



2024-2025 Benefits Overview

All employees (scheduled to work an average of 30 hours per week for medical and 20 hours for all other benefits) are eligible for benefits on the first of the month following 30 days of hire and will terminate on the last day of the month in which: your employment ends; your regular scheduled work hours are reduced to less than 30 hours per week; you stop paying your share of coverage.

CCRES is pleased to offer a full range of benefits through the following carriers, effective October 1, 2024. Once you make your Open Enrollment elections, you cannot change your benefits until the next open enrollment period unless you experience a qualifying life event. Qualifying Life Events include marriage, divorce, birth/adoption of a child, death of a dependent, and/or change in employment status for you and a spouse. You must contact Human Resources within 31 days of the Qualifying Life Event if you wish to change your elections.

Medical Plan Option 1: Base Plan (MEC + Plan 1)

The chart below provides a snapshot of the Base Plan (MEC + Plan 1). The chart highlights basic details, including reimbursement for in-network providers. Please refer to the Benefit Summary for a complete list of Wellness and Preventative Services. To find a provider, visit www.multiplan.com, choose the PHCS network, and then Limited Benefit Plan. Benefits and accumulators run on a calendar year basis.

Option 1: Base Plan (MEC & Plan I)		
Benefits	In-Network	Non-Network
Wellness & Preventive Services	Covered 100%	No Coverage
ACA Mandated Generic Prescription Medications through ACI	Covered 100%	No Coverage
Reimbursement Paid to Member		
Hospital Confinement per day / 31 days per year		\$600
Hospital Admission per day / 1 day per year		\$2,500
Surgical Inpatient per day / 1 day per year		\$1,000
Surgical Outpatient Major per day / 1 day per year		\$800
Surgical Outpatient Minor per day / 1 day per year		\$200
Anesthesia per day / 2 days per year		\$100
Office Visit per day / 8 days per year		\$80
Diagnostic Lab per day / 5 days per year		\$20
Diagnostic XRAY per day / 1 day per year		\$100
Diagnostic Major per day / 1 day per year		\$400
Emergency Room per day / 3 days per year		\$50

Virtual Health Benefits through Lyric	
Telemedicine & Behavioral Health	\$0 Copay Unlimited

This is an Employee Benefits Overview and not a contract. All benefits are subject to the provision and exclusion of the master contract.

Medical Plan Option 2: Mid Plan (Super MEC & Plan 2)

The chart below provides a snapshot of the Mid Plan (Super MEC & Plan 2). The chart highlights basic details including reimbursement for in-network providers. Please refer to the to Benefit Summary for a complete list of Wellness and Preventative Services. To find a provider, visit www.multiplan.com, choose the PHCS network and then Limited Benefit Plan. Benefits and accumulators run on a calendar year basis.

Option 2: Mid Plan (Super MEC & Plan 2)		
Benefits	In-Network	Non-Network
Preventive Well Visits for Children and Adults	Covered 100%	No Coverage
ACA Mandated Generic Prescription Medication through ACI	Covered 100%	No Coverage
Out of Pocket Maximum	\$1,500 Ind / \$4,500 Family	No Coverage
Primary Care Physician Office Visit	\$15 Copay	No Coverage
Specialist	\$15 Copay	No Coverage
Diagnostic Laboratory X-Rays	\$50 Copay	No Coverage
Advanced Imaging (MRI, CT Scan)	No Copay with KIS Imaging	No Coverage
Urgent Care	Pay: \$50 Copay Only	No Coverage
Emergency Room	\$100 Copay / \$500 maximum / 3 visits per year	
Rx Benefits		
Generic Rx	Up to \$10 Generic Mail Order Copay \$30	No Coverage
Brand Rx	Pay: \$50 or 50%	No Coverage
Maximums		
Rx Monthly Max Benefit	\$300 Ind / \$600 Family (Resets every month)	
Reimbursement Paid to Member		
Hospital Confinement per day / 31 days per year	\$600	
Hospital Admission per day / 1 day per year	\$2,500	
Surgical Inpatient per day / 1 day per year	\$1,000	
Surgical Outpatient Major per day / 1 day per year	\$800	
Surgical Outpatient Minor per day / 1 day per year	\$200	
Anesthesia per day / 1 day per year	\$300	

Virtual Health Benefits through Lyric	
Telemedicine & Behavioral Health	\$0 Copay Unlimited

This is an Employee Benefits Overview and not a contract. All benefits are subject to the provision and exclusion of the master contract.

Medical Plan Option 3: High Plan (Super MEC & Plan 1)

The chart below provides a snapshot of the Mid Plan (Super MEC & Plan 1). The chart highlights basic details including reimbursement for in-network providers. Please refer to the to Benefit Summary for a complete list of Wellness and Preventative Services. To find a provider, visit www.multiplan.com, choose the PHCS network and then Limited Benefit Plan. Benefits and accumulators run on a calendar year basis.

Option 3: High Plan (Super MEC & Plan 1)		
Benefits	In-Network	Non-Network
Preventive Well Visits for Children and Adults	Covered 100%	No Coverage
ACA Mandated Generic Prescription Medication through ACI	Covered 100%	No Coverage
Out of Pocket Maximum	\$1,500 Ind / \$4,500 Family	No Coverage
Primary Care Physician Office Visit	\$15 Copay	No Coverage
Specialist	\$15 Copay	No Coverage
Diagnostic Laboratory X-Rays	\$50 Copay	No Coverage
Advanced Imaging (MRI, CT Scan)	No Copay with KIS Imaging	No Coverage
Urgent Care	Pay: \$50 Copay Only	No Coverage
Emergency Room	\$100 Copay / \$500 maximum / 3 visits per year	
Rx Benefits		
Generic Rx	Up to \$10 Generic Mail Order Copay \$30	No Coverage
Brand Rx	Pay: \$50 or 50%	No Coverage
Maximums		
Rx Monthly Max Benefit	\$300 Ind / \$600 Family (Resets every month)	
Reimbursement Paid to Member		
Hospital Confinement per day / 31 days per year	\$600	
Hospital Admission per day / 1 day per year	\$2,500	
Surgical Inpatient per day / 1 day per year	\$1,000	
Surgical Outpatient Major per day / 1 day per year	\$800	
Surgical Outpatient Minor per day / 1 day per year	\$200	
Anesthesia per day / 2 days per year	\$100	
Office Visit per day / 8 days per year	\$80	
Diagnostic Lab per day / 5 days per year	\$20	
Diagnostic XRAY per day / 1 day per year	\$100	
Diagnostic Major per day / 1 day per year	\$400	
Emergency Room per day / 3 days per year	\$50	
Virtual Health Benefits through Lyric		
Telemedicine & Behavioral Health	\$0 Copay Unlimited	

WELCOME LETTER



Welcome to your new Lyric Health Virtual Care and Prescription benefits program!

Please take a few minutes to go over the information contained in this letter and retain the enclosed ID cards.

Take the following actions to register with Lyric Health and add your dependent(s) to your coverage.



Adding dependents to your LYRIC HEALTH PLAN:

- Visit <https://portal.getlyric.com> or call 866-223-8831.
- Have the primary member's date of birth, first name and last name available.
- Follow the prompt to add dependent information. All dependents over the age of 18 will be emailed their personal account credentials to register once added under the primary member's account.



Lyric Health Virtual Urgent Care & Behavioral Health

Lyric Health offers 24/7 access to Board-certified physicians either a phone call or click away. Physicians can diagnose many common non-emergency condition symptoms, recommend treatment options, and prescribe medication when medically appropriate. Common Conditions include:

- Cold & Flu Symptoms
- Allergies
- Respiratory Infection
- Sinus Problems
- Dermatology Problems
- Bronchitis
- Urinary Tract Infection

Account registration is required for use for all services.

To register, call 866-223-8831 or visit <https://portal.getlyric.com>. Please have the primary member's last name, date of birth, and zip code available to activate your account. Follow the prompts to activate and register yourself and your dependents. Added dependent of the age 18 and over are prompted to setup their own account prior to use.

Virtual Urgent Care

Once account registration is complete, a consultation with a doctor can be requested 24/7 by calling the toll free number above or logging into your account. Diagnostic consultations are available by phone or video for evaluations, diagnosis, and prescriptions if appropriate. Virtual Urgent Care Consultations by phone or video are free of charge. There is also the convenient informational consultation & ask the doctor options available by phone or email for general medical questions at no cost. Informational consultations will NOT provide a diagnosis or prescription.

During the consultation scheduling process, you will complete/update your EHR (Electronic Health Record). Your medical history provides Lyric Health doctors with the information they need to make an accurate diagnosis. Consultations will take place within 2 hours of the initial request or scheduled for a specific time.

Lyric Health also gives you access to your consultations history at any time, and with your consent, will provide information about your consults to your primary care physician.

Virtual Psychologist Service*

Members can speak with a licensed Psychologist in one-to-one session(s) to assess symptoms and evaluate medical, psychological and family history to determine a productive treatment plan. Issues include:

- Depression
- Addiction
- Stress Management
- Sinus Problems
- Life Changes
- Grief and Loss
- Relationship Issues

Once account registration is complete, a phone or video visit with a psychologist can be requested 24/7 by calling the toll-free number above or logging into your account. * A consultation fee applies.

Virtual Psychiatrist Service**

Members can connect with U.S based, board-certified Psychiatrists who can diagnose, treat, conduct psychotherapy and prescribe medications for a range of mental health disorders as necessary. Issues include:

- Anxiety
- Depression
- Trauma & PTSD
- Panic Disorders
- Bipolar Disorders
- Addictive Behaviors
- Panic Disorders

Once account registration is complete, a consultation with a psychiatrist can be requested via phone or video 24/7 by calling the toll free number above or logging into your account. ** A consultation fee applies. Prescriptions are not guaranteed.

Telephonic Counseling and Support

Telephonic Counseling provides confidential, unlimited consultation, counseling and referral services for members. These include:

- 24/7 access to Master's Level Counselors
- No co-pay or fee
- Immediate crisis support
- Comprehensive problem assessment
- Supportive counseling and subsequent sessions
- 100% follow-up with original counselor
- Custom referral (if needed) to medical, behavioral health plans or community resources

Telephonic Counselors work with members to identify specific issues and next steps to address, taking the guess work out of who to see in the event they may need additional services. They assist in identifying specialty providers and services that would be most appropriate for the situation. Members can also receive assistance with scheduling appointments and setting up follow up services. **Call 855-399-5547 for counseling and support services**

Disclosure:

Lyric does not prescribe DEA controlled substances, lifestyle drugs, and certain other drugs which may be harmful because of their potential for abuse. Lyric does not guarantee that a prescription will be written. Lyric physicians reserve the right to deny care for potential misuse of services.

THIS IS NOT INSURANCE

PPO Dental Plan – Delta Dental Low Plan

Delta Dental manages the dental benefit. Delta's dental program offers comprehensive dental coverage for services ranging from x-rays and routine cleanings to fillings and major care services. To find a provider, visit www.DeltaDentalIns.com.

PPO Benefit – Low Plan			
Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	No Deductible
Maximums Per member each calendar year	\$750	\$750	\$750
D&P counts toward maximum?	No, for all Dentists		

Covered Services	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, and Space Maintainers	100%	100%	100%
Basic Services Fillings and Simple Extractions	50%	20%	20%
Sealants	50%	50%	50%
Endodontics Root Canals	50%	20%	20%
Periodontics Surgical and Non-Surgical Periodontics	50%	20%	20%
Oral Surgery	50%	20%	20%
Major Services Crowns, Inlays, Onlays and Cast Restorations	Not Covered	Not Covered	Not Covered
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	Not Covered	Not Covered	Not Covered

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for Non-Delta Dental dentists.

PPO Dental Plan – Delta Dental High Plan

Delta Dental manages the dental benefit. Delta’s dental program offers comprehensive dental coverage for services ranging from x-rays and routine cleanings to fillings and major care services. To find a provider, visit www.DeltaDentalIns.com.

PPO – High Plan			
Benefits	Delta Dental PPO Dentists**	Delta Dental Premier Dentists**	Non-Delta Dental Dentists**
Deductibles per member / per family each calendar year	\$50/ \$150	\$100/ \$300	\$100/ \$300
Orthodontic Deductible Per individual per lifetime	\$0	\$0	\$0
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Maximums Per member each calendar year	\$1,500	\$1,500	\$1,500
Orthodontics Maximum Per individual per lifetime	\$1,500	\$1,500	\$1,500
D&P counts toward maximum?	No, for all Dentists		

Covered Services*	Delta Dental PPO Dentists**	Delta Dental Premier Dentists**	Non-Delta Dental Dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays and Space Maintainers	100%	80%	80%
Basic Services Fillings, Sealants and Simple Extractions	80%	50%	50%
Endodontics Root Canals	80%	50%	50%
Periodontics Surgical and Non-Surgical Periodontics	80%	50%	50%
Oral Surgery	80%	50%	50%
Major Services Crowns, Inlays, Onlays and Cast Restorations, Implants	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Orthodontic Services Dependent Children	50%	50%	50%

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist’s submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for Non-Delta Dental dentists.

Vision – VBA Low Vision Plan

The vision program is administered by VBA. The vision benefit is designed to provide routine preventive care such as eye exams, eyewear, and other vision services. To find a provider, visit www.VBAplans.com.

Plan Features	VBA Low Vision Plan	
	In-Network	Out-of-Network
Eye Exam Lenses Frames Contacts	Frequency Once every 12 Months Once every 12 Months Once every 12 Months Once every 24 Months	
Standard Eye Exams	\$10 Copay	Plan Reimburses up to \$39
Standard Lenses Single Bifocal Trifocal	\$25 Copay	Plan Reimburses up to \$23 Plan Reimburses up to \$37 Plan Reimburses up to \$49
Eyeglass Frames	Up to \$150 retail frame allowance	Plan Reimburses up to \$46
Contact Lenses	(in lieu of eyeglass lenses and frames)	
	\$150 allowance	Plan Reimburses up to \$150
Medically Necessary	15% off UCR	N/A

Vision – VBA High Vision Plan

Plan Features	VBA High Vision Plan	
	In-Network	Out-of-Network
Eye Exam Lenses Frames Contacts	Frequency Once every 12 Months Once every 12 Months Once every 12 Months Once every 12 Months	
Standard Eye Exams	\$10 Copay	Plan Reimburses up to \$39
Standard Lenses Single Bifocal Trifocal	\$25 Copay	Plan Reimburses up to \$23 Plan Reimburses up to \$37 Plan Reimburses up to \$49
Eyeglass Frames	Up to \$150 retail frame allowance	Plan Reimburses up to \$46
Contact Lenses	(in lieu of eyeglass lenses and frames)	
	\$150 allowance	Plan Reimburses up to \$150
Medically Necessary	15% off UCR	N/A

Supplemental Insurance - Symetra

As an active employee working at least 20 hours per week on average, you are eligible to purchase a variety of supplemental insurance plans on a voluntary basis with premiums paid through the convenience of payroll deductions. Plan benefits are paid directly to you, regardless of what other insurance plans you may have.

Accident Insurance:

- ❖ Provides true twenty-four-hour protection
- ❖ Pays \$50 per policy per calendar year for a covered Wellness Screening
- ❖ Pays benefits for doctor visits, hospital stays, physical therapy, fractures, burns, lacerations, and more

Voluntary Short-Term Disability:

You are eligible to purchase Short Term Disability insurance with the convenience of payroll deductions. Short Term Disability protects your income in the event you are unable to work due to a non-work-related injury or illness.

Plan Features	Voluntary Short -Term Disability
Benefit	66.67% of Salary
Maximum Benefit	\$1,750 per week
Elimination Period Off The Job Accident Illness	14 Day 14 Day
Benefit Duration	24 Weeks
Please refer to the Certificate of Coverage for further detail.	

Critical Illness Insurance:

- ❖ Pays a lump sum payment on the diagnosis of a covered Critical Illness once the coverage is in effect
- ❖ Pays an annual benefit amount of \$50 for Health Screening
- ❖ Pays cash directly to the insured, on top of any other coverages

Hospital Indemnity:

Inpatient Hospital Benefits 500 days lifetime maximum unless otherwise noted	
Hospital Confinement	\$1,000 First Day, \$100 Day 2+, 31 Incident(s) per person /per calendar year
Intensive Care Unit	\$1,000 First Day, \$100 Day 2+, 31 Incident(s) per person /per calendar year

Group Life Insurance:

Plan Features	Employee	Spouse	Child(ren)
Benefit:	Increments of \$10,000 up to the lesser of 5 times your annual earnings or \$250,000.	Increments of \$5,000 up to a maximum of \$30,000 not to exceed 50% of employee coverage.	Live Birth to 25 year(s) Increments of \$5,000 to a maximum of \$10,000

This enrollment guide is designed to provide you with an overview of the benefits available to you through your employment with CCRES. If you enroll, your Summary Plan Documents will provide you with the details of the features and benefits for all available plans. The actual benefits and benefit descriptions are governed solely by the relevant plan documents and contracts. CCRES retains the right to amend, change, or modify benefits at any time. As per notification, rates are subject to change.

Identity theft protection and a



Norton LifeLock Benefit Plans provide comprehensive, all-in-one protection against cyberthreats so employees can keep what's theirs, theirs.



Identity Theft Protection

Our proprietary technology monitors[†] for fraudulent use of employees' Social Security number, name, address and date of birth in applications for credit and services. The patented system sends alerts by text, phone^{**}, email or mobile app when a potential threat is detected.



Parental Control

Employees can take action to monitor their child's online activity and identify potential dangers to help keep children safe when exploring online. Easily set screen time limits, block unsuitable sites, and monitor search terms and activity history.^{**†}



Device Security

Multi-layered, advanced security helps protect devices against existing and emerging malware threats, including ransomware, and helps protect private and financial information when employees go online.^{**}



Online Privacy

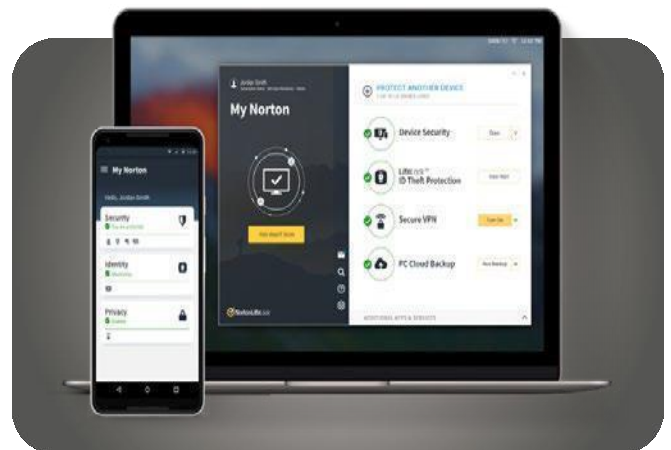
Protect devices on vulnerable connections through bank-grade encryption to keep information private. We also scan common public people-search websites for employees' info and help them easily opt-out.^{**}

118 Million

Nearly 118 million people were victims of cybercrime in 2021.¹

No one can prevent all identity theft or all cybercrime. [†] We do not monitor all transactions at all businesses.

^{**} These features are not enabled upon enrollment. Member must take action to activate this protection.



Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device - Windows PC, Mac, iOS and Android - via our mobile apps, or by signing into

their account at my.Norton.com and selecting Parental Control via any browser. ^{**} Requires your device to have an Internet/data plan and be turned on. ¹ Based on an online survey of 1,000 adults in the US conducted by The Harris Poll on behalf of NortonLifeLock, November - December 2021.

Payroll Deduction

Your Bi-Weekly Cost of Coverage

Option 1: Base Plan (MEC & Plan 1)

Employee Only	\$0.00
Employee & Spouse	\$42.46
Employee & Children	\$25.38
Family	\$55.38

Option 2 – Mid Plan (Super MEC & Plan 2)

Employee Only	\$55.38
Employee & Spouse	\$130.62
Employee & Children	\$102.92
Family	\$169.38

Option 3 – High Plan (Super MEC & Plan 1)

Employee Only	\$68.77
Employee & Spouse	\$158.31
Employee & Children	\$122.77
Family	\$201.69



Payroll Deduction
Your Bi-Weekly Cost of Coverage

Dental Plan 1 (Low)

Employee Only	\$11.04
Employee & Spouse	\$19.98
Employee & Children	\$18.36
Family	\$30.30

Dental Plan 2 (High)

Employee Only	\$18.33
Employee & Spouse	\$37.15
Employee & Children	\$35.00
Family	\$58.08

Vision Plan 1 (Base)

Employee Only	\$2.83
Employee & Spouse	\$5.38
Employee & Children	\$5.52
Family	\$7.36

Vision Plan 2 (Buy Up)

Employee Only	\$3.52
Employee & Spouse	\$6.68
Employee & Children	\$6.86
Family	\$9.14



2024 – 2025 Insurer Contact Information

Medical

Multiplan MEC by ACI

* **Plan 1 Base Plan (MEC & Plan 1)**

* **Plan 2 Mid Plan (Super MEC & Plan 2)**

* **Plan 3 High Plan (Super MEC & Plan 1)**

(888)293-9229 for questions

Email: aciclaims@acitpa.com

Find a Provider:

Policy Code: **CCR**

www.Multiplan.com and select:

1. Find a Provider
2. Select Network
3. PPO-Network -PHCS
4. Specific Services
5. Enter your zip code
6. Type by (name, specialty, facility type)
7. Click the Search Icon

Prescription Drug

PramRx

(800) 262-7726

<https://pram.com/> to locate a participating pharmacy

Telemedicine & Behavioral Health

Lyric

(866) 223-8831

<https://portal.getlyric.com> to register

Dental

Delta Dental

(800) 932-0783

Group Number: 21863

www.deltadentalins.com to find a provider

Vision

Vision Benefits of America

(800) 432-4966

Option 1 or 2

www.vbaplans.com

Term Life & Short Term Disability

Symetra Life Insurance Company

(800) 796-3872 for claims or general questions

www.symetra.com/

Contact us Monday through Friday, 6 am to 4:30 pm PT & 9 am to 7:30 pm ET

Accident / Critical Illness / Hospital Indemnity

Symetra Life Insurance Company

(800) 796-3872 for claims or general questions

www.symetra.com

Contact us Monday through Friday, 6 am to 4:30 pm PT & 9 am to 7:30 pm ET

Theft Protection

Norton LifeLock

(800) 607-9174

www.Norton.com/BenefitPlans

