Campbell County Health

2026-2027 Employee Benefits Guide

An overview of the wide array of benefits provided by Campbell County Health to help you enjoy increased well-being and financial security.

Introduction

As an employee of Campbell County Health, enjoying your work and making valuable contributions to the organization are equally vital. The health, satisfaction, and security of you and your family are important not only to your well-being, but also to achieving the goals of our organization.

For the 2026 plan year, Campbell County Health has worked hard to offer a competitive total rewards package that includes valuable and competitive benefit plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that every employee situation is unique, and Campbell County Health offers an overall benefits package that can be shaped to fit your individual needs.

This benefits booklet is a summary description of your Campbell County Health benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, helps you make the best health care choices for you and your family.

Medical plan info

Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance. *Except for Grandfathered medical plans

Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.

Plan Types

- EPO/PPO – A network of doctors, hospitals and other health care providers
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-435-5694 or visit us at www.pbaclaims.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-435-5694 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Tier 1: **$0** Individual / **$0** Family Tier 2: **$3,000** Individual / **$6,000** Family Tier 3 **$5,000** Individual / **$10,000** Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Network preventive care, services subject to copays and prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Tier 1: **$2,000** Individual / **$4,000** Family Tier 2: **$5,500** Individual / **$11,000** Family Tier 3: **$10,000** Individual / **$21,000** Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	The out-of-pocket limit does not include premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. For a list of Tier 2 **network providers** visit www.myCigna.com or call (800) 435-5694	This plan uses a provider network. You pay the least if you use a provider in Tier 1. You pay more if you use a provider in Tier 2. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: CCH	Tier 2: CIGNA Network	Tier 3: Out-of-Network	
		(You will pay the least)		(You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copay/visit	$50 copay/visit, deductible does not apply	65% coinsurance	Copay applies to visit only.
	Specialist visit	$25 copay/visit	$50 copay/visit, deductible does not apply	65% coinsurance	Copay applies to visit only.
	Preventive care/screening/ immunization	No charge, deductible does not apply		65% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray)	$40 copay/ per service per day	20% coinsurance	65% coinsurance	————none————
	Diagnostic test (blood work)	$0 copay/ per service per day	20% coinsurance	65% coinsurance	————none————
	Imaging (Ultrasound)	$50 copay/ per service per day	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3.
	Imaging (CT/PET scans, MRIs)	$250 copay/ per service per day	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3.

Common Medical Event	Services You May Need	What You Will Pay Tier 1: CCH (You will pay the least)	Tier 2: CIGNA Network	Tier 3: Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at RxBenefits (800) 334-8134 www.RxBenefits.com	Generic drugs	$10 copay/prescription (retail) 1-30 days $25 copay/prescription (retail) 1-90 days $15 copay/prescription (mail order)-1-90 days			Deductible does not apply. Cost sharing does not apply to certain preventive services. Out-of-Network pharmacy charges are not covered.
	Preferred brand drugs	$20 copay/prescription + 20% ($80 max) (retail) 1-30 days $50 copay/prescription + 20% ($200 max) (retail) 1-90 days $40 copay/prescription + 20% ($160 max) (mail order)-1-90 days			
	Non-preferred brand drugs	$35 copay/prescription + 30% ($150 max) (retail) 1-30 days $87.50 copay/prescription + 30% ($375 max) (retail) 1-90 days $75 copay/prescription + 30% ($300 max) (mail order)-1-90 days			
	Specialty drugs	$35 copay/prescription+ 30% ($150 max)			Limit: 30-day supply
If you have outpatient surgery	Facility fee (e.g., hospital or ambulatory surgery center)	Hospital: $250 copay/ per surgery per day	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3. Ambulatory surgical facilities are not available at Tier 1.
	Physician/surgeon fees	10% coinsurance	20% coinsurance	65% coinsurance	————none————
If you need immediate medical attention	Emergency room care	$300 copay/visit	20% coinsurance	20% coinsurance	Copay is waived if admitted from the emergency room. Tier 2 deductible and out-of-pocket limit apply to Tier 3.
	Emergency medical transportation	10% coinsurance	20% coinsurance	20% coinsurance	Tier 2 deductible and out-of-pocket limit apply to Tier 3.
	Walk-in Clinic/Urgent care	$25 copay/visit	$50 copay/visit, deductible does not apply	65% coinsurance	————none————
If you have a hospital stay	Facility fee (e.g., hospital room)	$100 copay/per day for first 5 days; after $0 copay/per additional day	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3.
	Physician/surgeon fees	10% coinsurance	20% coinsurance	65% coinsurance	————none————

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: CCH	Tier 2: CIGNA Network	Tier 3: Out-of-Network	
		(You will pay the least)		(You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office visits: $25 copay/visit Other outpatient services: 10% coinsurance	Office Visits: $50 copay/visit, deductible does not apply Other outpatient services: 20% coinsurance	Office Visits: $50 copay/visit, deductible does not apply Other outpatient services: 20% coinsurance	Tier 2 deductible and out-of-pocket limit apply to Tier 3.
	Inpatient services	$100 copay/per day for first 5 days; after $0 copay/per additional day	20% coinsurance	20% coinsurance	Preauthorization is required for Tier 2 and Tier 3. Tier 2 deductible and out-of-pocket limit apply to Tier 3.
If you are pregnant	Office visits	$25 copay/visit	$50 copay/visit, deductible does not apply	65% coinsurance	Cost sharing does not apply to certain Network preventive services. Maternity care may include tests and services described elsewhere in the SBC (e.g., an ultrasound). Preauthorization may be required for Tier 2 and Tier 3.
	Childbirth/delivery professional services	Not Available	20% coinsurance	65% coinsurance	
	Childbirth/delivery facility services	$100 copay/per day for first 5 days; after $0 copay/per additional day	20% coinsurance	65% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	20% coinsurance	65% coinsurance	Limit: 180 visits per plan year
	Rehabilitation services	$15 copay/visit	20% coinsurance	65% coinsurance	Occupational, Physical, Speech Therapy: review required after 30 visits per therapy per plan year.
	Habilitation services	$15 copay/visit	20% coinsurance	65% coinsurance	
	Chiropractic services	Not Available	20% coinsurance	65% coinsurance	Limit: 40 visits per plan year.
	Cardiac Rehabilitation	10% coinsurance	20% coinsurance	65% coinsurance	Limit: 36 visits per plan year.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: CCH	Tier 2: CIGNA Network	Tier 3: Out-of-Network	
		(You will pay the least)		(You will pay the most)	
	Skilled nursing care	10% coinsurance	20% coinsurance	65% coinsurance	Preauthorization is required for inpatient confinements; limited to 120 days per plan year.
	Durable medical equipment	10% coinsurance	20% coinsurance	65% coinsurance	————none————
	Hospice services	Not Available	20% coinsurance	65% coinsurance	————none————
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered	————none————
	Children's glasses	Not covered	Not covered	Not covered	————none————
	Children's dental check-up	Not covered	Not covered	Not covered	————none————

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids (Tier 2 and Tier 3)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs
- Non-emergency care when traveling outside the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care (up to 40 visits per plan year)
- Hearing aids – Tier 1 only (no charge, up to a maximum benefit of $2,500 every 5 years)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Professional Benefit Administrators, Inc., 900 Jorie Blvd. Suite 250; Oak Brook, IL 60523-3827 or (630) 655-3755. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? **Yes**
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? **Yes**
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al call (630) 655-3755.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples: Assumes covered charges are incurred with Tier 1 and Tier 2 Providers.

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** Tier 1 **$0**, Tier 2 **$3,000**
- **Specialist copayment** **$25**
- **Hospital (facility) copayment** **$100 per day**
- **Other coinsurance** **10%/Tier 1 or 20%/Tier 2**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$3,000
Copayments	$270
Coinsurance	$200
What isn't covered	
Limits or exclusions	$15
The total Peg would pay is	**$3,485**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **$0**
- **Specialist copayment** **$25**
- **Hospital (facility) copayment** **$100 per day**
- **Other coinsurance** **10%**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$940
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Joe would pay is	**$940**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **$0**
- **Specialist copayment** **$15**
- **Hospital (facility) copayment** **$300**
- **Other coinsurance** **10%/Tier 1 or 20%/Tier 2**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$400
Coinsurance	$150
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$550**

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Important Questions	Answers	Why This Matters:
What is the overall deductible?	Tier 1: **$2,000** Individual / **$4,000** Family Tier 2: **$3,600** Individual / **$7,200** Family Tier 3 **$6,600** Individual / **$13,200** Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Network preventive care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Tier 1: **$4,000** Individual / **$8,000** Family Tier 2: **$6,500** Individual / **$14,000** Family Tier 3: **$10,000** Individual / **$20,000** Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	The out-of-pocket limit does not include premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. For a list of Tier 2 **network providers** visit www.myCigna.com or call (800) 435-5694	This plan uses a provider network. You pay the least if you use a provider in Tier 1. You pay more if you use a provider in Tier 2. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: CCH (You will pay the least)	Tier 2: CIGNA Network (You will pay the least)	Tier 3: Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	65% coinsurance	————none————
	Specialist visit	0% coinsurance	20% coinsurance	65% coinsurance	————none————
	Preventive care/screening/ immunization	No charge, deductible does not apply		65% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray)	0% coinsurance	20% coinsurance	65% coinsurance	————none————
	Diagnostic test (blood work)	0% coinsurance	20% coinsurance	65% coinsurance	————none————
	Imaging (Ultrasound)	0% coinsurance	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3.

Common Medical Event	Services You May Need	What You Will Pay Tier 1: CCH (You will pay the least)	Tier 2: CIGNA Network	Tier 3: Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at RxBenefits (800) 334-8134 www.RxBenefits.com	Generic drugs	$10 copay/prescription (retail) 1-30 days $25 copay/prescription (retail) 1-90 days $15 copay/prescription (mail order)-1-90 days			Copays apply after Tier 1 plan year deductible has been met. Cost sharing does not apply to certain preventive services. Out-of-Network pharmacy charges are not covered.
	Preferred brand drugs	$20 copay/prescription+ 20% ($80 max) (retail) 1-30 days $50 copay/prescription+ 20% ($200 max) (retail) 1-90 days $40 copay/prescription+ 20% ($160 max) (mail order)-1-90 days			
	Non-preferred brand drugs	$35 copay/prescription+ 30% ($150 max) (retail) 1-30 days $87.50 copay/prescription+ 30% ($375 max) (retail) 1-90 days $75 copay/prescription+ 30% ($300 max) (mail order)-1-90 days			
	Specialty drugs	$35 copay/prescription+ 30% ($150 max)			Limit: 30-day supply
If you have outpatient surgery	Facility fee (e.g., hospital or ambulatory surgery center)	Hospital: 0% coinsurance	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3. Ambulatory surgical facilities are not available at Tier 1.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	65% coinsurance	————none————
If you need immediate medical attention	Emergency room care	0% coinsurance	20% coinsurance	20% coinsurance	Tier 2 deductible and out-of-pocket limit apply to Tier 3.
	Emergency medical transportation	0% coinsurance	20% coinsurance	20% coinsurance	Tier 2 deductible and out-of-pocket limit apply to Tier 3.
	Walk-in Clinic/Urgent care	0% coinsurance	20% coinsurance	65% coinsurance	————none————
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	65% coinsurance	Preauthorization is required for Tier 2 and Tier 3.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	65% coinsurance	————none————

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: CCH	Tier 2: CIGNA Network	Tier 3: Out-of-Network	
		(You will pay the least)		(You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% coinsurance	20% coinsurance	20% coinsurance	Tier 2 deductible and out-of-pocket limit apply to Tier 3.
	Inpatient services	0% coinsurance	20% coinsurance	20% coinsurance	Preauthorization is required for Tier 2 deductible and out-of-pocket limit apply to Tier 3.
If you are pregnant	Office visits	0% coinsurance	20% coinsurance	65% coinsurance	Cost sharing does not apply to certain Network preventive services. Maternity care may include tests and services described elsewhere in the SBC (e.g., an ultrasound). Preauthorization may be required for Tier 2 and Tier 3.
	Childbirth/delivery professional services	Not Available	20% coinsurance	65% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	65% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	65% coinsurance	Limit 180 visits per plan year
	Rehabilitation services	0% coinsurance	20% coinsurance	65% coinsurance	Occupational, Physical, Speech Therapy: review required after 30 visits per therapy per plan year.
	Habilitation services	0% coinsurance	20% coinsurance	65% coinsurance	
	Chiropractic services	Not Available	20% coinsurance	65% coinsurance	Limit 40 visits per plan year.
	Cardiac Rehabilitation	0% coinsurance	20% coinsurance	65% coinsurance	Limit 36 visits per plan year.
	Skilled nursing care	0% coinsurance	20% coinsurance	65% coinsurance	Preauthorization is required for inpatient confinements; limited to 120 days per plan year.
	Durable medical equipment	0% coinsurance	20% coinsurance	65% coinsurance	————none————
	Hospice services	Not Available	20% coinsurance	65% coinsurance	————none————

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: CCH	Tier 2: CIGNA Network	Tier 3: Out-of-Network	
		(You will pay the least)		(You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered	————none————
	Children's glasses	Not covered	Not covered	Not covered	————none————
	Children's dental check-up	Not covered	Not covered	Not covered	————none————

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids (Tier 2 and Tier 3)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs
- Non-emergency care when traveling outside the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care (up to 40 visits per plan year)
- Hearing aids – Tier 1 only (0% coinsurance, up to a maximum benefit of $2,500 every 5 years)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Professional Benefit Administrators, Inc., 900 Jorie Blvd. Suite 250; Oak Brook, IL 60523-3827 or (630) 655-3755. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? **Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al call (630) 655-3755.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples: Assumes covered charges are incurred with Tier 1 and Tier 2 Providers.

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** Tier 1 **$2,000**, Tier 2 **$3,600**
- **Specialist coinsurance** **0%**
- **Hospital (facility) coinsurance** **0%**
- **Other coinsurance** **0%/Tier 1 or 20%/Tier 2**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$3,600
Copayments	$20
Coinsurance	$480
What isn't covered	
Limits or exclusions	$15
The total Peg would pay is	**$4,115**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **$2,000**
- **Specialist coinsurance** **0%**
- **Hospital (facility) coinsurance** **0%**
- **Other coinsurance** **0%**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$2,000
Copayments	$260
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Joe would pay is	**$2,260**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **$2,000**
- **Specialist coinsurance** **0%**
- **Hospital (facility) coinsurance** **0%**
- **Other coinsurance** **0%/Tier 1 or 20%/Tier 2**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,000**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Health Savings Accounts

If you enroll in CCH Advantage High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA) through Health Equity. The HSA is a way for you to put money aside pre-tax to pay for future health care expenses. CCH contributes to your HSA account up to the following amounts:

HSA CCH Contribution amounts	Per Year/Paid 2nd pay period in July
Employee only	$250.00
Employee +Spouse	$500.00
Employee + Child(ren)	$500.00
Family	$750.00

The employee can contribute up to a maximum of $4,400 for single or $8,750 for family (this total includes the Employer contribution). If you are 55 years old or older, you can contribute an additional $1,000. If you are 65 years old or older, and on Medicare Part A or B, you are no longer eligible to contribute to an HSA or receive the Employer contribution.

The balance in this account will carry over from year to year. Money taken from your HSA account to pay medical expenses is not subject to taxes. The money in an HSA account can be withdrawn at any time to pay for non-medical expenses but would be subject to taxes and penalties. After age 65, money taken out to pay for non-medical expenses is only subject to taxes.

Health Savings Account (HSA)

This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future and during your retirement.

After you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, CCH or friends and family; and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs and much more. Best of all, you decided how and when to use your HSA dollars.

Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account, including single individuals, families and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits - The money you contribute to your HSA isn't taxed (up to the IRS annual limit).
- Tax-free earnings - Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals - The money used toward eligible health care expenses isn't taxed - now or in the future.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30% tax bracket, you can save $30 on every $100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

Flexible Spending Account (FSA)

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

You may also be able to carry over up to $660 of unused funds to the following year. Refer to your FSA documentation for more details.

Health FSA Eligible Expenses

- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits and blood pressure monitors

Dependent Care FSA Eligible Expenses

- Care for your child who is under the age of 13
- Before- and after-school care
- Babysitting and nanny expenses
- Day care, nursery school and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

Health FSA Limits 2026

$3,400 per plan year
($680 carryover max)

Dependent Care FSA

Limits $7,500 per plan year

Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Campbell County Health, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

Employee and Spouse Occupational Health Program

The Occupational Health Clinic is now located at 430 S. Medical Arts Ct., Gillette, WY. This program is available to ALL CCH employees – full-time, part-time, or PRN, with or without CCH health insurance.

Available programs include:

Blood Draw:

$205 value | Employee - Spouse - Dependent

Includes: A1C, CBC, PSA, Vitamin B12, Vitamin D, and Wellness Panel

- Employees without our insurance are able to get their blood drawn, one time a year at the approved dates that will be shared when determined.
- Employees, spouses, and dependents with our insurance, with proof of insurance, are able to get the blood tests at any time of the year, multiple times a year, at no cost.

Mammogram:

$499 value | Employee

- Employee must be over the age of 40.
- This mammogram is for screening only, not diagnostic: an employee can only have one mammogram per 12-month period for this program.
- Step 1 - Call ext. 8065 for your mammogram voucher.
- Step 2 - Call ext. 1600 to schedule your mammogram.

Audiogram:

$60 value | Employee

- Call ext. 8378 for questions and to schedule an appointment.

Campbell County Health
OCCUPATIONAL HEALTH

307.688.8378

Dental plan info

Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.

DELTA DENTAL®

Summary of Benefits	Premier Network	Out of Network*
Diagnostic & Preventive Services (not subject to deductible or annual maximum) ➢ Routing periodic examinations, including bitewing x-rays twice per calendar year. ➢ Dental prophylaxis (cleaning) twice per calendar year. **OR** ➢ Peridontal maintenance not more than twice per calendar year. **Benefit is for either a prophylaxis/cleaning or periodontal maintenance, subscribers cannot utilize both**. ➢ Topical fluoride applications once every twelve months. (Dependents to the end of the year age 26 is attained.) ➢ Space maintainers, fixed. (Dependents to the end of the year age 26 is attained.) ➢ Sealants. (Dependents to the end of the year age 26 is attained). ➢ Full mouth x-rays once every three years.	100%	100%
Basic Services ➢ Extractions and other oral surgery. ➢ Amalgam, preformed crowns, synthetic porcelain, plastic, and composite restorations (fillings.) ➢ Endodontics. ➢ Periodontics.	85%	85%
Major Services ➢ Crowns when teeth cannot be restored with a filling material. ➢ Prosthetics – provides bridges, partial dentures, and complete dentures. ➢ Dental implants. ➢ Occlusal guards.	50%	50%
Orthodontic Services ➢ Any participant (employee or dependent) to the end of the year age 26 is attained.	50%	50%
Annual Maximum (July -June)	$1,500	$1,500
Deductible ➢ Deductible does NOT apply to Diagnostic and Preventive or Orthodontic Services.	$45 per person contract year/$90 per family	$45 per person contract year/$90 per family
Orthodontic Lifetime Maximum	$1,750	$1,750

*Out of Network: When you receive services from non-participating dentists, you will not receive any of the advantages that our agreement offers. Non-participating dentists do not accept Delta Dental's pre-approved fees. This means **you are responsible** for any difference between their charge and what Delta Dental pays. Claims are paid to you. You are responsible for paying your dentist for claims as well as any deductible, coinsurance or non-approved charge.

Vision plan info

Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases—such as glaucoma and cataracts—which can lead to vision loss.

Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to $150 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.

The Standard Vision

Summary of Coverage

	VSP Choice Network + Affiliates	Out of Network
Deductibles	$10 Exam $10 Eye Glass Lenses or Frames (deductible applies to complete pair of glasses or frames)	$10 Exam $10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)	-	-
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	N/A
Contacts	-	-
Fit & Follow Up Exams	Participant cost up to $60	Not covered
Elective	Up to $200	Up to $105
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$200 (The Costco and Walmart allowance will be the wholesale equivalent)	Up to $70
Frequencies (months)	-	-
Exam/Lens/Frame	12/12/24 - based on date of service	12/12/24 - based on date of service
Lens Options (participant cost)	-	-
Progressive Lenses	Up to providers contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance

	VSP Choice Network + Affiliates	Out of Network
Std. Polycarbonate	Covered in full for dependent children- $33 adults	Not covered
Solid Plastic Dye	$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	$17	Not covered
Photochromatic Lenses (Glass & Plastic)	$31-$82	Not covered
Scratch Resistant Coating	$17-$33	Not covered
Anti-Reflective Coating	$43-$85	Not covered
Ultraviolet Coating	$16	Not covered

Additional Balanced Care Vision/Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exam) the cost of the fitting and is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses*
Frame Discount	VSP offers 20% off any amount above the retail allowance. *
Laser Vision Care	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of the approved amount (up to $1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Vision Plan Participant Service

Balanced Care Vision I from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 800.877.7195

Locate a VSP provider at: www.standard.com/services

Campbell County Health - Amounts/Pay Period - FY26 (2026-2027)

Full-time Employees

		2026-2027
EMPLOYEE ONLY	**Full-time Employee Only**	Employee Premium
	CCH Advantage HDHP	$93.00
	CCH Plus PPO Plan	$108.00
	Dental	$6.43
	Vision	$1.19
		2026-2027
EMPLOYEE & SPOUSE	**Full-Time Employee + Spouse**	Employee Premium
	CCH Advantage HDHP	$194.00
	CCH Plus PPO Plan	$225.00
	Dental	$13.33
	Vision	$6.23
		2026-2027
EMPLOYEE & CHILDREN	**Full-Time Employee + Children**	Employee Premium
	CCH Advantage HDHP	$165.00
	CCH Plus PPO Plan	$191.00
	Dental	$12.07
	Vision	$7.28
		2026-2027
EMPLOYEE & FAMILY	**Full-time Employee + Family**	Employee Premium
	CCH Advantage HDHP	$273.00
	CCH Plus PPO Plan	$317.00
	Dental	$19.68
	Vision	$12.34

Campbell County Health - Amounts/Pay Period - FY26 (2026-2027)

Part-time Employees

		2026-2027
EMPLOYEE ONLY	**Part-time Employee Only**	Employee Premium
	CCH Advantage HDHP	$116.00
	CCH Plus PPO Plan	$135.00
	Dental	$13.94
	Vision	$2.69
		2026-2027
EMPLOYEE & SPOUSE	**Part-Time Employee + Spouse**	Employee Premium
	CCH Advantage HDHP	$242.00
	CCH Plus PPO Plan	$281.00
	Dental	$28.87
	Vision	$7.73
		2026-2027
EMPLOYEE & CHILDREN	**Part-Time Employee + Children**	Employee Premium
	CCH Advantage HDHP	$206.00
	CCH Plus PPO Plan	$239.00
	Dental	$26.14
	Vision	$8.78
		2026-2027
EMPLOYEE & FAMILY	**Part-time Employee + Family**	Employee Premium
	CCH Advantage HDHP	$342.00
	CCH Plus PPO Plan	$397.00
	Dental	$42.63
	Vision	$13.84

Group Life Insurance

Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	1 X annual salary
Maximum benefit amount	$200,000
AD&D benefit	$200,000 (for other covered losses, a % of this benefit will be payable)
The following shows how much benefits are reduced at certain ages.	
Age band	**Benefit reduction**
65	65%
70	40%
75	25%

Group life is 100% covered by the employer with the option of employees adding voluntary life.

Employees must fill out an EOI form if they exceed the guaranteed issue amount.

Life insurance isn't a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.

Additional Life Insurance

Summary of Coverage

Plan Features	Basic Life - Voluntary
Employee benefit amount including AD&D	$20,000-$500,000 in increments of $5,000
Employee Guarantee issue	Up to $200,000
Spouse benefit including AD&D	$5,000 - $250,000 in increments of $5,000
Spouse Guarantee issue	Up to $50,000
Child(ren) benefit including AD&D	$5,000 or $10,000
The following shows how much benefits are reduced at certain ages.	
Age band	**Benefit reduction**
65	65%
70	40%
75	25%

Your Combined basic life and additional life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100% of your additional life coverage. The coverage amount for your child(ren) cannot exceed 100% of your additional life coverage. Employees must complete and EOI form if they exceed the guarantee issue amount.

Accelerated Death Benefit - If you become terminally ill, you may be eligible to receive up to 80% of your combines basic and additional life benefit to a maximum of $500,000.

Group Additional Life and AD&D Insurance

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Campbell County Health. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

_____ ÷ 1000 = _____ x _____ = _____ → _____

- Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).
- Enter your rate from the rate table.
- This amount is an estimate of how much you would pay each month.
- To get a sense of your biweekly premium, multiply your monthly premium amount by 12 and then divide by 26.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependent Life with AD&D coverage for your child(ren), your monthly rate is $0.14 per $1,000, no matter how many children you're covering. Your monthly AD&D rate of $0.02 per $1,000 is included.

Your Age (as of July 1)	Your Rate* (Per $1,000 of Total Coverage)
<25	$0.10
25–29	$0.10
30–34	$0.13
35–39	$0.17
40–44	$0.26
45–49	$0.37
50–54	$0.57
55–59	$0.79
60–64	$1.22
65–69	$2.31
70+	$3.74

Your Spouse's Age (as of July 1)	Your Spouse's Rate** (Per $1,000 of Total Coverage)
<25	$0.10
25–29	$0.10
30–34	$0.13
35–39	$0.17
40–44	$0.26
45–49	$0.37
50–54	$0.57
55–59	$0.79
60–64	$1.22
65–69	$2.31
70+	$3.74

*Includes a monthly AD&D rate of $0.02 per $1,000 of AD&D benefit.
**Includes a monthly AD&D rate of $0.02 per $1,000 of AD&D benefit for your spouse.

Employee Life with AD&D Biweekly Premiums for Tobacco Users												
Coverage Amount	Employee's Age as of June 1											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
$20,000	0.92	0.92	1.20	1.57	2.40	3.42	5.26	7.29	11.26	13.86	13.81	8.63
$25,000	1.15	1.15	1.50	1.96	3.00	4.27	6.58	9.12	14.08	17.33	17.26	10.79
$30,000	1.38	1.38	1.80	2.35	3.60	5.12	7.89	10.94	16.89	20.79	20.71	12.95
$35,000	1.62	1.62	2.10	2.75	4.20	5.98	9.21	12.76	19.71	24.26	24.17	15.10
$40,000	1.85	1.85	2.40	3.14	4.80	6.83	10.52	14.58	22.52	27.72	27.62	17.26
$45,000	2.08	2.08	2.70	3.53	5.40	7.68	11.84	16.41	25.34	31.19	31.07	19.42
$50,000	2.31	2.31	3.00	3.92	6.00	8.54	13.15	18.23	28.15	34.65	34.52	21.58
$55,000	2.54	2.54	3.30	4.32	6.60	9.39	14.47	20.05	30.97	38.12	37.98	23.73
$60,000	2.77	2.77	3.60	4.71	7.20	10.25	15.78	21.88	33.78	41.58	41.43	25.89
$65,000	3.00	3.00	3.90	5.10	7.80	11.10	17.10	23.70	36.60	45.05	44.88	28.05
$70,000	3.23	3.23	4.20	5.49	8.40	11.95	18.42	25.52	39.42	48.51	48.33	30.21
$75,000	3.46	3.46	4.50	5.88	9.00	12.81	19.73	27.35	42.23	51.98	51.78	32.37
$80,000	3.69	3.69	4.80	6.28	9.60	13.66	21.05	29.17	45.05	55.44	55.24	34.52
$85,000	3.92	3.92	5.10	6.67	10.20	14.52	22.36	30.99	47.86	58.91	58.69	36.68
$90,000	4.15	4.15	5.40	7.06	10.80	15.37	23.68	32.82	50.68	62.37	62.14	38.84
$95,000	4.38	4.38	5.70	7.45	11.40	16.22	24.99	34.64	53.49	65.84	65.59	41.00
$100,000	4.62	4.62	6.00	7.85	12.00	17.08	26.31	36.46	56.31	69.30	69.05	43.15
$105,000	4.85	4.85	6.30	8.24	12.60	17.93	27.62	38.28	59.12	72.77	72.50	45.31
$110,000	5.08	5.08	6.60	8.63	13.20	18.78	28.94	40.11	61.94	76.23	75.95	47.47
$115,000	5.31	5.31	6.90	9.02	13.80	19.64	30.25	41.93	64.75	79.70	79.40	49.63
$120,000	5.54	5.54	7.20	9.42	14.40	20.49	31.57	43.75	67.57	83.16	82.86	51.78
$125,000	5.77	5.77	7.50	9.81	15.00	21.35	32.88	45.58	70.38	86.63	86.31	53.94
$130,000	6.00	6.00	7.80	10.20	15.60	22.20	34.20	47.40	73.20	90.09	89.76	56.10
$135,000	6.23	6.23	8.10	10.59	16.20	23.05	35.52	49.22	76.02	93.56	93.21	58.26
$140,000	6.46	6.46	8.40	10.98	16.80	23.91	36.83	51.05	78.83	97.02	96.66	60.42
$145,000	6.69	6.69	8.70	11.38	17.40	24.76	38.15	52.87	81.65	100.49	100.12	62.57
$150,000	6.92	6.92	9.00	11.77	18.00	25.62	39.46	54.69	84.46	103.95	103.57	64.73
$155,000	7.15	7.15	9.30	12.16	18.60	26.47	40.78	56.52	87.28	107.42	107.02	66.89
$160,000	7.38	7.38	9.60	12.55	19.20	27.32	42.09	58.34	90.09	110.88	110.47	69.05
$165,000	7.62	7.62	9.90	12.95	19.80	28.18	43.41	60.16	92.91	114.35	113.93	71.20
$170,000	7.85	7.85	10.20	13.34	20.40	29.03	44.72	61.98	95.72	117.81	117.38	73.36
$175,000	8.08	8.08	10.50	13.73	21.00	29.88	46.04	63.81	98.54	121.28	120.83	75.52
$180,000	8.31	8.31	10.80	14.12	21.60	30.74	47.35	65.63	101.35	124.74	124.28	77.68
$185,000	8.54	8.54	11.10	14.52	22.20	31.59	48.67	67.45	104.17	128.21	127.74	79.83
$190,000	8.77	8.77	11.40	14.91	22.80	32.45	49.98	69.28	106.98	131.67	131.19	81.99
$195,000	9.00	9.00	11.70	15.30	23.40	33.30	51.30	71.10	109.80	135.14	134.64	84.15
$200,000	9.23	9.23	12.00	15.69	24.00	34.15	52.62	72.92	112.62	138.60	138.09	86.31
$205,000	9.46	9.46	12.30	16.08	24.60	35.01	53.93	74.75	115.43	142.07	141.54	88.47
$210,000	9.69	9.69	12.60	16.48	25.20	35.86	55.25	76.57	118.25	145.53	145.00	90.62
$215,000	9.92	9.92	12.90	16.87	25.80	36.72	56.56	78.39	121.06	149.00	148.45	92.78
$220,000	10.15	10.15	13.20	17.26	26.40	37.57	57.88	80.22	123.88	152.46	151.90	94.94
$225,000	10.38	10.38	13.50	17.65	27.00	38.42	59.19	82.04	126.69	155.93	155.35	97.10
$230,000	10.62	10.62	13.80	18.05	27.60	39.28	60.51	83.86	129.51	159.39	158.81	99.25
$235,000	10.85	10.85	14.10	18.44	28.20	40.13	61.82	85.68	132.32	162.86	162.26	101.41
$240,000	11.08	11.08	14.40	18.83	28.80	40.98	63.14	87.51	135.14	166.32	165.71	103.57
$245,000	11.31	11.31	14.70	19.22	29.40	41.84	64.45	89.33	137.95	169.79	169.16	105.73
$250,000	11.54	11.54	15.00	19.62	30.00	42.69	65.77	91.15	140.77	173.25	172.62	107.88
$255,000	11.77	11.77	15.30	20.01	30.60	43.55	67.08	92.98	143.58	176.72	176.07	110.04
$260,000	12.00	12.00	15.60	20.40	31.20	44.40	68.40	94.80	146.40	180.18	179.52	112.20
$265,000	12.23	12.23	15.90	20.79	31.80	45.25	69.72	96.62	149.22	183.65	182.97	114.36

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life with AD&D Biweekly Premiums for Tobacco Users (Continued)												
Coverage Amount	Employee's Age as of June 1											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
$270,000	12.46	12.46	16.20	21.18	32.40	46.11	71.03	98.45	152.03	187.11	186.42	116.52
$275,000	12.69	12.69	16.50	21.58	33.00	46.96	72.35	100.27	154.85	190.58	189.88	118.67
$280,000	12.92	12.92	16.80	21.97	33.60	47.82	73.66	102.09	157.66	194.04	193.33	120.83
$285,000	13.15	13.15	17.10	22.36	34.20	48.67	74.98	103.92	160.48	197.51	196.78	122.99
$290,000	13.38	13.38	17.40	22.75	34.80	49.52	76.29	105.74	163.29	200.97	200.23	125.15
$295,000	13.62	13.62	17.70	23.15	35.40	50.38	77.61	107.56	166.11	204.44	203.69	127.30
$300,000	13.85	13.85	18.00	23.54	36.00	51.23	78.92	109.38	168.92	207.90	207.14	129.46
$305,000	14.08	14.08	18.30	23.93	36.60	52.08	80.24	111.21	171.74	211.37	210.59	131.62
$310,000	14.31	14.31	18.60	24.32	37.20	52.94	81.55	113.03	174.55	214.83	214.04	133.78
$315,000	14.54	14.54	18.90	24.72	37.80	53.79	82.87	114.85	177.37	218.30	217.50	135.93
$320,000	14.77	14.77	19.20	25.11	38.40	54.65	84.18	116.68	180.18	221.76	220.95	138.09
$325,000	15.00	15.00	19.50	25.50	39.00	55.50	85.50	118.50	183.00	225.23	224.40	140.25
$330,000	15.23	15.23	19.80	25.89	39.60	56.35	86.82	120.32	185.82	228.69	227.85	142.41
$335,000	15.46	15.46	20.10	26.28	40.20	57.21	88.13	122.15	188.63	232.16	231.30	144.57
$340,000	15.69	15.69	20.40	26.68	40.80	58.06	89.45	123.97	191.45	235.62	234.76	146.72
$345,000	15.92	15.92	20.70	27.07	41.40	58.92	90.76	125.79	194.26	239.09	238.21	148.88
$350,000	16.15	16.15	21.00	27.46	42.00	59.77	92.08	127.62	197.08	242.55	241.66	151.04
$355,000	16.38	16.38	21.30	27.85	42.60	60.62	93.39	129.44	199.89	246.02	245.11	153.20
$360,000	16.62	16.62	21.60	28.25	43.20	61.48	94.71	131.26	202.71	249.48	248.57	155.35
$365,000	16.85	16.85	21.90	28.64	43.80	62.33	96.02	133.08	205.52	252.95	252.02	157.51
$370,000	17.08	17.08	22.20	29.03	44.40	63.18	97.34	134.91	208.34	256.41	255.47	159.67
$375,000	17.31	17.31	22.50	29.42	45.00	64.04	98.65	136.73	211.15	259.88	258.92	161.83
$380,000	17.54	17.54	22.80	29.82	45.60	64.89	99.97	138.55	213.97	263.34	262.38	163.98
$385,000	17.77	17.77	23.10	30.21	46.20	65.75	101.28	140.38	216.78	266.81	265.83	166.14
$390,000	18.00	18.00	23.40	30.60	46.80	66.60	102.60	142.20	219.60	270.27	269.28	168.30
$395,000	18.23	18.23	23.70	30.99	47.40	67.45	103.92	144.02	222.42	273.74	272.73	170.46
$400,000	18.46	18.46	24.00	31.38	48.00	68.31	105.23	145.85	225.23	277.20	276.18	172.62
$405,000	18.69	18.69	24.30	31.78	48.60	69.16	106.55	147.67	228.05	280.67	279.64	174.77
$410,000	18.92	18.92	24.60	32.17	49.20	70.02	107.86	149.49	230.86	284.13	283.09	176.93
$415,000	19.15	19.15	24.90	32.56	49.80	70.87	109.18	151.32	233.68	287.60	286.54	179.09
$420,000	19.38	19.38	25.20	32.95	50.40	71.72	110.49	153.14	236.49	291.06	289.99	181.25
$425,000	19.62	19.62	25.50	33.35	51.00	72.58	111.81	154.96	239.31	294.53	293.45	183.40
$430,000	19.85	19.85	25.80	33.74	51.60	73.43	113.12	156.78	242.12	297.99	296.90	185.56
$435,000	20.08	20.08	26.10	34.13	52.20	74.28	114.44	158.61	244.94	301.46	300.35	187.72
$440,000	20.31	20.31	26.40	34.52	52.80	75.14	115.75	160.43	247.75	304.92	303.80	189.88
$445,000	20.54	20.54	26.70	34.92	53.40	75.99	117.07	162.25	250.57	308.39	307.26	192.03
$450,000	20.77	20.77	27.00	35.31	54.00	76.85	118.38	164.08	253.38	311.85	310.71	194.19
$455,000	21.00	21.00	27.30	35.70	54.60	77.70	119.70	165.90	256.20	315.32	314.16	196.35
$460,000	21.23	21.23	27.60	36.09	55.20	78.55	121.02	167.72	259.02	318.78	317.61	198.51
$465,000	21.46	21.46	27.90	36.48	55.80	79.41	122.33	169.55	261.83	322.25	321.06	200.67
$470,000	21.69	21.69	28.20	36.88	56.40	80.26	123.65	171.37	264.65	325.71	324.52	202.82
$475,000	21.92	21.92	28.50	37.27	57.00	81.12	124.96	173.19	267.46	329.18	327.97	204.98
$480,000	22.15	22.15	28.80	37.66	57.60	81.97	126.28	175.02	270.28	332.64	331.42	207.14
$485,000	22.38	22.38	29.10	38.05	58.20	82.82	127.59	176.84	273.09	336.11	334.87	209.30
$490,000	22.62	22.62	29.40	38.45	58.80	83.68	128.91	178.66	275.91	339.57	338.33	211.45
$495,000	22.85	22.85	29.70	38.84	59.40	84.53	130.22	180.48	278.72	343.04	341.78	213.61
$500,000	23.08	23.08	30.00	39.23	60.00	85.38	131.54	182.31	281.54	346.50	345.23	215.77

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life with AD&D Biweekly Premiums for Non-Tobacco Users												
Coverage Amount	Employee's Age as of June 1											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
$20,000	0.65	0.74	0.92	1.02	1.11	1.57	2.49	4.15	6.28	7.74	9.82	6.14
$25,000	0.81	0.92	1.15	1.27	1.38	1.96	3.12	5.19	7.85	9.68	12.28	7.67
$30,000	0.97	1.11	1.38	1.52	1.66	2.35	3.74	6.23	9.42	11.61	14.73	9.21
$35,000	1.13	1.29	1.62	1.78	1.94	2.75	4.36	7.27	10.98	13.55	17.19	10.74
$40,000	1.29	1.48	1.85	2.03	2.22	3.14	4.98	8.31	12.55	15.48	19.64	12.28
$45,000	1.45	1.66	2.08	2.28	2.49	3.53	5.61	9.35	14.12	17.42	22.10	13.81
$50,000	1.62	1.85	2.31	2.54	2.77	3.92	6.23	10.38	15.69	19.35	24.55	15.35
$55,000	1.78	2.03	2.54	2.79	3.05	4.32	6.85	11.42	17.26	21.29	27.01	16.88
$60,000	1.94	2.22	2.77	3.05	3.32	4.71	7.48	12.46	18.83	23.22	29.46	18.42
$65,000	2.10	2.40	3.00	3.30	3.60	5.10	8.10	13.50	20.40	25.16	31.92	19.95
$70,000	2.26	2.58	3.23	3.55	3.88	5.49	8.72	14.54	21.97	27.09	34.38	21.48
$75,000	2.42	2.77	3.46	3.81	4.15	5.88	9.35	15.58	23.54	29.03	36.83	23.02
$80,000	2.58	2.95	3.69	4.06	4.43	6.28	9.97	16.62	25.11	30.96	39.29	24.55
$85,000	2.75	3.14	3.92	4.32	4.71	6.67	10.59	17.65	26.68	32.90	41.74	26.09
$90,000	2.91	3.32	4.15	4.57	4.98	7.06	11.22	18.69	28.25	34.83	44.20	27.62
$95,000	3.07	3.51	4.38	4.82	5.26	7.45	11.84	19.73	29.82	36.77	46.65	29.16
$100,000	3.23	3.69	4.62	5.08	5.54	7.85	12.46	20.77	31.38	38.70	49.11	30.69
$105,000	3.39	3.88	4.85	5.33	5.82	8.24	13.08	21.81	32.95	40.64	51.56	32.23
$110,000	3.55	4.06	5.08	5.58	6.09	8.63	13.71	22.85	34.52	42.57	54.02	33.76
$115,000	3.72	4.25	5.31	5.84	6.37	9.02	14.33	23.88	36.09	44.51	56.47	35.30
$120,000	3.88	4.43	5.54	6.09	6.65	9.42	14.95	24.92	37.66	46.44	58.93	36.83
$125,000	4.04	4.62	5.77	6.35	6.92	9.81	15.58	25.96	39.23	48.38	61.38	38.37
$130,000	4.20	4.80	6.00	6.60	7.20	10.20	16.20	27.00	40.80	50.31	63.84	39.90
$135,000	4.36	4.98	6.23	6.85	7.48	10.59	16.82	28.04	42.37	52.25	66.30	41.43
$140,000	4.52	5.17	6.46	7.11	7.75	10.98	17.45	29.08	43.94	54.18	68.75	42.97
$145,000	4.68	5.35	6.69	7.36	8.03	11.38	18.07	30.12	45.51	56.12	71.21	44.50
$150,000	4.85	5.54	6.92	7.62	8.31	11.77	18.69	31.15	47.08	58.05	73.66	46.04
$155,000	5.01	5.72	7.15	7.87	8.58	12.16	19.32	32.19	48.65	59.99	76.12	47.57
$160,000	5.17	5.91	7.38	8.12	8.86	12.55	19.94	33.23	50.22	61.92	78.57	49.11
$165,000	5.33	6.09	7.62	8.38	9.14	12.95	20.56	34.27	51.78	63.86	81.03	50.64
$170,000	5.49	6.28	7.85	8.63	9.42	13.34	21.18	35.31	53.35	65.79	83.48	52.18
$175,000	5.65	6.46	8.08	8.88	9.69	13.73	21.81	36.35	54.92	67.73	85.94	53.71
$180,000	5.82	6.65	8.31	9.14	9.97	14.12	22.43	37.38	56.49	69.66	88.39	55.25
$185,000	5.98	6.83	8.54	9.39	10.25	14.52	23.05	38.42	58.06	71.60	90.85	56.78
$190,000	6.14	7.02	8.77	9.65	10.52	14.91	23.68	39.46	59.63	73.53	93.30	58.32
$195,000	6.30	7.20	9.00	9.90	10.80	15.30	24.30	40.50	61.20	75.47	95.76	59.85
$200,000	6.46	7.38	9.23	10.15	11.08	15.69	24.92	41.54	62.77	77.40	98.22	61.38
$205,000	6.62	7.57	9.46	10.41	11.35	16.08	25.55	42.58	64.34	79.34	100.67	62.92
$210,000	6.78	7.75	9.69	10.66	11.63	16.48	26.17	43.62	65.91	81.27	103.13	64.45
$215,000	6.95	7.94	9.92	10.92	11.91	16.87	26.79	44.65	67.48	83.21	105.58	65.99
$220,000	7.11	8.12	10.15	11.17	12.18	17.26	27.42	45.69	69.05	85.14	108.04	67.52
$225,000	7.27	8.31	10.38	11.42	12.46	17.65	28.04	46.73	70.62	87.08	110.49	69.06
$230,000	7.43	8.49	10.62	11.68	12.74	18.05	28.66	47.77	72.18	89.01	112.95	70.59
$235,000	7.59	8.68	10.85	11.93	13.02	18.44	29.28	48.81	73.75	90.95	115.40	72.13
$240,000	7.75	8.86	11.08	12.18	13.29	18.83	29.91	49.85	75.32	92.88	117.86	73.66
$245,000	7.92	9.05	11.31	12.44	13.57	19.22	30.53	50.88	76.89	94.82	120.31	75.20
$250,000	8.08	9.23	11.54	12.69	13.85	19.62	31.15	51.92	78.46	96.75	122.77	76.73
$255,000	8.24	9.42	11.77	12.95	14.12	20.01	31.78	52.96	80.03	98.69	125.22	78.27
$260,000	8.40	9.60	12.00	13.20	14.40	20.40	32.40	54.00	81.60	100.62	127.68	79.80
$265,000	8.56	9.78	12.23	13.45	14.68	20.79	33.02	55.04	83.17	102.56	130.14	81.33

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life with AD&D Biweekly Premiums for Non-Tobacco Users (Continued)												
Coverage Amount	Employee's Age as of June 1											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
$270,000	8.72	9.97	12.46	13.71	14.95	21.18	33.65	56.08	84.74	104.49	132.59	82.87
$275,000	8.88	10.15	12.69	13.96	15.23	21.58	34.27	57.12	86.31	106.43	135.05	84.40
$280,000	9.05	10.34	12.92	14.22	15.51	21.97	34.89	58.15	87.88	108.36	137.50	85.94
$285,000	9.21	10.52	13.15	14.47	15.78	22.36	35.52	59.19	89.45	110.30	139.96	87.47
$290,000	9.37	10.71	13.38	14.72	16.06	22.75	36.14	60.23	91.02	112.23	142.41	89.01
$295,000	9.53	10.89	13.62	14.98	16.34	23.15	36.76	61.27	92.58	114.17	144.87	90.54
$300,000	9.69	11.08	13.85	15.23	16.62	23.54	37.38	62.31	94.15	116.10	147.32	92.08
$305,000	9.85	11.26	14.08	15.48	16.89	23.93	38.01	63.35	95.72	118.04	149.78	93.61
$310,000	10.02	11.45	14.31	15.74	17.17	24.32	38.63	64.38	97.29	119.97	152.23	95.15
$315,000	10.18	11.63	14.54	15.99	17.45	24.72	39.25	65.42	98.86	121.91	154.69	96.68
$320,000	10.34	11.82	14.77	16.25	17.72	25.11	39.88	66.46	100.43	123.84	157.14	98.22
$325,000	10.50	12.00	15.00	16.50	18.00	25.50	40.50	67.50	102.00	125.78	159.60	99.75
$330,000	10.66	12.18	15.23	16.75	18.28	25.89	41.12	68.54	103.57	127.71	162.06	101.28
$335,000	10.82	12.37	15.46	17.01	18.55	26.28	41.75	69.58	105.14	129.65	164.51	102.82
$340,000	10.98	12.55	15.69	17.26	18.83	26.68	42.37	70.62	106.71	131.58	166.97	104.35
$345,000	11.15	12.74	15.92	17.52	19.11	27.07	42.99	71.65	108.28	133.52	169.42	105.89
$350,000	11.31	12.92	16.15	17.77	19.38	27.46	43.62	72.69	109.85	135.45	171.88	107.42
$355,000	11.47	13.11	16.38	18.02	19.66	27.85	44.24	73.73	111.42	137.39	174.33	108.96
$360,000	11.63	13.29	16.62	18.28	19.94	28.25	44.86	74.77	112.98	139.32	176.79	110.49
$365,000	11.79	13.48	16.85	18.53	20.22	28.64	45.48	75.81	114.55	141.26	179.24	112.03
$370,000	11.95	13.66	17.08	18.78	20.49	29.03	46.11	76.85	116.12	143.19	181.70	113.56
$375,000	12.12	13.85	17.31	19.04	20.77	29.42	46.73	77.88	117.69	145.13	184.15	115.10
$380,000	12.28	14.03	17.54	19.29	21.05	29.82	47.35	78.92	119.26	147.06	186.61	116.63
$385,000	12.44	14.22	17.77	19.55	21.32	30.21	47.98	79.96	120.83	149.00	189.06	118.17
$390,000	12.60	14.40	18.00	19.80	21.60	30.60	48.60	81.00	122.40	150.93	191.52	119.70
$395,000	12.76	14.58	18.23	20.05	21.88	30.99	49.22	82.04	123.97	152.87	193.98	121.23
$400,000	12.92	14.77	18.46	20.31	22.15	31.38	49.85	83.08	125.54	154.80	196.43	122.77
$405,000	13.08	14.95	18.69	20.56	22.43	31.78	50.47	84.12	127.11	156.74	198.89	124.30
$410,000	13.25	15.14	18.92	20.82	22.71	32.17	51.09	85.15	128.68	158.67	201.34	125.84
$415,000	13.41	15.32	19.15	21.07	22.98	32.56	51.72	86.19	130.25	160.61	203.80	127.37
$420,000	13.57	15.51	19.38	21.32	23.26	32.95	52.34	87.23	131.82	162.54	206.25	128.91
$425,000	13.73	15.69	19.62	21.58	23.54	33.35	52.96	88.27	133.38	164.48	208.71	130.44
$430,000	13.89	15.88	19.85	21.83	23.82	33.74	53.58	89.31	134.95	166.41	211.16	131.98
$435,000	14.05	16.06	20.08	22.08	24.09	34.13	54.21	90.35	136.52	168.35	213.62	133.51
$440,000	14.22	16.25	20.31	22.34	24.37	34.52	54.83	91.38	138.09	170.28	216.07	135.05
$445,000	14.38	16.43	20.54	22.59	24.65	34.92	55.45	92.42	139.66	172.22	218.53	136.58
$450,000	14.54	16.62	20.77	22.85	24.92	35.31	56.08	93.46	141.23	174.15	220.98	138.12
$455,000	14.70	16.80	21.00	23.10	25.20	35.70	56.70	94.50	142.80	176.09	223.44	139.65
$460,000	14.86	16.98	21.23	23.35	25.48	36.09	57.32	95.54	144.37	178.02	225.90	141.18
$465,000	15.02	17.17	21.46	23.61	25.75	36.48	57.95	96.58	145.94	179.96	228.35	142.72
$470,000	15.18	17.35	21.69	23.86	26.03	36.88	58.57	97.62	147.51	181.89	230.81	144.25
$475,000	15.35	17.54	21.92	24.12	26.31	37.27	59.19	98.65	149.08	183.83	233.26	145.79
$480,000	15.51	17.72	22.15	24.37	26.58	37.66	59.82	99.69	150.65	185.76	235.72	147.32
$485,000	15.67	17.91	22.38	24.62	26.86	38.05	60.44	100.73	152.22	187.70	238.17	148.86
$490,000	15.83	18.09	22.62	24.88	27.14	38.45	61.06	101.77	153.78	189.63	240.63	150.39
$495,000	15.99	18.28	22.85	25.13	27.42	38.84	61.68	102.81	155.35	191.57	243.08	151.93
$500,000	16.15	18.46	23.08	25.38	27.69	39.23	62.31	103.85	156.92	193.50	245.54	153.46

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life with AD&D Biweekly Premiums for Tobacco Users												
Coverage Amount	Spouse's Age as of June 1											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
$5,000	0.23	0.23	0.30	0.39	0.60	0.85	1.32	1.82	2.82	3.47	3.45	2.16
$10,000	0.46	0.46	0.60	0.78	1.20	1.71	2.63	3.65	5.63	6.93	6.90	4.32
$15,000	0.69	0.69	0.90	1.18	1.80	2.56	3.95	5.47	8.45	10.40	10.36	6.47
$20,000	0.92	0.92	1.20	1.57	2.40	3.42	5.26	7.29	11.26	13.86	13.81	8.63
$25,000	1.15	1.15	1.50	1.96	3.00	4.27	6.58	9.12	14.08	17.33	17.26	10.79
$30,000	1.38	1.38	1.80	2.35	3.60	5.12	7.89	10.94	16.89	20.79	20.71	12.95
$35,000	1.62	1.62	2.10	2.75	4.20	5.98	9.21	12.76	19.71	24.26	24.17	15.10
$40,000	1.85	1.85	2.40	3.14	4.80	6.83	10.52	14.58	22.52	27.72	27.62	17.26
$45,000	2.08	2.08	2.70	3.53	5.40	7.68	11.84	16.41	25.34	31.19	31.07	19.42
$50,000	2.31	2.31	3.00	3.92	6.00	8.54	13.15	18.23	28.15	34.65	34.52	21.58
$55,000	2.54	2.54	3.30	4.32	6.60	9.39	14.47	20.05	30.97	38.12	37.98	23.73
$60,000	2.77	2.77	3.60	4.71	7.20	10.25	15.78	21.88	33.78	41.58	41.43	25.89
$65,000	3.00	3.00	3.90	5.10	7.80	11.10	17.10	23.70	36.60	45.05	44.88	28.05
$70,000	3.23	3.23	4.20	5.49	8.40	11.95	18.42	25.52	39.42	48.51	48.33	30.21
$75,000	3.46	3.46	4.50	5.88	9.00	12.81	19.73	27.35	42.23	51.98	51.78	32.37
$80,000	3.69	3.69	4.80	6.28	9.60	13.66	21.05	29.17	45.05	55.44	55.24	34.52
$85,000	3.92	3.92	5.10	6.67	10.20	14.52	22.36	30.99	47.86	58.91	58.69	36.68
$90,000	4.15	4.15	5.40	7.06	10.80	15.37	23.68	32.82	50.68	62.37	62.14	38.84
$95,000	4.38	4.38	5.70	7.45	11.40	16.22	24.99	34.64	53.49	65.84	65.59	41.00
$100,000	4.62	4.62	6.00	7.85	12.00	17.08	26.31	36.46	56.31	69.30	69.05	43.15
$105,000	4.85	4.85	6.30	8.24	12.60	17.93	27.62	38.28	59.12	72.77	72.50	45.31
$110,000	5.08	5.08	6.60	8.63	13.20	18.78	28.94	40.11	61.94	76.23	75.95	47.47
$115,000	5.31	5.31	6.90	9.02	13.80	19.64	30.25	41.93	64.75	79.70	79.40	49.63
$120,000	5.54	5.54	7.20	9.42	14.40	20.49	31.57	43.75	67.57	83.16	82.86	51.78
$125,000	5.77	5.77	7.50	9.81	15.00	21.35	32.88	45.58	70.38	86.63	86.31	53.94
$130,000	6.00	6.00	7.80	10.20	15.60	22.20	34.20	47.40	73.20	90.09	89.76	56.10
$135,000	6.23	6.23	8.10	10.59	16.20	23.05	35.52	49.22	76.02	93.56	93.21	58.26
$140,000	6.46	6.46	8.40	10.98	16.80	23.91	36.83	51.05	78.83	97.02	96.66	60.42
$145,000	6.69	6.69	8.70	11.38	17.40	24.76	38.15	52.87	81.65	100.49	100.12	62.57
$150,000	6.92	6.92	9.00	11.77	18.00	25.62	39.46	54.69	84.46	103.95	103.57	64.73
$155,000	7.15	7.15	9.30	12.16	18.60	26.47	40.78	56.52	87.28	107.42	107.02	66.89
$160,000	7.38	7.38	9.60	12.55	19.20	27.32	42.09	58.34	90.09	110.88	110.47	69.05
$165,000	7.62	7.62	9.90	12.95	19.80	28.18	43.41	60.16	92.91	114.35	113.93	71.20
$170,000	7.85	7.85	10.20	13.34	20.40	29.03	44.72	61.98	95.72	117.81	117.38	73.36
$175,000	8.08	8.08	10.50	13.73	21.00	29.88	46.04	63.81	98.54	121.28	120.83	75.52
$180,000	8.31	8.31	10.80	14.12	21.60	30.74	47.35	65.63	101.35	124.74	124.28	77.68
$185,000	8.54	8.54	11.10	14.52	22.20	31.59	48.67	67.45	104.17	128.21	127.74	79.83
$190,000	8.77	8.77	11.40	14.91	22.80	32.45	49.98	69.28	106.98	131.67	131.19	81.99
$195,000	9.00	9.00	11.70	15.30	23.40	33.30	51.30	71.10	109.80	135.14	134.64	84.15
$200,000	9.23	9.23	12.00	15.69	24.00	34.15	52.62	72.92	112.62	138.60	138.09	86.31
$205,000	9.46	9.46	12.30	16.08	24.60	35.01	53.93	74.75	115.43	142.07	141.54	88.47
$210,000	9.69	9.69	12.60	16.48	25.20	35.86	55.25	76.57	118.25	145.53	145.00	90.62
$215,000	9.92	9.92	12.90	16.87	25.80	36.72	56.56	78.39	121.06	149.00	148.45	92.78
$220,000	10.15	10.15	13.20	17.26	26.40	37.57	57.88	80.22	123.88	152.46	151.90	94.94
$225,000	10.38	10.38	13.50	17.65	27.00	38.42	59.19	82.04	126.69	155.93	155.35	97.10
$230,000	10.62	10.62	13.80	18.05	27.60	39.28	60.51	83.86	129.51	159.39	158.81	99.25
$235,000	10.85	10.85	14.10	18.44	28.20	40.13	61.82	85.68	132.32	162.86	162.26	101.41
$240,000	11.08	11.08	14.40	18.83	28.80	40.98	63.14	87.51	135.14	166.32	165.71	103.57
$245,000	11.31	11.31	14.70	19.22	29.40	41.84	64.45	89.33	137.95	169.79	169.16	105.73
$250,000	11.54	11.54	15.00	19.62	30.00	42.69	65.77	91.15	140.77	173.25	172.62	107.88

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life with AD&D Biweekly Premiums for Non-Tobacco Users												
Coverage Amount	Spouse's Age as of June 1											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
$5,000	0.16	0.18	0.23	0.25	0.28	0.39	0.62	1.04	1.57	1.94	2.46	1.53
$10,000	0.32	0.37	0.46	0.51	0.55	0.78	1.25	2.08	3.14	3.87	4.91	3.07
$15,000	0.48	0.55	0.69	0.76	0.83	1.18	1.87	3.12	4.71	5.81	7.37	4.60
$20,000	0.65	0.74	0.92	1.02	1.11	1.57	2.49	4.15	6.28	7.74	9.82	6.14
$25,000	0.81	0.92	1.15	1.27	1.38	1.96	3.12	5.19	7.85	9.68	12.28	7.67
$30,000	0.97	1.11	1.38	1.52	1.66	2.35	3.74	6.23	9.42	11.61	14.73	9.21
$35,000	1.13	1.29	1.62	1.78	1.94	2.75	4.36	7.27	10.98	13.55	17.19	10.74
$40,000	1.29	1.48	1.85	2.03	2.22	3.14	4.98	8.31	12.55	15.48	19.64	12.28
$45,000	1.45	1.66	2.08	2.28	2.49	3.53	5.61	9.35	14.12	17.42	22.10	13.81
$50,000	1.62	1.85	2.31	2.54	2.77	3.92	6.23	10.38	15.69	19.35	24.55	15.35
$55,000	1.78	2.03	2.54	2.79	3.05	4.32	6.85	11.42	17.26	21.29	27.01	16.88
$60,000	1.94	2.22	2.77	3.05	3.32	4.71	7.48	12.46	18.83	23.22	29.46	18.42
$65,000	2.10	2.40	3.00	3.30	3.60	5.10	8.10	13.50	20.40	25.16	31.92	19.95
$70,000	2.26	2.58	3.23	3.55	3.88	5.49	8.72	14.54	21.97	27.09	34.38	21.48
$75,000	2.42	2.77	3.46	3.81	4.15	5.88	9.35	15.58	23.54	29.03	36.83	23.02
$80,000	2.58	2.95	3.69	4.06	4.43	6.28	9.97	16.62	25.11	30.96	39.29	24.55
$85,000	2.75	3.14	3.92	4.32	4.71	6.67	10.59	17.65	26.68	32.90	41.74	26.09
$90,000	2.91	3.32	4.15	4.57	4.98	7.06	11.22	18.69	28.25	34.83	44.20	27.62
$95,000	3.07	3.51	4.38	4.82	5.26	7.45	11.84	19.73	29.82	36.77	46.65	29.16
$100,000	3.23	3.69	4.62	5.08	5.54	7.85	12.46	20.77	31.38	38.70	49.11	30.69
$105,000	3.39	3.88	4.85	5.33	5.82	8.24	13.08	21.81	32.95	40.64	51.56	32.23
$110,000	3.55	4.06	5.08	5.58	6.09	8.63	13.71	22.85	34.52	42.57	54.02	33.76
$115,000	3.72	4.25	5.31	5.84	6.37	9.02	14.33	23.88	36.09	44.51	56.47	35.30
$120,000	3.88	4.43	5.54	6.09	6.65	9.42	14.95	24.92	37.66	46.44	58.93	36.83
$125,000	4.04	4.62	5.77	6.35	6.92	9.81	15.58	25.96	39.23	48.38	61.38	38.37
$130,000	4.20	4.80	6.00	6.60	7.20	10.20	16.20	27.00	40.80	50.31	63.84	39.90
$135,000	4.36	4.98	6.23	6.85	7.48	10.59	16.82	28.04	42.37	52.25	66.30	41.43
$140,000	4.52	5.17	6.46	7.11	7.75	10.98	17.45	29.08	43.94	54.18	68.75	42.97
$145,000	4.68	5.35	6.69	7.36	8.03	11.38	18.07	30.12	45.51	56.12	71.21	44.50
$150,000	4.85	5.54	6.92	7.62	8.31	11.77	18.69	31.15	47.08	58.05	73.66	46.04
$155,000	5.01	5.72	7.15	7.87	8.58	12.16	19.32	32.19	48.65	59.99	76.12	47.57
$160,000	5.17	5.91	7.38	8.12	8.86	12.55	19.94	33.23	50.22	61.92	78.57	49.11
$165,000	5.33	6.09	7.62	8.38	9.14	12.95	20.56	34.27	51.78	63.86	81.03	50.64
$170,000	5.49	6.28	7.85	8.63	9.42	13.34	21.18	35.31	53.35	65.79	83.48	52.18
$175,000	5.65	6.46	8.08	8.88	9.69	13.73	21.81	36.35	54.92	67.73	85.94	53.71
$180,000	5.82	6.65	8.31	9.14	9.97	14.12	22.43	37.38	56.49	69.66	88.39	55.25
$185,000	5.98	6.83	8.54	9.39	10.25	14.52	23.05	38.42	58.06	71.60	90.85	56.78
$190,000	6.14	7.02	8.77	9.65	10.52	14.91	23.68	39.46	59.63	73.53	93.30	58.32
$195,000	6.30	7.20	9.00	9.90	10.80	15.30	24.30	40.50	61.20	75.47	95.76	59.85
$200,000	6.46	7.38	9.23	10.15	11.08	15.69	24.92	41.54	62.77	77.40	98.22	61.38
$205,000	6.62	7.57	9.46	10.41	11.35	16.08	25.55	42.58	64.34	79.34	100.67	62.92
$210,000	6.78	7.75	9.69	10.66	11.63	16.48	26.17	43.62	65.91	81.27	103.13	64.45
$215,000	6.95	7.94	9.92	10.92	11.91	16.87	26.79	44.65	67.48	83.21	105.58	65.99
$220,000	7.11	8.12	10.15	11.17	12.18	17.26	27.42	45.69	69.05	85.14	108.04	67.52
$225,000	7.27	8.31	10.38	11.42	12.46	17.65	28.04	46.73	70.62	87.08	110.49	69.06
$230,000	7.43	8.49	10.62	11.68	12.74	18.05	28.66	47.77	72.18	89.01	112.95	70.59
$235,000	7.59	8.68	10.85	11.93	13.02	18.44	29.28	48.81	73.75	90.95	115.40	72.13
$240,000	7.75	8.86	11.08	12.18	13.29	18.83	29.91	49.85	75.32	92.88	117.86	73.66
$245,000	7.92	9.05	11.31	12.44	13.57	19.22	30.53	50.88	76.89	94.82	120.31	75.20
$250,000	8.08	9.23	11.54	12.69	13.85	19.62	31.15	51.92	78.46	96.75	122.77	76.73

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Standard Insurance Company
Campbell County Health
Group Policy #172742
Effective Date July 1, 2024

Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by Campbell County Health.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Campbell County Health, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 4 - All other Members earning less than $100,000 annually, other than All Chief Executive Team Members and All Physicians
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Monthly Benefit	60 percent of the first $8,333 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	$5,000
Minimum Monthly Benefit	$100 or 10 percent of the Long Term Disability benefit before reduction by deductible income, whichever is greater
Benefit Waiting Period	90 days

Group Long Term Disability Insurance

Definition of Disability	For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder: • You are unable to perform with reasonable continuity the material duties of your own occupation, and • You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation. You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license. After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.
Maximum Benefit Period	If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins: **Age** — **Maximum Benefit Period** 62 — To SSNRA, or 3 years 6 months, whichever is longer 63 — To SSNRA, or 3 years, whichever is longer 64 — To SSNRA, or 2 years 6 months, whichever is longer 65 — 2 years 66 — 1 year 9 months 67 — 1 year 6 months 68 — 1 year 3 months 69+ — 1 year

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by Campbell County Health. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Campbell County Health may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13271-D-WY-172742-C4 (5/24)
760881S-1174221

TheStandard®

Group Short Term Disability

Protection for Your Paycheck

Group Short Term Disability insurance underwritten by Standard Insurance Company is provided under policy form numbers: GP399-STD, GP899-STD, GP309-STDm GP209-STD, GP399/ASSOC, GP399-STD/TRUST

Why Choose Short Term Disability Insurance?

- Short term disability coverage can provide a percentage of your income if you're unable to work due to an accidental injury or illness.
- This includes coverage for childbirth and pregnancy-related complications.
- Upon approval of your claim, payments will begin after the benefit waiting period has been served.
- Benefits go directly to you.

Employee Classification	A regular, Full-time Member actively working 30 or more hours per week
Benefit Percentage	60% of your eligible earnings
Weekly Minimum and Maximum Benefit Amount	Minimum: $15 Maximum: $2,000
Benefit Waiting Period	7 days for accidental injury 7 days for illness pregnancy or mental disorder
Maximum Benefit Period	90 days
Premium Contributions	100% employee paid

What do you need to know and do?

- Does not require Evidence of Insurability (medical history)
- There are no pre-existing condition limitations
- Review your benefit summary to learn more about this benefit, cost (calculate your benefit) and if it's the right benefit for you.

*Late enrollees will not be required to submit EOI. Instead you will be subject to a 60-day extended benefit waiting period for sickness or pregnancy during your first 12 months in the plan.

	Voluntary STD Plan 2				
Members	To Be Determined				
Volume	To Be Determined				
Rate: Per $10 of Benefit	Lives	Age	Rate	Volume	Premium
	TBD	0-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-999	.663 .952 .871 .651 .673 .674 .730 .928 .959 1.075 1.167	TBD	TBD
Monthly Premium					TBD
Rate Guarantee					3 years

Group Supplemental Insurance

Accident, Critical Illness and Hospital Indemnity

Protection for Your Finances

Help With Unexpected Expenses

Health insurance may cover many care-related costs after your deductible. But you may still have copays and out-of-pocket expenses.

Here's what it does:

- **Pays you directly,** so you can choose how to spend the money
- **Pays you for what happens**, regardless of your other coverage
- **Guarantees coverage** without any medical questions
- **You can choose to take it with you** if you leave your employer

How These Benefits Work

Protect your finances in the event of a covered accident, serious illness or hospital stay.

1

You have a life event.

Health insurance may cover many care-related costs after your deductible. But you may still have copays and out-of-pocket expenses.

2

We pay you benefits.

You get paid directly. We send a payment directly to you — not your medical providers — upon approval of your claim. You decide how to spend the money.

3

You focus on getting better.

With extra financial support, you can focus on recovering, not unplanned expenses.

Standard Insurance Company
Campbell County Health
Group Policy #172742

Group Accident Insurance

Keep your finances on track when an accident happens.

Here's how Accident insurance works

1. You have an accident.	2. We pay you benefits.	3. You focus on getting better.
You submit a claim. Your health insurance covers some costs after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.	Once we approve your claim, we'll pay you directly, not your medical providers. You decide how you spend the money.	With extra financial support from The Standard, you can focus on your recovery instead of worrying about expenses.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Take it with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse and children.
- Pays an additional 25% of the total benefits paid if your child, 18 or under, is injured playing an organized sport that requires a registration form — no annual limit.
- If you sustain multiple fractures and/or dislocations in a covered accident, you'll receive payment for each of those injuries.
- Critical Care Unit Admission and Daily Critical Care Unit Confinement benefits pay in addition to the Hospital Admission and Daily Hospital Confinement benefits.
- Pays $100 for a health maintenance screening once per insured per calendar year for receiving one covered health screening.
- Simplifies claim submission by paying some related benefits without additional documentation on select approved claims.
- Provides 24-hour coverage, including coverage for accidents that occur on and off the job.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Group Accident Insurance

Our Accident insurance includes 70+ benefits for covered injuries and treatment.

Emergency Care Benefits	Benefit Amounts
Air ambulance	$2,000
Blood, plasma and platelets - transfusion	$600
Emergency dental - crown	$350
Emergency dental - extraction	$150
Emergency room	$250
Ground ambulance	$600
Initial physician's visit[1]	$250
Major diagnostic exam	$300
Urgent care visit	$250
Outpatient X-ray	$75

1 Not payable if urgent care or emergency room visit benefits is payable.

Fracture Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, arm (shoulder to elbow), arm (elbow to wrist), collarbone, elbow, foot, hand, kneecap, lower jaw, shoulder blade, sternum, wrist	$1,800/ $3,600
Bones of face, coccyx, nose, vertebrae	$1,200/ $2,400
Finger, toe	$240/ $480
Hip	$3,500/ $7,000
Leg (hip to knee)	$3,000/ $6,000
Leg (knee to ankle), pelvis, vertebral column	$3,200/ $6,400
Rib	$500/ $1,000
Skull (depressed)	$5,250/ $10,500
Skull (non-depressed)	$2,000/ $4,000
Chip fracture (% of the non-surgical fracture amount)	25%

Specific Injury Benefits	Benefit Amounts
Burns, 2nd degree, <15%	$750
Burns, 2nd degree, >15%	$1,750
Burns, 3rd degree, <15%	$7,500
Burns, 3rd degree, >15%	$15,000
Coma	$20,000
Concussion	$225
Eye injuries: removal of foreign body or surgical repair	$350
Lacerations, <2"	$100
Lacerations, 2" - 6"	$400
Lacerations, >6"	$800
Skin grafts (% of burn benefit)	50%

Group Accident Insurance

Surgical Benefits	Benefit Amounts
Knee cartilage, repair[2]	$1,000
Knee cartilage, exploratory[2]	$250
Tendon, ligament, rotator cuff, repair of one[3]	$1,000
Tendon, ligament, rotator cuff, repair of two or more[3]	$1,500
Tendon, ligament, rotator cuff, exploratory[3]	$425
Ruptured disc, repair	$1,000
Abdominal/thoracic, exploratory[4]	$400
Abdominal/thoracic, laparoscopic[4]	$1,000
Abdominal/thoracic, open[4]	$2,250
Outpatient surgical facility	$500

2 Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount.
3 If two or more surgeries are required for the same covered accident, will pay the highest benefit amount.
4 If more than one surgery is required for the same covered accident, will pay the highest benefit amount.

Hospital Benefits	Benefit Amounts
Critical care unit admission	$2,000
Daily rehab facility (per day)	$200/up to 90 days
Daily critical care unit confinement (per day)	$600/up to 15 days
Daily hospital confinement (per day)	$450/up to 365 days
Hospital admission	$1,500

Dislocation Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, collarbone (sternoclavicular), elbow, foot (except toes), hand (except fingers), lower jaw, shoulder, wrist	$1,500/ $3,000
Collarbone (acromio/separation)	$1,100/ $2,200
Finger, rib, toe	$275/ $550
Hip	$3,850/ $7,700
Knee (not knee cap)	$2,400/ $4,800
Spine	$1,100/ $2,200
Partial dislocation (% of non-surgical amount)	25%

Follow-Up Care Benefits	Benefit Amounts
Medical appliance (e.g., cane, wheelchair or brace)	$200
Chiropractic care (per day)	$60/ up to 6 days
Accident follow-up care (per day)	$100/ up to 6 days
Hearing device	$600
Prosthesis (one)	$1,000
Prosthesis (two or more)	$2,000
Therapy services (per day)	$80/ up to 6 days

Additional Benefits	Benefit Amounts
Lodging (per day up to 30 days per accident)	$200
Transportation (per day up to 30 days per accident)	$200

Group Accident Insurance

Accidental Death & Dismemberment Benefits	Benefit Amounts
Accidental Death (you)	$100,000
Accidental Death (spouse)	$50,000
Accidental Death (child)	$25,000

Accidental Dismemberment Benefits (% of AD&D Benefit)	Benefit Amounts
Loss of two or more fingers or toes	5%
Loss of one finger or one toe	2%
Loss of both hands or both feet	30%
Loss of one hand or one foot	15%
Loss of one hand and one foot	30%
Loss of sight in both eyes or loss of hearing in both ears	30%
Loss of sight in one eye or loss of hearing in one ear	15%

Accidental Impairment Benefits (% of AD&D Benefit)	Benefit Amounts
Uniplegia	15%
Paraplegia	30%
Triplegia	30%
Hemiplegia	30%
Quadriplegia	50%

Value Added AD&D Benefits (% of AD&D Benefit)	Benefit Amounts
Common Carrier Benefit (e.g., bus or subway)	100%
Air Bag Benefit	10%
Helmet Benefit	10%
Repatriation Benefit	10%
Seat Belt Benefit	10%

Here's what it would cost you:

Coverage for	Biweekly Premium
You	$6.03
You and your spouse	$11.26
You and your children	$14.98
You, your spouse and your children	$22.74

See Accident insurance in action.

Ari was walking to their car on an icy morning. As they approached the car, their foot slipped on the ice, and they lost their balance. Instinctively, they extended their arm to break their fall. Unfortunately, the impact was too forceful, and they broke their wrist. Ari submitted documentation of their broken wrist to The Standard. In addition to receiving payment for their qualifying claim for a fractured wrist, The Standard automatically anticipated and sent payment for the following benefits, with no additional documentation required:

- Urgent care visit
- X-ray
- Follow-up visit

Their broken wrist required an additional follow-up visit with their doctor, three weeks after the first follow-up appointment. Ari submitted documentation for this second follow-up visit to The Standard to receive the benefit.

Group Critical Illness Insurance

A major illness can blindside anyone, even an employee with medical insurance. Copays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to your employees to help reduce the financial burden that can come with a serious illness.

Covered Members

A regular employee of the Employer working 20 hrs per week

	Premier - Plan 1
Minimum Employee Participation	10 Lives
Employer Contribution	0%
Policy Situs State	WY
Ages Eligible for Coverage	18-99 for Employee and Spouse; Birth to age 26 for children
Termination Age	None for Employee and Spouse; 26 for children

Plan Design

	Premier - Plan 1
Covered Conditions	Coverage Percentage or Flat Amount
Cancer	100%
Carcinoma In Situ (non-invasive cancer)	25%
End-stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Myocardial Infarction (Heart Attack)	100%
Severe Coronary Artery Disease with Recommendation of Bypass	25%
Stroke	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Occupational Hepatitis	100%
Occupational HIV	100%

Plan Design (continued)

	Premier - Plan 1
Covered Conditions	Coverage Percentage or Flat Amount
Advanced Alzheimer's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis	100%
Benign Brain Tumor	100%
Bone Marrow Transplant	100%
Loss of Hearing	100%
Loss of Speech	100%
21 Childhood Diseases	100%
Additional Occurrence Benefit – Separation Period	None
Coverage Amount: Employee	$10,000 to $30,000 in increments of $10,000
Coverage Amount: Spouse	$5,000 to $15,000 in increments of $5,000
Coverage Amount: Child (at no additional charge)	50% of the Employee Amount
Rates	Attained Age, Unisex, Blended
Guarantee Issue (Employee)	$30,000
Guarantee Issue (Spouse)	$15,000
Annual Open Enrollment	Included
Pre-existing Condition	None
Health Maintenance Screening Benefit	$50 per insured per calendar year
Portability	Included
Reoccurrence	100%
Reoccurrence Treatment-Free Period	6-month

Additional Plan Design Details

- Covered Child critical illness: Anal Atresia, Anencephaly, Biliary Atresia, Cerebral Palsy, Cleft Lip or Cleft Palate, Club Foot, Coarctation of the Aorta, Cystic Fibrosis, Diaphragmatic Hernia, Down's Syndrome, Gastroschisis, Hirschsprung's Disease, Hypoplastic Left Heart Syndrome, Infantile Hypertrophic Pyloric Stenosis, Muscular Dystrophy, Omphalocele, Patent Ductus Arteriosis, Spina Bifida Cystica with Myelomeningocele, Tetralogy of Fallot, Transposition of the Great Arteries.
- Spouse coverage cannot exceed 50% of the employees Coverage Amount.
- The diagnosis of a covered critical illness must occur while the insured is covered under the group policy and after the effective date of coverage.
- Portability is automatically included. Employees are able to take their Critical Illness coverage with no change in coverage.
- Continuity of Coverage is included.

Proposed Effective Date
July 1, 2026

Prepared for:
Campbell County Health

Attained Age Monthly Premium - Premier - Plan 1						
Employee						
Blended						
	18-29	30-39	40-49	50-59	60-69	70+
$10,000	$3.50	$5.30	$11.00	$22.80	$42.20	$107.40
$20,000	$7.00	$10.60	$22.00	$45.60	$84.40	$214.80
$30,000	$10.50	$15.90	$33.00	$68.40	$126.60	$322.20
Spouse						
Blended						
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$1.75	$2.65	$5.50	$11.40	$21.10	$53.70
$10,000	$3.50	$5.30	$11.00	$22.80	$42.20	$107.40
$15,000	$5.25	$7.95	$16.50	$34.20	$63.30	$161.10

- Policy premium rates are on an annual basis per $1,000 of covered benefit. The premiums illustrated above may be subject to minor rounding discrepancies due to modal factors.

Proposed Effective Date
July 1, 2026

Prepared for:
Campbell County Health

Annual Rate Per $1,000	
Premier - Plan 1	
Age Band	Blended
18-29	$4.200
30-39	$6.360
40-49	$13.200
50-59	$27.360
60-69	$50.640
70+	$128.880

- To convert annual rates to deductions, multiply by units of coverage, divide by the number of deductions per year and round to the nearest penny.

Hospital Indemnity Insurance

A trip to the hospital can be costly - and many employees aren't prepared for the out of pocket expenses that come with a hospital stay, even with medical coverage. Hospital Indemnity insurance pays cash benefits to employees in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to keep their finances on track.

Covered Members

A regular employee of the Employer working 20 hrs per week

	HSA - Plan 1
Minimum Employee Participation	10 Lives
Employer Contribution	0%
Policy Situs State	WY
Ages Eligible for Coverage	18-99 for Employee and Spouse; Birth to age 26 for children
Termination Age	None for Employee and Spouse; 26 for children

Plan Design

	HSA - Plan 1
Hospital Confinement Benefit	$200/Day
Number of Covered Days per Hospital Confinement	15 Days
Hospital Admission	$1000/4 times per Calendar year
Critical Care Unit (CCU) Confinement - Pays in addition to Hospital Confinement benefit	$200/Day
Number of Covered Days per CCU Confinement	15 days
Critical Care Unit (CCU) Admission	$1000/Calendar year
Health Maintenance Screening	$100
Annual Open Enrollment	Included
Pre-existing Limitation	None
Hospital Indemnity +	20% increase in hospitalization benefit amounts

Cost

	Monthly Premium
	HSA - Plan 1
Employee	$22.62
Employee and Spouse	$38.91
Employee and Child(ren)	$32.38
Employee and Family	$57.31

- To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year and round to two decimals.

Assumptions

- This proposal assumes 907 eligible lives.
- Proposal assumes coverage is not currently inforce.
- Applicants must have comprehensive health coverage in order to be eligible to apply for Hospital Indemnity insurance.

Conditions

- No competing Hospital Indemnity plan will be offered on payroll deduction.
- Rates are Guaranteed for 36 months.
- Proposed rate includes electronic documents. Printed certificates are available for an additional cost.
- New hires will be enrolled on a perpetual basis.

Exclusions

- Benefits are not payable if the injury or sickness was caused or contributed to by any of the following:

  – War or act of war.

  – Attempted suicide or other intentionally self-inflicted Injury, while sane or insane.

  – Committing or attempting to commit an assault, felony, act of terrorism, or actively participating in a violent disorder or riot.

  – Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a health care provider. This exclusion does not apply to a Sickness.

  – Travel or flight in or on any aircraft (certain exceptions apply, including as a fare paying passenger on a regularly scheduled commercial flight).

  – Dental care or dental procedures, unless treatment is the result of an Injury.

  – Routine newborn nursing or well-baby care.

  – Hospital confinement of a newborn child following the child's birth unless the confinement is a result of an injury or sickness.

Nationwide

What makes My Pet Protection Choice℠ different?

We made our most paw-pular pet insurance plan even better.

Available only through workplace benefit programs, My Pet Protection Choice℠ from Nationwide® comes in your choice of two ready-made employee plans or an all-new customizable option not previously available.

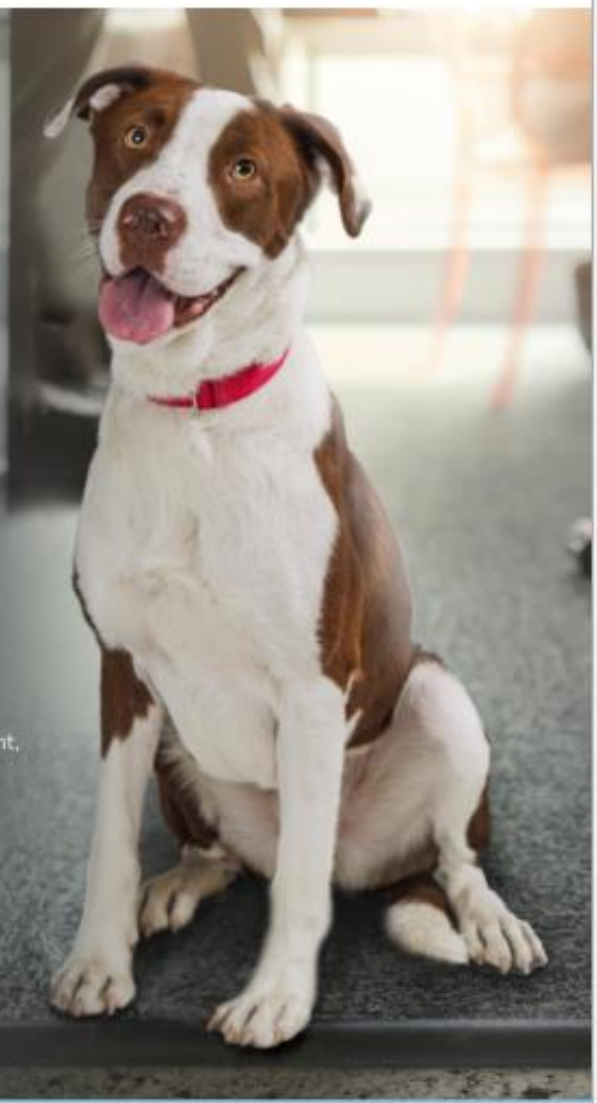
How is My Pet Protection Choice℠ different from our current plan?

Many of the same employee features as before:

- Guaranteed issuance[1]
- Multi-pet discounts available
- Easy payroll payment capability
- Use any licensed veterinarian
- Optional wellness coverage available
- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit

Plus new and improved plan features:

- Coverage can be dialed up or down by category (accident, illness, hereditary & congenital, and wellness)[2]
- Increased maximum annual benefits as high as $15,800 (compared with previous $7,500 maximum)
- More flexible pricing for different budgets and pet needs
- Wellness coverage for dogs and cats based on benefit schedule
- Accident-only coverage now available



Learn more today at PetsVoluntaryBenefits.com · 855-874-4944

How does My Pet Protection Choice℠ compare?

My Pet Protection Choice℠	Accident & Illness	Accident, Illness & Wellness	Customizable	My Pet Protection	My Pet Protection with Wellness500
Annual deductible options	$250	$250	$100 to $500	$250	$250
Reimbursement level	80%	80%	50%, 70% or 80%	50% or 70%	50% or 70%
Accident coverage	✓	✓	✓	✓	✓
Annual maximum	$5,000	$5,000	$2,500 or $5,000	$7,500 maximum annual benefit total for all conditions	$7,500 maximum annual benefit total for all conditions
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓	✓	✓
Illness coverage	✓	✓	Optional	✓	✓
Annual maximum	$5,000	$5,000	$2,500 or $5,000	$7,500 maximum annual benefit total for all conditions	$7,500 maximum annual benefit total for all conditions
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓	✓	✓
Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage	✓	✓
Annual maximum	$5,000	$5,000	$2,500 or $5,000	$7,500 maximum annual benefit total for all conditions	$7,500 maximum annual benefit total for all conditions
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓	✓	✓
Wellness coverage (for dogs & cats)		✓	Optional		✓
Annual maximum		$450	$450 or $800		$500
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓		✓
Spay/neuter or dental[4] and one additional test[4]			✓		✓
Wellness coverage (for birds)[5]			Optional		✓
Annual maximum			$200, $300 or $500		$500
Panel or titer, parasite/fecal test, CBC, culture, parasite prevention treatment, beak trim, nail trim, wing trim and more			✓		✓

With our flexible new My Pet Protection Choice℠ customizable plan, pet parents can dial coverage levels up or down so they're paying only for what they need.

Learn more today at PetsVoluntaryBenefits.com · 855-874-4944

[1] Guaranteed issuance means any new pets enrolling into a My Pet Protection Choice plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [2] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [3] Coverage for spay/neuter or dental starts 90 days after the original policy term effective date. [4] One additional test of the following: health screen (blood test), radiograph (X-ray), electrocardiogram (EKG). [5] Wellness coverage not available for reptiles or exotic pets.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

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. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, and My Pet Protection are service marks of Nationwide Mutual Insurance Company. ©2025 Nationwide. 24GRP1027TG.

Nationwide®

Follow these steps to use your LegalShield benefit:

LegalShield

1. **Create your LegalShield Account**
   Create your account at **access.legalshield.com**. If you already have an account, simply sign in.
2. **Download the LegalShield Mobile App**
   Use your account username and password to log in.
3. **Contact Your Law Firm**
   When you have questions about any personal legal matter, contact your dedicated provider law firm directly or use the mobile app.

Follow these steps to use your IDShield Benefit:

IDShield

1. **Create your IDShield Account**
   Create your account at **access.legalshield.com**. If you already have an account with LegalShield, simply sign in.
2. **Verify your identity**
   Select IDShield from your Member Portal and click **"Start"** to answer your identity verification questions.
3. **Add your information for monitoring**
   Once you verify your identity, you can add the personal information you want to monitor, including your social media accounts.

If you're enrolled in the Family Plan you can add covered family members in your Member Portals. Be sure to explore all the great services available to you in your LegalShield and IDShield Member Portals!

If you have questions about setting up your account,
please call or email **Customer Care at 888-807-0407** or membersupport@legalshieldcorp.com.
Customer Care is available 7 a.m. - 7 p.m. CT, Monday-Friday.

IDShield is a product of PPL Legal Care of Canada Corp d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner. It also provides consultation and restoration services for up to 10 dependant children who are of legal age, under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. Certain benefits are not available in all provinces. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier.

LegalShield

Note to client: Please add the **LegalShield** and **IDShield Plan** descriptions (below the line) to your employee benefits handbook, enrollment platform, or similar resource for which a short description is appropriate. If you would like to make modifications, please don't hesitate to contact your LegalShield representative.

Shield Yourself and Your Family with Legal and Identity Theft Protection

LegalShield Legal Protection

The legal plan, administered by LegalShield, provides you, your spouse or domestic partner, your parents and in-laws*, and eligible, unmarried dependent children up to age 26, with direct access to a dedicated provider law firm for a wide range of personal legal matters including, but not limited to:

- **Advice and consultation:** Demand letters, phone calls made on your behalf, legal research, and the ability to meet with your provider lawyer in-office or by phone.
- **Family law:** adoption and paternity, guardianship, name change, juvenile matters, prenuptial agreements, elder care, gender rights, immigration assistance, pet protection, reproductive assistance, and more.
- **Home:** Deeds, home sales or purchases, easements, landlord/tenant matters (tenant only), foreclosures.
- **Finance:** Bankruptcy, collection letters, billing disputes, tax audit and collection, personal property protection, consumer protection, and more.
- **Wills and Estate planning:** Wills, living wills, trusts, powers of attorney, and physician's directives.
- **Motor Vehicle:** Moving traffic violations, license reinstatement.

Additional benefits include contract and document review, 24/7 emergency access for covered emergencies, free legal forms, and a mobile app.

*Parents of the participant and/or participant's spouse are also eligible for advice, consultation, and document review for covered personal legal matters. They can receive the services available through the Elder Care Services of this Plan. Services include the preparation of a simple will and a Physician/Medical Directive.

IDShield Identity Theft Protection

The identity theft protection plan, administered by IDShield, covers you under the *Individual Plan* and can be extended to your spouse/domestic partner and dependent children under the *Family Plan.** Benefits include but are not limited to:

- Monitors Personal Identifiable Information (PII), such as SSN, passport, driver's license, etc., and alerts you if any risk is detected.
- Assigns a licensed private investigator to help restore your identity to pre-theft status in the case of identity theft—including pre-existing events.
- Comes with an Identity Fraud Protection Plan, which can cover identity theft expenses up to $3 million.
- Assigns identity theft specialists available for consultation and advice about any identity theft or online privacy concern.
- Protects multiple devices with anti-malware: the Individual Plan protects up to three devices; the Family Plan up to 15.
- Keeps your personal information off unauthorized websites and out of the hands of data brokers.

- Includes a Password Manager, Online Parental Controls, and a Virtual Private Network (VPN) that utilizes bank-grade data encryption to prevent hacking and turn public hotspots into secure Wi-Fi.
- Provides 24/7/365 emergency support and a mobile app, which you can use to check your monthly credit score, review identity threat alerts, and obtain emergency assistance.

Special Employee Rates

1. **LegalShield:** For $18.85 a month, this benefit provides affordable protection for you, your spouse, and your children.

2. **IDShield** provides two options: an *Individual Plan* for $7.75 a month and a *Family Plan* for $14.25. The Family Plan includes monitoring for dependent children under age 18 and consultation and full-service restoration for children 18-26.

3. **Both benefits:** A reduced monthly rate of $25.60 for the *Individual* bundle or $31.10 for the *Family* bundle is applied if you enroll in both benefits.

Visit www.shieldbenefits.com/cch to learn more about these benefits.

*All legal services are provided by the Provider Law Firm and lawyers, not Pre-Paid Legal Services, Inc. ("PPLSI") nor any of its companies. The following items are not included in the legal services plan: any matter or dispute between any Covered Person and PPLSI, a Provider Law Firm, or the Employer; any matter covered by any insurance policy or other legal service plan; employment; patent, trademark, or copyright matters; any matters related to Native or First American tribes or tribal governments; requested service that lacks merit, is frivolous or would violate any ethical rule or law; services outside the 50 states of the United States; business or commercial matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense. IDShield provides access to identity theft protection and restoration services and is available at individual or family rates. A family plan provides monitoring services for eligible dependent children under 18 of the Named Member or Named Member's spouse or domestic partner. Consultation and Restoration Services are available for eligible dependent children under 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs due to a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

masa Access +

How to use your MASA benefits

Transportation coordination services

Access transport services for the following benefits:

- Repatriation Near Home Coverage
- Child, Pet, and Vehicle Return Coverages
- Companion Transportation Coverage
- Hospital Visitor Transportation Coverage
- Patient Return Transportation Coverage
- Sick While Away from Home Expense Protection
- Organ Retrieval & Organ Recipient Transport Coverage
- Mortal Remains Transportation Coverage

When to access:

During or immediately following your emergency care treatment.

How to access:

Call 800-643-9023.

The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.

Note: *If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.*

View your benefits online at: masaaccess.com/member or through the MASA app.

Claims

Benefits that you submit claims for include:

- Emergency Ground Ambulance Coverage
- Emergency Air Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Post-Admission Continued Care Transportation Coverage

When to file your claim:

When you receive the ambulance bill.

Note: *Be sure to file within 180 days of the transport.*

How to file your claim:

Online: masaaccess.com/member
Email: ambulanceclaims@masaglobal.com

Note: *To process your claim, in addition to the invoice we may require your health insurance claim form (HCFA) and explanation of benefits (EOB), the ambulance run notes, and the ambulance provider's W9. MASA claim specialists will advise you on how to obtain these.*

Check the status of your claim at: masaaccess.com/member, through the MASA app, or call (800) 643-9023.

MASA connections

Member services: (800) 643-9023

Member site: masaaccess.com/member

Download on the App Store | GET IT ON Google Play

MASA app

Employee Assistance Program

Time Off

Paid Time Off

- May accrue up to 24 days off per year, full-time.

May be used for:

- Holidays
- Vacations
- First 24 hours of routine illness
- Personal time
- Available upon hire after PTO hours are accrued. Increases after 5 and 10 years.
- Carries over year to year. May accrue up to 40 days (320 hours).
- Part-time may accrue up to 12 days off per year.

Part-time Employees

Service	Per paid hour	Limit
0-5 years	.0923	160 hours
5-10 years	.1115	200 hours
10+ years	.1307	240 hours

Full-time Employees
Non-Exempt and Exempt Non-Management Employees

Service	Per paid hour	Limit
0-5 years	.0923	320 hours
5-10 years	.1115	400 hours
10+ years	.1307	480 hours

Managerial/Supervisory Exempt Employees

Service	Per paid hour	Limit
0-5 years	.1115	400 hours
5-10 years	.1307	480 hours
10+ years	.1500	480 hours

Senior Management

Service	Per paid hour	Limit
0-5 years	.1307	480 hours
5-10 years	.1500	480 hours
10+ years	.1693	480 hours

Paid Sick Leave

- May accrue up to 90 days per year, full-time.
- May accrue up to 4.5 days per year, part-time.
- Used for illnesses, injuries, etc.
- Carries over year to year. May accrue up to 65 days (520 hours).

Part-time Employees

Length of Service	Per hour worked	Per pay period	Maximum limit
0-5 years	.0346	2.77 hours	180 hours
5-10 years	.0365	2.92 hours	260 hours
10-15 years	.0385	3.08 hours	260 hours
15+ years	.0404	3.23 hours	260 hours

Full-time Employees

Length of Service	Per hour worked	Per pay period	Maximum limit
0-5 years	.0346	2.77 hours	360 hours
5-10 years	.0365	2.92 hours	520 hours
10-15 years	.0385	3.08 hours	520 hours
15+ years	.0404	3.23 hours	520 hours

Retirement

403 B Retirement Plan

- Pre-tax and ROTH options.
- All employees may make contributions by payroll deduction from first day of employment.
- The hospital will match up to 3% for 12 to 35 months of service. Up to 6% for 36 to 179 months; Up to 7% for 180 to 299 months; Up to 8% for 300 or more months of service.
- Employees may contribute up to the federally mandated dollar amount annually.
- Withdrawals are governed by the rules of the Internal Revenue Service.
- Employees may elect how their funds are invested.
- Contributions are made on pre-tax dollars.

Government 457 B Plan

- Pre-tax and ROTH options.
- All employees may make contributions by payroll deduction from first day of employment. No employer match.
- Employees may contribute up to the federally mandated annual dollar amount.

Retirement Savings

Early Childhood Center

Provides quality childcare for children of CCH employees
5:30 AM to 8:00 PM Monday - Friday

More than just a daycare

The Early Childhood Center uses Creative Curriculum.net, an online curriculum-based system for ages birth to five that integrates ongoing assessment of children's development with reporting, program planning, and parent communication tools.

Campbell County Health
EARLY CHILDHOOD CENTER

The Basics

- Accepts children up to 5 years old
- Rates dependent on child's age and number of employee's hours
- Relationship focused curriculum

For more information, or to check our rates please call 307.688.6300

Other Benefits

- Flexible Spending Plan (Section 125)
- Direct deposit of paychecks (on-line paystubs available)
- Service Awards
- Notary Public at no cost
- Free parking
- 20% discount on cafeteria meals
- On-site Childcare

Company Contact Information

All benefits questions or concerns should be directed to Human Resources.
Please do not contact the benefit carriers directly unless directed so by HR.

Benefit Progam	Company	Online Access	Phone
Health Insurance	PBA/Cigna Network		
Dental	Delta Dental of Wyoming	www.deltadentalwy.org	800-521-2651
Vision, Life, Disability, Worksite	The Standard	www.standard.com	800-547-9515
Pet Protection	Nationwide	https://partnersolutions.nationwide.com/pet/cchw	855-874-4944
LegalShield/IDShield	LegalShield	www.shieldbenefits.com/cch/orverview	888-807-0407
Transportation Coordination Sevices	MasaAccess	www.masaaccess.com/member	800-643-9023
Employee Assistance Program	Supportlinc	www.supportlinc.com	888-881-5462
Retirement	Empower	www.empower-retirement.com/participant	866-467-7756
Insurance Broker	Leavitt Heartland Insurance	www.leavittheartland.com/southdakota/	605-882-1688
Human Resources	CCH	Kendra Anderson – Kendra.Anderson@cchwyo.org	307-688-1506