

Campbell County Health

2025-2026 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.



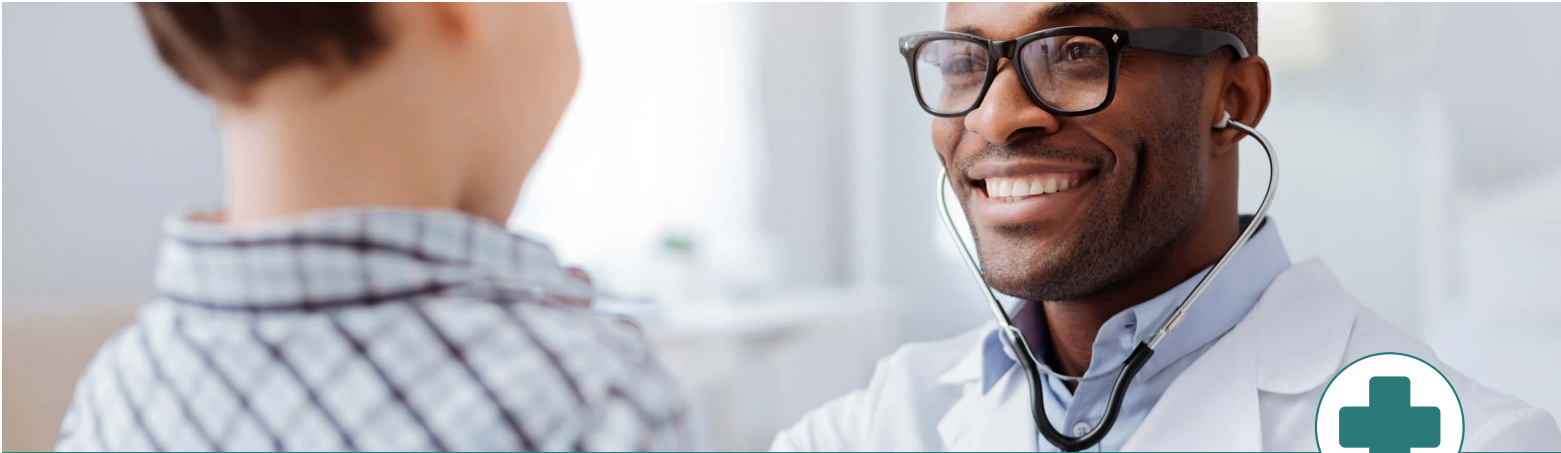
Introduction

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

For the 2025 plan year, Campbell County Health has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Campbell County Health is offering an overall benefits package that can be shaped and molded by you to fit your 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, will help 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

Traditional \$1,500



Summary of Coverage

Co-pay office visits	\$25
Deductibles	\$1,500 person/\$3,000 two adult or adult & one dep/\$3000 family
Coinsurance Maximum	\$3,500 person/\$7,000 family
Total Out of Pocket Maximum	\$5,000 person/\$10,000 family
Coinsurance: Campbell County Hospital & facilities it owns and UCH if not available at CCH	90%/10% UCR
Hospital Services NOT obtained at CCH	50%/50% UCR
Non-Hospital services or services related to an accident or emergency at a facility other than CCH	80%/20% UCR
Preventative Care	100% coverage for Preventative (must be Network Provider)
Pre-Authorization for Hospitalization	Reduction in coverage if pre-authorization is not completed
Colonoscopy Screening	Covered at 100%
<u>Prescription Card - Optum</u>	-
Generic - 30 day Supply - retail	\$10
Preferred - 30 day Supply - retail	up to \$20, cost greater than \$20 = \$20 + 20% capped at \$80
Brand - 30 day supply - retail	up to \$35, cost greater than \$35 = \$35 + 30% capped at \$150
Generic - 90 day supply - mail order	\$15
Preferred - 90 day supply - mail order	Up to \$40, cost greater than \$40 = \$40 + 20% capped at \$160
Brand- 90 day supply - mail order	up to \$75, cost greater than \$75 = \$75 + 30% capped at \$300

\$1,650 HDHP/HSA



Summary of Coverage

Co-pay office visits	No Co-pay. 80%/20% after deductible is met.
Deductibles	\$1,650 single coverage/\$3,300 two or more. (No per person deductible if two or more covered.)
Coinsurance Maximum	\$3,350 single/\$6,700 two or more
Total Out of Pocket Maximum	\$5,000 single/\$10,000 two or more
Coinsurance: Campbell County Hospital & facilities it owns and UCH if not available at CCH	90%/10% UCR
Hospital services NOT obtained at CCH	50%/50% UCR
Non-Hospital services or services related to an accident or emergency at a facility other than CCH	80%/20% UCR
Preventative Care	100% coverage for Preventative (must be Network Provider)
Pre-Authorization for Hospitalization	Reduction in coverage if pre-authorization is not completed
Colonoscopy Screening	Covered at 100%
<u>Prescription Card - Optum</u>	-
Generic - 30 day supply - retail	Medical deductible must be met
Preferred - 30 day supply - retail	Medical deductible must be met
Brand - 30 day supply - retail	Medical deductible must be met
Generic - 90 day supply - mail order	Medical deductible must be met
Preferred - 90 day supply - mail order	Medical deductible must be met
Brand - 90 day supply - mail order	Medical deductible must be met

\$3,300 HDHP/HSA



Summary of Coverage

Co-pay office visits	No Co-pay. 80%/20% after deductible is met
Deductibles	\$3,300 single/\$6,600 two or more. (Embedded deductible, one person can meet \$3,300 deductible)
Coinsurance Maximum	\$3,700 single/\$7,400 two or more
Total Out of Pocket Maximum	\$7,000 single/\$14,000 two or more
Coinsurance: Campbell County Hospital & facilities it owns and UCH if not available at CCH	90%/10% UCR
Hospital services NOT obtained at CCH	50%/50% UCR
Non-Hospital services or services related to an accident or emergency at a facility other than CCH	80%/20% UCR
Preventative Care	100% coverage for Preventative (must be Network Provider)
Pre-Authorization for Hospitalization	Reduction in coverage if pre-authorization is not completed
Colonoscopy Screening	Covered at 100%
<u>Prescription Card - Optum</u>	-
Generic - 30 day supply - retail	Medical deductible must be met
Preferred - 30 day supply - retail	Medical deductible must be met
Brand- 30 day supply - retail	Medical deductible must be met
Generic - 90 day supply - mail order	Medical deductible must be met
Preferred - 90 day supply - mail order	Medical deductible must be met
Brand - 90 day supply - mail order	Medical deductible must be met

Health Savings Accounts

If you enroll in either of the High Deductible Health Plans (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:

	<u>\$1650 HDHP</u>	<u>\$3300 HDHP</u>
Employee only	\$825 per year	\$1,650 per year
Employee + Spouse	\$1,400 per year	\$2,800 per year
Employee + Child(ren)	\$1,400 per y ear	\$2,800 per year
Family	\$1,650 per year	\$3,300 per year

The employee can contribute up to a maximum of \$4,300 for single or \$8,550 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

**\$3300 per plan year
(carryover up to \$660)**

Dependent Care FSA Limits

\$5000 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.**

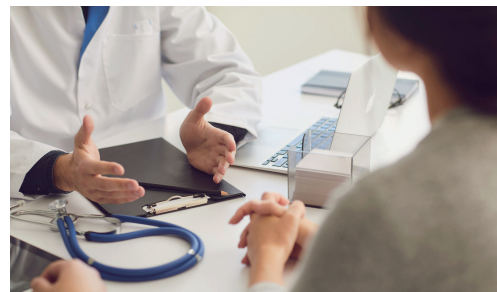
Which preventative care services are covered?

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



The Wellness Department is now the Occupational Health Clinic, located inside the Walk in Clinic at 501 S. Burma Avenue. This program is available to ALL CCH employees – full-time, part-time or PRN, with or without CCH health insurance. The Blood draw, A1C, and Lipid Vouchers are also open to spouses of employees who are enrolled in the CCH health insurance.

To qualify for the CCH Insurance Discount, you must participate in the annual blood draw.

Available programs include:

Blood Draw:

\$65 value (Wellness Panel and CBC)

- For those on CCH insurance, employees and spouses must complete the annual blood draw in September to continue to receive their insurance premium discount. If the blood draw is not completed in September, discount will not apply.
- New hires on insurance, must have screening completed within 60 days of hire date.

Audiogram:

\$60 value, for employees only

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

A1c and Lipid Vouchers:

\$280 value, employees and spouses (if on insurance)

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

Mammograms:

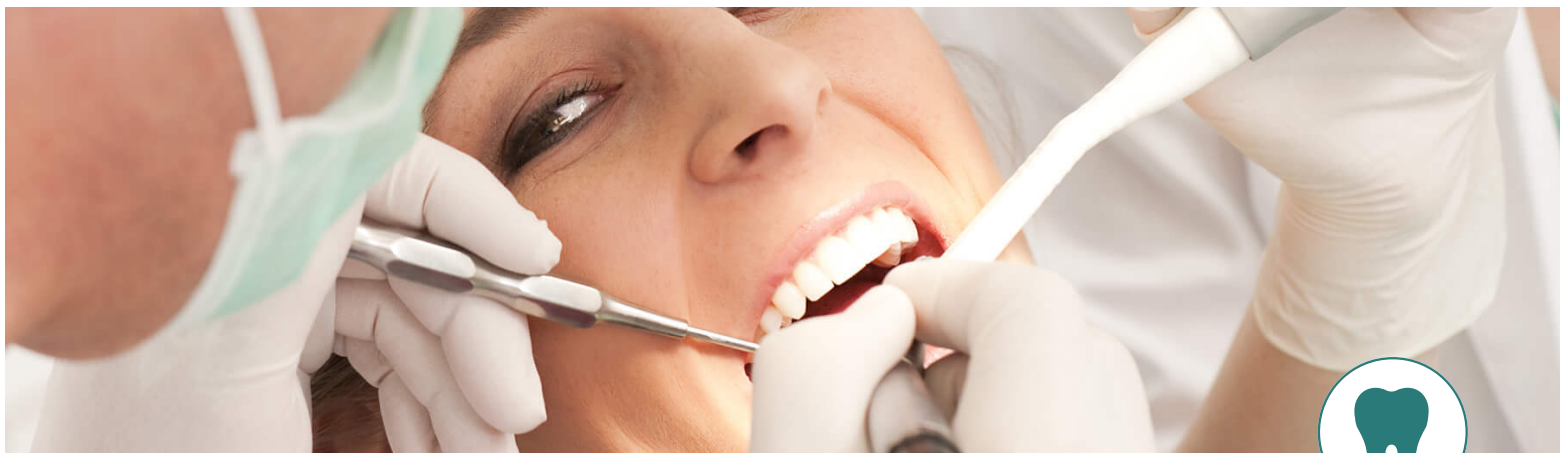
\$499 value, for employees only

- Employee must be over the age of 40.
- This mammogram is for screening only, not diagnostic; and an employee can only have one mammogram per 12-month period for this program. Reach out to ext. 8065.
- Employee must call radiology to schedule procedure: ext. 1600.

PSA screening:

\$30 value, for employees only

- Employee must be over the age of 50 years old
- This PSA Screening is for screening only, not diagnostic; and an employee can only have one PSA screening per 12-month period for this program.
- Please contact ext. 8378 to schedule the screening at the Occupational Health Clinic.



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.



Summary of Benefits	Premier Network	Out of Network*
Diagnostic & Preventive Services (not subject to deductible or annual maximum) <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> ➤ Extractions and other oral surgery. ➤ Amalgam, preformed crowns, synthetic porcelain, plastic, and composite restorations (fillings.) ➤ Endodontics. ➤ Periodontics. 	85%	85%
Major Services <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> ➤ 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
<u>Contacts</u>	-	-
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
<u>Lens Options (participant cost)</u>	-	-
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

The Standard Vision

Summary of Coverage continued.....

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 - FY25 (2025-2026)

HDHP = High Deductible Health Plan
with a Health Savings Account (HSA)

W=Wellness Participant
NW=Non-Wellness Participant
One W Participant = \$11
Two W Participants = \$22

2025-2026						
EMPLOYEE ONLY		Premium Amount Necessary	W Employee Prem-1 Part	NW Employee Premium	CCH Employer Premium	
	Full-time Employee Only					
	HDHP/HSA \$3300 Plan	\$440.03	\$64.50	\$75.50	364.53	
	HDHP/HSA \$1650 Plan	\$463.18	\$110.60	\$121.60	341.58	
	\$1500 Deductible Plan	\$537.93	\$185.35	\$196.35	341.58	
	Dental	\$21.44	\$6.43	\$6.43	15.01	
	Vision	\$5.05	\$2.05	\$2.05	3	
2025-2026						
		Premium Amount Necessary	W Employee Prem-1 Part	NW Employee Premium	CCH Employer Premium	
	Part-time Employee Only					
	HDHP/HSA \$3300 Plan	\$440.03	\$239.80	\$250.80	\$189.23	
	HDHP/HSA \$1650 Plan	\$463.18	\$270.00	\$281.00	\$182.18	
	\$1500 Deductible Plan	\$537.93	\$344.75	\$355.75	\$182.18	
	Dental	\$21.44	\$13.94	\$13.94	\$7.50	
	Vision	\$5.05	\$5.05	\$5.05	\$0.00	
2025-2026						
EMPLOYEE & SPOUSE		Premium Amount Necessary	W Employee Prem-1 Part	W Employee Prem-2 Part	NW Employee Premium	CCH Employer Premium
	Full-Time Employee + Spouse					
	HDHP/HSA \$3300 Plan	\$917.74	\$166.77	\$155.77	\$177.77	\$739.97
	HDHP/HSA \$1650 Plan	\$966.04	\$242.62	\$231.62	\$253.62	\$712.42
	\$1500 Deductible Plan	\$1,121.94	\$398.52	\$387.52	\$409.52	\$712.42
	Dental	\$44.42	\$13.33	\$13.33	\$13.33	\$31.09
	Vision	\$8.31	\$5.31	\$5.31	\$5.31	\$3.00
2025-2026						
		Premium Amount Necessary	W Employee Prem-1 Part	W Employee Prem-2 Part	NW Employee Premium	CCH Employer Premium
	Part-Time Employee + Spouse					
	HDHP/HSA \$3300 Plan	\$917.74	\$512.09	\$501.09	\$523.09	\$394.65
	HDHP/HSA \$1650 Plan	\$966.04	\$575.08	\$564.08	\$586.08	\$379.96
	\$1500 Deductible Plan	\$1,121.94	\$730.98	\$719.98	\$741.98	\$379.96
	Dental	\$44.42	\$28.87	\$28.87	\$28.87	\$15.55
	Vision	\$8.31	\$8.31	\$8.31	\$8.31	\$0.00
2025-2026						
EMPLOYEE & CHILDREN		Premium Amount Necessary	W Employee Prem-1 Part	NW Employee Premium	CCH Employer Premium	
	Full-Time Employee + Children					
	HDHP/HSA \$3300 Plan	\$780.56	\$140.20	\$151.20	\$629.36	
	HDHP/HSA \$1650 Plan	\$821.63	\$204.70	\$215.70	\$605.93	
	\$1500 Deductible Plan	\$954.22	\$337.29	\$348.29	\$605.93	
	Dental	\$40.22	\$12.07	\$12.07	\$28.15	
	Vision	\$7.89	\$4.89	\$4.89	\$3.00	

2025-2026				
	Premium Amount Necessary	W Employee Prem-1 Part	NW Employee Premium	CCH Employer Premium
Part-Time Employee + Children				
HDHP/HSA \$3300 Plan	\$780.56	\$433.90	\$444.90	\$335.66
HDHP/HSA \$1650 Plan	\$821.63	\$487.47	\$498.47	\$323.16
\$1500 Deductible Plan	\$954.22	\$620.06	\$631.06	\$323.16
Dental	\$40.22	\$26.14	\$26.14	\$14.08
Vision	\$7.89	\$7.89	\$7.89	\$0.00

2025-2026						
EMPLOYEE & FAMILY		Premium Amount Necessary	W Employee Prem-1 Part	W Employee Prem-2 Part	NW Employee Premium	CCH Employer Premium
	Full-time Employee + Family					
	HDHP/HSA \$3300 Plan	\$1,296.14	\$240.07	\$229.07	\$251.07	\$1,045.07
	HDHP/HSA \$1650 Plan	\$1,364.36	\$347.20	\$336.20	\$358.20	\$1,006.16
	\$1500 Deductible Plan	\$1,584.53	\$567.37	\$556.37	\$578.37	\$1,006.16
	Dental	\$65.59	\$19.68	\$19.68	\$19.68	\$45.91
	Vision	\$13.09	\$10.09	\$10.09	\$10.09	\$3.00

2025-2026					
	Premium Amount Necessary	W Employee Prem-1 Part	W Employee Prem-2 Part	NW Employee Premium	CCH Employer Premium
Part-time Employee + Family					
HDHP/HSA \$3300 Plan	\$1,296.14	\$727.77	\$716.77	\$738.77	\$557.37
HDHP/HSA \$1650 Plan	\$1,364.36	\$816.74	\$805.74	\$827.74	\$536.62
\$1500 Deductible Plan	\$1,584.53	\$1,036.91	\$1,025.91	\$1,047.91	\$536.62
Dental	\$65.59	\$42.63	\$42.63	\$42.63	\$22.96
Vision	\$13.09	\$13.09	\$13.09	\$13.09	\$0.00

		\$1500	
CCH HSA ER annual contributions	Deductible	HDHP \$1650	HDHP \$3300
Employee	NA	\$825.00	\$1,650.00
Employee + Spouse	NA	\$1,400.00	\$2,800.00
Employee+Child(ren)	NA	\$1,400.00	\$2,800.00
Employee+Family	NA	\$1,650.00	\$3,300.00



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.

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:

$$\text{Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).} \div 1000 = \text{Enter your rate from the rate table.} \times = \text{This amount is an estimate of how much you would pay each month.} \rightarrow \text{To get a sense of your biweekly premium, multiply your monthly premium amount by 12 and then divide by 26.}$$

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).

Group Additional Life and AD&D Insurance

Child Life with AD&D Biweekly Premiums	
Coverage Amount	Premium
\$5,000	0.32
\$10,000	0.65



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

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)

7600872-1174227



What makes My Pet Protection ChoiceSM different?

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

Available only through workplace benefit programs, My Pet Protection ChoiceSM 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 ChoiceSM different from our current plan?

Many of the same employee features as before:

- Guaranteed issuance¹
- 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 ChoiceSM compare?

My Pet Protection Choice SM	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 ³ 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 ChoiceSM 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. 24GRP10277G.



Legal, Identity Theft and Privacy Protection are Just a Tap Away

Getting started with your LegalShield and IDShield benefits is as easy as 1-2-3!

Follow these steps to use your LegalShield benefit:



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:



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.



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.

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.

Note: To process your claim, in addition to the invoice we may require your health insurance claim form (HICFA) 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.



How to file your claim:

Online: masaaccess.com/member

Email: ambulanceclaims@masaglobal.com

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



MASA app



Employee Assistance Program

Emotional wellbeing resources to keep you at your best

SupportLinc offers expert guidance to help address and resolve everyday issues. Access support whenever, wherever is most convenient for you.



Call

Receive in-the-moment support from a licensed clinician 24/7/365.



Email

Send a question to support@curalinc.com.



Ask the expert

Request information or resources based on the topic or concern.



Live chat

Chat live with a licensed counselor through the mobile app.



Text

Text support to 51230 for more info about your program.



Real-time scheduling

Schedule care directly with a counselor or Coach.



Coaching

Boost your emotional fitness, learn healthy habits and establish new routines.



Text therapy

Exchange text messages with a Coach.



Self-guided digital therapy

Strengthen your mental health and wellbeing at your own pace.



Digital group support

Attend anonymous group support sessions on a variety of topics.



Start with Mental Health Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator assessment. You'll instantly receive personalized guidance to access care and support.



Download the mobile app today!



1-888-881-LINC (5462)



supportlinc.com
group code: cch

Support for everyday issues. Every day.

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

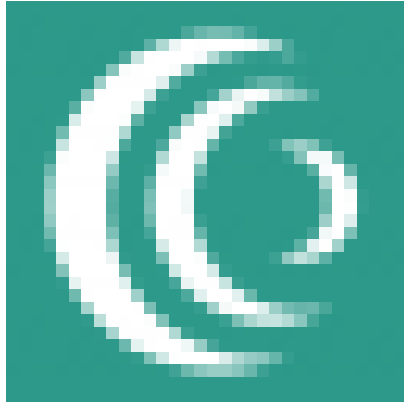
All benefits questions or concerns should be directed to Human Resources.

Please do not contact the benefit carriers directly unless directed so by HR.

Benefit Program	Company	Online Access	Phone
Health Insurance	Simplified Benefits Administrators	www.Simplifiedbenefitsadministrators.org	800-207-1018
Dental	Delta Dental	www.deltadentalwy.org	800-521-2651
Vision, Group Life, Additional Life & LTD	The Standard	www.standard.com	800-547-9515
Pet Protection	Nationwide	https://partnersolutions.nationwide.com/pet/cchwyo	855-874-4944
LegalShield IDShield	LegalShield	www.shieldbenefits.com/cch/overview	888-807-0407
Transportation Coordination Services	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	Freimark & Associates	Todd Freimark – tfreimark@csgwsd.com Brian Norberg – bnorberg@csgwsd.com	605-882-1688
Human Resources	CCH	Kendra Anderson – Kendra.Anderson@cchwyo.org	307-688-1506

Campbell County Health

2025-2026 Employee Benefits Guide



Prepared by Freimark and Associates for Campbell County Health

