



EMPLOYEE

Benefits Guide

CCRES

January 1, 2027 - December 31, 2027

Your benefits, explained.

What each plan covers, what it costs per paycheck, and how to use it - all in one place.

ENROLLMENT WINDOW
November 2nd – November 10th

DEADLINE
November 10th

ENROLLMENT METHOD
symetra.benselect.com/ccres
Call Center 484-460-2297

YOUR DAYBRIGHT SERVICE TEAM

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What's Inside

Your benefits are a meaningful part of your total compensation.

We are pleased to offer a comprehensive program designed to protect your health, your family, and your financial wellbeing. This guide answers the questions employees ask most - what each plan covers, what it costs, and how to use it. Read it alongside the plan documents you receive and bring any questions it does not answer to your Daybright service team.

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ENROLLMENT AT A GLANCE

ENROLLMENT WINDOW

November 2 – November 10

DEADLINE

November 10th

PLAN YEAR

January 1, 2027 - December 31, 2027

ENROLL

symetra.benselect.com/ccres

Call Center 484-460-2297

Who is eligible?

Employees averaging 30+ hours per week for medical, or 20+ hours per week for all other benefits, and their eligible dependents.

Mid-year benefit changes?

Permitted within 30 days of a qualifying life event. See page 4 for additional details.

Questions?

Call the Call Center or the Daybright service team. Contact details can be found at the end of this document.

Open Enrollment

Open enrollment is your once-a-year opportunity to review your coverage and make changes for the upcoming plan year. Take a few minutes to read this guide, view your current enrollment selections, compare your options, and make any changes before the deadline.

Prior elections will carry over

Although this is an active enrollment and everyone is encouraged to review and confirm their benefits, your current elections will carry over if you take no action. The only exception is the Vision Low Plan. If you are currently enrolled in the Vision Low Plan, you will automatically be moved to the Vision Enhanced Plan unless you choose to waive vision coverage.

HOW TO ENROLL IN THREE STEPS



STEP 1 - Review and Compare

Confirm your personal information, dependents, and beneficiary designations before you elect anything.

- Verify address, phone number, and email are accurate
- Check each dependent's name, date of birth, and SSN
- Update beneficiaries, especially if you've experienced a major life event recently
- Reference the plan comparison and rate tables in this guide
- Confirm your providers are in network



STEP 2 - Elect and Enroll

Review and update your elections as needed. If you take no action, elections carry over (Vision Low exception above).

- Review the enrollment procedure on ccres.mybenefitsinfo.com
- Enroll by phone with a Benefits Counselor through the Call Center at 484-460-2297, Monday - Friday, 9 AM - 6 PM.
 - No appointment is required - counselors process your elections over the phone
 - Enroll within 30 days of your hire date or qualifying life event
 - You will be asked to designate beneficiaries for your employer-paid Basic Life and AD&D insurance and Voluntary Life insurance, if elected
- Enroll online at symetra.benselect.com/ccres (Open Enrollment Period Only)
 - Click [here](#) for online enrollment instructions
 - User ID: your Social Security number (no dashes)
 - PIN: last 4 of your SSN plus the last 2 digits of your birth year



STEP 3 - Confirm

Submit your elections and save the confirmation statement for your records.

- View or print your confirmation statement at symetra.benselect.com/ccres
 - Click [here](#) for instructions to view and print your confirmation statement
 - User ID: your Social Security number (no dashes).
 - PIN: last 4 of your SSN plus the last 2 digits of your birth year
- Email new dependent documentation to benefits@ccres.org within 30 days of your enrollment

ENROLLMENT WINDOW

**November 2 through
November 10**

**Elections take effect
January 1, 2027.**

VIRTUAL EDUCATION SESSION

Thursday, October 22nd, 2026

5:00 PM – 6:30 PM ET

Recorded Webinar Link

Find the webinar link on the benefits microsite at ccres.mybenefitsinfo.com

Review your current benefits

Log in to

symetra.benselect.com/ccres

Select **Forms** to view your previous benefits confirmation statement.

Review your **current benefits and costs**, and keep the statement handy as you choose your benefits for 2027.



YOUR BENEFITS MICROSITE

Everything in one place, all year long

Your microsite holds every benefit summary, plan document, carrier form and enrollment resource for CCRES. Review full plan details, compare coverage, download a benefit summary, or find a carrier phone number - available 24/7 from any device, no login required.

ccres.mybenefitsinfo.com

Eligibility

You are eligible for benefits if you are scheduled to work an average of 30 or more hours per week for medical coverage, or 20 or more hours per week for all other benefits. Coverage ends on the last day of the month in which your employment ends, your hours drop below the requirement, or you stop paying your share of the cost.

WHO YOU CAN COVER

- Your legal spouse or domestic partner, where the plan permits
- Your natural born children, legally adopted children, stepchildren, and children placed for adoption, to age 26
- Children named under a Qualified Medical Child Support Order
- Children of any age who became permanently disabled before age 26 and are dependent on you for support

Coverage to age 26

Adult children are eligible regardless of marital, student, residency, or employment status, and whether or not they are your tax dependent. Coverage ends the last day of the month in which they turn 26.

Documentation required

New dependents must be verified. Have a marriage certificate, birth certificate, or adoption placement order ready when you enroll, and email it to benefits@ccres.org within 30 days of enrolling a new dependent.

QUALIFYING LIFE EVENTS

You have 30 days from the date of a qualifying life event (QLE) to contact the Call Center and request a change to your benefits. The change you request must be consistent with the event. Ex: a birth allows you add your child to coverage, it does not let you switch medical plans.

Event	Documentation typically required
Marriage, divorce or legal separation	Marriage certificate or decree
Birth, adoption, or placement for adoption	Birth certificate or placement order
Death of a spouse or dependent	Death certificate
Change in your spouse's employment	Employer letter showing the date of change
Gain or loss of other group coverage	Certificate of coverage or loss notice
Dependent reaches age 26	No documentation required
Gain or loss of Medicare or Medicaid	Award or termination letter
Change in residence affecting the network	Proof of new address

The 30-day rule

You are required to submit QLE changes within 30 days of the event date. If you miss the 30-day window, you must wait until the next open enrollment period to make changes to your benefits. To submit your QLE, contact the Call Center at 484-460-2297, then send supporting documentation to benefits@ccres.org.

WHEN COVERAGE BEGINS

Event	Effective Date
New Hire	First of the month following 30 days of hire
Waiting Period	30 days
Open Enrollment	January 1, 2027

Choosing Your Plan

Your CCRES medical options are limited indemnity plans and do not function like a traditional medical plan. Instead of a deductible and coinsurance, they pay fixed dollar amounts for covered services. Two of the plan options assess a fixed copay at time of care.

HOW THE PLANS DIFFER

<p>Fixed benefit plan</p> <p>Base Plan (MEC)</p> <ul style="list-style-type: none"> • Lower premium; the plan pays set dollar amounts back to you • Wellness and preventive services are still covered at 100% • No office visit, urgent care or brand drug copays are included 	<p>Copay plans</p> <p>Mid Plan and High Plan (Super MEC)</p> <ul style="list-style-type: none"> • Higher premium, fixed copays at the point of care • \$15 office visit copays and generic drugs up to \$10 • Includes a \$1,500 individual / \$4,500 family out-of-pocket maximum 	<p>Total cost of care</p> <p>How to compare</p> <ul style="list-style-type: none"> • Annual premium + expected out-of-pocket expenses = true cost • Compare the fixed benefit amounts against the care you expect to use • The lowest premium is not always the lowest cost overall
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KNOW THESE TERMS

Fixed benefit

A set dollar amount the plan pays for a covered service.

Copay

A flat dollar amount you pay for a covered service.

The **Base Plan** pays a set dollar amount back to you for each covered service, up to the daily limits outlined on the next page. The **Mid Plan** adds fixed copays for office visits, urgent care, the emergency room, and prescriptions, and includes an out-of-pocket maximum. It also pays set dollar amounts back to you for hospital and surgical services. The **High Plan** carries the same copays and out-of-pocket maximum as the Mid Plan, but includes a greater number of reimbursable services - including office visits, diagnostics, and the emergency room.

Wellness and preventive services as well as ACA mandated generic prescriptions are covered in full under all three plan options. There are no deductibles or coinsurances.

FIND A PROVIDER

FIND A PROVIDER

1

Search the directory

Go to www.multiplan.com and choose Find a Provider.

2

Select your network

Choose the PHCS network, then Limited Benefit Plan.

3

Confirm before you go

Call your provider's office and verify they still accept the plan.

Online: www.multiplan.com For Translator Services & TTY/TTD: 866-918-7427 Network: PHCS Limited Benefit

Medical Plan Details

Administrative Concepts, Inc.
(ACI)

	Base Plan (MEC + Plan 1)	Mid Plan (Super MEC + Plan 2)	High Plan (Super MEC + Plan 1)
Covered Benefit (In Network Only)	MEC	Super MEC	Super MEC
Out of Pocket Maximum (Individual / Family)		\$1,500 / \$4,500	\$1,500 / \$4,500
Preventative and Wellness Services and ACA Mandated Generic Prescriptions through ACI	Covered in Full	Covered in Full	Covered in Full
PCP Copay		\$15	\$15
Specialist Copay		\$15	\$15
Diagnostic Lab Tests / X-Rays Copay		\$50	\$50
ER Copay (Up to 6 Visits Per Year)		\$50 copay / \$1,000 max	\$50 copay / \$1,000 max
Advanced Imaging (KIS Network Only) Copay		\$0	\$0
Urgent Care Copay		\$25	\$25
Prescriptions (PRAM - In Network Only)			
Generic Copay		Up to \$10 (\$30 mail order)	Up to \$10 (\$30 mail order)
Brand Copay		\$25 or 50%	\$25 or 50%
Monthly Maximum Benefit (Individual / Family; Resets Monthly)		\$1,000 / \$2,000	\$1,000 / \$2,000
Reimbursement Schedule	Plan 1	Plan 2	Plan 1
Hospital Confinement; 31 days per year	\$600 per day	\$600 per day	\$600 per day
Hospital Admission; 1 day per year	\$5,000	\$5,000	\$5,000
Inpatient Surgery Benefit; 1 day per year	\$1,000	\$1,000	\$1,000
Outpatient Major Surgery Benefit; 1 day per year	\$1,500	\$1,500	\$1,500
Outpatient Minor Surgery Benefit; 1 day per year	\$200	\$200	\$200
Anesthesia Benefit	\$400 per day; 2 days max	\$750 per day; 2 days max	\$400 per day; 2 days max
Physician Office Visit; 12 days max per year	\$125 per day		\$125 per day
Outpatient Diagnostic Lab; 5 days max per year	\$75 per day		\$75 per day
Outpatient X-Ray Benefit; 1 day max per year	\$100		\$100
Outpatient Major Diagnostic Testing; 1 day max per year	\$400		\$400
Emergency Room Illness Benefit; 3 Days max per year	\$150 per day		\$150 per day
Virtual Primary Care and Behavioral Health Benefit (Lyric)	Unlimited	Unlimited	Unlimited
Employee Cost Per Paycheck	Base Plan (MEC + Plan 1)	Mid Plan (Super MEC + Plan 2)	High Plan (Super MEC + Plan 1)
Employee Only	\$0.00	\$58.81	\$79.25
Employee + Spouse	\$44.38	\$146.16	176.52
Employee + Child(ren)	\$36.15	\$121.18	\$148.04
Employee + Family	\$85.58	\$206.82	\$252.09

Telemedicine

Every CCRES medical plan includes virtual care through Lyric Health. You get 24/7 access to board-certified physicians by phone or video, typically within 2 hours of your request, without leaving home. Account registration is required before you use any service.

WHAT A VIRTUAL VISIT COSTS

Your Medical Plan	Cost Per Visit
Base Plan	\$0 copay Unlimited Visits
Mid Plan	\$0 copay Unlimited Visits
High Plan	\$0 copay Unlimited Visits

COMMONLY TREATED CONDITIONS

- Cold, flu and sinus infections
- Allergies and rashes
- Pink eye and earaches
- Urinary tract infections
- Nausea, vomiting and fever
- Behavioral health and therapy



Register before you need it

Telemedicine does not replace your primary care physician. It is built for non-emergency care - after hours, while traveling, or when urgent care is not practical. Registration is required for use of all services. Register yourself and your covered dependents, at portal.getlyric.com or call 866-223-8831 before you need access to the benefit. Have the primary member's last name, date of birth and zip code ready.

WHEN TO USE

Telemedicine <ul style="list-style-type: none"> • Available 24/7 • After hours or while traveling • Consultations typically within 2 hours • Prescriptions sent to your pharmacy 	Primary care <ul style="list-style-type: none"> • Annual physical and screenings • Chronic condition management • Referrals to specialists • Wellness & preventative services covered at 100% 	Urgent care <ul style="list-style-type: none"> • Injuries needing hands-on treatment • Stitches, x-rays and sprains • Lower cost than an ER visit • \$25 copay on the Mid and High Plans 	Emergency room <ul style="list-style-type: none"> • Chest pain, stroke symptoms, trauma • Severe bleeding or breathing trouble • Call 911 - do not wait • Highest cost setting of care
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Virtual dermatology appointments are available through getlyric.com, giving you convenient access to licensed dermatology providers for common skin, hair, and nail concerns—without an in-person office visit. The same plan cost sharing shown above applies.

Behavioral health is included

Virtual sessions with licensed psychologists and board-certified psychiatrists are available through Lyric Health 24/7 by phone or video. A consultation fee applies to psychologist and psychiatrist visits, and prescriptions are not guaranteed. Telephonic counseling and support provides confidential, unlimited consultation, counseling and referral services for members. Call 855-399-5547 for counseling and support services

Dental Insurance

Routine dental care protects more than your smile. CCRES offers two Delta Dental PPO options - a Low Plan and a High Plan. You may use any licensed dentist, but you will maximize your benefit and reduce out-of-pocket costs by choosing an in-network Delta Dental PPO dentist.

PLAN DESIGN

Key Dental Benefits	Delta Dental PPO Low Plan		Delta Dental PPO High Plan	
	In Network	Out of Network	In Network	Out of Network
Deductible (Individual / Family)	None	None	\$50 / \$150	\$100 / \$300
Annual Benefit Maximum (Per Covered Member)	\$750		\$1,500	
Class I - Preventive (Exams, Cleanings, X-rays)	100%	100%	100%	80%
Class II - Basic (Fillings, Endodontics, Periodontics, Oral Surgery)	50%	20%	80%	50%
Class III - Major (Crowns, Bridges, Dentures, Implants)	Not Covered	Not Covered	50%	50%
Class IV - Orthodontia (Dependent Children to Age 19)	Not Covered	Not Covered	50% to \$1,500 lifetime	50% to \$1,500 lifetime

YOUR COST PER PAYCHECK

Coverage Tier	Per Paycheck	
	Low Plan	High Plan
Employee Only	\$11.04	\$18.33
Employee + Spouse	\$19.98	\$37.15
Employee + Child(ren)	\$18.36	\$35.00
Employee + Family	\$30.30	\$58.08

Deducted over 26 bi-weekly pay periods.

MAKE THE MOST OF IT

Two free cleanings per year

Diagnostic and preventive services are covered at 100% by Delta Dental. PPO dentist visits do not count toward your annual maximum.

Ask for a pre-treatment estimate

For major work, your dentist can submit a treatment plan for a written estimate before you commit.

Use your annual maximum

Unused benefit dollars do not roll over. The annual maximum is \$750 per covered member on the Low Plan and \$1,500 on the High Plan.

FIND A PROVIDER

1

Search the directory

Choose Find a Dentist at deltadentalins.com.

2

Select your network

Filter to the Delta Dental PPO network.

3

Ask when you book

Confirm the office is in-network before treatment.

Online: deltadentalins.com Phone: 800-932-0783 Network: Delta Dental PPO

Vision Insurance

An annual eye exam does more than update a prescription - it is one of the few routine screenings that can detect diabetes, high blood pressure, and high cholesterol before symptoms appear. CCRES offers VBA #5420. Vision enrollment is passive; Vision Low Plan enrollees are automatically placed in the Vision Enhanced Plan unless opting out.

PLAN DESIGN | VISION ENHANCED PLAN

Key Vision Benefits	VBA Participating Provider	Out-of-Network
Vision Exam (Once Every 12 Months)	Covered in Full After \$10 Copay	Up to \$39
Single Vision Lenses	Covered in Full After \$25 Copay	Up to \$23
Bifocal / Trifocal Lenses	Covered in Full After \$25 Copay	Up to \$37 / \$49
Frames (Once Every 12 Months)	Up to \$150 After \$25 Copay	Up to \$46
Contact Lenses in Lieu of Glasses	Up to \$150 Allowance	Up to \$150
LASIK (Once Every 8 Years)	Not Covered	Up to \$250

YOUR COST PER PAYCHECK

Coverage Tier	Per Paycheck
Employee Only	\$3.52
Employee + Spouse	\$6.68
Employee + Child(ren)	\$6.86
Employee + Family	\$9.14

Deducted over 26 bi-weekly pay periods.

MAKE THE MOST OF IT

Medical versus routine

Infections, injuries, and disease monitoring are covered by your medical plan. Routine refractive exams will run through your vision insurance.

Lenses or contacts

The plan covers one or the other in an eligibility period, not both. Contacts are covered in lieu of eyeglasses.

Use the allowance fully

Frames are covered every 12 months on the Vision Enhanced Plan. Allowances do not roll over.

FIND A PROVIDER

1

Search the directory

Ask for a VBA participating provider when you book.

2

Select your network

Use a VBA Member Doctor to receive in-network benefits.

3

No ID card needed

Provide your name and date of birth at check-in.

Online: vbaplans.com Phone: 412-881-4900 Network: VBA Participating Providers

Basic Life & AD&D Insurance

Life insurance replaces income your family depends on. CCRES provides Basic Life and AD&D coverage at no cost to you through Madison National Life (Group #040767), arranged by National Insurance Services. You must designate a beneficiary when you enroll.

Why this matters

Employer paid Basic Life and AD&D Insurance provides financial protection for your loved ones at no cost to you. If you pass away while covered under the plan, a benefit is paid to your designated beneficiary to help with expenses and provide financial support when it is needed most.

COMPANY PAID COVERAGE

Basic Life & AD&D	Benefit
Basic Life Benefit Amount	\$10,000
Benefit Maximum	\$10,000
Basic AD&D Benefit Amount	\$10,000 (Equal to Life Benefit)
Age Reduction Schedule	65% at age 65, 50% at age 70
Your Cost	\$0 - CCRES pays 100%



Confirm your beneficiary

Life insurance pays only where you direct it - a will does not override a beneficiary designation. Review your beneficiaries on the Symetra site annually and after any major life event. It is the single most overlooked step in enrollment.

Short-Term Disability

Short-term disability (STD) insurance replaces a portion of your earnings when illness or injury keeps you out of work. CCRES offers this coverage on a voluntary basis. You pay the premium through payroll deductions.

Why this matters

An illness or injury can interrupt your paycheck while everyday expenses continue. Short-term disability replaces part of your weekly earnings during a covered absence, helping you manage those expenses while you recover.

SHORT-TERM DISABILITY (Voluntary - You Pay)

Short-Term Disability	Plan Provision
Benefit Amount	66.67% of Weekly Salary
Weekly Maximum	\$1,750
Elimination Period	14 Days (Accident and Illness)
Benefit Duration	24 Weeks
Who Pays the Premium	Employee

HOW SHORT-TERM DISABILITY WORKS

STEP 1

Elimination period

You use accrued sick time or PTO. Your disability benefit isn't payable until day 15.

STEP 2

Short-term disability

STD begins paying on day 15 and replaces a portion of your weekly earnings.

WHAT EMPLOYEES SHOULD KNOW

Benefits are not taxable

Because you pay the premium with post-tax dollars, the benefit you receive is not taxable income.

Pre-existing conditions

A pre-existing condition limitation may apply.

File early

Notify Symetra at 877-377-6773, as soon as an absence is expected to be extended. Late filing delays payment.

Coordinate with other income

Review the STD plan documents for rules on coordinating benefits with other income. Symetra will confirm your benefit amount once you file a claim and it is processed.

Voluntary Benefits

These plans pay cash directly to you and your family - not to a provider - to help cover deductibles, copays, travel, childcare, or lost income. Voluntary life pays a benefit to the beneficiary you name. Premiums are payroll deducted and coverage is portable if you leave.

Accident Fixed benefits for covered injuries <ul style="list-style-type: none"> • Fractures and dislocations up to \$3,000 • \$150 emergency room, \$1,000 hospital admission • 24-hour coverage, on and off the job • \$50 wellness screening benefit per person per year 	Hospital Indemnity Per admission and per day <ul style="list-style-type: none"> • \$1,000 first day, \$100 per day thereafter • Up to 31 hospital incidents per person per calendar year • Paid regardless of other coverage • Portable if you leave CCRES 	Critical Illness Lump sum on diagnosis <ul style="list-style-type: none"> • Heart attack, stroke, cancer, organ failure • Benefit amounts of \$5,000 to \$30,000 • Spouse 50% and child 25% of your benefit amount • \$50 annual health screening benefit
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YOUR COST PER PAYCHECK

Coverage Tier	Accident	Hospital Indemnity	Critical Illness
Employee Only	\$4.84	\$6.40	Varies*
Employee + Spouse	\$8.11	\$11.17	Varies*
Employee + Child(ren)	\$9.30	\$9.32	Varies*
Employee + Family	\$13.20	\$16.53	Varies*

*Critical Illness premiums depend on the age of the insured as of the effective date of coverage, and the benefit amount elected.

VOLUNTARY LIFE COVERAGE (You Pay)

Voluntary Life insurance lets you buy additional coverage for yourself, your spouse, and your children at group rates, through payroll-deducted premiums.

Voluntary Life	Employee	Spouse	Child
Elect in Increments of	\$10,000	\$5,000	\$5,000
Benefit Maximum	The lesser of \$250,000 or 5x annual salary	\$30,000, not to exceed 50% of employee coverage	\$10,000
Guaranteed Issue	\$100,000	\$30,000	\$10,000
Portable?	Yes	Yes	Yes
Your Cost*	Varies*	Varies*	Varies*

*Voluntary Life premiums depend on the age of the insured as of the effective date of coverage, and the coverage amount elected.

WHAT EMPLOYEES SHOULD KNOW

Guaranteed issue

Elect up to the guaranteed issue amount when first eligible and a EOI is not required. Later elections, or elections above the guaranteed issue amount requires medical underwriting approval and may be declined based on EOI.

Evidence of Insurability (EOI)

EOI consists of a questionnaire that allows a carrier to determine if an individual is in good health. EOI may be required when enrolling in or increasing Voluntary Life coverage.

Review beneficiary information

Log in to symetra.benselect.com/ccres to verify your beneficiary information is still accurate and up to date.

HOW MUCH COVERAGE IS ENOUGH

Replace income

10 times salary is a common benchmark for a household with dependents

Retire the debt

Add your mortgage and any loan balances your family would otherwise inherit

Fund what's ahead

Add the cost of the school years still in front of your children

Identity Theft Protection

Identity theft protection is offered through Norton LifeLock. LifeLock benefit plans help protect you and your family by offering device security, identity alerts with credit monitoring, social media monitoring, parental controls, high-dollar protection packages, and more. To learn more about your benefit options, please visit lifelock.norton.com.

Benefit Essential

Basic identity theft coverage for you and your family

- Identity lock
- Credit, bank, and utility account freezes
- Data breach notifications
- Prior identity theft remediation
- Password manager

Benefit Premier

All the benefits of essential, and more

- Home title monitoring
- Monthly credit score tracking
- Court records scanning

Coverage Tier	Benefit Essential	Benefit Premier
Employee Only (18+)	\$7.49	\$9.99
Employee and Family	\$14.98	\$18.98

WHAT EMPLOYEES SHOULD KNOW

Enroll through the Call Center

Identity theft coverage is elected the same way as your other benefits - call 484-460-2297.

Coverage for your household

Cover yourself and your family.

Want full plan details?

Visit the [CCRES microsite](#) or call Norton customer service at 800-607-9174.

Not sure where to start?

Call the Call Center at 484-460-2297, or your service team - contact details are on the next page.

For additional details on the plan offering, visit: www.norton.com/benefitplans.

Who to Call

Start with the source closest to your question. Carriers handle claims, ID cards, and provider networks. The Call Center handles enrollment, eligibility, dependents, and life events. Your service team is there for everything in between - including when you are not sure who to ask.

 <h3>Call the Carrier</h3> <ul style="list-style-type: none"> • Claims, denials, and appeals • ID cards and member portal access • Whether a provider is in network • What a specific service will cost 	 <h3>Call the Call Center</h3> <ul style="list-style-type: none"> • Enrollment and eligibility questions • Adding or removing a dependent • Life events and mid-year changes • Monday - Friday, 9 AM - 8 PM 	 <h3>Call the Service Team</h3> <ul style="list-style-type: none"> • Understanding what a plan covers • Help comparing your options • A claim that is not being processed • Anything you are not sure who to ask
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CARRIERS & VENDORS

Benefit	Carrier	Group #	Phone	Website
Medical	PHCS / MultiPlan	CCR	888-293-9229	www.multiplan.com
Prescription Drug (MEC Mid and High Plans)	PramRx	Your Member ID	800-262-7726	www.pram.com
Telemedicine	Lyric Health		866-223-8831	www.portalgetlyric.com
Dental	Delta Dental of Pennsylvania	21863	800-932-0783	www.deltadentalins.com
Vision	Vision Benefits of America	5420	412-881-4900	www.vbaplans.com
Basic Life & AD&D	Madison National Life	040767	800-627-3660	www.madisonlife.com
Disability	Symetra	20491	800-796-3872	www.symetra.com
Voluntary Benefits	Symetra	12545000	800-796-3872	www.symetra.com
Identity Theft	Norton LifeLock		800-607-9174	www.norton.com/benefitplans

CALL CENTER & BENEFITS DEPARTMENT

Name	Contact Information
CCRES Benefits Call Center	Enrollments & Life Events · 484-460-2297
CCRES Human Resources	Benefits Department · benefits@ccres.org



BEFORE YOU CALL - CHECK THE BENEFITS MICROSITE

Everything in one place, all year long

Benefit summaries, plan documents, carrier forms, and required notices for CCRES are available online. Most questions are answered there in less time than a phone call.

ccres.mybenefitsinfo.com

YOUR DAYBRIGHT SERVICE TEAM

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daybright™
FINANCIAL

CCRES

Employee Benefits Guide · January 1, 2027 - December 31, 2027

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible. In case of a discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.
