

Benefits Guide

July 1, 2026 - June 30, 2027
Plan Year



You support student success.

**HR SUPPORTS
YOUR SUCCESS.**



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Your Benefits at a Glance

Columbus State strives to offer a competitive benefits program to meet your needs and the needs of your family. We are committed to your health and well-being and are proud to provide you with a comprehensive benefit program as a part of your total rewards package.

MEDICAL & RX

You have the opportunity to choose between two medical plans through UnitedHealthcare:

- **Tiered PPO** (Preferred Provider Organization)
- **HDHP + HSA** (High Deductible Health Plan + Health Savings Account)

Both plans are offered through UnitedHealthcare and utilize the same network of physicians and pharmacies. Deductibles and out-of-pocket maximums run on a calendar year basis (January through December).

WELLBEING 360

The wellbeing of our employees and their families is a priority. We provide wellbeing resources to support the eight dimensions of wellbeing:

- Physical
- Emotional
- Financial
- Occupational
- Social
- Intellectual
- Spiritual
- Environmental

Ongoing access to resources, a monthly newsletter, workshops, health coaching, and education sessions are made available all year long.

Explore your Wellbeing 360 resources at www.csc.edu/employee/hr/benefits/well-being.shtml.

DENTAL

Columbus State offers two comprehensive Dental plans through Delta Dental of Ohio:

- **Basic Plan**
- **Buy-Up Plan**

Both plans include a network of providers (PPO) that provide preventive, basic, major, and orthodontia services.

VISION

Columbus State offers vision coverage through Vision Service Plan (VSP). VSP offers a network of providers. Services include an annual eye exam, lenses, and frames or contact lenses.

NEW BENEFIT - YMCA MEMBERSHIP

Employees can enroll in a YMCA membership at a reduced cost, conveniently paid through payroll deduction. This benefit promotes health and wellbeing while providing access to family-friendly programs.



Your Benefits at a Glance

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HDHP with HSA plan, you may be eligible to open a Health Savings Account. An HSA is a tax-free savings account you can use to pay for eligible healthcare expenses anytime or save for retirement. Columbus State contributes up to \$1,000 for single and \$2,000 per family.

HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

You may save money by making pre-tax contributions to a Health FSA to be used for eligible medical expenses incurred by you and your dependents. These accounts are managed by United Healthcare, and expenses can be paid with the FSA debit card or submitted to UHC for reimbursement.

The maximum contribution for 2026 is \$3,400. The FSA balance does not rollover at the end of the plan year (**July 1 – June 30**). Any remaining balance will be forfeited.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (FSA)

With a Limited Purpose FSA you can save money by making pre-tax contributions which can then be used for eligible dental and vision expenses incurred by you and your dependents. These accounts are managed by United Healthcare, and expenses can be paid with the FSA debit card or submitted to UHC for reimbursement. To be eligible for the Limited Purpose FSA, you must be enrolled in the High Deductible Health Plan (HDHP).

The maximum contribution for 2026 is \$3,400. The FSA balance does not rollover at the end of the plan year (July 1 – June 30). Any remaining balance will be forfeited.

LONG-TERM DISABILITY

Columbus State provides all full-time employees with Long-Term Disability benefits and pays the full cost of this coverage.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Employees may save money by making pre-tax contributions to a Dependent Care Spending Account to be used for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves.

The maximum contribution for 2026 is \$7,500 if married, or \$3,750 if single/married and filing separately. The dependent care FSA balance does not roll over at the end of the plan year (**July 1 – June 30**). Any remaining balance will be forfeited.

VOLUNTARY INSURANCE BENEFITS

Columbus State offers Voluntary Life, Voluntary Accidental Death & Dismemberment, Critical Illness, Hospital Indemnity, Accident, Pet Insurance, and Identity Protection options. Dependent coverage is also available. Employee premiums are paid by direct payroll deduction.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Columbus State recognizes that seeking counseling services can be difficult and emotional. Confidential counseling sessions are provided virtually and in-person depending on your preference or availability. Full-time employees, spouses/domestic partners, and dependent children are eligible for up to 8 counseling visits annually for each issue. Matrix also offers financial and legal services.

CANCER BRIDGE

This benefit offers personalized access to oncology experts, support, and resources. CancerBridge can help connect you and your family with a comprehensive care team who can answer questions about treatment plans and what to expect.



ENROLL TODAY

Go to csc.edu/workday to begin the process of enrolling in your benefits.

Your Benefits at a Glance

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Columbus State provides eligible employees basic life insurance and AD&D equal to two times their annual base earnings, up to a maximum of \$340,000.

FEE WAIVERS

The fee waiver program is provided for full-time employees and includes spouses/domestic partners and dependents. A percentage of eligible instructional fees are waived for taking credit courses at CSCC.

OTHER PERKS

Other perks include bookstore discounts, student loan forgiveness, and credit union memberships. Additionally, CSCC offers tuition reimbursement, paid vacation, holidays, and sick pay.

RETIREMENT BENEFITS

Columbus State supports the efforts of employees to plan for a fulfilling, financially secure retirement. In lieu of Social Security, the College offers retirement programs through our state pension systems:

- **SERS** - School Employees Retirement System
- **STRS** - State Teachers Retirement System
- **ARP**- Alternative Retirement Plan

Retirement program eligibility is based on your position. Columbus State also offers supplemental, voluntary savings options to allow for additional savings towards retirement.

ELIGIBILITY

All employees defined as regular, full-time are eligible for benefits. All Teamster members falling under this category are excluded from enrolling in CSCC medical, dental, or vision, but remain eligible for all other benefits.

Eligible dependents include your legal spouse/domestic partner and dependent children who are covered under the following criteria:

Medical, Vision, & Buy-Up Dental

Up to age 26

Basic Dental & Life

Up to age 19 or 25 if full-time student



Open Enrollment Highlights

MEDICAL PLAN OPTIONS

We are pleased to offer two medical plan options through UnitedHealthcare. You will have the following two options to choose from:

- **Tiered PPO Plan** has a lower deductible and higher out of pocket maximum. This plan includes copays for office visits and prescription drugs. The contributions are a four-tier structure, which allows you to potentially save on contribution cost.
- **HDHP/HSA Plan** has a higher deductible and a lower out of pocket maximum compared to the Tiered PPO plan. Office visits and prescription drugs are paid at 90% after the deductible. Employees are eligible to open a health savings account to save pre-tax dollars. Columbus State contributes up to \$1,000 for single and \$2,000 for family coverage.
- **Wellbeing 360 Engagement Program** completion is required to maintain the reduced medical premium when covered by either the PPO or HDHP medical plan. The Engagement Program includes two required tasks: Biometric Screening and Wellness Assessment.
- **Wellbeing 360 Rewards Program** is a voluntary program designed to help employees thrive by supporting wellbeing and overall health. It does not affect medical premiums, and enrollment in a medical plan is not required to take part in this program. Employees can complete wellness activities to earn up to \$300 in gift cards.

Both medical plans use the same network of providers through UnitedHealthcare.

To stretch your healthcare dollars, remember to:

See in-network providers – They’ve agreed to the plan’s negotiated rates. Visit the carrier websites located in the Contacts section of this guide to search for in-network providers near you.

Use mail order pharmacy – This may save time and money.

If you are on the HDHP, **review the preventive drug list** that is not subject to the deductible.

Learn more on the Wellbeing 360 Engagement and/or Rewards Program at:
www.csc.edu/employee/hr/benefits/wellbeing-360.shtml.

HERE’S HOW THE PLAN OPTIONS COMPARE:

	Tiered PPO Plan	HDHP/HSA Plan
Coverage	In-Network	In-Network
Annual Deductible		
Employee / Family	\$1,000 / \$2,000	\$3,500 / \$7,000
Coinsurance	30%	10%
Out-of-Pocket Maximum		
Employee / Family	\$5,000 / \$10,000	\$4,000 / \$8,000
Office Visit Copay	\$30	10% after deductible
Preventive Care	Covered 100%	Covered 100%
Specialist Copay	\$45	10% after deductible
Emergency Room Copay	30% after deductible	10% after deductible
Rx (Retail) – Generic Copay	\$10	\$10 after deductible
Rx (Retail) – Brand Formulary Copay	\$40	\$30 after deductible
Rx (Retail) – Non-formulary Copay	\$100	\$80 after deductible

For a complete list of covered services and exclusions, please refer to your “Summary Plan Description.”

Network discounts, prescription drug, and preventive care coverages apply to both plans.

A Closer Look at the HDHP/HSA

The HDHP with HSA is a high-deductible health plan that costs you less from your paycheck, so you keep more of your money. This plan rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending. As a result, you could pay less for your annual medical costs.

Health Savings Account (HSA)

If you enroll in the HDHP Plan, you may be eligible to open an HSA.

An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.

How does an HSA work?

- **Build tax-free savings for health care.** You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits apply to 2026:
 - Up to \$4,400 for employee-only coverage.
 - Up to \$8,750 if you cover dependents.
 - Add \$1,000 to these limits if you're age 55 or older.
- Use it like a bank account. Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card or reimbursing yourself for payments you've made (up to the available balance in your account). Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your records).
- Keep your money. Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave Columbus State.

- Earn interest and invest for the future. Once your interest-bearing HSA reaches a minimum balance, you can start an investment account, which offers a variety of no-load mutual funds similar to other investments. You can learn more at cscbenefits.hrintouch.com.
- Never pay taxes. Contributions are made on a pre-tax basis, and your withdrawals will never be taxed when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.*

HSA eligibility

- Must be enrolled in a high-deductible health plan, like Columbus State's HDHP with HSA.
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless that coverage is also a qualified HDHP.
- Cannot be enrolled in a traditional health care FSA in 2026. This includes if your spouse has a healthcare FSA at their employer. However, you may be eligible to enroll in a limited-purpose FSA.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid, or Tricare.
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

* Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.

DENTAL PLAN OPTIONS

We offer a comprehensive dental plan through Delta Dental of Ohio, providing coverage for you and your eligible dependents. Delta Dental of Ohio provides coverage through two networks: Delta Dental PPO and Delta Dental Premier. You receive greater benefit coverage when using a provider in the Delta Dental PPO network. Employees can choose between two plans, allowing for additional coverage for individuals or families who might be experiencing a greater need for dental services.

Coverage	Delta Dental PPO Plan			Delta Dental Buy Up Plan		
	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Out-of-Network	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Out-of-Network
	In-Network	In-Network		In-Network	In-Network	
Annual Deductible (Individual/Family)	\$0	\$50 / \$150	\$50 / \$150	\$0	\$75 / \$225	\$75 / \$225
Preventive and Diagnostic Treatment	100%	100%	100%	100%	100%	100%
Basic Treatment	90%	80%	80%	90%	80%	80%
Major Treatment	60%	50%	50%	60%	50%	50%
Annual Maximum Benefit	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500

When you receive services from an out-of-network dentist, the percentage indicates the portion of Delta Dental's Nonparticipating Dentist fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges, and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Sealants are payable once per tooth per lifetime for the first and second permanent molars for people age 14 and under. The surface must be free from decay and restorations.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Porcelain and resin facings on crowns are an optional treatment on posterior teeth.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.

DENTAL BUY-UP EXAMPLE



If you or a dependent child is over the age of 19 and will need braces, selecting the buy-up plan offers coverage for that member. The buy-up plan will cover 50% up to a maximum of \$1,500. In addition to a higher benefit maximum, it covers eligible dependent children up to age 26. The difference in semi-monthly cost can be found on page 9.

VISION PLAN OPTIONS

Access to vision coverage is provided through VSP. You receive access to greater coverage when using a VSP network provider on items such as progressive lens, lens options, and additional hardware discounts beyond the allowances provided. Eligibility up to age 26, unmarried, and living in the US, regardless of student status.

Coverage	In-Network	Out-of-Network
Frequency	Exam 12 Months Lens 12 Months Frames 24 Months	Exam 12 months Lens 12 Months Frames 24 Months
Annual Eye Exam	\$10 copay	\$35 allowance
Contact Lens Fit and Follow-up	Not to exceed \$60	Not Available
Frames	Up to \$130 allowance + 20% off any amount above the allowance	\$45 allowance
Prescription Lenses		
Single vision	Covered in full after \$25 copay	\$25 allowance
Bifocal	Covered in full after \$25 copay	\$40 allowance
Trifocal	Covered in full after \$25 copay	\$55 allowance
Lenticular	Covered in full after \$25 copay	\$80 allowance
Contact Lenses		
Medically necessary	Covered in full after \$25 copay	Up to \$210 allowance
Elective	Up to \$135 allowance	Up to \$105 allowance

For a complete list of covered services and exclusions, please refer to your “Summary Plan Description.”

ADDITIONAL VISION PLAN DETAILS

Additional pairs of glasses

- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from a VSP doctor.

VSP Laser VisionCareSM Program

- Discounts average 15% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase. Discounts are only available at VSP-contracted facilities. Also, custom LASIK coverage is only available using wavefront technology with the microkeratome surgical device; other LASIK procedures may be performed at an additional cost to the member.

Low Vision

- Pre-approved low vision supplemental testing is covered every two years. 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid toward supplemental testing) every two years.

Disclaimers and Exclusions

- Covered in full, materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like rebates and the featured frame brands promotion are continually evaluated and subject to change without notice. Promotions also do not apply at Costco Optical.

The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing. Items not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens modification, polishing, or cleaning

PER PAY MEDICAL PREMIUMS

The Wellbeing 360 Engagement Program incentive only impacts medical premiums. If you and your covered spouse/domestic partner (if applicable) complete the Engagement Program each year, your contribution rate will be 21.6% of the premium instead of the 31.6% premium rate. Maintain the reduced premium by completing the Biometric Screening and Wellness Assessment by June 30 each year. The chart below reflects the 21.6% premium cost-share, **effective July 1, 2026**.

	Tiered PPO Plan	HDHP/HSA Plan
Employee Coverage		
20 Pay Schedule	\$174.82	\$162.88
24 Pay Schedule	\$145.69	\$135.73
Employee + Spouse/DP*		
20 Pay Schedule	\$419.48	\$428.31
24 Pay Schedule	\$349.57	\$356.92
Employee + 1 or 2 Children		
20 Pay Schedule	\$314.65	\$428.31
24 Pay Schedule	\$262.21	\$356.92
Family Coverage*		
20 Pay Schedule	\$459.72	\$428.31
24 Pay Schedule	\$383.10	\$356.92

*A per pay surcharge will apply to a spouse/domestic partner who is eligible for medical coverage through their employer but elects Columbus State's plan as primary coverage. The total cost will be \$1,200 annually. When you select spousal/domestic coverage in Workday, you will answer a "Yes/No" question about whether or not coverage is provided by their place of employment. If the answer is "Yes" the surcharge will be added to each pay for the plan year.

PER PAY DENTAL AND VISION PREMIUMS

	Delta Dental PPO Plan	Delta Dental Buy-Up Plan	VSP Vision Plan
Employee Coverage			
20 Pay Schedule	\$4.81	\$6.58	\$2.20
24 Pay Schedule	\$4.01	\$5.48	\$1.83
Employee + Spouse/DP			
20 Pay Schedule	\$13.65	\$12.83	\$6.05
24 Pay Schedule	\$11.38	\$10.69	\$5.05
Employee + 1 or 2 Children			
20 Pay Schedule	\$13.65	\$17.06	\$6.05
24 Pay Schedule	\$11.38	\$14.21	\$5.05
Family Coverage			
20 Pay Schedule	\$13.65	\$23.44	\$6.05
24 Pay Schedule	\$11.38	\$19.53	\$5.05

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA's are a great way to set aside pre-tax dollars for eligible health or dependent care expenses! You can even use your FSA to pay for over-the-counter medications when prescribed by a doctor. **Plan your contributions carefully** – you forfeit any remaining balance at the end of the year.

CONTRIBUTION LIMITS FOR 2026

Health Care & Limited Purpose: \$3,400
Dependent Care: \$7,500
 (or \$3,750 if married and filing separately)

HEALTHCARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
<p>LOWER YOUR TAXABLE INCOME</p> <p>Save taxes on eligible expenses through contributions. It's smart and simple. During open enrollment, add up how much you paid last year for medically necessary family health expenses not covered by the benefit plans:</p> <ul style="list-style-type: none"> ● Coinsurance ● Copays ● Prescriptions ● Vision ● Dental <p>Include any new expenses you know you will have this year such as glasses or orthodontia. Now you have an idea of how much to have withheld from your pay when you enroll for the coming year.</p> <p>You can spend all your annual healthcare account on one large expense the first day your plan is effective. Set your amount carefully. Plan carefully, money you don't spend by the end of the year is forfeited.</p> <p>ELIGIBLE EXPENSES</p> <p>Use your Flexible Spending Account funds to pay for a variety of expenses for you, your spouse, and your dependents, but keep in mind the IRS has specific rules about which expenses may be reimbursed by an FSA.</p>	<p>TAX-FREE DOLLARS FOR DENTAL & VISION</p> <p>The Limited Purpose Flexible Spending Account is a tax-advantaged account available to those that are enrolled in the HDHP with an HSA.</p> <p>The Limited Purpose FSA allows you to put aside pre-tax money so that you can pay for certain qualified health care expenses, including dental and vision expenses.</p> <ul style="list-style-type: none"> • Braces • Laser Eye Surgery • Dentures & Bridges • Prescription Sunglasses • X-ray fees (dental) • Fillings <p>Since you can't participate in a traditional Health Care FSA if you contribute to an HSA, you are eligible for the Limited Purpose FSA to increase your tax-saving potential.</p>	<p>TAX-FREE DOLLARS FOR DAYCARE EXPENSES</p> <p>Use this account to pay for daycare, preschool, or senior care needed while you and your spouse work, go to school full-time, or look for work.</p> <ul style="list-style-type: none"> • Child in-home care • After-school latchkey and or daycare centers • Senior in-home care • Summer activities or daycare centers provided while you work • Nursery schools <p>Money is deducted from each paycheck and added to your dependent daycare account. You may not be reimbursed more than the current balance. Care while you are not working such as an overnight camp is not eligible. Family members who are not tax dependents may be eligible caregivers*.</p> <p>*See IRS Publication 503 at IRS.gov</p>

HOW THE PLAN WORKS

FLEXIBLE SPENDING ACCOUNTS

1

DECIDE how much you set aside and ENROLL

The amount you choose is deducted from your pay and added to your account(s)

2

THEN CHOOSE one of the OPTIONS

- ▶ Use the FSA debit card to pay for eligible expenses.
- ▶ Pay for eligible expenses and submit a claim. You may claim the entire balance of your healthcare account on the first day of the year, but only the current balance in the dependent daycare account. Submit copies of itemized receipts, statements, or Explanation of Benefits (EOB) with your claim. Receive your payment through direct deposit or check.

- ▶ Submit claims using the mobile app, website, email, fax, or mail. For more info, visit/register on www.myuhc.com.

You will not owe taxes on your Flexible Spending Account (Social Security, Federal, and most state income taxes).

IRS REGULATIONS

FLEXIBLE SPENDING ACCOUNTS

- No matter how you use your FSA funds, the IRS requires proof your claim is for an eligible expense. You may be asked to send us a copy of your receipt, itemized statement, or Explanation of Benefits (EOB) as substantiation for your claim.
- You cannot change your mind after you enroll unless you experience specific work/life events. (See FAQs on CSCC benefit website.)
- Money cannot be transferred from one plan to the other.
- You must spend your money within your plan's filing deadlines.
- Only eligible healthcare and dependent care expenses can be reimbursed (no cosmetic healthcare expenses).
- The dependent FSA plan may not be used for dependent healthcare expenses.
- Once you claim an expense, you may not claim it again on your annual taxes.



SUPPLEMENTAL INSURANCE BENEFITS

All full-time employees are eligible for these benefits. If you choose to enroll in these benefits, you pay the full premium cost.

SUPPLEMENTAL LIFE INSURANCE

Columbus State offers you the opportunity to supplement the Basic Life Insurance benefits (equal to two times your annual base earnings, up to a maximum of \$500,000) by purchasing additional term life insurance. When you enroll in this benefit, you pay the full cost of the premiums through after-tax payroll deductions. You can choose between one or two times your basic annual earnings. The cost depends on your age and the amount of optional coverage you wish to purchase. Premiums are payroll-deducted on a post-tax basis.

SUPPLEMENTAL LIFE INSURANCE PREMIUMS BASED ON AGE

Monthly cost for each \$1,000 of supplemental life insurance coverage.

Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and over
\$0.06	\$0.08	\$0.09	\$0.10	\$0.21	\$0.37	\$0.50	\$0.86	\$2.09	\$5.43

SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Accidental Death and Dismemberment can be added at a cost of \$0.016 per \$1,000 for employee only coverage and can be elected in \$10,000 increments.

HOW TO CALCULATE THE PREMIUM

$$\frac{\text{Your Elected Coverage Amount}}{1,000} \times \text{Monthly Cost Based on Age (see table above)} = \text{Monthly Premium} \div 2 = \text{Semi-Monthly Payroll Deduction}$$

DEPENDENT LIFE INSURANCE

You may also purchase life insurance for your eligible dependents. Premiums are payroll-deducted on a post-tax basis. You are the beneficiary of Dependent Life Insurance. Here are the options you may choose from:

SPOUSE: You may purchase coverage for your spouse in the amount of \$10,000 or \$20,000.

CHILDREN: You may purchase coverage for your dependent children in the amount of \$5,000. The child coverage is \$500 for a child under six months.

DEPENDENT LIFE INSURANCE PREMIUMS

Dependent Spouse/Child Combined Family Rate:

Option 1 - \$10,000 = \$2.72 monthly rate

Option 2 - \$20,000 = \$5.45 monthly rate

AD&D Family Rate:

40% for spouse and 10% for each child

50% for spouse only and 15% each for child(ren) only

Monthly rate of \$0.022 per \$1,000 of coverage.

EVIDENCE OF INSURABILITY

EOI is an application process in which you provide information on the condition of your health for insurance purposes.

Guaranteed Issue Amount for new hires – Evidence of Insurability is required on amounts which exceed the amount listed below and on all Late Applicants for Contributory coverage.

Employee 1 x basic annual earnings

NOTE: Any amount elected above the Guaranteed Issue Amount is subject to EOI and approval by Lincoln Financial Group. If you are electing coverage above the Guaranteed Issue Amount, an EOI form must be completed. You can print an EOI form from the HR intranet page.

ACCIDENT INSURANCE



Accidents can lead to trips to the emergency room and the doctor's office, which could amount to bills and expenses not covered by your medical and disability insurance.



Recent studies have shown

\$1,233

is the average cost for one visit to the emergency room in the U.S.¹

With competitive employee rates, you can get Accident High Plan coverage for less than the cost of ...



Lunch out,
3x per week
salad and bottled water



Every day
coffee fix
medium cup



Monthly
gym membership

Based on average costs at national retail chains

HOW IT WORKS

Kathy's daughter, Molly, plays soccer. During a recent game, Molly collided with an opposing player, was knocked unconscious, and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a fracture after ordering an MRI. After a thorough evaluation, Molly was released to her primary care physician for follow-up treatment.

Covered Event ²	Benefit Amount (Low)	Benefit Amount (High)
Ambulance (ground)	\$240	\$360
Emergency Care	\$225	\$275
Physician Follow-up	\$60	\$100
Major Diagnostic Exam	\$125	\$275
Medical Equipment	\$75	\$200
Concussion	\$150	\$225



WHAT YOU NEED TO KNOW ABOUT VOYA'S ACCIDENT COVERAGE:

- Over 150 covered events and services, such as fractures, dislocations, and medical treatments or tests.
- You and your eligible family members are guaranteed coverage.⁴ No medical exam and no hassle.
- Lump-sum payment helps cover unexpected costs that result from an accident.
- For your convenience, premiums will be automatically deducted from your paycheck.

To learn more, call (877) 236-7564

1. Emergency Rooms vs. Urgent Care Centers. Debt.org. www.debt.org/medical/emergency-room-urgent-care-costs/. Updated May 24, 2018.
2. Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
3. Benefit amount is based on a sample Voya plan design. Actual plan design and plan benefits may vary.
4. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

CRITICAL ILLNESS INSURANCE



Recent studies have shown

Medical bills have contributed to

58%

of bankruptcies, while illness-related income loss contributed to 44.3%.¹

With competitive employee rates, you can get monthly Critical Illness Insurance coverage for less than the cost of ...



Tankful
Of unleaded gas for an SUV



Monthly
gym membership



2 gallons of milk per week

HOW IT WORKS

The example below illustrates various conditions payable for an employee who elected \$30,000 dollars of critical illness coverage.

Illness – Covered Condition	Payment
Heart Attack	Benefit payment of \$30,000 or 100%
Cancer	Benefit payment of \$30,000 or 100%
Stroke	Benefit payment of \$30,000 or 100%



Voya Critical Illness Insurance
\$15,000 or \$30,000
Benefit Amount

WHAT YOU NEED TO KNOW ABOUT VOYA'S CRITICAL ILLNESS COVERAGE:

- Over 20 covered critical illnesses, such as Cancer,² Heart Attack, Stroke,³ and Kidney Failure.
- You and your eligible family members are guaranteed coverage during this open enrollment.⁴ No medical exam and no hassle.
- Lump-sum payment can be used however you want, including to help cover unexpected costs that result from a covered critical illness.
- For your convenience, premiums will be automatically deducted from your paycheck.

1. Medical Bankruptcy: Still Common Despite the Affordable Care Act.* David U. Himmelstein, Robert M. Lawless, Deborah Thorne, Pamela Foohey, and Steffie Woolhandler. American Journal of Public Health, March 1, 2019 (online Feb. 6, 2019).
 2. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.
 3. In certain states, the Covered Condition is Severe Stroke.
 4. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. [For CA situated cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate.]

CRITICAL ILLNESS INSURANCE

BENEFIT PAYMENT

Your Benefit provides a lump-sum payment upon the diagnosis of a Covered Condition. Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Benefit Amount
Cancer ⁵	100% of Benefit
Heart Attack	100% of Benefit
Stroke	100% of Benefit
Coronary Artery Bypass	100% of Benefit
Kidney Failure	100% of Benefit
Alzheimer's Disease	100% of Benefit
Major Organ Transplant Benefit	100% of Benefit

And many other payable conditions

i. Excludes skin cancer, which pays at 10%.



HOSPITAL INDEMNITY INSURANCE



People get sick and have accidents. It happens all the time, sometimes requiring a trip to the hospital. Even with medical coverage, additional expenses can add up quickly



Recent studies have shown

52%

of all personal bankruptcies are a result of medical expenses. The study also reveals that 78% of those who filed had insurance.¹

With competitive employee rates, you can get Hospital Indemnity High Plan coverage for less than the cost of ...



Breakfast out
3x per week
Coffee with egg
sandwich/platter



Monthly
gym membership

Based on average costs at national retail chains



Movie outing
For group of 4.
Tickets, drink,
popcorn and candy

HOW IT WORKS

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance copayments and deductibles. Voya Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit ²	Benefit Amount ²	
	Low Plan	High Plan
Regular Hospital Admission	\$1,000	\$2,000
ICU Supplemental Admission	None	None
Regular Hospital Confinement	\$100	\$200
ICU Supplemental Confinement	\$200	\$400
Benefits paid by Voya Group Hospital Indemnity Insurance	\$1,300	\$2,600



WHAT YOU NEED TO KNOW ABOUT VOYA'S CRITICAL ILLNESS COVERAGE:

- You and your eligible family members are guaranteed coverage during this open enrollment. No medical exam and no hassle.
- Lump-sum payment can be used to help cover unexpected costs that result from a hospitalization.
- For your convenience, premiums will be automatically deducted from your paycheck.

1. 10 Leading Causes of Bankruptcy, 2015 Clear Bankruptcy, LLD. <http://www.clearbankruptcy.com/financial-literacy/10-leading-causes-of-bankruptcy.aspx> Accessed May, 2015.

2. Benefit amount is based on a sample Voya plan design. Plan design and plan benefits may vary.

3. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas.

HOSPITAL INDEMNITY INSURANCE

With Voya, you'll have a choice of two comprehensive plans, which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services when an accident or illness puts you in the hospital.^A

COVERED BENEFITS

Please contact Voya for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits	Benefit	Low Plan	High Plan
Admission Benefit	Per admission, up to 2 per year	Admission	\$1,000	\$2,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	None	None
Confinement Benefit	Up to 10 days	Confinement ¹	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Additional Benefits	Up to 10 days	Rehabilitation Facility	\$50	\$100
	Per year	Observation Unit	\$100	\$100
	Up to 3 days	Maternity Follow-Up	\$5	\$5

A. Hospital does not include certain facilities such as nursing homes, convalescent care, or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

1. If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

IDENTITY & FRAUD PROTECTION COVERAGE

PRODUCT INCLUDES:

Identity Theft Protection

- LifeLock Identity Alert system
- Financial protections
- Lifestyle protections
- Social Protection
- Protective lock & freeze dashboard

Device Security

- Norton Device Security
- Online threat protection
- Password manager
- Child online safety tools (Parental Controls)

Online Privacy

- Secure VPN
- Data broker monitoring and removal assistance (Privacy monitor)
- Solicitation reduction, ad blocker

Service and Support

- Restoration and remediation services
- Dedicated phone line and email support
- \$3 Million Protection Package

HOW DOES IT WORK:

Your identity is made up of more than your Social Security number and credit score. That's why LifeLock with Norton monitors more than your credit reports. They help you look after your online activity, from financial transactions to what you share on social media – so you can protect the trail of data you leave behind.

LifeLock with Norton also combines leading identity theft protection with device security and protection against online threats to help protect against identity thieves trying to steal personal information from PCs, Macs, and mobile devices. This plan also includes data loss protection, parental controls, and password management.

HOW MUCH DOES IT COST:

Per-pay Premiums	20 Pay Schedule	24 Pay Schedule
Employee Only	\$7.49	\$6.25
Employee + Family	\$12.89	\$10.74

PET INSURANCE COVERAGE

This comprehensive coverage helps you manage unexpected veterinary expenses, ensuring your pets receive the best care possible without the stress of high costs.

KEY FEATURES:

- Get cash back on eligible vet bills: Choose 50% or 70% reimbursement
- Easy to use: Low \$250 deductible and \$7,500 in annual benefits
- Just for employees: Preferred pricing offered only through CSCC
- Use any vet, anywhere: No networks, no pre-approvals

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

How to use your pet insurance

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

Get a quote at [PetsNationwide.com](https://www.PetsNationwide.com) or call **877-738-7874**

BENEFITS CONTACT INFORMATION

EXTERNAL CONTACTS

BENEFIT	COMPANY	PHONE	WEBSITE
Cancer Bridge	CancerBridge	855-366-7700	www.mycancerbridge.com
Dental	Delta Dental	800-282-0749	www.deltadentaloh.com
EAP	MATRIX	614-475-9500	www.matrixpsych.com
FSA	UnitedHealthcare	866-755-2648	www.myuhc.com
HSA	Optum Bank	800-243-5543	www.optumbank.com
Life and AD&D	Lincoln Financial Group	877-275-5462	www.lincolffinancial.com
Long Term Disability	Lincoln Financial Group	877-275-5462	www.lincolffinancial.com
Medical	UnitedHealthcare	888-252-6420	www.myuhc.com
Vision	VSP	800-877-7195	www.vsp.com
Pet Insurance	Nationwide	855-525-1458	www.petbenefitsportal.com
CI, HI, ACC	Voya	877-236-7564	https://presents.Voya.com/EBRC/CSCC
Identity Theft	Norton LifeLock	800-607-9174	https://Norton.com/premierplus

INTERNAL CONTACTS

BENEFIT	Email
CSCC Benefits Team	benefits@cscce.edu
Family Medical Leave (FMLA)	fml@cscce.edu
Retirement	retirement@cscce.edu
Workplace Injury	workplaceinjury@cscce.edu
Wellbeing 360	wellbeing@cscce.edu
Pregnancy Workers Fairness Act	pregnantworkers@cscce.edu
Americans with Disabilities Act (ADA)	adaemployee@cscce.edu

Employee Notices can be found on CSCC's website under HR-Benefits at <https://www.cscce.edu/employee/hr/pdf/Employee%20Notices.pdf> or scan the QR code at the bottom of this page.

- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Notice of Creditable Prescription Drug Coverage & Medicare
- Special Enrollment Rights for Health Plan Coverage
- Women's Health & Cancer Rights Act Notice
- Newborns' & Mothers' Health Protection Act Notice
- Health Insurance Marketplace Coverage Options
- HIPAA Privacy Notice
- Provider-Choice Rights Notice
- COBRA Continuation Coverage General Notice
- Wellness Program Notice



Employee Legal Notices