

# Group Health and Benefits Information



COMMUNITY  
SERVICES GROUP  
*A Network of Services. A World of Possibilities.*



# 2021





Dear Employees,

Over the past year, we have experienced disruption and uncertainty with regards to public health, personal wellness and service delivery, inherently reminding us of how vitally important our health and wellness are. While we are proud to offer a CSG benefits package that is both comprehensive and competitive, I also recognize and admire the way all of you have not just survived but thrived during these times. I thank you for playing an active role in your own health and the health of our company. Through 2020, the Executive Leadership Team and Medical Advisory Team increased our communications with all employees by posting updates, policies, resources and tips on CSG Connect. While we know the value of sharing important and timely information, we are thankful and appreciative of all of the employee comments, responses and feedback. The information received from employees impacted our decisions to adjust our policies and benefits package. We continue to be proud and impressed with the strength, kindness and resilience of CSG employees.

As we move forward into 2021, we are proud to be able to offer quality health insurance packages through Capital Blue Cross with no increase to your employee contribution or deductibles. We will also continue to provide resources on personal wellness through programs, activities and Wellness Wednesday posts to CSG Connect. We take pride in offering these resources and benefits to support a company culture of holistic health. Our Medical Advisory Team will continue to meet and share expertise on how to best protect ourselves, our loved ones and the individuals we serve through regular updates to our planning, screening and testing protocols for COVID-19. The Pandemic Sick Leave policy will also be regularly reviewed to ensure that it is reflecting the needs of the current environment. Whether it is wellness plans, EAP, paid time off or 401k with Company match, we will continue to adapt and create new opportunities for each of you to take charge of feeling your best. Your role and responsibility in using your benefits to their maximum potential can make a significant difference in your overall quality of life. We provide a wide array of benefits in hopes that you will get involved and find your personal journey to health and wellness. We have technology, champions and partner companies to help you on your way. But it all starts with you. Thank you for the strength and dedication you have brought to CSG in 2020. And we look forward to a new year, new health and new opportunities that we will create together in 2021.

Sincerely,

Susan C. Blue

President and CEO

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# Group Health Plans



## Medical Plan Benefits



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

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	2021 Employee Contributions for Medical Plan Benefits		2021 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

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## 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

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

This benefit is provided to employees electing medical coverage.

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 in-network	If provider is out-of-network
 <b>Deductible</b> (per benefit period)	\$1,500 per member \$3,000 per family	\$5,000 per member \$10,000 per family
 <b>Coinsurance</b> (percentage you pay after your deductible is met)	50% coinsurance	50% coinsurance
 <b>Out-of-Pocket Maximum</b> (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 in-network providers only.)	\$4,000 per member \$8,000 per family	\$10,000 per member \$20,000 per family
<b>Office Visit / Urgent Care / Emergency Room Copayments</b>		
 <b>Virtual Visits</b> – delivered via the Capital BlueCross Virtual Care platform	No charge	Not covered
<b>Office Visits and Consultations (In-person &amp; Telehealth)</b> - performed by a family practitioner, general practitioner, internist, pediatrician or in-network retail clinic	\$25 copayment per visit	50% coinsurance after deductible
<b>Specialist Office Visits (In-person, Telehealth)</b>	\$40 copayment per visit	50% coinsurance after deductible
<b>Urgent Care Services</b>	\$40 copayment per visit	50% coinsurance after deductible
<b>Emergency Room</b>	\$200 copayment per visit, waived if admitted	
<b>Preventive Care</b>		
<b>Pediatric and Adult Preventive Care</b>	No charge	50% coinsurance after deductible
<b>Screening Gynecological Exam and Pap Smear</b> (one per benefit period)	No charge	50% coinsurance, waive deductible
<b>Screening Mammogram</b> (one per benefit period)	No charge	50% coinsurance, waive deductible
<b>Diagnostic Mammogram</b>	No charge	50% coinsurance after deductible
<b>Facility / Surgical Services</b>		
<b>Inpatient Hospital Room and Board</b>	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
<b>Acute Inpatient Rehabilitation</b> (60 days per benefit period)	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
<b>Skilled Nursing Facility</b> (100 days per benefit period)	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
<b>Maternity Services and Newborn Care</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Surgical Procedure and Anesthesia</b> (professional charges)	30% coinsurance after deductible	50% coinsurance after deductible
 <b>Outpatient Surgery at Ambulatory Surgical Center</b> (facility charge only)	30% coinsurance after deductible	Not covered
<b>Outpatient Surgery at Acute Care Hospital</b> (facility charge only)	30% coinsurance after deductible	50% coinsurance after deductible
<b>Diagnostic Services</b>		
<b>High Tech Imaging</b> (such as MRI, CT, PET)	\$250 copayment after deductible	50% coinsurance after deductible
<b>Radiology</b> (other than high tech imaging)	\$150 copayment after deductible	50% coinsurance after deductible
 <b>Independent Laboratory</b>	No charge	50% coinsurance after deductible
<b>Facility-owned Laboratory</b> (i.e. Health System owned)	\$100 copayment after deductible	50% coinsurance after deductible
<b>Therapy Services (Rehabilitative and Habilitative Services)</b>		
<b>Physical Therapy</b> (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
<b>Occupational Therapy</b> (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
<b>Speech Therapy</b> (12 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
<b>Respiratory Therapy</b> (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
<b>Manipulation Therapy</b> (20 visits per benefit period)	\$40 copayment per visit	50% coinsurance after deductible
<b>Acupuncture</b>	Not covered	Not covered
<b>Mental Health (MH) and Substance Use Disorder Services (SUD)</b>		
<b>MH Inpatient Services</b>	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
<b>MH Outpatient Services</b>	\$25 copayment per visit	50% coinsurance after deductible
<b>SUD Detoxification Inpatient</b>	\$500 inpatient copayment/day, then no charge	50% coinsurance after deductible
<b>SUD Rehabilitation Outpatient</b>	\$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 in-network	If provider is out-of-network	
<b>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	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)
<b>Prescription Drug Tier</b>			
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	Not covered	Not covered	Not covered
<b>Contraceptives* (self-administered)</b>			
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	Not covered	Not covered	Not covered
<b>Additional Pharmacy Benefits/Details</b>			
<b>Network</b> (for Specialty Pharmacy information please refer to the Guide to Rx Benefits at <a href="http://www.capbluecross.com">www.capbluecross.com</a> )	Broad Plus		
<b>Formulary</b>	Value Plus		
<b>\$0 Preventive Rx Coverage</b>	No charge		
<b>Generic Substitution Program</b>	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 an in-network pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

In-network providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit an out-of-network provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's or out-of-network pharmacy's charges and the allowed amount. Out-of-network providers may balance bill the member. Some out-of-network facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to out-of-network 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.



**BENEFIT HIGHLIGHTS**
**Gold 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 in-network	If provider is out-of-network
 <b>Deductible</b> (per benefit period)	\$750 per member \$1,500 per family	\$4,000 per member \$8,000 per family
 <b>Coinsurance</b> (percentage you pay after your deductible is met)	10% coinsurance	30% coinsurance
 <b>Out-of-Pocket Maximum</b> (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 in-network providers only.)	\$3,000 per member \$6,000 per family	\$3,000 per member \$6,000 per family
<b>Office Visit / Urgent Care / Emergency Room Copayments</b>		
 <b>Virtual Visits</b> – delivered via the Capital BlueCross Virtual Care platform	No charge	Not covered
<b>Office Visits and Consultations (In-person &amp; Telehealth)</b> - performed by a family practitioner, general practitioner, internist, pediatrician or in-network retail clinic	\$25 copayment per visit	30% coinsurance after deductible
<b>Specialist Office Visits (In-person &amp; Telehealth)</b>	\$40 copayment per visit	30% coinsurance after deductible
<b>Urgent Care Services</b>	\$40 copayment per visit	30% coinsurance after deductible
<b>Emergency Room</b>	\$200 copayment per visit, waived if admitted	
<b>Preventive Care</b>		
<b>Pediatric and Adult Preventive Care</b>	No charge	30% coinsurance after deductible
<b>Screening Gynecological Exam and Pap Smear</b> (one per benefit period)	No charge	30% coinsurance, waive deductible
<b>Screening Mammogram</b> (one per benefit period)	No charge	30% coinsurance, waive deductible
<b>Diagnostic Mammogram</b>	No charge	30% coinsurance after deductible
<b>Facility / Surgical Services</b>		
<b>Inpatient Hospital Room and Board</b>	10% coinsurance after deductible	50% coinsurance after deductible
<b>Acute Inpatient Rehabilitation</b> (60 days per benefit period)	10% coinsurance after deductible	50% coinsurance after deductible
<b>Skilled Nursing Facility</b> (100 days per benefit period)	10% coinsurance after deductible	50% coinsurance after deductible
<b>Maternity Services and Newborn Care</b>	10% coinsurance after deductible	30% coinsurance after deductible
<b>Surgical Procedure and Anesthesia</b> (professional charges)	10% coinsurance after deductible	30% coinsurance after deductible
 <b>Outpatient Surgery at Ambulatory Surgical Center</b> (facility charge only)	10% coinsurance after deductible	Not covered
<b>Outpatient Surgery at Acute Care Hospital</b> (facility charge only)	10% coinsurance after deductible	50% coinsurance after deductible
<b>Diagnostic Services</b>		
<b>High Tech Imaging</b> (such as MRI, CT, PET)	\$250 copayment after deductible	30% coinsurance after deductible
<b>Radiology</b> (other than high tech imaging)	\$150 copayment after deductible	30% coinsurance after deductible
 <b>Independent Laboratory</b>	No charge	30% coinsurance after deductible
<b>Facility-owned Laboratory</b> (i.e. Health System owned)	\$100 copayment after deductible	30% coinsurance after deductible
<b>Therapy Services (Rehabilitative and Habilitative Services)</b>		
<b>Physical Therapy</b>	\$40 copayment per visit	30% coinsurance after deductible
<b>Occupational Therapy</b> (12 visits per benefit period)	\$40 copayment per visit	30% coinsurance after deductible
<b>Speech Therapy</b> (12 visits per benefit period)	\$40 copayment per visit	30% coinsurance after deductible
<b>Respiratory Therapy</b> (30 visits per benefit period)	\$40 copayment per visit	30% coinsurance after deductible
<b>Manipulation Therapy</b>	\$40 copayment per visit	30% coinsurance after deductible
<b>Acupuncture</b>	Not covered	Not covered
<b>Mental Health (MH) and Substance Use Disorder Services (SUD)</b>		
<b>MH Inpatient Services</b>	10% coinsurance after deductible	30% professional and 50% facility coinsurance after deductible
<b>MH Outpatient Services</b>	\$25 copayment per visit	30% professional and 50% facility coinsurance after deductible
<b>SUD Detoxification Inpatient</b>	10% coinsurance after deductible	30% professional and 50% facility coinsurance after deductible
<b>SUD Rehabilitation Outpatient</b>	\$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

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## 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 in-network	If provider is out-of-network	
<b>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	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)
<b>Prescription Drug Tier</b>			
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	Not covered	Not covered	Not covered
<b>Contraceptives* (self-administered)</b>			
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	Not covered	Not covered	Not covered
<b>Additional Pharmacy Benefits/Details</b>			
<b>Network</b> (for Specialty Pharmacy information please refer to the Guide to Rx Benefits at <a href="http://www.capbluecross.com">www.capbluecross.com</a> )	Broad Plus		
<b>Formulary</b>	Value Plus		
<b>\$0 Preventive Rx Coverage</b>	No charge		
<b>Generic Substitution Program</b>	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 an in-network pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

In-network providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit an out-of-network provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's or out-of-network pharmacy's charges and the allowed amount. Out-of-network providers may balance bill the member. Some out-of-network facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to out-of-network 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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Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

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.**

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## 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

SERVICE AND MATERIALS	Member cost
VISION EXAMINATION	Balance after \$10 Discount
FRAMES	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

<b>Capital Blue Cross Wellness Resources</b>	For information on Capital Blue Cross please visit <a href="http://www.capbluecross.com">www.capbluecross.com</a>
<b>Care Management</b>	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.
<b>Nurse Line</b>	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
<b>Better Health Works <sup>SM</sup> Personal Profile</b>	Answer questions about yourself and the way you live and , based on the answers you provide, you will receive customized recommendations for your health situa- tion. Support is available to follow through on these recommendations and to make positive health changes.
<b>mycapbluecross.com</b>	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.
<b>Virtual Care</b>	With Virtual Care doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Access Virtual Care from your phone, tablet, or com- puter 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 <a href="http://virtualcarecbc.com">virtualcarecbc.com</a>
<b>Healthy Rewards</b>	Healthy Rewards is an exciting wellness initiative brought to us by Capital Blue Cross and Bravo. Through the voluntary 2020 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 2021 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



## 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](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™

## Capital BLUE

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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.





# 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.

## 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.

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# 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"><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

Capital **BLUE** 



capbluecross.com



# 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 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](#)).

### **PANDEMIC SICK LEAVE**

CSG recognizes that during a pandemic, employees who contract the virus will need additional paid days off from work to address his or her medical conditions. The Pandemic Sick Leave (PSL) Policy helps to provide income protection for employees who are testing for a Pandemic virus. (Refer to Policy [E.6.d.1](#))



# 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 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.

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)

## **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](http://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](http://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.

### **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 services 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 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 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 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/1ks1F4402LM2SUeMaqGtyJl4FCjFk6lHH/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.

### 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.

#### **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.



## 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	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 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.