



BENEFITS guide



2024

BENEFIT PLANS EFFECTIVE JANUARY 1-DECEMBER 31, 2024

At CCMC, we are invested in you. That’s why we’ve designed a benefits package that helps to support your total wellbeing—physically, emotionally, and financially.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2024 plan year (January 1–December 31, 2024). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

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Letter From the CEO

Dear Team,

I am pleased to share with you an overview of our 2024 Benefits Open Enrollment plan.

As you know, each year we evaluate our benefits programs and work to effectively manage costs, promote broader coverages and offer our team members various options from which to choose. Your well-being and overall health continue to contribute greatly to our success as a company.

As part of our Total Rewards strategy, we are excited to announce several benefits enhancements offering you new coverage options and improved carrier and service providers:

- *New Cigna* Dental Plan with an orthodontia buy up option, with no premium increases.
- *John Hancock*, our new 401K provider, includes a new three (3) year vesting schedule, lower fees, and better fund selections.
- *Superior Vision* plan enhancements to include increased coverage, with no premium increases.
- *HSA CCMC* contribution rate will go up \$200 for employee only coverage and \$400 for all other tiers.

We are also very excited to share that we will be adding three (3) new company Paid holidays: *Martin Luther King Day*, *Juneteenth*, and *Veteran's Day*, bringing our total company paid holidays to 12, plus the two floating holidays.

In addition, for two consecutive years, there will be no increase to medical premiums for those employees enrolled in the LocalPlus plans. We will continue to offer you the additional plan choices for broader network coverage, with options to access both in and out-of-network providers, specialists, and facilities under the Open Access Plan (OAP) plans.

Throughout 2023, we have continued our focus on wellness and offering biometrics screenings to help reduce costs of your health care plans to reward and encourage a healthy lifestyle. In 2024, we will continue our wellness journey and utilize our carrier, Cigna, to offer more wellness initiatives and provide options to earn rewards by participating in the Cigna MotivateMe Wellness Program.

We remain committed to providing you with the best possible coverage at the most reasonable rates.

Please contact People Operations at benefits@ccmcnet.com if you have any questions regarding our 2024 Benefits Plan.

Thank you for your continued commitment to CCMC and being such a valuable member of our team. We look forward to another year of health, wellness and success!

Sincerely,

Todd Davidson

Chief Executive Officer



Eligibility

You are eligible for the following benefits based on hours worked per week:

- **Medical, dental, vision, basic life and AD&D, supplemental life and AD&D, voluntary long-term disability, accident, critical illness, and hospital indemnity benefits:** If you are scheduled to work at least 30 hours per week, you are eligible for these benefits on the first day of the month following or coinciding with 60 days of employment.
- **Short-term disability benefits:** If you are scheduled to work at least 30 hours per week, you are eligible for employer-paid short-term disability benefits on the first day of the month following or coinciding with 12 months of employment.
- **401(k) retirement savings plan:** If you are a full-time employee who works at least 30 hours per week or a part-time employee who works 29 hours or less per week and at least 21 years of age and older, you are eligible for this benefit on the first day of the month following 60 days of employment.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse or domestic partner (who has lived with you for at least one year in a committed relationship), is at least 18 years of age, and is not a relative.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

Who Pays

Some benefits are 100% paid by CCMC, while others require that you contribute.

BENEFIT	You Pay	Post-Tax	CCMC Pays
Medical Insurance	X		X
Health Savings Account	X		X
Flexible Spending Accounts	X		
Voluntary Accident Insurance	X	X	
Voluntary Critical Illness Insurance	X	X	
Voluntary Hospital Indemnity Insurance	X	X	
Dental Insurance	X		X
Vision Insurance	X		
Emotional Wellbeing Solutions			X
Basic Life and AD&D Insurance			X
Supplemental Life and AD&D Insurance	X	X	
Short-Term Disability Insurance			X
Voluntary Long-Term Disability Insurance	X	X	
401(k) Retirement Savings Plan	X		X
Identity Theft Protection	X	X	
Pet Insurance	X	X	

Enrollment

You can only sign up for benefits or change your benefits at the following times.

- Before the first of the month after 60 days of joining CCMC as a new employee.
- During the annual benefits enrollment period.
- Within 30 days of a qualifying life event.

The choices you make at this time will remain in place through December 31, 2024, unless you experience a qualifying life event as described on page 6. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

How to Enroll

To enroll in benefits, log into workforcenow.adp.com and follow these steps:

1. Enter your User ID and Password, and then click "Sign In."
2. You will be asked questions regarding you and your family, including their birthdates, and possibly their Social Security numbers and phone numbers.
3. Don't forget to designate your beneficiaries, including primary and secondary, if applicable.
4. Compare your plan options and choose the best benefit plan for you and your family. When you are ready to confirm your selections, click "Submit Enrollment."

ADP Mobile App

The ADP mobile app allows you to enroll in your benefits and keep track of them throughout the year.

The ADP mobile app allows you to:

- Report a qualifying life event
- Check your current benefits and who is covered

Benefits Counselor Support

If you have questions about your benefits, schedule an appointment with a Benefits Counselor at employeeconnects.com/ccmc. You will receive a confirmation email and text reminder with your appointment date and time.



Changing Your Benefits

Due to IRS regulations, once you have made your elections for 2024, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

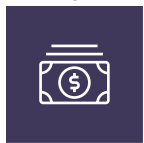
Qualifying life events include, but are not limited to:

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify People Operations within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.

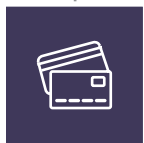
Key Terms to Know

Take the first step to understanding your benefits by learning these four common terms.



Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.

Medical Benefits

Cigna | mycigna.com | 800-244-6224

CCMC offers four medical plan options through Cigna, which utilize two network options—the Cigna Open Access Plus (OAP) network and the Cigna LocalPlus network.

Before you enroll in medical coverage, take some time to fully understand how each plan works. See pages 9 and 10 for an overview of the plan benefits.

Cigna OAP Network

The OAP network is Cigna’s national broad network of providers, specialists, and facilities.

Here are the key features of choosing a medical plan that utilizes the OAP network:

- No referrals needed to see a specialist.
- Out-of-network services are covered, but you will have higher out-of-pocket costs and you may need to file a claim.
- It is recommended to choose a primary care provider (PCP) to coordinate your care, but it is not required.
- Prior authorizations (pre-approval) may be required for hospitalizations and some types of outpatient care.
- Plans include 24/7 emergency and urgent care coverage.

Cigna LocalPlus Network

The LocalPlus network is a more condensed network compared to the OAP network. The LocalPlus network is limited to doctors, specialists, and hospitals right where you live.

Here are the key features of choosing a medical plan that utilizes the LocalPlus network:

- No referrals needed to see in-network specialists.
- Out-of-network services will only be covered in emergencies.
- It is recommended to choose a PCP to coordinate your care, but it is not required.
- Prior authorizations (pre-approval) for hospitalizations and some outpatient procedures may be required.
- Includes 24/7 emergency and urgent care coverage.

Ask Yourself These Questions:



Can you set aside money from your paycheck to save for out-of-pocket health care costs?

Consider the Cigna OAP HSA or Cigna LocalPlus HSA. You will have the option to fund a health savings account (HSA) that can save you money on your health care costs.



Do you prefer to pay less when you visit the doctor’s office?

Consider the Cigna OAP PPO or Cigna LocalPlus PPO. While you will pay more from your paycheck each month for coverage, you will only be responsible for a small copay or cost share when you need care.



Medical Benefits

Outpatient Precertification Services Requiring Review

- **Inpatient continued stay review:** Earlier outreach for inpatient discharge planning.
- **Home infusion therapy:** Home infusion therapy for immunotherapy, continuous medications, and pain management.
- **Private duty nursing:** Registered nurse, licensed practical nurse, or aid in home, often post surgery.
- **Medical injectables:** Review for dosage, frequency, most appropriate/cost-effective place of service to treat MS, cancer, and RA.
- **Radiation therapy:** Proton beam therapy, IMRT, and hyperthermia therapy.
- **Medical oncology:** Chemotherapy and regimen of care including medical infusion and pharmacy supportive medications.

Working Spouse/Domestic Partner Exclusion

If your legal spouse/domestic partner is offered medical insurance through his or her employer, he or she is not eligible to participate in the CCMC medical plans.

Dependent Audit

An audit will be conducted beginning early 2024 to ensure enrolled dependents are meeting all dependent eligibility requirements.

Medical Costs

Listed below are the per pay period costs (based on 24 pay periods) for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, and is based on your participation in the wellness program. Refer to page 16 for more information.

Tobacco/Non-Tobacco User Contributions

CCMC feels strongly that employees should take charge of personal choices that may impact their health. Therefore, employees who certify that they are not tobacco users will enjoy lower medical contributions in 2025. To take advantage of the lower contributions, you must certify within ADP during the annual enrollment period that you do not use tobacco/nicotine. See page 16 for more details.

Current tobacco users: If you certified that you were a tobacco user in 2023 and did not sign up for the tobacco cessation program by October 31, 2023, you will be charged an additional \$25 surcharge per month for medical coverage in 2024. **Please note:** You will need to recertify your tobacco use status in 2024 and complete the tobacco cessation program by October 31, 2024, if you wish to avoid the surcharge in 2025. **Newly enrolled individuals:** You will have three months following your benefits effective date to sign up for the tobacco cessation program in order to avoid the surcharge in 2024.

Engaged vs. Non-Engaged Rates

- **Employee only and employee + child(ren):** Employees will see a \$25 credit on each paycheck totaling up to \$50 per month for participating in the wellness program.
- **Employee + spouse or family:** Employees will see up to a \$50 credit on each paycheck totaling up to \$100 per month for their participation and their spouse’s participation in the wellness program.

LEVEL OF COVERAGE	Cigna OAP HSA	Cigna OAP PPO	Cigna LocalPlus HSA	Cigna LocalPlus PPO
Employee Only	\$91.00	\$110.00	\$51.00	\$66.00
Employee + Spouse	\$343.50	\$397.50	\$247.00	\$294.50
Employee + Child(ren)	\$226.00	\$262.50	\$147.50	\$178.00
Employee + Family	\$523.50	\$597.50	\$376.50	\$444.00

Medical Benefits

The Cigna OAP plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Cigna provider.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	Cigna OAP HSA		Cigna OAP PPO	
	In Network	Out of network ¹	In Network	Out of network ¹
CCMC Contribution to HSA				
Individual	\$800		N/A	
All Other Tiers	\$1,600		N/A	
Calendar Year Deductible				
Individual/Family	\$3,200/\$6,400	\$6,000/\$12,000	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum²	Includes deductible, copays, and coinsurance			
Individual/Family	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$10,000/\$20,000
Preventive Care	Plan pays 100%	60% after deductible	Plan pays 100%	60% after deductible
Physician Services				
Primary Care Physician	20% after deductible	60% after deductible	\$25 copay	60% after deductible
Specialist	20% after deductible	60% after deductible	\$50 copay	60% after deductible
Virtual Care	20% after deductible	Not covered	\$5 copay	Not covered
Urgent Care	20% after deductible		\$75 copay	
Lab/X-Ray				
Diagnostic Lab/X-Ray	20% after deductible	60% after deductible	20%	60% after deductible
High-Tech Services (MRI, CT, PET)	20% after deductible	60% after deductible	20% after deductible	60% after deductible
Hospital Services				
Inpatient	20% after deductible	60% after deductible	20% after deductible	60% after deductible
Outpatient	20% after deductible	60% after deductible	20% after deductible	60% after deductible
Emergency Room	20% after deductible		\$350 copay (waived if admitted)	
Chiropractic Care	20% after deductible	60% after deductible	\$50 copay	60% after deductible
Acupuncture (20 visit limit)	20% after deductible	60% after deductible	\$25 copay	60% after deductible
Prescription Drugs				
Tier 1	20% after deductible	60% after deductible	\$15 copay	60%
Tier 2	20% after deductible	60% after deductible	\$35 copay	60%
Tier 3	20% after deductible	60% after deductible	\$60 copay	60%
Tier 4	20% after deductible	60% after deductible	\$150 copay	60%
Mail Order (Up to a 90-day supply)	20% after deductible	Not covered	2.5x retail copay	Not covered

(1) Out-of-network reimbursement based on the allowable amount determined using the median amount negotiated with in-network providers, the maximum reimbursable charge, or Medicare reimbursement as basis for payment. Members will be balance billed for out-of-network services. (2) Plan maximum benefit payment is unlimited.

Medical Benefits

The Cigna LocalPlus plans offer in-network benefits only.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	Cigna LocalPlus HSA In Network Only	Cigna Localplus PPO In Network Only
CCMC Contribution to HSA Individual All Other Tiers	\$800 \$1,600	N/A N/A
Calendar Year Deductible Individual/Family	\$3,200/\$6,400	\$1,500/\$3,000
Out-of-Pocket Maximum¹ Individual/Family	Includes deductible, copays, and coinsurance	
	\$4,000/\$8,000	\$5,000/\$10,000
Preventive Care	Plan pays 100%	Plan pays 100%
Physician Services Primary Care Physician Specialist Virtual Care Urgent Care	20% after deductible 20% after deductible 20% after deductible 20% after deductible	\$25 copay \$50 copay \$5 copay \$75 copay
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	20% after deductible 20% after deductible	20% 20% after deductible
Hospital Services Inpatient Outpatient	20% after deductible 20% after deductible	20% after deductible 20% after deductible
Emergency Room	20% after deductible	\$350 copay (waived if admitted)
Chiropractic Care	20% after deductible	\$50 copay
Acupuncture (20 visit limit)	20% after deductible	\$25 copay
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4 Mail Order (Up to a 90-day supply)	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	\$15 copay \$35 copay \$60 copay \$150 copay 2.5x retail copay

(1) Plan maximum benefit payment is unlimited.

Medical Benefits

Understanding the Cigna High-Deductible Health Plan

With a high-deductible health plan (HDHP), when you need care, you pay for all services out of your pocket until you reach your deductible. Once you reach your deductible, you pay a portion of the cost for all other services. The out-of-pocket maximum is the most you'll pay in a plan year for services covered by your plan. Once this limit is reached, the plan pays 100% for covered services for the rest of the plan year.

What you pay for

For all other services you'll pay the network discounted rate until you reach your deductible. Once you reach your deductible, you'll pay a portion of all other services until you reach your out-of-pocket maximum (OOPM).

How you pay

You will receive a bill from your provider that shows the amount you owe. You can use HSA funds to pay the bill or you can pay the bill out of your pocket.

Tracking expenses

Log into your Cigna account to stay on top of what you've paid, what is due, and how close you are to reaching your deductible and OOPM. When you receive services that count toward your deductible or your OOPM, you'll get an explanation of benefits. This is not a bill.

Value of the Localplus Plans

The LocalPlus network provides easy access to a select group of quality doctors and hospitals near where you live and work, all at a lower cost.

- When you are in a LocalPlus network area, you must receive care from a health professional or facility in this network to receive in-network coverage (except in the case of a medical emergency).
- If you are away from home and need care, just look for a participating LocalPlus doctor in the area; if one isn't available, you can use doctors or hospitals in our Cigna Away From Home Care network.
- If you choose to go outside the LocalPlus network—or outside the Cigna Away From Home Care network when LocalPlus isn't available—your care will not be covered by the plan (except in the case of a medical emergency).

Find a LocalPlus doctor:

1. Go to [cigna.com](https://www.cigna.com).
2. Click on "Find a Doctor."
3. Click on "For plans offered through your employer or school."
4. Enter the requested details for your search.
5. Select "LocalPlus" and click "Select."
6. Click on "Search" to see a list of network providers near you.



Cigna's pre-enrollment line

Cigna's pre-enrollment line is available to support you with any questions regarding your coverage and finding a provider, including who is participating within the LocalPlus network.

For more information, call Cigna's pre-enrollment line at 800-401-4041.



Medical Benefits

Are You Covering Your Spouse and/or Children?

If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

Preventive Care

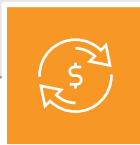
In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.



Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.



Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Learn more about preventive care at mycigna.com.



Virtual Care Costs
Listed below are the costs for an MDLIVE visit under each medical plan:
PPO: \$5 copay
HSA: You'll pay a visit fee until the annual deductible is met. Then you'll pay coinsurance

Medical Benefits

MDLIVE | mdliveforcigna.com | 888-726-3171

Virtual Care

You have access to virtual care through MDLIVE. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.



Get care for non-emergency conditions.

Virtual care can connect you to a doctor, without an appointment, from your phone, computer, or tablet. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, rashes, and much more.



Receive mental health support and counseling.

Licensed counselors and psychiatrists can help diagnose, treat, and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, men and women's issues, grief and loss, and more.



Talk with a doctor by phone or video, 24/7.

Use virtual care to prioritize your health by getting the care you need when you need it. Visit mdliveforcigna.com, download the MDLIVE mobile app, or call 888-726-3171 to get started.

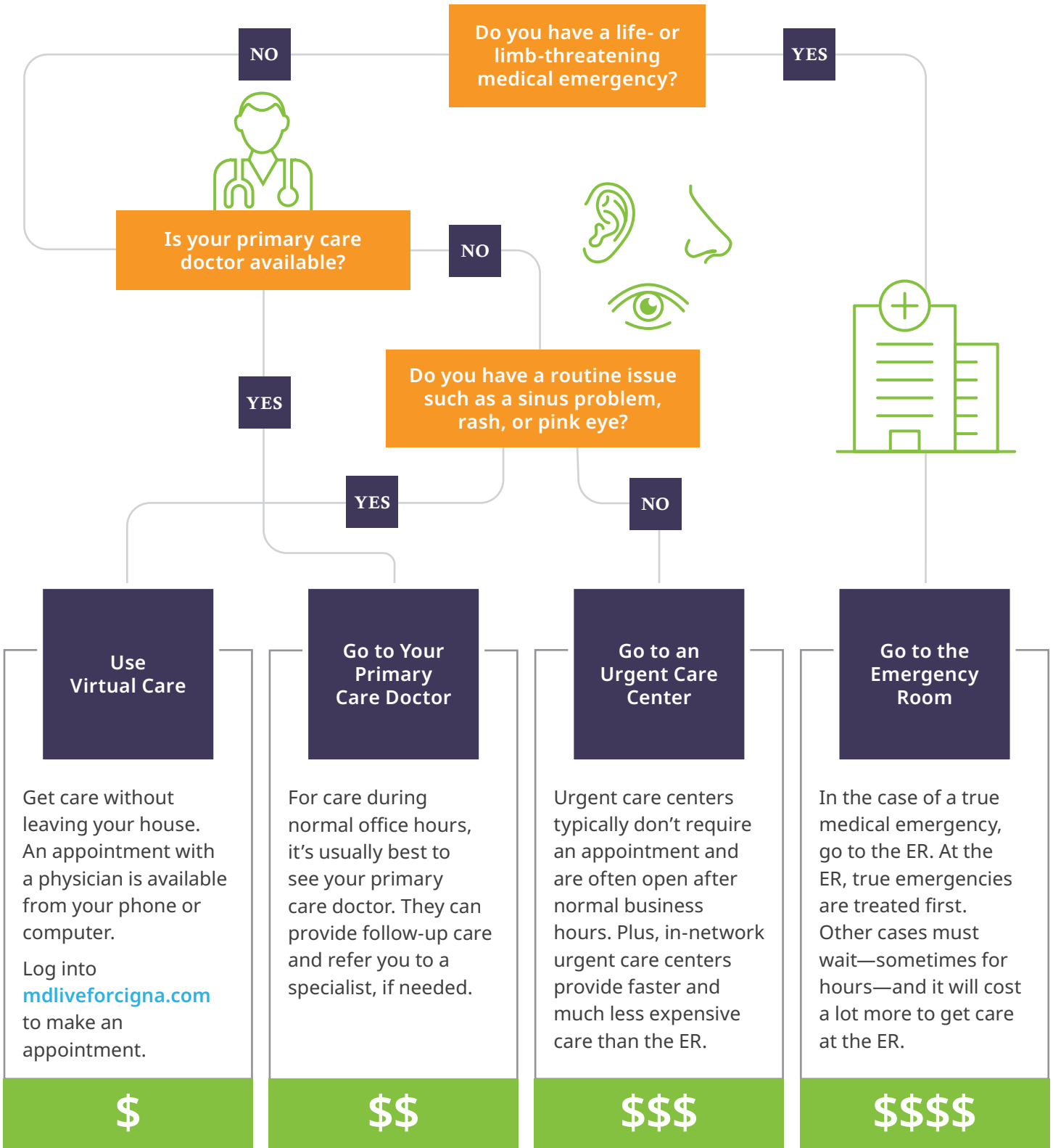
Find a provider:

- **Medical providers:** Locate the "Talk to a doctor or nurse 24/7" callout and click "Connect Now."
- **Behavioral health providers:** Go to "Find Care & Costs" and enter "Virtual Counselor" under "Doctor by Type."

Medical Benefits

Know Where to Go for Care

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Medical Benefits

Prescription Home Delivery

Do you have medications that you take regularly? If so, save time—and maybe money too—by using the Cigna mail-order pharmacy. The mail-order pharmacy fills three-month prescriptions—meaning less time spent requesting refills and often a decreased cost per dose. Additionally, these orders are conveniently delivered to your doorstep.

Call Cigna at 800-285-4812 and have the following information handy to sign up:

- Name and Cigna ID
- Prescription name and strength
- Doctor name and phone number
- Payment method

Cigna member costs for a three month supply on the PPO plan options:

- **Generic:** \$38 copay
- **Brand Preferred:** \$88 copay
- **Brand Non-Preferred:** \$150 copay
- **Specialty:** Not available

90-Day Prescription Supplies

To save money on your prescriptions, visit an in-network pharmacy such as CVS, and request a 90-day supply of your routine medications. You will make fewer trips to the pharmacy and you will be less likely to miss a dose of your medication, which will lead to better health.

Specialty Medications

Specialty medications are limited to a 30-day supply to reduce potential waste and save you money. 30-day specialty drugs are charged at the same level copay as retail prescriptions.

Save On Specialty

Specialty drugs can be expensive. With SaveonSP, you can access assistance programs available from pharmaceutical manufacturers. These programs are essential to help you afford your specialty medications.

SaveonSP can help you save on medications for:

- Multiple sclerosis
- Oncology
- Hepatitis C
- Rheumatoid arthritis
- Inflammatory bowel disease
- Psoriasis

If your medications qualify for the SaveonSP program, you will receive a letter in the mail.

Patient Assurance Program

Eligible employees with diabetes will not pay more than \$25 for a 30-day supply of insulin as well as non-insulin diabetes therapies including, DPP-4 inhibitors, GLP-1 agonists, and SGLT2 inhibitors.

Cigna Vision Benefits

If you enroll in a CCMC medical plan, an in-network eye exam will be covered 100% every two years. To locate an in-network Cigna vision provider, visit mycigna.com.

ID Cards

Cigna will be transitioning away from physical ID cards and moving to electronic ID cards in 2025. This is the last year you will receive a physical ID card when newly enrolling in medical coverage. You will also have the opportunity to request physical ID cards through mycigna.com.

Budgeting for Your Care

CCMC offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

When you put money into a pre-tax account, you can save up to 20%* on your care and increase your take home pay. This is because you don't pay tax on your contributions.

Enrolled in the Cigna OAP HSA or LocalPlus HSA?

Health Savings Account

Consider contributing to a health savings account (HSA).

- CCMC contributes the following amounts per year:
 - » Individual—\$800
 - » All other tiers—\$1,600
- Roll-over all funds each year
- Invest funds for long-term savings
- Spend funds on non-qualified healthcare expenses penalty-free after age 65.



Enrolled in the Cigna OAP PPO or LocalPlus PPO?

Health Care Flexible Spending Account

Consider contributing to a health care flexible spending account. **If you contribute to an HSA, you cannot contribute to a health care FSA.**

- No CCMC contribution
- You may roll-over up to \$640 each year



Paying for Child or Elder Care Expenses?

Dependent Care Flexible Spending Account

You may contribute to a dependent care flexible spending account.

- No CCMC contribution
- No roll-over allowed
- Dependent care expenses only



*Percentage varies based on your tax bracket.

Health Savings Account

HSA Bank | mycigna.hsabank.com | 800-244-6224

If you enroll in the Cigna OAP HSA or LocalPlus HSA, you are eligible to open and contribute to a health savings account (HSA) through HSA Bank.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

CCMC Contribution

If you enroll in the Cigna OAP HSA or LocalPlus HSA, CCMC will help you save by contributing to your account.

- **Employee-only:** Up to \$800 per year
- **All other coverage levels:** Up to \$1,600 per year

2024 IRS HSA Contribution Maximums

Contributions to an HSA (including the CCMC contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,150
- **All other coverage levels:** \$8,300

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

HSA Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the Cigna OAP HSA or LocalPlus HSA.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to [IRS Publication 969](#) for additional eligibility details.

Maximize Your Tax Savings With an HSA



Spend

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



Save

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



Invest

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any non-qualified healthcare expenses penalty-free.



Flexible Spending Accounts

WEX | wexinc.com | 866-451-3399

CCMC offers two flexible spending account (FSA) options through WEX.

Health Care FSA

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is \$3,200 for the 2024 calendar year.

Dependent Care FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$5,000 to the dependent care FSA for the 2024 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2024 plan year.

Claim Substantiation

The IRS requires FSA participants to provide documentation (e.g., an explanation of benefits) to show that an expense is FSA-eligible. You can easily upload documentation to a claim by logging in to your online account at wexinc.com or taking a photo of your documentation with your phone's camera and uploading it through the WEX mobile app. **However, you have an additional 90 days after the plan year to submit claims for reimbursement for expenses incurred during the prior plan year.**

How to Use an FSA

1

Contribute

Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2

Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at wexinc.com. Keep all receipts in case WEX requires you to verify the eligibility of a purchase.

3

Use It or Lose It

Use your FSA funds before the end of the year—any funds in excess of \$640 will be forfeited.

Note: You have an additional 90 days after the plan year to submit claims for reimbursement for expenses incurred during the prior plan year.

Voluntary Benefits

Cigna | suphealthclaims.com | 800-754-3207

CCMC offers the following voluntary benefits to support your financial wellbeing.

Accident Insurance Benefits

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident. You also receive a \$50 wellness benefit every year when you complete a health screening.

Accident insurance costs

Listed to the right are the per pay period costs (based on 24 pay periods) for accident insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

LEVEL OF COVERAGE	Accident Insurance
Employee Only	\$4.06
Employee + Spouse	\$7.15
Employee + Child(ren)	\$8.75
Employee + Family	\$11.84

Critical Illness Benefits

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses. Pre-existing conditions are excluded if you have been diagnosed with the illness six months before gaining coverage and attempt to file a claim during your first six months of coverage.

For critical illness insurance rates, please see the benefit summary available on employeeconnects.com/ccmc.

- **Employee:** \$10,000, \$20,000 or \$30,000—guarantee issue: \$30,000
- **Spouse:** 50% of employee's election—guarantee issue: \$15,000
- **Dependent children:** Up to age 26: 25% of employee's election—guarantee issue: 25% of employee's election
- **Health screening benefit:** \$50 per insured individual to a maximum of four benefits per year

Hospital Indemnity Benefits

Hospital indemnity insurance will pay benefits that help you with costs associated with a hospital visit such as a covered accident, illness, or childbirth. This benefit pays you a lump-sum upon admittance so that you can choose how best to cover your expenses. You also receive a \$50 wellness benefit every year when you complete a health screening.

- **Hospital admission:** \$1,000 per admission
- **Daily hospital confinement:** \$100 per day*
- **Hospital intensive care unit confinement:** \$200 per day*

*Up to 60 days per calendar year

Hospital indemnity costs

Listed to the right are the per pay period costs (based on 24 pay periods) for hospital indemnity insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

LEVEL OF COVERAGE	Hospital Indemnity Insurance
Employee Only	\$7.43
Employee + Spouse	\$14.75
Employee + Child(ren)	\$12.79
Employee + Family	\$20.10



Wellness Program

CCMC cares about your health and wants to help you get healthy and stay healthy.

CCMC wants to help you get healthy and stay healthy. So when you get involved in wellness goals sponsored by your company, you can easily earn incentives on your premium reduction. Continuing for 2024, we are encouraging employees to visit their primary care physician and obtain your biometric lab values as well as completing the online health assessment found on mycigna.com. More information on how to get started will be provided by your People Operations team members. Once you have completed both activities, look further on how to continue your journey to health by engaging in Cigna’s health advocacy programs. Read The Framework for additional wellness updates.

Wellness Mission

CCMC’s wellness program will provide opportunities and empower employees to develop healthy lifestyle choices through awareness and education programs which will improve employee health, morale, and job satisfaction!

Watch your email and read The Framework for details on future wellness information.

MotivateMe Wellness Program

If you are a full-time benefits-eligible employee, you can earn rewards by participating in the Cigna MotivateMe wellness program.

Any information shared with Cigna is confidential and will not be shared with CCMC. The table below shows the cash incentives you can earn. Some incentives are only available to Cigna medical plan members.

Note: There is a \$125 incentive cap that employees can earn.

GOALS	Program Dates	Incentive Eligibility	Description	Reward
Biometric Screening	January 1 through October 31,2024	Employee + spouse	Biometric screenings utilize a blood sample from you to identify your health risks. You can have this screening performed at Quest with a voucher or at your doctor’s office.	2025 Premium discount
Annual Preventive Care Exam with a PCP		Employee + spouse	Regular, preventive care is key to staying healthy.	\$25 Gift card or debit card
Tobacco Status	January 1 through December 31,2024	Employee only	Attest to being tobacco free.	2025 Premium discount
Tobacco User		Employee only	Go smoke free in 2024! Participate in a three month program.	2025 Premium discount
Health Pregnancies, Health Babies Program, Maternity Support	January 1 through December 31,2024	Employee + spouse	Speak with a maternity nurse starting in your first trimester and after your baby is born.	\$100 Gift card or debit card
Health Pregnancies, Health Babies Program, Maternity Support (Alternative)		Employee + spouse	Speak with a maternity nurse starting in your second trimester and after your baby is born.	\$50 Gift card or debit card

Note: You can only receive one incentive per program type. This applies to the Healthy Pregnancies, Healthy babies programs—you can either participate during your first trimester **or** during your second trimester, not both. Depending on when you join, you would receive \$50 or \$100. Employees can receive up to \$125 in incentives and spouses can receive up to \$125.



Wellness Program

Cigna Healthy Pregnancy, Healthy Babies

If you are enrolled in the Cigna medical plans, you have access to the Cigna Healthy Pregnancy, Healthy Babies program. This program is designed to help you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth. Call 800-615-2906 to enroll as soon as you know you are pregnant.

When you participate and complete the program you'll be eligible to receive a \$100 gift card if you enroll by the end of your first trimester or a \$50 gift card if you enroll by the end of your second trimester.

Tobacco Cessation Program

If you are enrolled in the Cigna medical plans, you have access to Cigna's tobacco cessation program **AT NO COST**.

Note: A tobacco surcharge will continue in 2025, so take the steps to quit now.

This program provides support such as:

- One-on-one phone calls with a dedicated coach
- Self-help tools
- Online programs

You are also eligible to earn incentives for participating in this program. For more information and to enroll, call 855-246-1873 or visit mycigna.com.

Healthy Rewards

Cigna's healthy rewards provides discounts of up to 60% on various wellness programs and services, ranging from weight management and nutrition, to vision and hearing care, and tobacco cessation.

To learn more about these and other healthy rewards programs, call 800-870-3470 or visit mycigna.com and follow these steps:

1. Click "Wellness" in the main navigation.
2. Click on "Wellness & Incentives" in the sub menu.
3. Scroll down to the bottom of the page where you will see "Your Total Wellness." You will see rectangle tiles labeled "Food, Stress, Sleep, Exercise, Weight, Prevention."
4. Click any tile to visit the page related to that topic. Once on that page, scroll down the page until you see Healthy Rewards and you will see healthy rewards related to the page topic you're currently on.

Dental Benefits

Cigna | mycigna.com | 800-244-6224

CCMC offers two dental insurance plan options through Cigna.

The Cigna plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Cigna provider.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	Cigna Base Dental Plan		Cigna Buy-Up Dental Plan	
	In Network	Out of Network	In Network	Out of Network
Plan Year Deductible Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Plan Year Benefit Maximum	\$1,800		\$2,000	
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia Services	Not covered		50%	
Orthodontia Lifetime Maximum			\$2,000	

Dental Costs

Listed below are the per pay period costs (based on 24 pay periods) for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

LEVEL OF COVERAGE	Cigna Base Dental Plan	Cigna Buy-Up Dental Plan
Employee Only	\$10.00	\$13.00
Employee + Spouse	\$30.00	\$33.00
Employee + Child(ren)	\$30.00	\$33.00
Employee + Family	\$53.00	\$58.00



ID Cards

Cigna will be transitioning away from physical ID cards and moving to electronic ID cards in 2025. This is the last year you will receive a physical ID card when newly enrolling in Cigna's dental coverage. You will also have the opportunity to request physical ID cards through mycigna.com.

Vision Benefits

Superior Vision | superiorvision.com | 800-507-3800

CCMC offers a vision insurance plan through Superior Vision.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

Note: You will not receive an insurance card for vision insurance, instead tell your provider you have Superior Vision.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	Superior Vision Plan	
	In Network	Out of Network
Eye Exam (Every 12 months)	\$10 copay	Reimbursement up to \$34
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$29/\$43/\$53
Frames (Every 12 months)	\$140 allowance + 20% off balance	Reimbursement up to \$63
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$140 allowance + 20% off balance Plan pays 100%	Reimbursement up to \$100 Reimbursement up to \$210

Vision Costs

Listed below are the per pay period costs (based on 24 pay periods) for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

LEVEL OF COVERAGE	Superior Vision Plan
Employee Only	\$2.95
Employee + Spouse	\$5.89
Employee + Child(ren)	\$6.96
Employee + Family	\$10.65



Emotional Wellbeing Solutions

Optum | liveandworkwell.com | 866-248-4096

Assistance is always available for you. The Emotional Wellbeing Solutions (EWS) services are provided AT NO COST to you and your household through Optum.

Your EWS is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **three free face-to-face** visits per person, per issue, per year with a licensed counselor.

When is the best time to use your EWS?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with CCMC and access to the EWS is completely confidential.

Access your EWS by calling 866-248-4096 or visiting liveandworkwell.com (access code: CCMC).



Tools and Resources

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



Care Options

Find child and elder care to support you and your family's day-to-day needs.



Legal and Financial Guidance

Receive guidance for buying a home, planning for retirement, budgeting, and more.



Support all Year

Connect with a mental health professional about addiction, family, and individual counseling.

Sanvello

The Optum EWS also gives you access to the Sanvello app which provides on-demand help for stress, anxiety, and depression.

Utilize these tools on Sanvello:

- Daily mood tracker.
- Coping tools to manage life's stressful moments.
- Guided journeys that help you build long-term life skills.
- Weekly check-ins to set goals and promote ongoing progress.
- Community support with peer groups to share, encourage, and connect.

Download the app via the App Store or Google Play Store. For more information visit sanvello.com.

Life and AD&D Benefits

Reliance Standard | [rsli.com](https://www.rsli.com) | 800-351-7500

CCMC's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

Basic Life and AD&D Insurance

CCMC automatically provides basic life and AD&D insurance through Reliance Standard to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** \$15,000
- **Employee AD&D benefit:** \$15,000

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Supplemental Life and AD&D Insurance

CCMC provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Reliance Standard.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded.

- **Employee supplemental life and AD&D benefit:** \$10,000 increments up to \$500,000—guarantee issue: \$100,000
- **Spouse supplemental basic life benefit:** \$5,000
- **Spouse supplemental life and AD&D benefit:** \$5,000 increments not to exceed \$100,000 or 50% of the employee's election—guarantee issue: \$25,000
- **Dependent child(ren) supplemental basic life benefit:** 14 days–6 months—\$100; 6 months–26 years—\$2,000
- **Dependent child(ren) supplemental life and AD&D benefit:** 14 days–6 months—\$100; 6 months–26 years—\$1,000, \$2,000, \$4,000, \$5,000, or \$10,000—guarantee issue: \$10,000

At this enrollment, you can increase your coverage by \$10,000 not to exceed the guarantee issue amount and you can increase your spouse's coverage by \$5,000 not to exceed 50% of your election or the guarantee issue amount without having to complete a statement of health (evidence of insurability).



If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing evidence of insurability (EOI). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit EOI for any amount of coverage. Coverage will not take effect until approved by Reliance Standard.



Disability Benefits

Matrix Absence Management | matrixabsence.com | 877-202-0055

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

Short-Term Disability Insurance

CCMC automatically provides short-term disability (STD) insurance through Reliance Standard's Matrix Absence Management **AT NO COST**. New Hires will be eligible for STD insurance on the first of the month following 12 months of employment with CCMC. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 60% of base weekly pay up to \$1,500
- **Benefit duration:** Up to 12 weeks
- **Elimination period:** 7 days

Note: Injuries sustained while at work are not covered under this STD plan. For work related injuries or diseases which are not covered under worker's compensation, reach out to People Operations for instructions on filing a claim.

STD maternity benefits

STD insurance can cover a portion of your income while on maternity leave. You must apply for STD benefits prior to giving birth to qualify. Please view the official plan documents for varying coverage based on birth circumstances. Benefits will be reduced by other income, including state-mandated STD plans.

Voluntary Long-Term Disability Insurance

CCMC offers you the option to purchase voluntary long-term disability (LTD) insurance through Reliance Standard's Matrix Absence Management. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base monthly pay up to \$6,000
- **Benefit duration:** Social security normal retirement age
- **Elimination period:** 90 days

You can enroll in LTD regardless of age, however there is a maximum benefit period per age as seen below:

AGE WHEN DISABILITY BEGINS	Maximum Benefit Period*
Under Age 62	The date of the 65th monthly benefit is payable
62	The date of the 42nd monthly benefit is payable
63	The date of the 36th monthly benefit is payable
64	The date of the 30th monthly benefit is payable
65	The date of the 24th monthly benefit is payable
66	The date of the 21st monthly benefit is payable
67	The date of the 18th monthly benefit is payable
68	The date of the 15th monthly benefit is payable
69	The date of the 12th monthly benefit is payable

*Or the later of your social security normal retirement age.

You may use disability benefits to pay for your necessary expenses while you are unable to work, such as mortgage payments, medical expenses, childcare, and more. If you are enrolled and become unable to work due to an accident, illness, injury, or pregnancy, you must submit your claim as soon as you are able after your event. Please notify Matrix as soon as possible to ensure you qualify for coverage and receive timely payouts.

Retirement

John Hancock | myplan.johnhancock.com | 800-294-3575

CCMC offers a 401(k) retirement savings plan, which is administered by John Hancock.

Eligibility

You are eligible to participate in the plan on the first of the month following 60 days of employment with CCMC and if you are at least 21 years of age and a full-time or part-time employee.

Employee Contributions

You are able to contribute to a 401(k) plan through the ease and convenience of payroll deductions. CCMC will continue to match 25% up to the first 15% of your contribution. This is subject to change at any time. On a monthly basis, you are able to change the percentage of your contribution and re-enter the plan if you had previously stopped contributions. At any time, you are able to stop future contributions.

EXAMPLE OF HOW IT WORKS	6% Contribution	No Contribution
Biweekly Pay	\$1,346.15	\$1,346.15
Contribution	\$80.77	\$0
Taxable Income	\$1,265.38	\$1,346.15
Taxes* (assuming 25% tax bracket)	\$316.35	\$336.54
Take Home Pay	\$949.03	\$1,009.61
Tax Savings	\$20.19	

*This chart assumes tax withholding of 25%. Individual taxpayer circumstances may vary. This is for illustrative purposes only.

Deferral Amount Changes

Employees can change the deferral amount of their paycheck online at myplan.johnhancock.com. If you need an immediate change please contact People Operations.

Vesting Schedule

- **Less than 1 year:** 0%
- **1 year:** 33%
- **2 years:** 66%
- **3 years:** 100%

For More Information

For additional details about the 401(k) retirement savings plan or to enroll or change your contribution rates or investment elections, please contact People Operations.



Your
Contribution



CCMC's
Matching
Contribution



Your Total 401(k)
Retirement Plan
Contribution



Paid Time Off

Bereavement

CCMC recognizes that a death in the family creates a very difficult time. CCMC seeks to ensure that you are able to attend to family matters. To that end, we have adopted the following guideline for bereavement leave.

Absence due to a death in an employee's immediate family will be excused and paid up to a maximum of three business days. Additional days may then be granted using paid medical, vacation, or unpaid time.

A one-day absence to attend a funeral of a relative not in the immediate family will be granted as paid bereavement time.

Jury Duty

Serving as a juror or testifying as a witness is a civic duty and, as such, is fully supported by CCMC. Should you receive a jury summons, you must notify your supervisor immediately.

While serving, an employee's base pay will continue, less the amount paid by the court system, for a maximum of five days. After five days, the employee may use vacation time or request unpaid leave.

Medical

Paid time off for medical leave is provided by CCMC for your income protection when you must take time away from work for medical reasons.

Medical time may also be used for anyone who resides in the same household as you or an immediate family member requiring the employee's medical support. The time away must be approved by your immediate supervisor.

Medical time can be used for regularly scheduled visits to the dentist, physician, or optometrist. Medical time may also be used after bereavement time is exhausted. You must inform your supervisor in advance of such appointments. Except in cases of approved leave, absence without pay can be viewed as excessive absenteeism.

Medical time will accrue at the rate of 5.33 hours per month (up to 8 days per year). Medical time can accumulate up to a cumulative maximum of 240 hours and is not paid out upon termination from CCMC.

Vacation

All active, regular full-time and "full-time less than 40 hours" employees¹ are eligible for paid vacation time (PVT)² after 60 days of employment.

Accrual will cap at a maximum of 150% of the annual accrual amount, not to exceed 240 hours.

(1) Full-time and "full-time less than 40 hours" employees earn vacation at different rates. "full-time less than 40 hours" earn at 80% of the full-time rate. (2) PVT accrues on a per-paycheck basis according to the attached schedule.

PERIOD OF SERVICE	Hours Per Paycheck	Maximum Days Per Year
0-59 Days	0	N/A
60 Days-5 Years	3.08	10 (80 Hours)
5-10 Years	4.62	15 (120 Hours)
10+ Years	6.15	20 (160 Hours)

Holidays

CCMC observes the following twelve company-scheduled holidays and two floating holidays. Full-time employees are paid for these holidays.

- **New Year's Day:** Monday, January 1, 2024
- **Martin Luther King Jr. Day:** Monday, January 15, 2024
- **Memorial Day:** Monday, May 27, 2024
- **Juneteenth:** Wednesday, June 19, 2024
- **Independence Day:** Thursday, July 4, 2024
- **Labor Day:** Monday, September 2, 2024
- **Veterans Day:** Monday, November 11, 2024
- **Thanksgiving Day:** Thursday, November 28, 2024
- **Day after Thanksgiving:** Friday, November 29, 2024
- **Christmas Eve Day:** Tuesday, December 24, 2024
- **Christmas Day:** Wednesday, December 25, 2024
- **New Year's Eve Day:** Tuesday, December 31, 2024
- **Two (2) Floating Holidays:** Flexible with approval from Supervisor. Does not carry over to next calendar year (state laws apply).



Paid Time Off

Volunteer Time Off

To honor your commitment to service, all benefits-eligible employees will receive up to eight hours of paid volunteer time each calendar year. You may use this time to volunteer with HomeWorks, or to serve any charity that is important to you. The time does not carry over, nor is it paid out if unused. Any time off must be pre-approved by your supervisor.

Employees who use this benefit are encouraged to send a photo of your service to our communications team at communications@ccmcnet.com.

Bonus Opportunities

Milestone Bonus

CCMC is pleased to provide milestone bonuses to full-time employees at a rate of \$200 per year of service and to part-time employees at a rate of \$100 per year of service at each five-year interval of service.

Discretionary Bonus

CCMC offers an annual bonus at 100% at the discretion of CCMC. All full-time and part-time team members with CCMC for the entire preceding calendar year are eligible. You must also be employed by CCMC on the day that bonuses are paid to receive a payment. The potential pool of funds available are dependent on the results of key success metrics: client satisfaction, client retention, and financial results.

Referral Bonus

Our employees know best what it takes to be successful at CCMC, so we offer an employee referral bonus of \$1,000 for open full-time positions and \$250 for open part-time positions (for details, see the Referral Bonus Request Guidelines and Form located on SharePoint in the People Operations documents area).



Additional Benefits

Bereavement Support Services

As part of your basic life and AD&D coverage, you have access to end of life planning services through Reliance Standard **AT NO COST**.

Bereavement support services offer confidential and professional grief, financial, and legal counseling to help beneficiaries navigate every aspect of loss. Beneficiaries have unlimited access to counseling sessions via phone with a professional clinician. For assistance, call 855-775-4357.

Travel Assistance Services

As part of your basic life and AD&D coverage, you have access to travel assistance services through Reliance Standard **AT NO COST**. This service is available 24 hours a day, seven days a week when traveling domestically or internationally more than 100 miles away from home.

Services available include:

- Assistance with passport/visa requirements
- Currency, weather, culture, and immunization and vaccination information
- Medical evacuation and repatriation services
- Return of dependent children or traveling companion
- Translation and interpretation services
- Assistance with lost or stolen items
- Legal counseling
- Local medical referrals, prescription assistance, and eyeglasses replacement
- Transportation of remains

For assistance, call 800-456-3893.

Voluntary Identity Theft Protection

CCMC provides you the option to purchase voluntary identity theft protection services through Allstate.

With identity theft protection, you can:

- Track your personal data using Allstate's Digital Footprint tool.
- Catch fraud early with 24/7 identity and financial monitoring.
- Keep an eye on your risk potential by checking your Identity Health Status.
- Use tools designed to protect against online threats such as viruses, phishing attacks, and malware on up to five mobile devices.
- Monitor social media accounts for signs of account takeover.
- Protect your personal data with dark web monitoring.
- Strengthen your personal computer security with a VPN to protect against online threats.
- Receive notifications for financial transactions like cash withdrawals to help detect potential fraud.

Voluntary identity theft protection costs

Listed below are the per pay period costs for voluntary identity theft protection services. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

LEVEL OF COVERAGE	Voluntary Identity Theft Protection Plan
Employee Only	\$5.98
Employee + Family	\$10.48

Additional Benefits

Pet Insurance

CCMC provides you the option to purchase voluntary pet insurance directly through United Pet Care or Nationwide.

Once you enroll through the carrier website(s) they will notify CCMC to start a payroll deduction.

United Pet Care

United Pet Care offers one low price plan which gives you access to savings of 20–50% off in-house veterinary services such as preventive, accident, and sick care. A 24/7 pet helpline is always available. All pets are covered with no restrictions or exclusions.

United Pet Care offers all of the following at a reasonable monthly cost:

- No age limitations.
- No exclusions on pre-existing health conditions.
- No limits to office visits.
- No referrals necessary to participating specialists.

You can save on:

- Office visits.
- Annual exams and vaccines.
- Dental cleanings.
- Puppy and kitty vaccines.
- Surgeries/hospitalization.
- Spay/neuter.

United Pet Care rates will vary based on individual pets age and breed.

Estimated rates can look like:

- **One pet:** starts at \$9 per pay period
- **Two pets:** starts at \$17 per pay period
- **Three pets:** starts at \$25 per pay period
- **Each additional pet:** starts at an additional \$8 per pay period

If your vet is not on the United Pet Care list, give United Pet Care the vets name and they can contact them to possibly be added to the plan. In the meantime, select one of the vets on the United Pet Care program and have your pet's records transferred. For more information, visit United Pet Care at unitedpetcare.com/ccmc.

Nationwide

Nationwide has an open network so you can go to any vet and all pets are welcome.

Nationwide pet insurance offers five different plan options so you can select the coverage you want for your pet with:

- No age limitations.
- No arbitrary premium increases due to rising pet health care costs.
- No pet dropped from coverage due to age.
- No group rates.

Nationwide rates will vary based on individual pets age, size, location, and plan choice.

Estimated rates can look like:

- **Reimbursement level (50%):** \$10–\$18 per pay period.
- **Reimbursement level (70%):** \$14–\$24 per pay period.

Nationwide's price point is higher than United Pet Care but you will save money on the plan when you have to use the coverage. For more information, visit Nationwide at petinsurance.com/ccmc.

Contacts

If you have any questions regarding your benefits or the material contained in this guide, please contact CCMC People Operations.

480-624-7032

peopleops@ccmcnet.com

PROVIDER/PLAN	Phone Number	Website
Medical Cigna	800-244-6224	mycigna.com
Virtual Care MDLIVE	888-726-3171	mdliveforcigna.com
Health Savings Account HSA Bank	800-244-6224	mycigna.hsabank.com
Flexible Spending Accounts WEX	866-451-3399	wexinc.com
Voluntary Benefits Cigna	800-754-3207	suphealthclaims.com
Dental Cigna	800-244-6224	mycigna.com
Vision Superior Vision	800-507-3800	superiorvision.com
Emotional Wellbeing Solutions Optum	866-248-4096	liveandworkwell.com (access code: CCMC)
Life and AD&D Reliance Standard	800-351-7500	rsli.com customer.care@rsli.com Claims: rsclaim.com claimsintake@rsli.com
Disability Insurance Reliance Standard Matrix Absence Management	Questions: 800-351-7500 Claims: 877-202-0055	rsli.com matrixabsence.com
401(k) Retirement Savings Plan John Hancock	800-294-3575	myplan.johnhancock.com
Identity Theft Protection AllState	800-789-2720	myaip.com
Pet Insurance United Pet Care Nationwide	877-872-8800 877-738-7874	unitedpetcare.com/ccmc petinsurance.com/ccmc

This summary of benefits is not intended to be a complete description of the terms and CCMC insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although CCMC maintains its benefit plans on an ongoing basis, CCMC reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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