



**2024**

# **BENEFITS GUIDE**



Your Health & Wellness

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © 2023 Marsh McLennan Agency. All rights reserved.



# WELCOME TO YOUR 2024 BENEFITS!

CCMC/CCCHD/TxOIC is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.





# ELIGIBILITY

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the CCMC/CCCHD/TxOIC benefits program. For newly hired individuals, most of your benefits are effective the first day of the month following 60 days of full-time employment. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse or common law spouse (with court affidavit);
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

## Benefits End

Your medical, dental, vision, accident, critical illness and hospital indemnity benefits end the last day of the month in which your employment ends. Your life and disability benefits end the last day worked.

## Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



# HOW TO ENROLL

If you are a new hire, you have 60 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

## Before You Enroll

- Carefully review the benefits listed in this guide and determine coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to consider a beneficiary for life insurance.

Contact Human Resources if you have questions.

## ADP Workforce Now Enrollment Instructions

Enrollment is made easy with ADP Workforce Now! You will need your credentials (created by you during the new hire process) to access the benefit enrollment portal. To enroll, simply follow these steps:

- Go to <https://workforcenow.adp.com>
- Click on "User Login" tab and log in
- Click "forgot your user ID/password" if you do not remember your user ID or password
- Once you are logged into the system, mouse over the "Myself Tab", navigate to "Benefits" and select "Enrollments"
- Read the enrollment instructions and select the "Start" button towards the bottom of the page

# STAYING CONNECTED YEAR-ROUND

## iNGAGED

### Your Benefits On-the-Go

The iNGAGED app allows you to access your benefits information on your mobile device.

Available for iOS and Android, you can:

- View CCMC/CCCHD/TxOIC's benefits information 24/7
- Store images of your ID cards
- Access group ID numbers and review detailed plan information
- Quickly contact an insurance company
- Keep up with important benefit plan announcements, such as Open Enrollment deadlines and more
- Share the app with your family members

Download iNGAGED Benefits now from your smartphone's app store and use Company Code: myccmc-ccchdbenefits





## Benefits Service Center

The MMA service center is here for you — to answer your questions, including insurance claim questions, by phone and email. The representatives are licensed agents, are familiar with your benefits package and can assist with the following:

- Central point of contact for benefits questions and coverage inquiries
- Assist with ID Card request
- Assist employees with entering enrollment elections (New Hires/Life Events)
- Claims Inquiries
- Assist with finding in-network providers/facilities
- Assist with determining covered services

Contact them via email at [ccmc\\_ccchd@marshmma.com](mailto:ccmc_ccchd@marshmma.com) or via telephone at 855-550-9882, PIN 1008.

Representatives are available Monday through Friday, from 8 a.m. – 6 p.m. Central. Spanish speaking representatives are available.

## Patient Advocacy– Applies to critical illness only

Patient advocacy, through Mutual of Omaha, can help you:

- Coordinate care and services
- Identify and access providers and facilities
- Facilitate communications with your health care providers
- Help you schedule and understand tests, medical treatments and medications prescribed
- Locating and arranging special need services

Contact Advocacy Services at 866-372-5577 or email [customerservice@gilsbar.com](mailto:customerservice@gilsbar.com) for more information.



# MEDICAL

CCMC/CCCHD/TxOIC's medical coverage, through UMR, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

## How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference in the plan is the amount of money you'll pay when you need care. Based on:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescription programs** — You are responsible for the applicable costs until the overall out-of-pocket maximum has been met.

## Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting [www.umar.com](http://www.umar.com) and selecting the UnitedHealthcare Choice Plus network for medical providers. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident, critical illness and/or hospital indemnity insurance to help offset your out-of-pocket medical costs.





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

	<b>CCMC</b>	<b>UnitedHealthcare</b>
	CCMC Providers	Choice Plus Network
	In-Network	In-Network
<b>Calendar Year Deductible</b>		
Individual	N/A	\$1,500
Family	N/A	\$4,500
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>		
Individual	\$2,000	\$6,850
Family	\$4,000	\$13,700
	You pay	You pay
Coinsurance	10%	30%
Preventive Care	\$0	\$0
Primary Care Physician	Doctor's Medical Center: \$25	\$40
Specialist	Visiting Physician: \$40	\$40
Emergency Room	\$75	\$100 + 30%
Lab & X-ray	10%	30%*
Hospitalization	Facility: \$500 per admit + 10% Physician: \$100 per admit	\$500 + 30%*
Diagnostic Imaging (MRI/CT)	10%	30%*
<b>Prescription Drugs (30 days supply / 90 days supply)</b>	<b>Within 50 Miles of CCMC</b>	<b>Retail Pharmacy When Outside of CCMC Area (50+ Miles)</b>
Tier 1 - Generic	\$10 / \$25	\$10 / \$25
Tier 2 - Preferred Brand	\$20 / \$50	\$20 / \$50
Tier 3 - Non-preferred Brand	\$70 / \$175	\$70 / \$175
Specialty	MUST be filled through CCMC pharmacy: 20%; \$500 Maximum	MUST be filled through Maxor Plus Specialty Pharmacy: 20%; \$500 Maximum
Specialty Injectables - Infusion Therapy	MUST be filled through CCMC; prior authorization required	MUST be filled through CCMC; prior authorization required
<b>Medical Semi-Monthly Payroll Deductions</b>		
Employee Only		\$68.17
Employee + Spouse		\$412.34
Employee + Child(ren)		\$246.14
Employee + Family		\$545.91
*After Deductible		



## DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

CCMC/CCCHD/TxOIC offers dental coverage through MetLife. For information on finding a dental provider using the PDP Plus network, visit [www.metlife.com](http://www.metlife.com) and click on Find a Dentist.

### Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.





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

		<b>Dental Plan</b>	
		PDP Plus Network	
		In-Network	Out-of-Network
<b>Calendar Year Deductible</b>			
Individual			\$50
Family			\$150
<b>Calendar Year Benefit Maximum</b>			
Per Individual			\$1,500
		You pay	
<b>Preventive Care</b>			
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants			0%
<b>Basic Services</b>			
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics			20%*
<b>Major Services</b>			
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Implant			50%*
<b>Orthodontia</b>			
Children (up to 19th birthday)		50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived	
<b>Dental Semi-Monthly Payroll Deductions</b>			
Employee Only			\$16.97
Employee + Spouse			\$33.93
Employee + Child(ren)			\$42.25
Employee + Family			\$58.05
<i>*After deductible</i>			



# VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

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

CCMC/CCCHD/TxOIC offers vision coverage through MetLife using the Superior National network. For information on finding a vision provider, visit [www.superiorvision.com](http://www.superiorvision.com).

	Vision Plan	
	In-Network	Out-of-Network
	You pay	Reimbursement
<b>Cost</b>		
Exam	\$10	Up to \$45
Materials	\$25	See Below
<b>Covered Services – Lenses</b>		
Single Lenses	\$25	Up to \$30
Bifocals	\$25	Up to \$50
Trifocals	\$25	Up to \$65
Frames	\$130 allowance, 20% discount above allowance	Up to \$70
<b>Covered Services – Contacts in lieu of Frames/Lenses</b>		
Contacts – Medically Necessary	\$25	Up to \$210
Contacts – Elective	\$130 allowance	Up to \$105
<b>Benefit Frequency</b>		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts (in lieu of lenses)	Once every 12 Months	
<b>Vision Semi-Monthly Payroll Deductions</b>		
Employee Only	\$3.74	
Employee + Spouse	\$6.94	
Employee + Child(ren)	\$6.94	
Employee + Family	\$10.49	



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

**Important:** The IRS has a “use it or lose it” rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

How the Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,200 per year, pretax	You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses from January 1, 2024 to December 31, 2024	Submit claims up to March 31 of the following year for expenses from January 1, 2024 to December 31, 2024
At the end of the calendar year, participants can roll over up to \$640 of unused health care funds. Any remaining funds exceeding \$640 will be forfeited per IRS regulations.	If you do not spend all the money in this FSA by March 31, 2025 unused dollars will be forfeited per IRS regulations



## How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs, through isolated Benefit Services, to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	\$50,000	\$50,000	\$50,000	\$50,000
Account deposit (before taxes)	N/A	\$2,850	N/A	\$5,000
Taxable wages	\$50,000	\$47,150	\$50,000	\$45,000
Federal and Social Security taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (after taxes)	\$2,850	N/A	\$5,000	N/A
Take home (net)	\$32,825	\$33,541	\$30,675	\$32,106
Annual tax savings with the FSAs	\$0	\$716	\$0	\$1,431





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

Basic Life insurance is provided by your employer **at no cost to you**. This policy is administered by Mutual of Omaha and pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

## Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Contact Human Resources for more information.

Basic Life / AD&D Insurance - For You	
	Basic Life and AD&D
Coverage Amount	One times Your Annual Salary to \$150,000
Evidence of Insurability (EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by 50% at age 70.

## Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.



# VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also administered by Mutual of Omaha, can help protect your family during difficult times.

## Voluntary Life / AD&D Insurance - For You and Your Dependents

	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of \$10,000 up to \$500,000 - not to exceed five times your salary	Increments of \$5,000 up to \$100,000 - not to exceed 100% of Employee coverage	Increments of \$1,000 with a minimum of \$2,000 to a maximum of \$10,000
Guaranteed Issue (GI) (Initial eligibility only)	\$100,000 – not to exceed five times annual salary	\$25,000 – not to exceed 100% of EE election	\$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Currently Enrolled: Increase by \$10,000, not to exceed \$100,000  Newly Eligible: Enroll up to \$100,000 without EOI	Currently Enrolled: EOI required for any increase  Newly Eligible: Enroll up to \$25,000 without EOI	Not required

### Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.



# VOLUNTARY DISABILITY

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided through Mutual of Omaha. The cost of coverage for these benefits are available in the ADP portal.

## Short-Term Disability Benefits at a Glance

Weekly Benefit	60% of weekly earnings
Weekly Maximum	\$1,250 per week
Benefit Duration	13 weeks
Elimination Period	Injury: 0 days (off the job) Illness: 7 days
Pre-Existing Limitation	3/6*

*\*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for six months.*

## Long-Term Disability Benefits at a Glance

Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$6,000 per month
Benefit Duration	RBD to SSNRA
Elimination Period	90 days
Pre-Existing Limitation	12/12*

*Benefits may not be paid for any condition treated within 12 months prior to your effective date until you have been covered under this plan for 12 months.*

## Evidence of Insurability

Voluntary long-term disability requires evidence of insurability if not enrolled as a new hire or already enrolled. Please see Human Resources for more information.

## Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date for your STD coverage or within 12 months of the effective date for your LTD coverage.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.



# SUPPLEMENTAL BENEFITS

Supplemental benefits plans such as accident, critical illness and hospital indemnity insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

## Before You Enroll






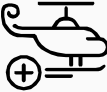
Consider this:

1. What would happen if you had an accident or became seriously ill and unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

## Accident

Accident coverage, through Mutual of Omaha, is designed to provide a cash benefit in the event of a covered accident or injury that occurs away from work. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

### Sample of Eligible Expenses

	<b>Emergency Room Visits</b>		<b>Hospital Stays</b>
	<b>Medical Exams</b> – Including major diagnostic exams		<b>Physical Therapy</b>
	<b>Fractures and Dislocations</b>		<b>Transportation and Lodging</b> – if you are away from home when the accident happens

See the schedule of coverage for a full list of covered accidents.

### Accident Semi-Monthly Payroll Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$6.07	\$9.71	\$12.35	\$16.65





## Critical Illness Insurance

Critical illness coverage, through Mutual of Omaha, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical illness coverage is not medical insurance.

Benefit Amounts		
<b>Employee</b>	Increments of \$5,000 up to \$20,000	
<b>Spouse</b>	Increments of \$5,000 up to \$10,000 - not to exceed 100% of Employee coverage	
<b>Children</b>	25% of Employee coverage; cost included in Employee rate	
Benefit Category	Condition	% of Principal Sum
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	20%
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%
	Acute Respiratory Distress Syndrome (ARDS)	25%
Cancer	Invasive	100%
	Bone Marrow Transplant	50%
	Carcinoma in Situ, Benign Brain Tumor	25%
Childhood/Developmental (only available to children)	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%
Additional Information		
Additional Occurrence Benefit	<p>Heart/Circulatory/Motor Function &amp; Organ Categories Only: 100% of the benefit will be paid in the event you are diagnosed with another covered illness in the SAME benefit category as long as there is at least 12 months between the two diagnoses.</p> <p>Different Benefit Category: 100% of benefit with three-month separation period.</p>	
Reoccurrence Benefit	One Time Only: 100% of the benefit will be paid in the event you are diagnosed with SAME covered illness as long as you have been treatment free for a minimum of 12 months between the two diagnoses.	
Health Screening Benefit	\$100 per Insured Person per Calendar Year	
Pre-Existing Limitation	12/12	
Benefit Reduction	Employee & Spouse: 50% at age 70	
Policy Benefit Maximum	300%	
True Open Enrollment	Always Guarantee Issue	
<b>See the Critical Illness Certificate for complete list of caveats and limitations.</b>		

## Hospital Indemnity Insurance

Hospital indemnity coverage, through Mutual of Omaha, is designed to provide a cash benefit in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance.

<b>Admission Benefit</b>	<b>Amount</b>
<i>(Limited to a combined total of 2 admissions with date of service separation of 30 days per calendar year. Hospital and ICU admission benefits are not payable on same day.)</i>	
<b>Hospital Admission</b>	\$1,000
<b>ICU Admission</b>	\$2,000
<b>Confinement Benefit</b>	<b>Amount</b>
<i>(Limited to a combined total of 30 days per calendar year. Hospital/ICU confinement benefits are not payable on the same day as the admission benefit.)</i>	
Daily Hospital Confinement	\$100
Daily ICU Confinement	\$200
Daily Newborn Nursery Care Confinement	\$75 (2 Days Maximum)
<b>Additional Benefit</b>	
<b>Express Benefit</b>	\$50
<b>See the schedule of coverage for complete details.</b>	

## Hospital Indemnity Semi-Monthly Payroll Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$11.08	\$24.37	\$14.62	\$29.24



# ADDITIONAL BENEFITS

## Employee Assistance Program

CCMC/CCCHD/TxOIC also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through Mutual of Omaha, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

For more information about this benefit, provided by Mutual of Omaha, log on to [www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap) or call 800-316-2796.

## Employee Perks and Discount Program

BenefitHub is an all-in-one portal for employer-sponsored perk programs and discount marketplace. You can find thousands of amazing deals from over 300,000 vendors on all the brands you love for all kinds of items, including but not limited to:

- Health and wellbeing
- Discounts at restaurants, on flights, concerts, and hotels
- Cash back on purchases

The CCMC/CCCHD/TxOIC portal also includes lifestyle and voluntary benefits, which are available at little or no cost to you but can go a long way to reduce your out-of-pocket spend throughout the year.

Visit <https://ccmcperks.benefithub.com> and enter your referral code **6R1F2J** to access your portal and reconnect to the world around you!



## Will Preparation

Will Preparation Services offers a range of services to help you communicate how you want to provide for your loved ones. For eligible members with voluntary term life plans, the service includes online planning documents, a resource library and access to professionals to help with issues related to:

- Advance Health Care Directive
- Estate Taxes
- Executors & Probate
- Power of Attorney
- Guardianship and Conservatorship
- Resource Library
- Trusts
- Wills

For more information about WillPrep Services, visit [www.willprepservices.com](http://www.willprepservices.com) and use code MUTUALWILLS.

## Travel Assistance Program

If you're looking for peace of mind while traveling, consider the voluntary travel assistance program. It offers toll-free emergency assistance to you, your spouse and your dependents 24 hours a day, seven days a week when you're traveling 100 miles or more from your primary home for 120 days or less. For more information about this benefit, provided by Mutual of Omaha, call 800-856-9947 (within the USA) or 312-935-3658 (outside the USA).

## Hearing Discount Program

Mutual of Omaha provides eligible employees with a hearing discount program through Amplifon. The program includes:

- Custom hearing solutions - Amplifon will find the solution that best fits your lifestyle and your budget from one of 10 manufacturers
- Risk-free 60-day trial - 100% money-back guarantee on hearing aid purchase
- Hearing aid low price guarantee - if you find the same product at a lower price, bring the local quote to Amplifon and Amplifon will not only match it, but will beat it by 5%
- Continuous Care - one year free follow-up, two years of free batteries, and a three-year warranty

Call Amplifon at 888-534-1747 and a Patient Care Advocate (PCA) will assist you in finding a hearing care provider near you. The PCA will explain the Amplifon process, request your mailing information, and assist you in making an appointment with a hearing care provider. Amplifon will then send information to you and the hearing care provider to ensure your amplifon discounts are activated.

For more information, visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) or call 888-534-1747.



# IMPORTANT CONTACTS

Coverage	Administrator	Phone	Email / Website
Human Resources	Leisha Elrod	254-879-4900	<a href="mailto:l elrod@comanchecmc.com">l elrod@comanchecmc.com</a>
MMA Abilene Office		325-437-0900 866-473-0906	
MMA Service Center	Marsh McLennan Agency	855-550-9882 PIN 1008	<a href="mailto:ccmc_ccchd@marshmma.com">ccmc_ccchd@marshmma.com</a>
iNGAGED App	Marsh McLennan Agency		Company Code – myccmc-ccchdbenefits
Patient Advocacy	Mutual of Omaha	866-372-5577	<a href="mailto:customerservice@gilsbar.com">customerservice@gilsbar.com</a>
Medical	UMR	844-590-5966	<a href="http://www.umar.com">www.umar.com</a>
Pharmacy	MaxorPlus	800-687-0707	<a href="http://www.maxorplus.com">www.maxorplus.com</a>
Dental	MetLife	800-275-4638	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
Vision	MetLife	833-393-5433	<a href="http://www.superiorvision.com">www.superiorvision.com</a>
Flexible Spending Accounts (FSAs)	isolved Benefit Services	800-796-7910	<a href="http://www.isolvedbenefitservices.com">www.isolvedbenefitservices.com</a>
Life and AD&D	Mutual of Omaha	800-655-5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Disability	Mutual of Omaha	800-655-5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Accident Insurance	Mutual of Omaha	800-655-5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Critical Illness Insurance	Mutual of Omaha	800-655-5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Hospital Indemnity Insurance	Mutual of Omaha	800-655-5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	<a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a>
Travel Assistance Program	Mutual of Omaha	US: 800-856-9947 other locations: 312-935-3658	-
Will Preparation	Mutual of Omaha	-	<a href="http://www.willprepservices.com">www.willprepservices.com</a> Code: MUTUALWILLS
Hearing Discount Program	Mutual of Omaha	888-534-1747	<a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a>
Employee Perks and Discount Program	BenefitHub	866-664-4621	<a href="https://ccmcperks.benefit hub.com">https://ccmcperks.benefit hub.com</a> Referral Code - 6R1F2J <a href="mailto:customercare@benefit hub.com">customercare@benefit hub.com</a>





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