

# Employee Benefits



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## Wellmark Health Plan Design Comparison & Summary

Plan Basics	Coverage	Traditional (PPO Plan)-Semi Monthly	HDHP/HSA – Semi Monthly
<b>Per Pay Period Employee costs Semi-Monthly Costs listed here</b>	Single	\$84.50	\$37.00
	EE+Child(ren)	\$179.50	\$114.00
	EE+Spouse	\$205.00	\$132.50
	Family	\$262.00	\$162.00
<b>Tobacco Surcharge</b>		\$20.00	\$20.00
<b>Spousal Surcharge</b>		\$50.00	\$50.00
<b>Calendar Year Deductible</b>	Single	\$2,000.00	\$3,000.00
	EE+Child(ren), EE+Spouse, Family	\$3,500.00	\$6,000.00
<b>Coinsurance:</b> Percent Member pays until OOPM is satisfied	Single	20%	N/A
	EE+Child(ren), EE+Spouse, Family	20%	N/A
<b>Out of pocket maximum(OOPM):</b> Plan pays 100% after OOPM is satisfied	Single	\$4,000.00	N/A
	EE+Child(ren), EE+Spouse, Family	\$7,000.00	N/A
<b>Optional Health Savings Account:</b> Pre-tax money from pay used to pay medical expenses		N/A	Single Deposit Max; \$4,150 Family Deposit Max; \$8,300 > age 55; extra \$1,000
<b>Preventative Care/Screening/Pre-Natal/ Immunizations</b>		No Charge	No Charge
<b>Well child visits</b>		No Charge	No Charge
<b>Doctor On Demand (DOD)</b> Offers remote diagnosis and treatment of patients by means of telecommunications. This service is available 24/7/365.		\$25 Co-pay Per Call	\$61 Co-pay per call
<b>Doctor Visits/Urgent Care</b>		\$25 co-pay	Applies toward deductible Plan pays 100% after deductible is satisfied
<b>Specialist</b>		\$50 co-pay	
<b>In Office Injected Specialty Medication</b>		\$150 co-pay	
<b>MedOne Prescriptions (Rx): 30 day supply</b>	Generic Preferred Brand Non-preferred Specialty	\$15 co-pay \$35 co-pay \$60 co-pay \$150 co-pay	Total cost of Rx applies toward satisfying the deductible  No Co-pays  Provider Discount applies Plan pays 100% after deductible is satisfied
	Non-preferred Specialty	50% of cost	
<b>Rx Out Of Pocket Maximum (OOPM)</b>	Rx OOPM;	Single \$ 3,600 Family \$7,200	
<i>Contraceptives and Smoking Cessation products are paid at 100% for Traditional and HDHP</i>			
<b>Outpatient surgery</b>		Deductible applies then 20% Coinsurance up to OOPM	Applies toward deductible Plan pays 100% after deductible is satisfied
<b>Inpatient Hospitalization</b>		Deductible applies then 20% Coinsurance up to OOPM	Applies toward deductible Plan pays 100% after deductible is satisfied

\* Summary is for comparison purposes only,  
plan documents prevail if discrepancy

# MedOne - Prescription Medication Coverage

Plan:

MedOne PPO Plan - **Prescription Drug Benefits**

Member Login:

<https://members.medone-rx.com/>

<b>PPO PLAN</b>	RX Deductable	RX OUT-OF-POCKET MAXIMUM
<b>Individual</b>	\$0	\$3,600
<b>Family</b>	\$0	\$7,200

**Embedded:** This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at a \$0 copay for the remainder of the benefit year ending December 31.

## Payment Structure

<b>Retail Pharmacies</b>	<b>1-30 Day Supply</b>	<b>31-60 Day Supply</b>	<b>61-90 Day Supply</b>
	Filling for acute and maintenance medications	Filling for maintenance medications only	Filling for maintenance medications only
<b>Generic</b>	\$15	\$30	\$45
<b>Preferred Brand:</b>	\$35	\$70	\$105
<b>Non-Preferred Brand:</b>	\$60	\$120	\$180

<b>MedOne Mail-Order Pharmacy</b>	<b>1-30 Day Supply</b>	<b>31-60 Day Supply</b>	<b>61-90 Day Supply</b>
	Filling for acute and maintenance medications	Filling for maintenance medications only	Filling for maintenance medications only
<b>Generic</b>	\$15	\$30	\$45
<b>Preferred Brand:</b>	\$35	\$70	\$105
<b>Non-Preferred Brand:</b>	\$60	\$120	\$180

**SPECIALTY PRESCRIPTIONS:** Specialty medications treat complex medical conditions such as cancer and multiple sclerosis that often require specific handling and storage requirements. Specialty prescription drug assistance through RxAlly is offered as part of your prescription benefit plan. RxAlly Patient Care Coordinators will help you pursue drug manufacturer assistance programs and/or patient assistance programs. With many of these programs, your responsibility toward your prescription copay may be reduced or eliminated altogether. If RxAlly Coordinators are unable to obtain assistance for you, coverage for certain prescription drugs may be available under the prescription benefit plan. For help in acquiring specialty prescription drug assistance, information about the RxAlly program, or a list of eligible drugs, please call RxAlly at 877-794-2218.

<b>HDHP PLAN</b>	RX Deductable	RX OUT-OF-POCKET MAXIMUM
<b>Individual</b>	\$3,000	\$3,600
<b>Family</b>	\$6,000	\$7,200

**Non-Embedded:** This means the family must meet the entire out-of-pocket maximum before prescription expenses are covered at a \$0 copay for the remainder of the benefit year ending December 31.

## Payment Structure

<b>Retail Pharmacies</b>	<b>1-90 Day Supply</b>
	Filling for a maximum of 30-day supply for acute medications and a maximum of 90-day supply for maintenance medications.
<b>Generic</b>	100% Till OOPM is Met
<b>Preferred Brand:</b>	100% Till OOPM is Met
<b>Non-Preferred Brand:</b>	100% Till OOPM is Met

<b>MedOne Mail-Order Pharmacy</b>	<b>1-90 Day Supply</b>
	Filling for a maximum of 30-day supply for acute medications and a maximum of 90-day supply for maintenance medications.
<b>Generic</b>	100% Till OOPM is Met
<b>Preferred Brand:</b>	100% Till OOPM is Met
<b>Non-Preferred Brand:</b>	100% Till OOPM is Met

# Additional Plan Information

## Member ID Card

Members will receive a Prescription Benefit ID card from MedOne. This ID card contains important information the pharmacy needs in order to process prescriptions.

## PremierONE PHARMACY NETWORK

The plan includes a network of pharmacies locally and nationwide. Register at [www.MedOne-rx.com](http://www.MedOne-rx.com) to search for an in-network pharmacy or call MedOne at **1-866-335-9057** for assistance.

## MedOne Drug Look-Up Tool

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives. Go to [medone-rx.com/members/drug-lookup](http://medone-rx.com/members/drug-lookup) to access this tool and enter in **WLLMKCBCEP** when prompted. If you or your physician has questions about a medication or available alternatives, please call MedOne at **1-866-335-9057**.

## MedOne Mail-Order

For assistance in setting up a mail-order account, register at [www.MedOne-rx.com](http://www.MedOne-rx.com) or call MedOne at **1-866-335-9057** for assistance. Please allow 14 business days from the time the mail-order request is submitted until the prescription is delivered.

## Dispense As Written Penalty

If a member requests a brand drug when a generic drug is available, the member is responsible for the applicable cost shares plus the difference in cost between the generic and brand drug.

## Refill-Too-Soon Limitation

A prescription may not be refilled until at least 75% of a 30-day supply (or 60% of a 90-day supply) has been utilized. For example, 23 days of a 30-day supply must be utilized before the pharmacy is able to process another fill.

## STEP THERAPY PROGRAM

This program ensures that members receive the most cost-effective medications prior to the plan approving brand medications. For the most current step therapy program information, register at [www.MedOne-rx.com](http://www.MedOne-rx.com).

## Drugs Requiring Prior Authorization

**This list is subject to change. The physician's office may obtain a prior authorization form by calling MedOne at 1-866-335-9057.**

- Standard drugs more than \$1,000
- Growth Hormones
- Compounded drugs more than \$100
- HIV Preventatives
- ADHD / narcolepsy drugs
- Inhalation / nasal smoking cessation products
- Androgens
- Smoking cessation drugs (for treatment more than 6 months)
- Breast cancer chemo-prevention drugs

# Frequently Asked Questions

## Is my drug on the MedOne formulary?

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives.

- Go to [medone-rx.com/members/drug-lookup](http://medone-rx.com/members/drug-lookup)
- Enter in the Rx GROUP ID (located on your ID Card)
- If you are currently taking one of the non-covered medications, please contact your physician and request a new prescription for one of the covered alternatives to be filled on or after your plan effective date.
- If you or your physician have questions about a medication or available alternatives, please call MedOne for assistance.

## Will I need a prior authorization for my medication?

Your prescription benefit plan may include clinical programs and plan edits for specific medications or therapy classes. Prior authorization (otherwise known as pre-approval) may be needed to ensure safe and effective medication therapies are provided while keeping healthcare costs low for you and the plan. In some cases, certain medications may not be covered under your plan and lower-costing equivalent or alternative medications are made available. We encourage you or your pharmacist to call MedOne at **866-335-9057** if you are prescribed a new medication in order to determine coverage status.

## What do I do if I have issues filling my prescription on or after the plan effective date?

Your plan has chosen programs and edits on select medications or therapy classes, however a rejection at the pharmacy does not necessarily mean your medication is not covered. Rather, your medication may be subject to review and approval. If your pharmacist advises there is an issue, please ask them to call MedOne at 866 335-9057. to speak to one of our Member Advocates. Our Member Advocates will work quickly to resolve any issues. This number is also located on your Prescription ID card.

## How do I go about filling my specialty medication?

Specialty medications treat complex medical conditions such as cancer or multiple sclerosis that often require specific handling and storage requirements. Specialty Prescription Drug assistance through RxAlly is offered as part of your Plan's Prescription Drug Program benefit. RxAlly Patient Care Coordinators will help you pursue drug manufacturer assistance programs and/or patient assistance programs. With many of these programs, your responsibility toward your Prescription Drug Copay may be reduced or eliminated altogether. Coverage for certain Prescription Drugs may be available under the Plan's Prescription Drug Program benefit if other assistance cannot be obtained. For additional assistance regarding specialty drugs, please call RxAlly at **877-794-2218**.

# Important Information - MedOne

## MedOne Member Portal - How To Register

1. Go to [medone-rx.com](http://medone-rx.com)
2. At the top of the screen click "member portal"
3. At the bottom of the page, click Register Here to Access your Account
4. Enter the information requested (group number and member ID can be found on your pharmacy ID card) then click Register
5. You will then be prompted to open the confirmation email and follow the link provided
6. Enter your log-in credentials and proceed to your account

## MedOne Member Services

**Call 1-866-335-9057 for the following:**

- Questions regarding the prescription drug benefits
- Locate a network pharmacy

## Set Up a Mail - Order Account

**MedOne Pharmacy Services (Mail Order)**

**Call 1-877-896-0919**

- Check the status of a mail-order delivery
- Order refills of a mail-order prescription

## Health Savings Accounts – Frequently Asked Questions (FAQ)

### TPA Advantage Administrators

A health savings account, also called an HSA, is a tax-free savings account that can be a powerful financial tool to cover medical expenses and save for the future. An HSA gives you a triple tax break: Your contributions are sheltered from income taxes, the money grows tax-deferred, and the funds can be withdrawn tax-free for medical expenses. It's like a supercharged flexible spending account that never expires, and it can even serve as an extra retirement savings fund. Below are answers to frequently asked questions about how HSA's work and how to make the most of them.

#### ***How do I qualify for an HSA?***

You need a high deductible health insurance policy, whether it's through an employer or on your own. CBE's HDHP option is the only plan that allows participation in an HSA as a pre-tax, payroll deduction option.

#### ***How much can I contribute?***

You can make pretax contributions each payroll. You choose the amount you want payroll deducted. In 2024 you can contribute up to \$4,150 a year if you have individual coverage, or up to \$8,300 if you have family coverage. People age 55 and older can save an extra \$1,000 per year. (Contribution limits are set each year by the IRS and usually increase due to cost of living increases)

#### ***Can I change my payroll deduction HSA contribution amount?***

CBE's HSA plan allow you to change your payroll deduction amount at any time. To make this change, login in to Workday, go to the upper left Menu > Benefits & Pay > Under Tasks and Reports > Change Benefits > HSA Contribution Change.

#### ***How can I use the money?***

You may spend the HSA money tax-free on out-of-pocket medical expenses, such as your deductible, co-payments for medical care and prescription drugs, or bills not covered by insurance, such as vision and dental care. CBE HSA plan provides a debit card and an online reimbursement request option through Advantage Administrators website or app.

Unlike a flexible spending account, you don't have to use the money by the end of the year—it can grow tax-deferred in your account for later use. There's no deadline for making a withdrawal: You can reimburse yourself in future years for medical costs you incur now, as long as you have records of past bills. You can use HSA funds to pay Part D or Medicare Advantage premiums, or for a portion of your long-term care insurance premiums. If you use HSA money for non-medical expenses, you'll have to pay taxes on it (plus a 20% penalty before age 65). A complete list of eligible expenses can be found at [www.treasury.gov](http://www.treasury.gov), click on "Health Savings Accounts".

#### ***Can I use the HSA to pay for family member's medical expenses?***

You may use HSA funds to pay for medical expenses incurred by dependent children or a spouse even if you have an Employee only HDHP plan. However the IRS does not allow you to use HSA funds to pay for adult children's medical bills if they are over age 24.

#### ***How do I access my HSA money?***

You will be issued a pre-paid benefits debit card or you can request a distribution directly from Advantage Administrators. No claim form or proof of expense is needed for reimbursement. Keep proof of medical expenses in case of an IRS audit. You cannot pre-spend, but you can reimburse yourself once the money is deposited. For example if you need a prescription for \$50, but you only have \$25 in the HSA account your HSA debit card will not work at the time of purchase, however you can use your regular checking account to pay for the prescription and then request a reimbursement after your HSA balance reaches \$50.

#### ***How do I invest the HSA money?***

HSA accounts through CBE are administered by Advantage Administrators with your money deposited into Healthcare Bank. If you maintain a minimum balance of \$2,000 your additional funds may be invested in mutual funds yielding tax-free earnings.

#### ***If I set up an HSA through CBE, what happens if I switch jobs?***

You can keep the money in an HSA account even if you leave CBE, similar to a 401(k). But you will get stuck with a 20% penalty—plus an income-tax bill—if you use any of the money for non-medical expenses before age 65.

## Flexible Spending Accounts (FSA) TPA – Advantage Administrators

### Enrollment required each calendar year

- **Medical FSA** - allows reimbursement of qualifying out-of-pocket medical, dental and vision expenses.
  - Only allowed if you are not enrolled in a Health Savings Account
  - Maximum allowed is \$3,050 per calendar year
  - Must incur expense within calendar year
  - Must submit a claim form with proof of expense for reimbursement
  - Rollover of unused funds up to \$500
- **Limited Purpose FSA**
  - Allowed in tandem with a health savings account (HSA)
  - Reimbursement of qualifying dental or vision expenses only
  - Use HSA for medical expenses
  - Must incur expense within calendar year
  - Must submit a claim form with proof of expense for reimbursement
- **Dependent Care FSA**
  - Allows reimbursement of dependent care expenses
  - Can allocate up to an annual maximum of \$5000 per family
  - Daycare reimbursement allowed for any dependent you claim on your tax return
  - Daycare provider must be certified or pay income taxes for their daycare service
  - Must incur expense within calendar year
  - Must submit a claim form with proof of expense for reimbursement

Is an FSA right for me? A Healthcare FSA could save you money if you or your dependents have out-of-pocket expenses like co-pays, coinsurance, or deductibles for medical, prescription, dental or vision plans.

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or are in school, and your dependent children under age 13 attend daycare, after-school care, preschool or summer day camp. Note: Rollover does not apply to the Dependent Care FSA.

- **Submitting a Claim:** Access to accounts using a convenient Consumer Portal available 24/7/365. File claims easily online at <http://.advantageadmin.com> or via fax to 319.352.4018 or 319-352-2610.
- **Advantage Administration App** - Want to check your healthcare account balances and submit receipts from anywhere? There's an app for that! Advantage Administrators Mobile App lets you easily and securely access your benefit accounts, submit claims and upload receipts at any time.



# DOCTOR ON DEMAND - 24/7/365 Medical Coverage

Doctor On Demand (DOD) is available to employees and dependants enrolled in CBE's health plan. DOD offers remote diagnosis and treatment of patients by means of telecommunications technology. DOD gives you 24/7/365 access to a doctor through the convenience of phone or video consults, avoiding the hassle of waiting for a doctor's appointment.

## Teladoc doctors can treat many medical conditions such as:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems
- And more!

DOD is a new way to access a national network of qualified doctors that are practicing PCP's, pediatricians, and family medicine physicians. DOD providers create a new kind of relationship with you by taking the time to notice the details and listen to what's important to you. With your consent, DOD will provide information to your primary care physician.

## What are the costs?

- Traditional Plan: \$25.00 co-pay per call
- High Deductible Plan: \$61.00 co-pay per call (Cheaper than an office/urgent care visit)

## How do I get started?

It is highly recommended that you create your account upon your eligibility date or prior to your first call.

- 1.) **Set up Your Account** Download the Doctor On Demand app or visit [DoctorOnDemand.com](http://DoctorOnDemand.com)
- 2.) **Have your Wellmark member ID card ready**
- 3.) **Create an account or sign in**



[DoctorOnDemand.com](http://DoctorOnDemand.com)

[facebook.com/doctorondemand](https://facebook.com/doctorondemand)

800-997-6196

[DoctorOnDemand.com/mobile](http://DoctorOnDemand.com/mobile)

# MetLife Dental Plan

Plan:  
**MetLife Dental PPO**

Provider Network:  
<https://www.metlife.com>

	Cost Per Pay Period	Cost Per Month
Single	\$13.27	\$26.55
EE+Spouse	\$24.40	\$48.80
EE+Child(ren)	\$26.90	\$53.81
Family	\$33.92	\$67.84

## Dental Summary of Benefits

Coverage Types	In Network	Out of Network
Type A – Cleanings and oral exams	100% of PDP Fee*	100% of R&C Fee**
Type B - Fillings	50% of PDP Fee*	50% of R&C Fee**
Type C – Bridges and dentures	50% of PDP Fee*	50% of R&C Fee**
Type D - Orthodontia	50% of PDP Fee*	50% of R&C Fee**
<b>Deductible***</b>	<b>In Network</b>	<b>Out of Network</b>
Individual	\$25.00	\$25.00
<b>Annual Maximum Benefit</b>	<b>In Network</b>	<b>Out of Network</b>
Per Person	\$1,000	\$1,000
<b>Orthodontia Lifetime Benefit</b>		
Per Person (Children under Age 20)	\$1,000	\$1,000

\*Participating Dental Providers (PDP) Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefit maximums.

\*\*R&C fees refer to the Reasonable and Customary (R&C) charge, which is based upon the lower of (1) the dentist's actual charge (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentist's in the same geographic area for the same or similar services as determined by MetLife.

\*\*\*Applies only to Type B, C & D Services.



# MetLife Vision Plan

Plan:

**MetLife Vision PPO**

Provider Network:

<https://www.metlife.com>

	Cost Per Pay Period	Cost Per Month
<b>Single</b>	\$3.78	\$7.57
<b>EE+Child(ren)</b>	\$6.28	\$12.57
<b>EE+Spouse</b>	\$7.17	\$14.35
<b>Family</b>	\$9.66	\$19.32

Vision Summary of Benefits		
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
<b>Eye Examination</b>	Every 12 months	
<b>Comprehensive exam of visual functions and prescription of corrective eye wear.</b>	\$10 copay	\$45 allowance
<b>Retinal Imaging</b> <i>This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.</i>	Up to \$39 copay	Applied to the exam allowance
<b>Materials / Eye wear (Glasses or Contacts)</b>	Every 12 months	
<b>Standard Corrective Lenses</b>		
<b>Single vision</b>	\$20 copay	\$30 allowance
<b>Lined bifocal</b>	\$20 copay	\$50 allowance
<b>Lined trifocal</b>	\$20 copay	\$65 allowance
<b>Lenticular</b>	\$20 copay	\$100 allowance
<b>Frame Allowance</b> <i>(Receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.)</i>	1 Frame per 24 months \$130 allowance	\$70 allowance
<b>Costco</b>	\$70 allowance	
<b>Contact Lenses</b>	Every 12 months	
<b>Elective</b>	\$130 allowance	\$105 allowance
<b>Necessary</b>	Covered in full after eyewear copay	\$210 allowance
<b>Contact Fitting and Evaluation</b>	Standard or Premium fit: Covered in full with a maximum copay of \$60	Applied to the contact lens allowance
<b>Value Added Features</b>		
<b>Additional Savings on Glasses and Sunglasses<sup>1</sup></b>	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	
<b>Laser Vision correction<sup>2</sup></b>	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.	



# Life Insurance

## Employer Paid Benefits

Basic Life Insurance and Personal Accidental Death and Dismemberment (AD & D)

- CBE Companies provides you with Basic Life insurance coverage in the amount of \$20,000 and Personal AD&D coverage in the amount of \$20,000.
- If you are in the management or professional category your Company Paid Life insurance and AD & D coverage was stated in your offer letter.

## Employee Paid Benefits – Voluntary Additional Coverage

### Voluntary Accidental Death and Dismemberment (AD&D)

- \$10,000 increments not to exceed \$500,000.
- Employee or dependent spouse & child coverage under the Family Protection Plan Plus:
  - a. Employee: Rate per \$1,000 of coverage \$.03
  - b. Family: Rate per \$1,000 of coverage \$.04

### Optional Life Insurance –

- You may elect coverage in \$10,000 increments to a maximum of \$500,000.
- Any amount that exceeds the lesser of \$250,000 or 3 times your base annual earnings (hourly rate X 40 X 52) will require you to submit a Statement of Health form.
- Premiums will increase as your age category changes.
- Coverage will change as you reach the age of 65 and above:
  - Age 65 – 69 = 65% of elected coverage
  - Age 70 – 74 = 45% of elected coverage
  - Age 75 – 79 = 30% of elected coverage
  - Age 80 or older = 20% of elected coverage

*(Monthly premiums listed below)*

Age as of Jan1st	under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>\$10,000</b>	\$0.60	\$0.60	\$0.80	\$1.10	\$1.30	\$2.00	\$3.20	\$5.70	\$8.00	\$14.60	\$23.60
<b>\$20,000</b>	\$1.20	\$1.20	\$1.60	\$2.20	\$2.60	\$4.00	\$6.40	\$11.40	\$16.00	\$29.20	\$47.20
<b>\$30,000</b>	\$1.80	\$1.80	\$2.40	\$3.30	\$3.90	\$6.00	\$9.60	\$17.10	\$24.00	\$43.80	\$70.80
<b>\$40,000</b>	\$2.40	\$2.40	\$3.20	\$4.40	\$5.20	\$8.00	\$12.80	\$22.80	\$32.00	\$58.40	\$94.40
<b>\$50,000</b>	\$3.00	\$3.00	\$4.00	\$5.50	\$6.50	\$10.00	\$16.00	\$28.50	\$40.00	\$73.00	\$118.00
<b>\$60,000</b>	\$3.60	\$3.60	\$4.80	\$6.60	\$7.80	\$12.00	\$19.20	\$34.20	\$48.00	\$87.60	\$141.60
<b>\$70,000</b>	\$4.20	\$4.20	\$5.60	\$7.70	\$9.10	\$14.00	\$22.40	\$39.90	\$56.00	\$102.20	\$165.20
<b>\$80,000</b>	\$4.80	\$4.80	\$6.40	\$8.80	\$10.40	\$16.00	\$25.60	\$45.60	\$64.00	\$116.80	\$188.80
<b>\$90,000</b>	\$5.40	\$5.40	\$7.20	\$9.90	\$11.70	\$18.00	\$28.80	\$51.30	\$72.00	\$131.40	\$212.40
<b>\$100,000</b>	\$6.00	\$6.00	\$8.00	\$11.00	\$13.00	\$20.00	\$32.00	\$57.00	\$80.00	\$146.00	\$236.00
<b>\$110,000</b>	\$6.60	\$6.60	\$8.80	\$12.10	\$14.30	\$22.00	\$35.20	\$62.70	\$88.00	\$160.60	\$259.60
<b>\$120,000</b>	\$7.20	\$7.20	\$9.60	\$13.20	\$15.60	\$24.00	\$38.40	\$68.40	\$96.00	\$175.20	\$283.20
<b>\$130,000</b>	\$7.80	\$7.80	\$10.40	\$14.30	\$16.90	\$26.00	\$41.60	\$74.10	\$104.00	\$189.80	\$306.80
<b>\$140,000</b>	\$8.40	\$8.40	\$11.20	\$15.40	\$18.20	\$28.00	\$44.80	\$79.80	\$112.00	\$204.40	\$330.40
<b>\$150,000</b>	\$9.00	\$9.00	\$12.00	\$16.50	\$19.50	\$30.00	\$48.00	\$85.50	\$120.00	\$219.00	\$354.00

*A statement of health form is required if election is lesser of \$250,000 or 3 times basic annual earnings.*

## Life Insurance Continued

### Dependent Life Insurance – Spouse

- You must enroll in optional life coverage in order to carry dependent life coverage.
- You may elect to cover your spouse or child.
- Spouse- in \$10,000 increments, not to exceed 100% of the employee coverage amount, to a maximum of \$100,000.
- Any amount exceeding \$20,000 requires your spouse to submit a Statement of Health.
- Monthly coverage costs made by means of payroll deduction.
- Premiums will increase as employee's age category changes.

(Monthly premiums listed below)

Employee age as of January 1	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.60	\$0.50	\$0.60	\$0.80	\$1.00	\$1.20	\$1.80	\$3.20	\$5.20	\$9.30	\$16.10
\$20,000	\$1.20	\$1.00	\$1.20	\$1.60	\$2.00	\$2.40	\$3.60	\$6.40	\$10.40	\$18.60	\$32.20
\$30,000*	\$1.80	\$1.50	\$1.80	\$2.40	\$3.00	\$3.60	\$5.40	\$9.60	\$15.60	\$27.90	\$48.30
\$40,000*	\$2.40	\$2.00	\$2.40	\$3.20	\$4.00	\$4.80	\$7.20	\$12.80	\$20.80	\$33.20	\$64.40
\$50,000*	\$3.00	\$2.50	\$3.00	\$4.00	\$5.00	\$6.00	\$9.00	\$16.00	\$26.00	\$46.50	\$80.50
\$60,000*	\$3.60	\$3.00	\$3.60	\$4.80	\$6.00	\$7.20	\$10.80	\$19.20	\$31.20	\$55.80	\$96.60
\$70,000*	\$4.20	\$3.50	\$4.20	\$5.60	\$7.00	\$8.40	\$12.60	\$22.40	\$36.40	\$61.10	\$112.70
\$80,000*	\$4.80	\$4.00	\$4.80	\$6.40	\$8.00	\$9.60	\$14.40	\$25.60	\$41.60	\$66.40	\$128.80
\$90,000*	\$5.40	\$4.50	\$5.40	\$7.20	\$9.00	\$10.80	\$11.20	\$28.80	\$46.80	\$79.70	\$144.90
\$100,000*	\$6.00	\$5.00	\$6.00	\$8.00	\$10.00	\$12.00	\$18.00	\$32.00	\$52.00	\$93.00	\$161.00

\* Requires a Statement of Health form

### Dependent Life Insurance – Child

- Child- age 15 days to 6 months of age benefit amount is \$100.00.
- From 6 months to age 19 or 23, if a full-time student, in \$2,000 increments to a maximum of \$10,000.
- Child coverage monthly costs (made by means of payroll deduction):

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$.20	\$.40	\$.60	\$.80	\$1.00

## Disability Benefits

**Short Term Disability** – Provided at no cost to you after 1 year of full-time employment (Employer Paid)

- Benefit coverage: In the event of an extended illness, accident or disability.
- 60% of employee's base pay, up to \$1,200 per week.
- Maximum of 11 weeks of paid coverage, after waiting period.

Waiting period (period of time when no benefit will be paid):

14 calendar days (10 working days), benefits will begin on day 15.

**Long Term Disability** – Voluntary – You pay for this (Employee Paid)

- Benefit coverage: 60% of employee's earnings up to \$10,000 per month.
- Elimination period (period of time when no benefit will be paid) is 90 days after you become disabled.
- Monthly coverage costs (made by means of payroll deduction): Based on age and income (reviewed on an annual basis).
- Premium amount calculates in Workday according to your age and income.

# Assurity Income Supplemental Benefits

## Assurity Income Supplemental Benefits

(New York, Washington, and New Mexico employees excluded per state regulations)

### Accident Expense

Accident Expense – Pays a fixed cash benefit for medical treatments associated with a covered accident.

- Benefits are paid regardless of any other insurance coverage.
- Spouse and children coverage available
- Covers a wide range of accidents and treatments, including emergency room visits, follow-up treatment, diagnostic exams, hospital admission, hospital confinement, ambulance, physical therapy, emergency dental work, transportation and lodging, fractures, lacerations, burns, blood, plasma or platelets, accidental death and more
- Issue ages are 18 and over for the employee and spouse; 0 - 25 for dependent children
- Coverage is portable
- Wellness Benefit rider\* - Pays \$50 once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:
  - Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
  - Annual physical exam
  - Routine eye exam
  - Immunization

<b>Assurity Accident Benefit</b> <i>(monthly premiums)</i>			
<b>Employee</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child</b>	<b>Family</b>
\$17.48	\$30.32	\$36.52	\$53.84

### Hospital Indemnity

**Hospital Admission** – pays a lump-sum benefit of \$2,000 for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident.

**Hospital Indemnity Care Rider** - Pays daily benefits based on confinement due to a covered sickness or an injury sustained in a covered accident, in an amount based on the type of confinement and for the maximum number of days shown below:

- Hospital Confinement - \$100 per day up to 30 days

<b>Assurity Hospital Indemnity</b> <i>(monthly premiums)</i>				
<b>Issue Ages</b>	<b>Employee</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child</b>	<b>Family</b>
All Ages	\$20.87	\$42.61	\$40.75	\$62.48

## Critical Illness

Critical Illness – Pays a lump sum benefit if the insured is diagnosed with cancer, heart attack, stroke or one of 14 other serious medical conditions

- Pays a lump sum directly to you
- The return of premium benefit pays you back 100% of the premiums paid for the policy and riders if you die from a cause other than a covered critical illness
- Guaranteed issue – no medical exams or tests
- Portable – coverage continues if you retire or change jobs, as long as you pay the premiums

Recurrence Benefit rider - Pays a benefit if an insured person is diagnosed for the second time with the same specified critical illness covered under the base policy.

<b>Assurity Critical Illness</b> (monthly premiums) Employee - \$10000 Benefit • Spouse - \$5000 • Child - \$2500				
Issue Ages	Employee or Employee + Children		Employee + Spouse or Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>18-24</b>	\$2.67	\$4.11	\$3.96	\$6.10
<b>25-29</b>	\$3.61	\$5.76	\$5.31	\$8.56
<b>30-34</b>	\$4.92	\$8.13	\$7.29	\$12.14
<b>35-39</b>	\$7.17	\$12.16	\$10.70	\$18.22
<b>40-44</b>	\$9.89	\$16.99	\$14.83	\$25.50
<b>45-49</b>	\$14.24	\$24.68	\$21.41	\$37.13
<b>50-54</b>	\$20.99	\$36.59	\$31.61	\$55.10
<b>55-59</b>	\$30.02	\$52.54	\$45.26	\$79.16
<b>60-64</b>	\$40.08	\$70.33	\$60.38	\$105.88
<b>65-69</b>	\$57.19	\$100.67	\$86.10	\$151.50
<b>70+</b>	\$100.71	\$175.89	\$151.59	\$264.60



## Group Accident Expense

Forms G H1708/G H1708C

### Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

#### Limitations

##### GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

#### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

#### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having a hernia, except as paid under the Hernia Surgery Benefit, if applicable;
- committing or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

**No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.**

## Group Hospital Indemnity

Forms G H1730/G H1730C

### Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

#### Limitations

##### GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

**Pre-Existing Conditions:** Assurity will not pay benefits concerning a pre-existing condition until after coverage has been in force for 12 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 12 months before the issue date, the insured person received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescribed medication.

**Special Endorsement:** The pre-existing condition clause and 10-month pregnancy exclusion will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause and 10-month pregnancy exclusion.

#### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

#### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having elective procedures that are not medically necessary (including but not limited to organ donation and elective sterilization);
- receiving services provided outside the United States;
- voluntarily inhaling gas;
- having cosmetic care, except when the hospital confinement is due to medically necessary reconstructive surgery;
- being confined primarily for rest care or convalescent care;
- having a covered sickness or injury covered under worker's compensation, an employer's liability law or similar law;
- being born, unless the loss is the result of a covered sickness or injury;
- being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the issue date;
- receiving routine newborn nursing or well baby care;
- operating, learning to operate, or serving as a crew member of any aircraft;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a mental and nervous disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment except as the result of an injury;
- committing or attempting to commit a felony;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

## Group Critical Illness

Forms G H1715/G H1715C

### Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

#### Limitations

##### GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

**Pre-existing conditions:** Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

**Waiting period:** The benefits payable for Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

**Special Endorsement:** The pre-existing condition clause will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause.

#### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

#### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- committing or attempting to commit a felony;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

# Retirement Plan with Empower

## About the 401(k) Plan

A 401(k) plan is a retirement savings plan designed to allow eligible employees to supplement any existing retirement and pension benefits by saving and investing through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn.

## Eligibility Requirements

Employees are eligible on their first day of employment provided they are age 21 or older.

## Enrollment

You may enroll by using the online enrollment option available at [participant.empower-retirement.com](https://participant.empower-retirement.com)

CBE offers you the option to contribute to a 401(k) plan and/or a Roth plan.

**401(k) Before Tax:** The 401(k) option allows you to contribute pre-tax dollars. When contributing pre-taxed dollars, you are saving money each payroll in your current taxes. When you take money out in retirement you will be taxed on the distribution amount at that time, hoping you are in a much lower tax bracket than you are today while working.

**Roth After Tax:** The Roth option will give you the flexibility to designate all or part of your 401(k) elective deferrals as Roth contributions. Roth contributions are made with after-tax dollars, as opposed to the pre-tax dollars you contribute to a traditional 401(k). With the Roth option you've already paid taxes on money you contribute, therefore you are not taxed when you take the money out in retirement.

## Contribution Limits

The 2024 IRS retirement contribution limits are \$23,000 annually, and participants turning age 50 or older in 2024 may contribute an additional \$7,500 annually. CBE offers you the option to contribute to a 401(k) plan and/or a Roth plan.

## Plan Fees

Please review the Plan's Notice of Investment Returns & Fee Comparison for information on Plan fees and expenses.

## Empower Retirement Advisory Services

Your Plan offers a service called Empower Retirement Advisory Services. You can have Advised Assets Group, LLC, a federally registered investment advisor, manage your retirement account for you. Or, if you prefer to manage your retirement account on your own, you can use the Online Advice tool. These services help create a personalized retirement strategy for you. For more detailed information about these services, including any applicable fees, visit your Plan's Web site at [empowermyretirement.com](https://empowermyretirement.com) or call the Voice Response System, toll free at 1-800-338-4015.

## Discretionary Match (Employer Contributions)

Your plan provides for a match of 50% of deferrals up to 4% of compensation. You will become eligible for the company match when you have met the plans eligibility requirements and elect to contribute to the 401(k) plan.

## Vesting Schedule

Vesting refers to the percentage of your account you are entitled to receive upon the occurrence of a distributable event. The value of your contributions to the Plan and any earnings they generate are always 100% vested (including rollovers from previous employers).

The value of employer discretionary match contributions to the Plan, and any earnings they generate, are vested as follows:

**Years of Service**  
0 - 3 Year(s) 0%

**Vested Percentage of Employer Contributions**  
3 Years and over 100%

## Investment Options

A wide array of investment options are available through your Plan. Please review the Plan's Notice of Investment Returns & Fee Comparison for information on the investment options at [empowermyretirement.com](https://empowermyretirement.com). Once you have enrolled, investment option information is also available through the Web site at [empowermyretirement.com](https://empowermyretirement.com) or call the Voice Response System toll free at 1-800-338-4015. The Web site and the Voice Response System are available to you 24 hours a day, 7 days a week.

All information contained on the Web site, in prospectuses and other investment option documents is offered in English. Please have this information translated for your understanding.

Access to the Voice Response System and the Web site may be limited or unavailable during periods of peak demand, market volatility, systems upgrades and maintenance, or other reasons. The account owner is responsible for keeping the assigned PIN confidential. Please contact a client service representative immediately if you suspect any unauthorized use.

## Transfers and Allocation Changes

Use your Personal Identification Number (PIN) and Username to access the Web site or you can use your Social Security number and PIN to access the Voice Response System. You can move all or a portion of your existing balances between investment options (subject to Plan rules) and change how your payroll contributions are invested.

## Rollovers

Only Plan Administrator approved balances from an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or an Individual Retirement Account (IRA) may be rolled over to the Plan. Some plans may only allow rollovers from other 401(k) plans. Distributions you receive prior to age 59 1/2 may be subject to the 10% early withdrawal federal tax penalty.

## Withdrawals

Qualifying distribution events are as follows:

- Retirement
- Permanent disability
- Financial hardship (as defined by the Internal Revenue Code and your Plan's provisions)
- Severance of employment (as defined by the Internal Revenue Code provisions)
- Attainment of age 59 1/2
- Death (your beneficiary receives your benefits)

Ordinary income tax will apply to each distribution. Distributions received prior to age 59 1/2 may also be assessed a 10% early withdrawal federal tax penalty. Refer to your Summary Plan Description for more information about distributions.

## How do I get more information?

Visit the Web site at [empowermyretirement.com](https://empowermyretirement.com) or call the Voice Response System, toll free at 1-800-338-4015 for more information. The Web site provides information regarding your plan, as well as financial education information, financial calculators and other tools to help you manage your account.

# Pet Insurance

## Pet insurance from Nationwide®

With two budget-friendly options, there's never been a better time to protect your pet.



**Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility**

- ✓ **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%<sup>1</sup>
- ✓ **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level of coverage with My Pet Protection®

**50%**  
reimbursement

**\$20-\$35/month<sup>2</sup>**

**70%**  
reimbursement

**\$27-\$47/month<sup>2</sup>**

How to use your pet insurance plan

**1** Visit any vet, anywhere.

**2** Submit claim.

**3** Get reimbursed.



Get a fast, no-obligation quote today at [PetsNationwide.com](https://www.PetsNationwide.com)

<sup>1</sup>Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

<sup>2</sup>Starting prices indicated. Final cost varies according to plan, species and ZIP code.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company, Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8274C





# Employee Assistance Program

## Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



### Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search “LifeWorks” on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

### Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

### Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select “Employee Assistance Program” when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

**Log on to [metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com), user name: metlifeeap and password: eap**



Navigating life together

# Tuition Reimbursement and Education Partnerships

CBE Companies Tuition Reimbursement provides support for the educational pursuits of qualified course(s) which will help employees maintain or improve their skills required for the company. CBE Companies Tuition Reimbursement is offered to full time employees with at least one year of continuous employment, regularly working 30 hours a week or more, and for employees with less than 20 (twenty) attendance points (US).

CBE Companies will reimburse tuition of a preapproved course(s) up to \$1,000 USD per calendar year if the final course grade is a "B" or equivalent. Employees must fill out a Tuition Reimbursement Request Form. Employee acknowledges that they are responsible for communication throughout the process. Employees are required to remain employed with CBE Companies for one year after a tuition reimbursement is paid. If employee resigns prior to serving out this requirement, they will repay a pro-rated portion. CBE Companies reserves the right to withhold funds from paycheck(s), vacation pay, expense reports and the like, if repayment has not been made.

Tuition Reimbursement can be used alongside the corporate tuition partnerships with Upper Iowa University and Rasmussen University.

## Upper Iowa University

- CBE has partnered together with Upper Iowa University to offer tuition grants to all CBE employees plus their spouses and dependents (up to age 26) towards courses taken at a center or online.
- The amount is \$125 off per course
  - Average savings of up to \$5,000 for a 4-year degree and \$2,500 for 2-years
  - Applies to current students enrolled at Upper Iowa University and any new incoming students.
- How this process works:
  - Provide a copy of your paystub to Upper Iowa University to show you are a CBE Companies employee
  - Upper Iowa University will then apply the grant towards yours or your spouse/dependents tuition costs.
- You can also check out more information about Upper Iowa University by checking out <https://uiu.edu/>

## Rasmussen University

- CBE has partnered together with Rasmussen University to offer tuition grants to all CBE employees courses taken at a campus or online.
  - The amount is 20% course credits
    - Average savings of up to \$6,000 for a 4-year degree
    - Applies to current students enrolled at Rasmussen University and any new incoming students.
  - How this process works:
    - Provide a copy of your paystub to Rasmussen University to show you are a CBE Companies employee
    - Rasmussen University will then apply the grant towards your tuition costs
  - Online Masters Degree program available through Rasmussen University can be completed online for under \$10,000
- For more information about Rasmussen, go to <https://www.rasmussen.edu/>

# Benefit Perks

## MetLife Value-Adds

### **Grief Counseling through TELUS Health –**

This service offers confidential 24/7 support for employees who are coping with a loss or a major life change like divorce, death of a loved one, loss of a job, etc. MetLife has a nationwide network of counselors that are always available to meet in person or over the phone. They also can help assist with Funeral Assistance like locating a nearby funeral home, locating florists and caterers, or obtaining estimated funeral costs. Call **1-888-319-7819** or visit [one.telushealth.com](http://one.telushealth.com). Username: **metlifeassist** Password: **support**

### **Funeral Planning Services through Dignity Memorial –**

Employees can get discounts up to 10% on funerals, cremations, or cemetery services. Dignity Memorial can also help with the planning of services and Bereavement Travel Services to assist with travel arrangements of loved ones. To get started, call **1-866-853-0954** and are available to help 24/7.

### **Will Preparation Services through WillsCenter.com –**

This service is available to all employees covered under CBE's Group Life Insurance plan. WillsCenter is a quick and easy way to create a living will or appoint a POA. To get started, visit [www.willscenter.com](http://www.willscenter.com) and enter **CBE Companies** follow the instructions to create the document. Once the binding document is created, it will need to be printed and have it notarized.

### **Estate Resolution through MetLife Legal Plans –**

This service is available to all employees who purchase Voluntary Life Insurance. MetLife Legal Plans offer one on one consultations to help settle spouse/domestic partner estates. MetLife has more than 14,000 plan attorneys that can discuss matters or general questions relating to probating an estate. To get started, call **1-800-821-6400** and provide the company name & last 4 digits of the policy holders SSN and MetLife will help locate a plan attorney near you.

### **MetLife VisionAccess Discount –**

This program is available to Dental Plan enrollees through MetLife and offers discounts to help pay out-of-pocket costs. The Vision Discount plan can be used for employees or dependents that are waiting to come onto the vision plan during Annual Open Enrollment. To receive the discount, employees must see a preferred vision provider and provide the code **MET2020** at the appointment.



## Wellmark Value-Adds - CBE Health Plan Enrollees Only

### **IDX™ Identity by Wellmark -**

Your Wellmark health insurance coverage keeps you safe, secure, and protected from more than the cost of healthcare. Just by being a member, you and your dependents have exclusive, free access to identity protection services called IDX™ Identity. It's just another way you get more as a Wellmark member. Sign in to [mywellmark.com](http://mywellmark.com) to get started. Enrollment Code: **4170999624**

### **Blue365 by Wellmark –**

Employees covered under CBE's Health Plan through Wellmark have access to Blue365® where employees can find exclusive gym membership discounts in addition to wellness products and services. To register, go to [Wellmark.com/Blue365](http://Wellmark.com/Blue365) with a valid email address and the first three characters of the policy holders Wellmark ID number.

## Other Benefit Perks

### Tobacco Cessation –

Successful completion of any online Tobacco Cessation Program allows for reimbursement of the tobacco surcharge. (Proof of successful completion is required to be provided to HR for removal of tobacco surcharge). To view a list of free programs available by state, follow this link [here](#). This information is also found on CBE Online under Human Resources > Benefits > Health Plan – Wellmark > Smoking Cessation Resources

### Group Auto & Home Insurance Program –

Farmers Insurance - Group discounts are available to insure your auto, home, other property, and personal liability at special group rates. Tenure discounts apply.

### Tickets at Work -

Corporate Discounts On: Electronics, Appliances, Apparel, Cars, Flowers, Fitness Memberships, Gift Cards, Groceries, Hotels, Movie Tickets, Rental Cars, Special Events, Theme Parks and More! To get started: Enroll at [TicketsatWork.com](https://www.ticketsatwork.com) > BECOME A MEMBER > COMPANY CODE > CBEPERKS

### Family Fitness Corporate Partnership Discounts

- **Cedar Valley SportsPlex** - Provide CBE badge or pay statement to receive 10% off membership fee
- **Cedar Falls Recreation and Fitness Center** - Provide full time status letter from employer to receive a discounted membership rate for nonresidents working for a business located inside the Cedar Falls City limits.
- **Clarksville YMCA** - Provide CBE badge or pay statement to waive joining fee
- **New Braunfels Das Rec** - Provide CBE badge or pay statement to receive 10% off membership fee



## Benefit Contact Information

QUESTIONS ABOUT  
BENEFITS?



Details of all CBE Benefits can be found on  
CBEOnline/Human Resources/Benefits or at:  
[www.cbecompanies.com/employees](http://www.cbecompanies.com/employees)

### Call Human Resources:

Benefits Coordinator: Madison Krone at 319-833-1342

Benefits Administrator: Leslie Steimel at 319-833-1015

Manager, Human Resources: Lacy Scarborough at 319-292-1481