmacy information please refer to the Guide to Rx Benefits at www.capbluecross.com)	Broad Plus		
Formulary	Advantage		
\$0 Preventive Rx Coverage	No charge		
Generic Substitution Program	Mandatory Generic Substitution – 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.		

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.

*Certain preventive contraceptives are required to be covered at no cost to you when filled at a participating pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

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.

 Voice activated paper.

Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

HIGHLIGHTS	Member Cost-Sharing
NETWORK: BlueCross 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

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
VISION 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

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.

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

² 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 DISCOUNTS⁴

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 ⁵	\$50
Premium Progressive Lenses ⁵	\$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
LASIK SURGERY	Retail Discount

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.

VALUE ADDED PLUS ⁴

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

SERVICE AND MATERIALS	Member cost
VISION EXAMINATION	Balance after \$10 Discount
FRAMES	35% off retail
EYEGLASS LENSES (per pair)	
Single Vision Standard Lenses	\$35
Bifocal Standard Lenses	\$55
Trifocal Standard Lenses	\$70
Aphakic/Lenticular Standard Lenses	\$70
CONTACT LENSES⁶	
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
LENS OPTIONS	
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 ⁵	\$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.

⁴Value 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.

⁵Fixed discounted pricing is not available on all brands.

⁶Retail 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 Blue Cross Wellness Resources	For information on Capital Blue Cross please visit www.capbluecross.com
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 SM 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

Capital BLUE 

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!**

Capital BLUE 



[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.

Capital Blue is brought to you by Capital BlueCross. Capital BlueCross and its subsidiaries Capital Advantage Assurance Company®, Capital Advantage Insurance Company® and Keystone Health Plan® Central are independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations.



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 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:

LasikPlus+
Imagine your life in focus

fitness your way
by Tivity Health

Fairmont
HOTELS & RESORTS

jenny
CRAIG

Reebok

Blue365®

Because health is a big deal™

Capital BLUE 

©2000-2017 BlueCross BlueShield Association – All Rights Reserved. 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. Capital BlueCross is an independent licensee of the BlueCross BlueShield Association. 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 your local Blue Company, its contracts with Medicare, or any other applicable federal healthcare program.

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 CareConnectSM plans, Individual HMO plans, and BlueJourney HMO plans.

Capital BLUE 

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 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 | 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.

Capital BLUE

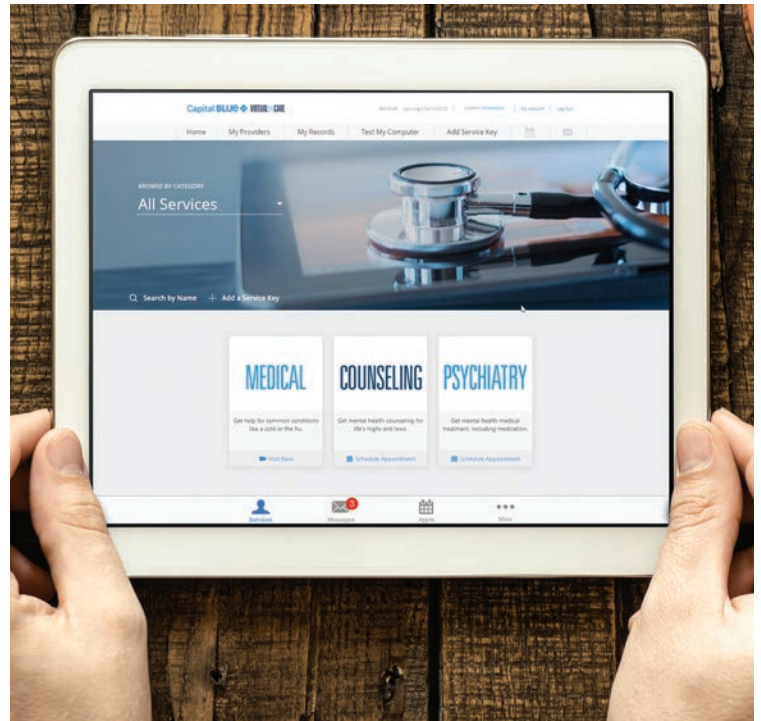
VIRTUAL CARE

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">• Abdominal pain• Bronchitis and other respiratory infections• Flu• Pink eye• Strep throat	<ul style="list-style-type: none">• Anxiety• Bereavement and grief• Depression• LGBTQ counseling• Trauma	<ul style="list-style-type: none">• Anxiety disorders• Anorexia/bulimia• Bipolar disorder• Obsessive compulsive disorder• Post traumatic stress disorder
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

Capital BLUE 



capbluecross.com



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 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.

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 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

For additional information and/or to enroll contact the payroll/benefits team or the Life/Voluntary Insurance at: 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
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 and personal profile.
5. 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 \$.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. Money contributed to an FSA must be used during that plan year and cannot be carried over to the next year.

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: <https://drive.google.com/file/d/1ks1F4402LM2SUEmaGtyJI4FCjFk6lHH/view>. 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
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.	

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. Employees can contribute up to the IRS contribution limit of \$19,500 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	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.

CONTACT INFORMATION

GROUP HEALTH/BENEFIT	CARRIER	WEBSITE	TELEPHONE
Gold/Bronze PPO	Capital Blue Cross	www.capbluecross.com	800.541.3742
Prescriptions	CVS Caremark	www.capbluecross.com	800.552.8159
Dental	Capital Blue Cross	www.capbluecross.com	800.541.3742
Vision	Capital Blue Cross	www.e-nva.com	800.541.3742
Behavioral Health	Capital Blue Cross	www.capbluecross.com	866.322.1657
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	Corporate Coverage	https://secure.myrsc.com/	410.823.HELP (4357)
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.