

Helping You Live Your Healthiest

2027

CENTRAL COUNTIES SERVICES BENEFITS GUIDE

Plan Year January 1, 2027 – December 31, 2027

2027
OPEN ENROLLMENT

Your Open Enrollment Guide:

Central Counties Services recognizes the importance of providing our employees the opportunity to participate in a comprehensive and competitive benefits program. A competitive benefits program is key to our continued growth as an organization and offers our employees benefits in support of overall health and financial security. We continually review new developments in employee benefit programs and periodically add new benefits or change existing benefits to provide the maximum value to our employees.

To help you make your benefit choices, CCS gives you several tools, including this Benefits Guide. Use these tools to help make your benefit decisions.

Review Your Options and Make Your Choices

This Employee Benefits Enrollment Guide is designed to familiarize you with the health and welfare benefits that are available to you so that you can make the best choices for you and your family.

Here's What You Need to Know

- **Medical Plans -** Your medical benefits will continue to be administered through **Blue Cross Blue Shield of Texas.** There are 2 plans to choose from.
- **Health Savings Account** – Your Health Savings Account (HSA) will still be administered through Optum.
- **Dental Plan** - Your dental benefits will continue to be administered through Mutual of Omaha. You continue to have two plan options.
- **Vision Plan** - Your vision benefits will continue to be administered through Mutual of Omaha.
- **Basic and Voluntary Life & AD&D** - Your Life and AD&D benefits will continue to be administered through Mutual of Omaha. Please be sure to review your beneficiary information in Paycom.
- **Short-Term and Long-Term Disability** - Your disability benefits will continue to be administered through Mutual of Omaha.
- **Critical Illness and Accident Insurance-** These worksite products will continue to be administered through Mutual of Omaha.

What is Open Enrollment and What do You Need to do?

Open Enrollment is your once-a-year opportunity to make changes to your current benefits and to review which dependents you will cover during the new plan year. **All changes you request will take effect January 1, 2027.**

Open enrollment will be held **November 2 – 15, 2026.** This year's open enrollment will be a passive enrollment; however, **all employees are encouraged to log in to Paycom to review and attest to their elections for the upcoming plan year e**ven if you do not wish to make any changes to your current benefit elections or choose to decline coverage.

THE DEADLINE IS SUNDAY NOVEMBER 15th 2026.

For questions regarding enrollment please contact:

Human Resources

(254) 298-7129 or
human.resources@ccs1967.org

For Additional Resources, please contact:

USI Benefits Resource Center

855-USI-0110 (Toll Free)

BRCSouthwest@usi.com

Monday-Friday
8:00AM-5:00PM CST

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The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in the brochure and the actual plan documents or policies, the documents or policies will always govern.

Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your HR department.



Important Notice: The required Medicare Part D Creditability Notice is contained in this benefits guide.

Benefits Enrollment & Eligibility

Eligibility

If you are scheduled for 20 or more hours per week (.5 FTE), you and your dependents are eligible for benefits on the 1st of the month following 60 days of employment.

Generally, for the purpose of the Central Counties Services benefits program, dependents are defined as:

- Your legal spouse
- Dependent "child" up to age 26. Child means:
  - a natural child
  - a stepchild
  - an adopted child
  - any other child included as an eligible dependent under the contract
  - grandchild (as long as you claim as a tax dependent)
- Dependent child of any age who is medically certified as Disabled and dependent on you (documentation is required)

Certifying my Dependents

To maintain compliance with our plan documents, and to help manage the cost of benefits for our employees and our Center, CCS requires that all dependents enrolled in a CCS benefit plan be verified as having a legal relationship with our employee. This applies to all dependents, whether those of a new hire, a rehire, someone moving from a non-benefit eligible position to a benefit eligible position or a new dependent joining a CCS plan as a result of birth, marriage, or adoption.

Once your elections are made, CCS will be reaching out to verify your dependent's eligibility on the plan.

Proof of Family Member Status

You must provide written proof of your marriage and/or legal relationship to your dependents when you add a family member to the CCS benefit plans. For example, you may provide a certified copy of:

- Marriage Certificate
- Spousal Affidavit (Common Law)
- Birth Certificate - children under age 26
- Court Orders

Enrollment

Eligible employees can make benefit elections upon their initial eligibility (new hire event) and changes can be made during the annual open enrollment period within 30 days of experiencing a life status change event, also referred to as a "qualifying event".

What is Open Enrollment?

Open Enrollment is a once-a-year opportunity to make changes to your current benefits and to review which dependents you will be covering during the new plan year. All changes you request will take effect on January 1st.

What happens if I don't enroll?

If your enrollment is not completed during the Open Enrollment period (which occurs for two weeks for the next plan year), or within 30 days of your eligibility date (see life status change events below), you will have to wait until the next Open Enrollment to change coverage.

Election Changes

In most cases, your benefit elections remain in effect until the next annual open enrollment period. You will not be able to make any plan changes unless you experience a life status change.

Life Status Change Events

Events described in IRS regulations allow you to make a change to your benefit coverage if you experience any of the following:

- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
- Loss of or significant change to your current coverage
- Judgment, decree or court order
- Enrollment / ceasing to be enrolled in Medicare or Medicaid
- Ceasing to be enrolled in Children's Health Insurance Program (CHIP)

You have 30 days from the date of the event (60 days if it's due to loss of coverage from Medicaid or CHIP) to report and update your benefits with the Human Resources department. You will be required to provide documentation. For a list of acceptable documentation, contact HR.

Benefit or Claim Questions?



The Benefit Resource Center (BRC) is Always Here to Help!

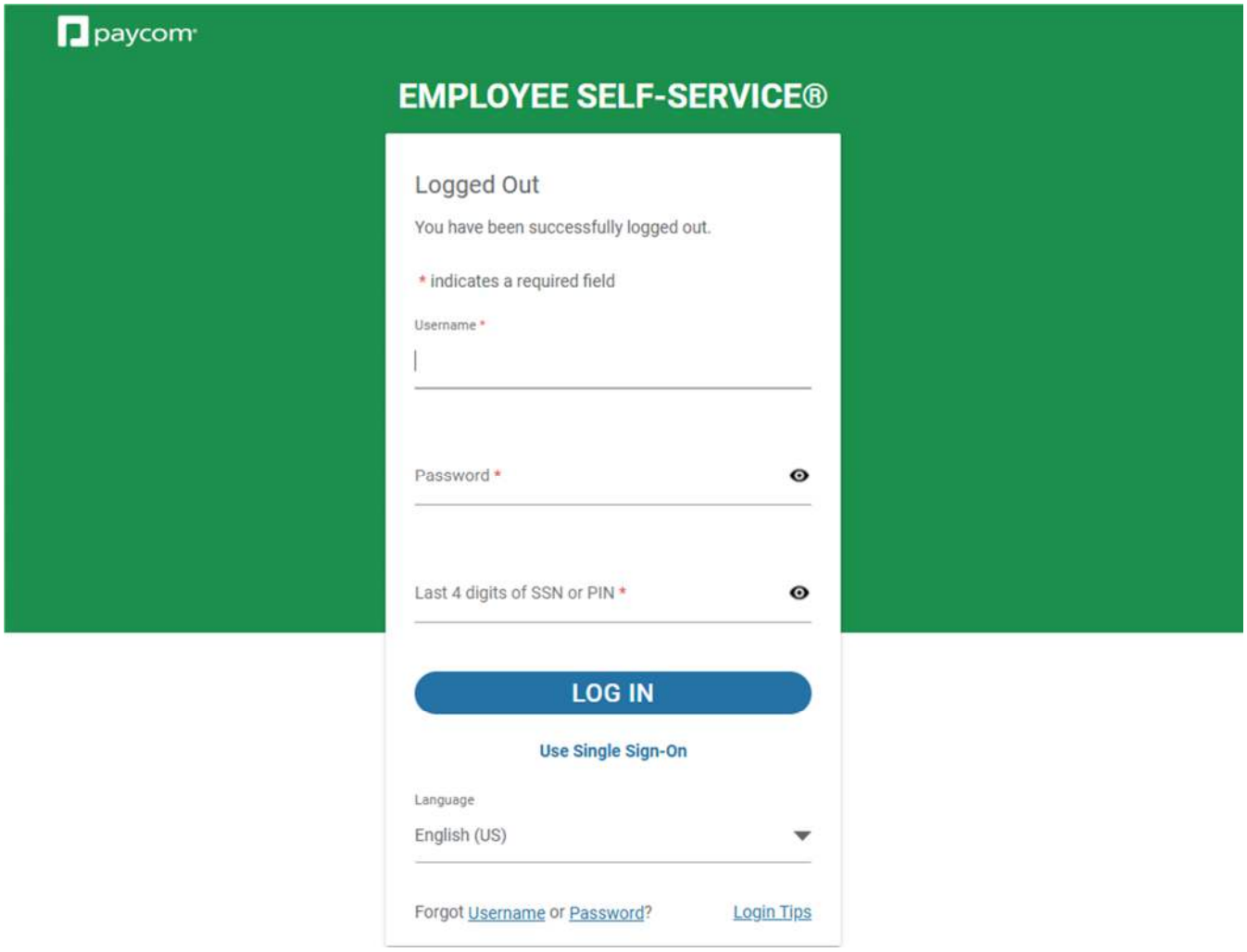
It doesn't matter if you're a new hire or celebrating your 15th year with the same company, benefits and claims can be tricky to navigate. Our Benefits Specialists can help you choose the right plan, translate confusing jargon and answer questions about which benefits your employer offers. Plus, they can work directly with insurance carriers to resolve issues related to claims and denials of service — and more!

Benefits Resource Center

BRCSouthwest@usi.com
Toll Free: 855-874-0110
M-F | 8am – 5pm EST & CST

Paycom Employee Self-Service (ESS)

As an employee, you can access current benefit information through Paycom Employee Self-Service (ESS). Paycom ESS provides a convenient location to review benefit elections, coverage details, and other benefit-related information to you. Log in through the Paycom website or mobile app to view your benefit information.



Important Contacts

Benefit	Carrier & Policy Number	Contact Information
Medical	BlueCross Blue Shield of Texas HDHP Group # 303978 PPO Group # 303979 Network: Blue Choice PPO	**800-521-2227** bcbstx.com
Voluntary Dental	Mutual of Omaha Group # G000CD4C Network: PPO	**800-927-9197** mutualofomaha.com
Voluntary Vision	Mutual of Omaha Group # G000CD4C Network: EyeMed Insight	**833-279-4358** mutualofomaha.com
Group Term Life / AD&D **Voluntary Life / AD&D**	Mutual of Omaha Group # G000CD4C	**800-877-5176** mutualofomaha.com
Voluntary Short-Term Disability **Long-Term Disability**	Mutual of Omaha Group # G000CD4C	**800-877-5176** mutualofomaha.com
Employee Assistance Program	Mutual of Omaha Group # G000CD4C	**800-316-2796** mutualofomaha.com/eap
Voluntary Critical Illness and/or Accident	Mutual of Omaha Group # G000CD4C	**800-877-5176** mutualofomaha.com
Health Savings Account	Optum Bank Group ID HB1819 Group Name: Central Counties	**866-234-8913** Optumbank.com
COBRA Administration	PayCom	**800-580-4505** **405-722-6900** **Email: COBRA@paycomonline.com**
Retirement Provider	Empower Account #100027-02 (401a) Account #100027-01 (457)	**800-701-8255** participant.empower-retirement.com
Benefits Help	Benefit Resource Center Mon - Fri 8am to 5pm CST	**855-874-0110** **Email: BRCSouthwest@usi.com**





Available on the iPhone App Store | ANDROID APP ON Google play

Download your free mobile apps in the Google Play or App Store today!

Frequently Asked Questions

What's A Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance company makes any payments for health care services rendered. For example, if you have a $4,000 deductible, you would be required to pay the first $4,000, in total, of any claims during a plan year. The deductible excludes copayments where applicable.

What's Coinsurance?

Coinsurance is the amount expressed as a percentage of covered health services that you must pay after you have satisfied your plan deductible.

What's Out-Of-Pocket Maximum?

The maximum amount (deductible, copays and coinsurance) that an insured will have to pay for covered expenses under a plan. Once the out-of-pocket limit is reached, the plan will cover eligible expenses at 100%.

What's The Benefit Of Mail Order Drugs?

Mail order drugs are perfect for patients who take medication on an ongoing basis. Examples are high blood pressure medication, high cholesterol medication, insulin and birth control. Mail Order drugs are convenient because they are delivered to your doorstep which relieves the stress of standing in line at the pharmacy.

What Should I Ask My Doctor?

Many patients do not ask their doctor basic questions. "How much will my treatment cost?" "Can I be treated another way that is equally effective but less costly?" "What are the risks?" "What are the side effects?" Having a dialogue with your physician can help you better understand and prepare for potential out-of-pocket expenses. It will also help your doctor get to know you better and consequently prescribe treatment that is more effective. Be sure to use the tools available to you to help you make the most of your money.

What's Preventive Care?

Preventive care is proactive, comprehensive care that emphasizes prevention and early detection. This care includes physical exams, immunizations, well woman and well man exams. Be sure your child gets routine checkups and vaccines as needed, both of which can prevent medical problems (and bills) down the road. Also, adults should get preventive screenings recommended for their age to detect health conditions early. Preventive care is covered at 100% in-network.

What Does In-Network Mean?

In-network refers to providers or facilities who have contracted with an insurance carrier to provide services at negotiated (discounted) rates. Using in-network providers/facilities generally means that you will pay less out of pocket, and you will not be required to file a claim for reimbursement.

Some plans offer benefits only if you remain in-network.

Explanation of Benefits?

An EOB is a statement the insurance company sends to you explaining the health care charges that you incurred and the services for which your doctor has requested payment. You should compare your EOB to the bill you receive from the doctor. All data on your EOB should match the information that appears on the statements you receive from your doctor. If it doesn't, contact the doctor's office immediately.

What's The Difference Between Generic And Brand Drugs?

The difference between generic and brand name medications lies in the name of the drug and the cost. Generic drugs cost much less than brand name drugs, save you and your employer money, and provide the same health benefits as brand name drugs.



MEDICAL BENEFIT OPTIONS

BlueCross BlueShield of Texas

Central Counties Services' medical benefits offered through Blue Cross Blue Shield of Texas are designed to cover a wide variety of medical services including preventive care, office visits, prescription drugs and inpatient care. Central Counties Services offers two plan options through Blue Cross Blue Shield of Texas.

Plans Available to You:

- HDHP Plan
- PPO Plan

To access a list of providers:

Log on to **www.bcbstx.com/member**

Under **"Find Care"** click on "**Find a Doctor or Hospital**"

Select **"Search as Guest**"

Select your network **"Blue Choice PPO℠ [BCA]"**

Enter your specific information and Search!

Coverage Options

You may elect medical coverage under Central Counties Services' Benefits Program for:

Yourself only

Yourself and your spouse

Yourself and your child or children

Yourself and family

The chart on the next page shows comparisons between benefits when you use in-network providers and benefits when you use out-of-network providers. Keep in mind that your health plan pays the allowed amount for services and supplies. In-network providers agree to accept the allowed amount as payment in full. When you use out-of-network providers, **you** must pay the difference between the allowed amount and the provider's charge in addition to any deductibles and coinsurance amounts that apply.

Through this plan, you have access to thousands of in-network physicians and hospitals in the United States. You and your dependents are responsible for ensuring the providers you utilize are part of the designated network for your plan selection.

Medical

Central Counties Services offers two medical plans through BlueCross BlueShield of Texas (BCBSTX). The BCBSTX Blue Choice PPO Plan gives you the option to see doctors in or out of the network. If you use an out-of-network doctor, you may be billed for amounts that BCBSTX does not cover. We encourage you to register on the BCBSTX website at www.bcbstx.com. By going online, you are able to review in-network doctors, claim payments, and additional benefit resources. Use your login information and download their mobile app as well!

Benefit	HDHP		PPO Plan	
	In-Network	Out-of-Network	In-Network	**Out-of-Network**
Annual Deductible	$4,000 Individual $8,000 Family	$8,000 Individual $16,000 Family	$4,500 Individual $9,000 Family	$9,000 Individual $18,000 Family
Co-insurance	100%	70%	80%	60% or 70% depending on type of service
Annual Out-of-pocket Maximum **Includes deductible, co-insurance and co-pays**	$4,000 Individual $8,000 Family	$18,000 Individual $27,000 Family	$6,600 Individual $13,200 Family	$13,200 Individual $26,400 Family
Physician Office Visit **Primary Care Physician** **Specialist** **Virtual Visits - MD Live**	100% after deductible 100% after deductible $10 co-pay	70% after deductible 70% after deductible N/A	$40 co-pay $75 co-pay $10 co-pay	70% after deductible 70% after deductible N/A
Preventive Care **Physician's Services** **Preventive Testing**	100%	70% after deductible	100%	70%
Laboratory/X-ray **Freestanding/Outpatient Facility** **Certain diagnostic procedures (MRI/PET/CAT/SPEC)**	100% after deductible 100% after deductible	70% after deductible 70% after deductible	100%; $40 co-pay if performed during office visit 80% after deductible	70% after deductible 60% after deductible
Urgent Care Center Visit	100% after deductible	70% after deductible	$150 co-pay	70% after deductible
Emergency Care **Facility** **Physician**	100% after deductible 100% after deductible		$500 co-pay; deductible waived if Admitted 80% after deductible	
Hospital **Facility - (Pre-certification required)** **Physician**	100% after deductible 100% after deductible	70% after deductible 70% after deductible	80% after deductible 80% after deductible	$200 co-pay, then 60% after deductible 60% after deductible
Pharmacy Benefits **(Retail Pharmacy - 30 day)** **Generic** **Preferred Brand** **Non-Preferred Brand** **Specialty** **(Mail Order Pharmacy - 90 day)** **Generic** **Preferred Brand** **Non-Preferred Brand**	100% after deductible	100% after deductible N/A	$10 co-pay $25 co-pay $40 co-pay $10 / $25 / $40 $30 co-pay $75 co-pay $120 co-pay	$10 co-pay* $25 co-pay* $40 co-pay* $10 / $25 / $40* N/A

*Out-of-Network pharmacy benefits will include a co-pay, plus 20% co-insurance. The "generic incentive" program requires plan participants and their doctors to choose a generic drug (when available) over a brand name drug. If a plan participant chooses to purchase a brand name drug when there is a generic equivalent available, they will be charged the co-pay for the brand name drug plus the difference between the cost of the generic and brand.

BlueCross BlueShield of Texas



Your health at your fingertips

Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for Members℠ (BAM℠).

With BAM, you can:

- Find in-network doctors and hospitals.
- View your digital member ID, or order new or replacement IDs.
- Review your benefits and dependent coverage.
- Covered dependents age 18 and over can have their own BAM accounts.

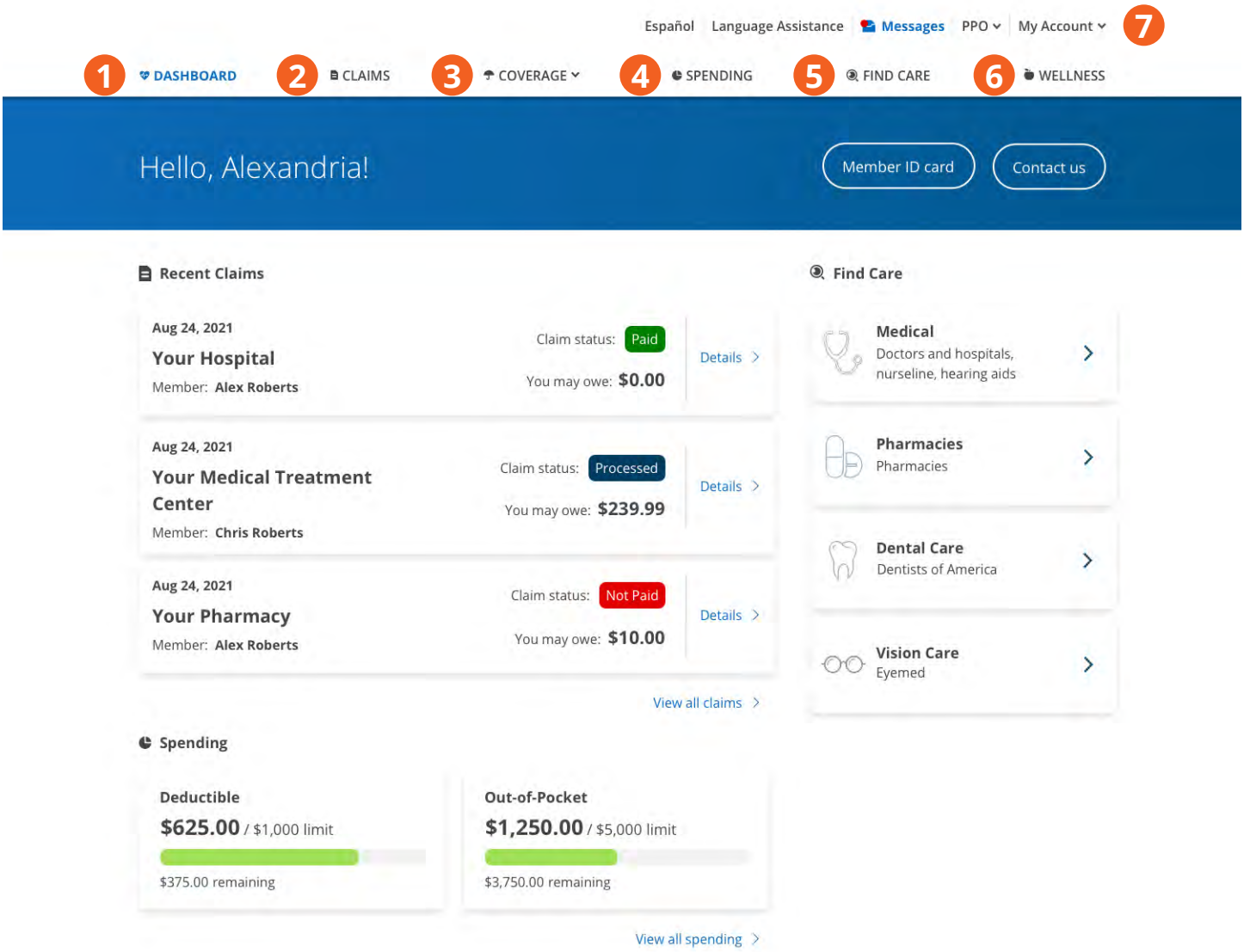
SCAN ME

Scan this QR code to visit bcbstx.com.

Let's get started

1. Go to **bcbstx.com**.
2. Click **Register Here**.
3. Use the information on your member ID card to complete the registration process.

Navigation has never been easier



1. **Dashboard** – See your family's claims and health care spending at a glance, order an ID, navigate the site quickly and easily.
2. **Claims** – View quick claims summaries or download your Explanation of Benefits (EOB).
3. **Coverage** – See benefit highlights for your medical, dental and pharmacy plans.
4. **Spending** – Keep track of your deductible and out-of-pocket expenses.
5. **Find Care** – Find in-network doctors, hospitals and other health care providers quickly and easily.
6. **Wellness** – Take control of your well-being with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
7. **My Account** – Use this menu for everything else: View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.

This material is only for illustration purposes. Your group's coverage types and benefits may be different.

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Health Savings Account

A personal bank account to help you pay for health care and save on taxes.

The Central Counties Service's Medical HDHP Plan gives you the option of opening a health savings account (HSA), if you are eligible. This account allows you to set aside money on a pre-tax basis to pay for qualifying medical, dental, and vision expenses, including those that apply to your annual deductible, coinsurance and copays; or you can save and invest the money for a future need ... even into retirement. It's your choice! The HSA is administered by Optum.

To be eligible to contribute to an HSA, you must:

- Be enrolled in a qualified HDHP medical plan (HSA Plan)
- Not be covered by any other health plan (including a spouse's medical PPO plan, or Medical FSA plan)
- Not be enrolled in Medicare
- Not be a dependent on someone else's tax return

When you combine an eligible HDHP with an HSA:

- Anyone can contribute to your HSA account
- Deposit methods: lump sum, account transfer, IRA rollover, & payroll deductions
- Invest a portion of your balance in mutual funds to help save for the future
- Pay for healthcare now or later
- Money belongs to you
- No "use-it-or –lose-it" rule
- Save for retirement (withdraw at age 65 without penalty)
- You only have access to the contributed funds

You won't have to pay federal income tax on:

- Deposits you or others make to your HSA
- Money you spend from your HSA on qualified expenses
- Interest earned on the HSA

Employer HSA Contributions:

CCS will contribute $80 per month for full-time employee only coverage and $40 per month for full-time employee + dependent(s) coverage. There is no HSA contribution for part-time employees (working 20-29 hours per week).

Payments are made on the 1st two pay periods of the month. Employee must be in paid status to receive payments.

HSA funds may be used for your dependents even if they are not enrolled in the HDHP plan.

2027 Contribution HSA Limits

The IRS Limits how much you can deposit into your HSA each year.

The 2027 limits are:
∗$4,500 for individual coverage
∗$9,000 for family coverage

Are you 55 or older?
You can deposit an extra $1,000 during the year. This is called a catch-up contribution

What happens to unused HSA money?

Money in your HSA bank account rolls over year after year and earns interest. At age 65, you will have the freedom to use your HSA funds for any purpose without penalty (although amounts are included in income when not used for qualified medical expenses), so the HSA also lets you save for retirement, tax-free. If you change jobs or retire, your HSA funds are yours to keep. You can continue to use your funds for qualified expenses but cannot resume contributions unless you meet the eligibility requirements.

For a detailed list of Eligible Medical Expenses, refer to IRS Publication 502.



Optum Financial®

Tap into your HSA – anytime, anywhere

Online and mobile tools to help you maximize your savings

Once you've opened a health savings account (HSA), you have access to a number of tools and resources at optumbank.com making it easy to manage your account online. They can help you use your HSA today and help plan for your future.

Visit our website or use our mobile app

Sign in to your online account anywhere, anytime on optumbank.com or on the mobile app to:

- Check balances
- Make deposits
- Pay medical bills
- Track payments
- Reimburse yourself
- Upload and store receipts
- Check monthly statements
- Manage investment activity

Use the mobile app to access your HSA on the go and sign in using fingerprint or facial recognition.

See qualified medical expenses easily

Use the searchable list at optumbank.com/QualifiedExpenses to easily see what you can buy.

Take the Health Savings Checkup

Answer a few questions about your health, your HSA activity and retirement goals and receive a personalized snapshot of your potential health care expenses in retirement.

Manage your HSA

Find out your maximum contribution limit, calculate your yearly tax savings, and see how much your HSA may grow over time with our HSA calculators.

Track your contributions

See how much you've contributed to your HSA year-to-date, and how much more could be contributed according to your plan coverage (individual or family).

Diversify your portfolio

If you choose to invest in mutual funds, answer a few questions to get help with fund selections using our asset allocation calculator.

Go to optumbank.com to learn more.

BlueCross BlueShield of Texas

Take Advantage of Preventive Services



Your family's track to better health begins with a single step

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at **www.cdc.gov/vaccines**.

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55919.1225

bcbstx.com

FOR ADULTS
Annual preventive medical history and physical exam



SCREENINGS FOR

- ☐ Abdominal aortic aneurysm
- ☐ Alcohol abuse and tobacco use/
- ☐ Anxiety
- ☐ Asymptomatic Bacteriuria
- ☐ Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- ☐ Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- ☐ Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- ☐ Cervical cancer screening
- ☐ Colorectal and lung cancer
- ☐ Depression
- ☐ Falls prevention
- ☐ High blood pressure, obesity, prediabetes and diabetes
- ☐ Human papillomavirus (HPV) DNA test
- ☐ Osteoporosis screening
- ☐ PrEP medication use for the prevention of HIV including baseline and monitoring services
- ☐ Sexually transmitted infections, Chlamydia, gonorrhea, syphilis, HIV, HPV, hepatitis B, and hepatitis C
- ☐ Tuberculosis

COUNSELING FOR

- ☐ Alcohol and drug misuse
- ☐ Contraceptive methods
- ☐ Domestic violence
- ☐ Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- ☐ Obesity
- ☐ Sexually transmitted infections
- ☐ Skin cancer prevention
- ☐ Tobacco use, including certain medicine to stop
- ☐ Urinary incontinence screening

CERTAIN VACCINES
Learn more on immunization recommendations and schedules by visiting: **www.cdc.gov/vaccines**



- ☐ COVID-19
- ☐ Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- ☐ Haemophilus Influenzae Type B (Hib)
- ☐ Hepatitis A and B
- ☐ Human Papillomavirus (HPV)
- ☐ Inactivated Poliovirus (Polio)
- ☐ Influenza (Flu)
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Meningitis
- ☐ Mpox
- ☐ Pneumococcal
- ☐ Rotavirus
- ☐ Respiratory Syncytial Virus (RSV)*
- ☐ Varicella (Chicken Pox)
- ☐ Zoster (Herpes, Shingles)

PREGNANCY



- ☐ Aspirin for preeclampsia prevention
- ☐ Breastfeeding support, supplies and counseling
- ☐ Counseling for alcohol and tobacco use during pregnancy
- ☐ Counseling for healthy weight gain during pregnancy
- ☐ Diabetes screening after pregnancy
- ☐ Folic acid supplementation during pregnancy
- ☐ Hepatitis B Screening
- ☐ HPV
- ☐ Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

FOR CHILDREN
Annual preventive medical history and physical exam



SCREENINGS FOR

- ☐ Anemia
- ☐ Anxiety
- ☐ Autism
- ☐ Bilirubin, Blood for newborns
- ☐ Cervical dysplasia
- ☐ Critical congenital heart defect screening for newborns
- ☐ Depression
- ☐ Developmental delays
- ☐ Dyslipidemia (for children at higher risk)
- ☐ Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- ☐ Hematocrit or hemoglobin
- ☐ HIV
- ☐ Lead poisoning
- ☐ Obesity
- ☐ Sexually transmitted infections and HIV
- ☐ Tuberculosis
- ☐ Vision screening

ASSESSMENTS AND COUNSELING

- ☐ Alcohol and drug use assessment for adolescents
- ☐ Obesity counseling
- ☐ Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- ☐ Skin cancer prevention counseling
- ☐ Tobacco cessation

* The RSV vaccine for adults 60+ and the vaccine for infants/children are different vaccines and may be covered differently depending on the plan.

[1] Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.

Image(s) may have been created or enhanced using artificial intelligence tools.

BlueCross BlueShield of Texas



Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Texas (BCBSTX) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Powered by MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

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Bi-Monthly Payroll Deductions - Medical

FULL TIME EMPLOYEES (average 30 or more hours per week)	Bi-Monthly Payroll Deductions (24 per year) Non-Tobacco Rates		Bi-Monthly Payroll Deductions (24 per year) Tobacco Rates	
	HDHP	PPO	HDHP	PPO
Employee Only	$0.00	$175.80	$25.00	$200.80
EE + Spouse	$216.40	$761.20	$241.40	$786.20
EE + Child(ren)	$40.55	$649.40	$65.55	$674.40
EE + Family	$500.45	$1,271.35	$525.45	$1,296.35

PART TIME EMPLOYEES (average 20-29 hours per week)	Bi-Monthly Payroll Deductions (24 per year) Non-Tobacco Rates		Bi-Monthly Payroll Deductions (24 per year) Tobacco Rates	
	HDHP	PPO	HDHP	PPO
Employee Only	$218.56	$329.52	$243.56	$354.52
EE + Spouse	$541.00	$894.81	$566.00	$919.81
EE + Child(ren)	$416.57	$802.30	$441.57	$827.30
EE + Family	$905.63	$1,413.09	$930.63	$1,438.09

Tobacco Surcharge on Health Insurance

Tobacco FREE Incentive

Did you know that tobacco use has been identified as the leading cause of preventable illnesses and premature death in the United States? CCS is committed to helping our employees and their family members stay healthy. This includes living a tobacco-free lifestyle.

If you are non-tobacco user, you will be required to attest your non-tobacco use to receive the incentive. If you do not submit an attestation form, you will automatically be charged the non-incentive rate.

Program Overview

This program is classified as a Health-Contingent Wellness Program (Activity-Only) and is designed in compliance with:

- HIPAA nondiscrimination rules
- Affordable Care Act (ACA) wellness program regulations
- Guidance from EBIA (Employee Benefits Institute of America)

Definition of Tobacco Use

Tobacco use includes smoking cigarettes, cigars, vaping, or using chewing tobacco or other tobacco products within the past 6 months.

Please review the PPM's Tobacco Free Policy for a full definition of what constitutes tobacco/tobacco related products.

Premium Surcharge and Incentive

- Employees who do not use tobacco are eligible for a $50 monthly premium incentive.
- Employees who use tobacco will not receive the incentive unless they complete a reasonable alternative standard (RAS) as described below.

How to qualify for the Incentive - You may qualify in one of two ways:

1. Tobacco-Free Attestation
   Complete a form annually attesting that you have not used tobacco products in the past 6 months.
2. Reasonable Alternative Standard (RAS)

If you use tobacco, you can still receive the $50 monthly incentive by participating in a tobacco cessation program, such as:

- Enrolling in a free or low-cost smoking cessation program.
- Speaking with a health coach or using a telehealth-based cessation service.
- Attending a required number of counseling sessions or classes.
- Participating in a nicotine replacement therapy (NRT) program with documentation of participation.
- Annual opportunity to qualify
- Participation in this wellness program is voluntary. No employee will be penalized or denied coverage due to health status or inability to meet the initial standard. A reasonable alternative will always be provided.

Reach out to the Benefits Administrator at human.resources@ccs1967.org or 254-298-7129 with any questions.

Where Should I Go For Care?

Helping You Choose the Right Care Center

Do you know where to seek care when an unexpected health situation happens? Make sure you are ready when you have to make an urgent healthcare decision. Review some of the choices of care that are available, so you know where to go the next time you need treatment.

Being prepared is important because knowing where to go for care can help you receive faster treatment and an overall better experience.

Know Before You Go!



TeleHealth

- Available 24 / 7 / 365
- Minor illnesses
- Minor infections
- Cold & flu
- Allergies
- After-hours care
- Via phone or web





Doctor's office

- Routine care
- Immunizations
- Flu shots
- General health management
- Easy point of entry to health care
- Knows your health history
- No costs for preventive care





Convenience Care Clinic

- Non-urgent condition when your doctor is unavailable
- Common infections
- Flu shots
- Minor cuts
- Cold or sore throat
- Earaches
- Conveniently located at stores such as CVS, Target, HEB, Kroger & Walgreens





Urgent Care Clinic

- Minor illness or injury and your doctor is not available
- You need care quickly, but it's not an emergency
- Sprains
- Strains
- Minor broken bones
- Minor infections
- Minor burns
- Shorter wait time than emergency room
- Xray & Lab Services
- Open evenings & weekends





Emergency room

- Immediate treatment of a very serious or critical condition
- Uncontrolled bleeding
- Large wounds
- Chest pain
- Signs of heart attack
- Spinal injuries
- Severe head injury
- Difficulty breathing
- Possible stroke

Do not ignore an emergency. If a situation seems life-threatening, take action

Call 911

Or your local emergency number right away





Be A Better Healthcare Consumer



Practice prevention. Get annual physicals, take any prescribed medication as directed, wash your hands often during cold & flu season, and get a flu shot each year. Healthy lifestyle habits, like eating well, exercising, and not smoking, can be as good for your wallet as they are for your body and mind.



Understand the true costs of your care. Find out the actual costs of healthcare services and prescription drugs. You'll find there are often cheaper treatment options (such as generic drugs) that can save you money while providing you the care you need.



Stay in-network. When receiving medical care, be sure to use doctors, hospitals, pharmacies, and labs inside your network. In-network providers and services will always cost less than those out of the network.



Talk with doctors. Share information openly with doctors and ask questions so you can get the care you need, when you need it. Prepare questions before visiting your doctor to make the most of your visit.



Take responsibility for your self-care. Take an active role in your health by researching and understanding your health issues, following recommended treatment plans, and working to prevent further symptoms.

Mutual of Omaha

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United of Omaha Life Insurance Company
A Mutual of Omaha Company

Voluntary Dental Insurance

More Than a Pretty Smile

Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

As an active employee of Central Counties Services, you have access to a dental insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your teeth and gums healthy. Ongoing dental care will help you maintain the best possible oral – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



LOW PLAN

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

ELIGIBILITY - DENTAL- UPDATED EVEN #S- 24PP- ALL ELIGIBLE EMPLOYEES IN LOW PLAN	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
Type A	Waived	Waived
Type B Deductible		
Individual	$50	$50
Family	3 times Individual	3 times Individual
Annual Maximum	$1,500	$1,500
The same expenses may be used to satisfy both the In-Network and Out-Network deductible.		
COVERED SERVICES	**IN-NETWORK**	**OUT-NETWORK**
Type A Services • Examinations/Evaluations • Bitewing X-rays • Fluoride Treatments • Cleaning/Prophylaxis • Brush Biopsy/Cancer Screening • Harmful Habit Appliances	100%	100%
Type B Services • All Other X-Rays • Sealants • Space Maintainers • Palliative Treatment • Periodontal Maintenance • Fillings • Stainless Steel Crowns • Simple Extractions • Oral Surgery • Endodontics • Surgical Extractions • General Anesthesia or I.V. Sedation • Surgical Periodontics • Non-Surgical Periodontics • Full Mouth X-rays, Panoramic Film	80%	80%

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.

The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 60 month period.
- Fluoride – For dependent children up to age 14. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 16; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations.
- Fillings – Composite fillings allowed on all teeth. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

Coverage Tier	Premium Amount (24 Payroll Deductions Per Year)
Employee/Member	$8.96
Employee/Member + Spouse	$16.37
Employee/Member + Child(ren)	$26.94
Employee/Member + Family	$34.84

To enroll for dental coverage:

1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a √ or an *x* in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

Mutual of Omaha

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United of Omaha Life Insurance Company
A Mutual of Omaha Company

Voluntary Dental Insurance

More Than a Pretty Smile

Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

As an active employee of Central Counties Services, you have access to a dental insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your teeth and gums healthy. Ongoing dental care will help you maintain the best possible oral – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



HIGH PLAN

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

ELIGIBILITY - DENTAL- UPDATED EVEN #S- 24PP- ALL ELIGIBLE EMPLOYEES IN HIGH PLAN	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
Type A	Waived	Waived
Type B & C Deductible		
Individual	$50	$50
Family	3 times Individual	3 times Individual
Annual Maximum	$1,500	$1,500
Orthodontia Lifetime Maximum	$1,000	$1,000
The same expenses may be used to satisfy both the In-Network and Out-Network deductible.		

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type A Services • Examinations/Evaluations • Bitewing X-rays • Fluoride Treatments • Cleaning/Prophylaxis • Brush Biopsy/Cancer Screening	100%	100%
Type B Services • All Other X-Rays • Sealants • Space Maintainers • Palliative Treatment • Periodontal Maintenance • Fillings • Stainless Steel Crowns • Simple Extractions • Oral Surgery • Endodontics • Surgical Extractions • Surgical Periodontics • Non-Surgical Periodontics • Full Mouth X-rays, Panoramic Film	80%	80%
Type C Services • Full or Partial Removable Dentures • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Bridges • Repair/Recementation of Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers • General Anesthesia or I.V. Sedation	50%	50%
Child Orthodontia • Harmful Habit Appliances	50%	50%

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.

The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 60 month period.
- Fluoride – For dependent children up to age 14. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 16; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations.
- Fillings – Composite fillings allowed on all teeth. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 5 years.
- Bridges – Replacement allowed once in 5 years.
- Dentures – Replacement allowed once in 5 years.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

Coverage Tier	Premium Amount (24 Payroll Deductions Per Year)
Employee/Member	$19.79
Employee/Member + Spouse	$36.32
Employee/Member + Child(ren)	$40.54
Employee/Member + Family	$57.68

To enroll for dental coverage:

1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a √ or an *x* in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Voluntary Vision Insurance

Mutual of Omaha Vision Powered by EyeMed

Your eyes are a window to overall health and wellness. Besides measuring your vision, routine eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions.

Because early detection is key for treatment, regular eye examinations play a vital role in a healthy life.

Your Vision Matters

As an active employee of Central Counties Services, you have access to a vision insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your eyes healthy. Ongoing vision care will help you maintain the best possible eye – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - VOL. VISION- ALL ELIGIBLE EMPLOYEES		
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.	
Dependent Eligibility Requirement	To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you.	
BENEFITS	**MEMBER COST IN-NETWORK**	**OUT-OF-NETWORK REIMBURSEMENT***
Exam with Dilation as Necessary	$10 copay	Up to $37
Exam Options: •Retinal Imaging •Standard Contact Lens Fit & Follow-up •Premium Contact Lens Fit & Follow-up	 •Up to $39 •Up to $40 •10% off retail price	 •Not Applicable
Frames •Any available frame at provider location	• $0 copay, $130 allowance plus 20% off balance over allowance	•Up to $58
Standard Plastic Lenses: • Single Vision	• $25 copay	• Up to $20

• Bifocal	• $25 copay	• Up to $36
• Trifocal	• $25 copay	• Up to $64
• Lenticular	• $25 copay	• Up to $64
• Standard Progressive Lenses (add on to bifocal copay)	• $65 copay	• Up to $36
• Premium Progressive Lenses (add on to bifocal copay)		
Tier 1	• $85 copay	• Up to $36
Tier 2	• $95 copay	• Up to $36
Tier 3	• $110 copay	• Up to $36
Tier 4	• $65 copay plus 80% of charge less $120 allowance	• Up to $36
Lens Options:		
• UV Coating	• $0 copay	• Up to $12
• Tint (Solid and Gradient)	• $0 copay	• Up to $12
• Standard Scratch Coating	• $0 copay	• Up to $12
• Standard Polycarbonate (Adults)	• $40	• Not Applicable
• Standard Polycarbonate (Children under 19)	• $0 copay	• Up to $32
• Standard Anti-Reflective	• $45	• Not Applicable
• Premium Anti-Reflective		
Tier 1	• $57	• Not Applicable
Tier 2	• $68	• Not Applicable
Tier 3	• 20% off retail price	• Not Applicable
• Photochromic – Transitions	• $75	• Not Applicable
• Other Add-ons	• 20% off retail price	• Not Applicable
Contact Lenses: (Contact lens allowance includes materials only)		
• Conventional	• $0 copay, $130 allowance plus 15% off balance over allowance	• Up to $89
• Disposable	• $0 copay, $130 allowance	• Up to $104
• Medically Necessary	• $0 copay, paid in full	• Up to $210
Laser Vision Correction:		
• LASIK or PRK from U.S. Laser Network	• 15% off retail price or 5% off promotional price	
Additional Pair of Glasses or Contacts	40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used	
FREQUENCY		
Exams	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 12 months	

*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

PREMIUM AMOUNTS

Coverage Tier	**Premium Amount** (24 Payroll Deductions Per Year)
Employee/Member	$3.61
Employee/Member + Spouse	$7.24
Employee/Member + Child(ren)	$7.95
Employee/Member + Family	$11.58

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

› Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Central Counties Services, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
BENEFITS	
Life Insurance Benefit Amount	For You: $50,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $40,000.

Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education - Seat Belt - Airbag - Common Carrier
Portability	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment or class membership ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Employee Assistance Program (EAP)	Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap. Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
AbsencePro℠	AbsencePro℠ helps employees manage FMLA-related leaves of absence. This robust leave administration tool provides employees with both administrative and consultative services.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.
AGE REDUCTIONS AND EXCLUSIONS	
Insurance benefits and guarantee issue amounts are subject to age reductions: - At age 70, amounts reduce to 50% Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling. Please contact your employer if you have questions prior to enrolling.	

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

› Voluntary Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Central Counties Services, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or child(ren) to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES			
	Minimum	**Guarantee Issue**	**Maximum**
For You	$10,000	$130,000	$500,000, in increments of $10,000
Spouse	$5,000	100% of employee's benefit, up to $50,000	100% of employee's benefit, in increments of $5,000, up to $250,000
Child(ren)	$10,000	100% of employee's benefit	100% of employee's benefit, in increments of $10,000, up to $10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS	
Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent child(ren). Child(ren) include those up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $250,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by up to $20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education - Seat Belt - Airbag - Common Carrier
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment or class membership ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

AGE REDUCTIONS AND EXCLUSIONS
Insurance benefits and guarantee issue amounts are subject to age reductions: - At age 70, amounts reduce to 50% Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan. Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling. Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
0 - 29	$0.80	$1.60	$2.40	$3.20	$4.00	$4.80	$5.60	$6.40	$7.20	$8.00
30 - 39	$1.30	$2.60	$3.90	$5.20	$6.50	$7.80	$9.10	$10.40	$11.70	$13.00
40 - 44	$1.50	$3.00	$4.50	$6.00	$7.50	$9.00	$10.50	$12.00	$13.50	$15.00
45 - 49	$2.30	$4.60	$6.90	$9.20	$11.50	$13.80	$16.10	$18.40	$20.70	$23.00
50 - 54	$4.10	$8.20	$12.30	$16.40	$20.50	$24.60	$28.70	$32.80	$36.90	$41.00
55 - 59	$7.30	$14.60	$21.90	$29.20	$36.50	$43.80	$51.10	$58.40	$65.70	$73.00
60 - 64	$10.60	$21.20	$31.80	$42.40	$53.00	$63.60	$74.20	$84.80	$95.40	$106.00
65 - 69	$17.90	$35.80	$53.70	$71.60	$89.50	$107.40	$125.30	$143.20	$161.10	$179.00
70 - 74	$26.50	$53.00	$79.50	$106.00	$132.50	$159.00	$185.50	$212.00	$238.50	$265.00
75+	$53.50	$107.00	$160.50	$214.00	$267.50	$321.00	$374.50	$428.00	$481.50	$535.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of $5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
0 - 29	$0.40	$0.80	$1.20	$1.60	$2.00	$2.40	$2.80	$3.20	$3.60	$4.00
30 - 39	$0.65	$1.30	$1.95	$2.60	$3.25	$3.90	$4.55	$5.20	$5.85	$6.50
40 - 44	$0.75	$1.50	$2.25	$3.00	$3.75	$4.50	$5.25	$6.00	$6.75	$7.50
45 - 49	$1.15	$2.30	$3.45	$4.60	$5.75	$6.90	$8.05	$9.20	$10.35	$11.50
50 - 54	$2.05	$4.10	$6.15	$8.20	$10.25	$12.30	$14.35	$16.40	$18.45	$20.50
55 - 59	$3.65	$7.30	$10.95	$14.60	$18.25	$21.90	$25.55	$29.20	$32.85	$36.50
60 - 64	$5.30	$10.60	$15.90	$21.20	$26.50	$31.80	$37.10	$42.40	$47.70	$53.00
65 - 69	$8.95	$17.90	$26.85	$35.80	$44.75	$53.70	$62.65	$71.60	$80.55	$89.50
70 - 74	$13.25	$26.50	$39.75	$53.00	$66.25	$79.50	$92.75	$106.00	$119.25	$132.50
75+	$26.75	$53.50	$80.25	$107.00	$133.75	$160.50	$187.25	$214.00	$240.75	$267.50

ALL CHILDREN PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)*
$10,000
$0.90

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

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United of Omaha Life Insurance Company
A Mutual of Omaha Company

Voluntary Short-Term Disability Insurance

How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

As an active employee of Central Counties Services, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: • On the 15th day of your disabling injury. • On the 15th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 11 weeks
Maximum Weekly Benefit	$1,000
Minimum Weekly Benefit	$15

Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a weekly benefit increase of 5%.
Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION		EXAMPLE *(42-year-old employee earning $40,000 a year)*
List your weekly earnings (Maximum is $1,666.67)	$ _____	$ *769.23*
Multiply by the premium factor	_____	*0.0327000*
Your Estimated Monthly Premium**	$ _____	$ *25.15*

AGE	PREMIUM FACTOR
< 25	0.0528600
25 - 29	0.0637800
30 - 34	0.0741600
35 - 39	0.0462600
40 - 44	0.0327000
45 - 49	0.0326400
50 - 54	0.0363600
55 - 59	0.0468000
60 - 64	0.0561000
65+	0.0745200

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

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› Long-Term Disability Insurance

Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

We've Got You Covered

As an active employee of Central Counties Services, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
BENEFITS	
Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	$5,000
Minimum Monthly Benefit	$100
Maximum Benefit Period	If you become disabled prior to age 65, benefits are payable for five years. At age 65 through 68, benefits are payable to age 70. At age 69 (and older), benefits are payable for one year.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.

DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

United of Omaha Life Insurance Company

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› Voluntary Accident Insurance

If you broke a leg, would it break your bank account too?



Don’t let an accident catch you off guard.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Central Counties Services, you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It’s a simple and affordable way for your family to receive added financial protection.

Coverage guidelines and benefits are outlined below.

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - VACC ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.
PLAN INFORMATION	**INFORMATION / AMOUNT(S)**
Coverage Type	Non-occupational (Off-job only)
Express Benefit	$100
Annual Benefit Maximum (ABM)	Not Included
Portability	Included

BENEFITS	AMOUNTS
Initial Care & Emergency[1] – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	$200
Urgent Care Center	$175
Initial Physician Office Visit	$100
Ambulance	Up to $1,000
Specified Injuries[1,2]	
Fractures (Surgical / Non-surgical)	Up to $12,000/Up to $6,000
Dislocations (Surgical / Non-surgical)	Up to $12,000/Up to $6,000
Lacerations	Up to $1,500
Burns	Up to $25,000
Dental	Up to $400
Hospital, Surgical & Diagnostic[1,3]	
Admission	$1,500
Daily Confinement (Up to 365 days per accident)	$300 per day
ICU Confinement (Up to 30 days per accident)	$600 per day
Rehab. Facility Confinement (Up to 60 days per accident)	$200 per day
Surgical	Up to $3,500
Diagnostic	Up to $300
Follow-Up Care[1] – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	$150; Up to 6 per accident
Medical Device	$300
Prosthetic Device(s)	$1,250; Up to 2 per accident
Therapy Services	$75; Up to 6 per accident
Additional Benefits[1] – Benefits are payable within 365 days of accident; Health screening benefit is payable once per calendar year	
Transportation (Up to 3 trips per accident)	$300 per trip
Lodging (Up to 30 nights per accident)	$150 per night
Childcare (Up to 30 days per accident)	$25 per day
Health Screening (1 per insured person with a family max of 6 per calendar year)	$50
Catastrophic Benefits[1,4] – Benefits are payable within 365 days of accident; Once per accident per insured person	
Principal Sum (PS)	You: $25,000 Spouse: $10,000 Child(ren): $5,000
Common Carrier Accidental Death	300% of PS
Transportation of Remains	Up to $5,000
Dismemberment & Paralysis	Up to 100% of PS
Reasonable Modifications	Up to 10% of PS
Coma	50% of PS
SERVICES	
Hearing Discount Program	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

[1]Additional limitations apply as described in the certificate.

[2]Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 400% of the amount payable for the injury with the highest applicable benefit amount.

[3]Daily confinement must begin with 365 days of accident and ICU confinement within 365 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 180 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

[4]The principal sum for you and your spouse reduces by 50% when you reach the age of 70.

How Accident Insurance Works

(For Illustration Purposes Only)



Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was $556. He's a pretty healthy kid, so a health insurance deductible of $1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

BENEFITS	AMOUNT
Ambulance	$200
ER Visit	$150
CT Scan	$200
X-ray	$50
Concussion	$150
Broken Collarbone	$300
Follow-Up Visit 1	$75
Follow-Up Visit 2	$75
Total Benefit	$1,200

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

Voluntary Accident Premium Rates

The amounts shown below are **SEMI-MONTHLY** amounts (24 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	$4.11 ($0.27 per day)
Employee/Member + Spouse	$8.78 ($0.58 per day)
Employee/Member + Child(ren)	$8.82 ($0.58 per day)
Employee/Member + Family	$11.04 ($0.73 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

United of Omaha Life Insurance Company

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Voluntary Critical Illness Insurance

An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally and financially.



As an active employee of Central Counties Services, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the chart below.

ELIGIBILITY - VCI ALL ELIGIBLE EMPLOYEES		
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.	
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required.	
Critical Illness Benefits	**Initial Benefit**	**Reoccurrence Benefit**
Autoimmune Disorders		
Diabetes Type I	100% of the Principal Sum	None
Inflammatory Bowel Disease	25% of the Principal Sum	None
Cancer & Benign Tumor Diagnoses		
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	25% of the Principal Sum	100% of the Initial Benefit amount

Bone Marrow/Stem Cell Recipient	50% of the Principal Sum	100% of the Initial Benefit amount
Cancer (Invasive)	100% of the Principal Sum	100% of the Initial Benefit amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of the Principal Sum	100% of the Initial Benefit amount
Skin Cancer	$500	$500, limited to 1 reoccurrence per Calendar Year and limited to a total of 5 reoccurrences while insured under the Policy
Childhood Conditions (These benefits are only available for children.)		
Autism Spectrum Disorder Level I Level II Level III	 50% of the Principal Sum 75% of the Principal Sum 100% of the Principal Sum	 None None None
Cerebral Palsy (CP)	100% of the Principal Sum	None
Congenital Heart Diseases or Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Congenital Metabolic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Genetic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Human Growth Hormone Deficiency	100% of the Principal Sum	None
Neonatal Intensive Care or Pediatric Intensive Care	100% of the Principal Sum	100% of the Initial Benefit amount
Reye's Johnson Syndrome	100% of the Principal Sum	None
Sickle Cell Disease	100% of the Principal Sum	None
Structural Congenital Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Vascular & Pulmonary Conditions		
Acute Respiratory Distress Syndrome (ARDS)	25% of the Principal Sum	100% of the Initial Benefit amount
Aneurysm	25% of the Principal Sum	100% of the Initial Benefit amount
Cardiac Valve Disease	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Major)	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Minor)	25% of the Principal Sum	100% of the Initial Benefit amount
Heart Attack (Myocardial Infarction)	100% of the Principal Sum	100% of the Initial Benefit amount
Sudden Cardiac Arrest	100% of the Principal Sum	None
Neurological Movement Disorders		
Alzheimer's Disease	100% of the Principal Sum	None
Amyotrophic Lateral Sclerosis (ALS)	100% of the Principal Sum	None
Dementia	100% of the Principal Sum	None
Multiple Sclerosis (MS)	100% of the Principal Sum	None
Parkinson's Disease	100% of the Principal Sum	None
Neurological Brain & Skull Conditions		
Bone Flap/Skull Defect	100% of the Principal Sum	100% of the Initial Benefit amount
Stroke	100% of the Principal Sum	100% of the Initial Benefit amount
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	10% of the Principal Sum	100% of the Initial Benefit amount
Organ Conditions		
Major Organ Failure	100% of the Principal Sum	100% of the Initial Benefit amount
End Stage Renal Failure	100% of the Principal Sum	None
Additional Benefits		**Benefit Amount**
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		$50

COVERAGE GUIDLINES[1]			
	Minimum	**Maximum**	**Guarantee Issue[2]**
For You Elect in $10,000 increments	$10,000	$20,000	$20,000
Spouse Elect in $10,000 increments	$10,000	100% of employee's Principal Sum, up to $20,000	$20,000
Child *benefit for each child	50% of employee's Principal Sum, up to $10,000		All child amounts are guaranteed.
POLICY PROVISIONS			
Policy Benefit Maximum	The maximum payout amount is 400% of the critical illness Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
Initial Benefit	Critical Illness benefits are payable if an Insured Person is Diagnosed with a covered Critical Illness.		
Subsequent Benefit	Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, benefits remain payable under the Policy for any other Critical Illness for that Insured Person after 90 days from the date diagnosed with the prior Critical Illness.		
Reoccurrence Benefit	Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, a Reoccurrence benefit is payable for a reoccurrence of the same diagnosis if the Insured Person is treatment free from the prior diagnosis for at least 365 days.		
Annual Open Enrollment	An open enrollment is available for a period of up to 90 days each policy year. During this time, you may elect critical illness insurance for the first time or request increased insurance up to the Guarantee Issue amount for yourself and any dependents without providing health information.		
Portability	When insurance ends, you have the right to continue group critical illness insurance for yourself and your dependents.		
CONDITIONS &LIMITATIONS			
Benefit Waiting Period	There is no benefit waiting period.		

SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Advocacy	Advocacy services give an employee who has been diagnosed with a medical condition access to skilled clinicians and nurses for personalized, problem-solving assistance in a one-on-one setting. Call 1-866-372-5577 Monday – Friday 7 A.M. to 7 P.M. CST or email customerserve@personifyhealth.com for assistance.

[1]The amount of insurance for your dependent children will be rounded to the next higher multiple of $1,000, if not already an even multiple of $1,000.

[2]Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

VOLUNTARY CRITICAL ILLNESS COVERAGE SELECTION AND PREMIUM CALCULATION

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Critical Illness section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want $20,000 in coverage, you obtain your premium amount by multiplying the rate for $10,000 times 2.

EMPLOYEE OR SPOUSE - 24 PAYROLL DEDUCTIONS PER YEAR		
Age	**$10,000**	**$20,000**
0 - 29	$1.70	$3.40
30 - 39	$2.90	$5.80
40 - 49	$6.20	$12.40
50 - 59	$12.05	$24.10
60 - 69	$24.50	$49.00
70+	$46.55	$93.10

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

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EMPLOYEE ASSISTANCE PROGRAM



Available Services When You Need Help the Most

Central Counties Services
GoooCD4C

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters • Access to subject matter experts in the field of EAP service delivery
Counseling Options	• Six sessions per year (per household) conducted by face-to-face* counseling or telehealth (text, chat, phone or video) via a secure, HIPAA compliant portal

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Mutual of Omaha

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Enhanced EAP Services *(continued)*

Features	Value to Company and Employees
Exclusive Provider Network	• National network of more than 10,000 licensed clinical providers for face-to-face counseling • National network of more than 30,000 licensed clinical providers for telehealth counseling • Network continually expanding to meet customer needs • Flexibility to meet individual client/member needs
Access	• 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests • EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	• Valuable resources — legal libraries, tools and forms — available on EAP website • A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney • 25% discount for ongoing legal services for same issue
Employee Family Financial Services	• Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health • A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney
Employee Family Work/Life Services	• Child care resources and referrals • Elder care resources and referrals

Online Services	• An inclusive website with resources and links for additional assistance, including:
	  • Current events and resources
	  • Family and relationships
	  • Emotional well-being
	  • Financial wellness
	  • Substance abuse and addiction
	  • Legal assistance
	  • Physical well-being
	  • Work and career
	• Bilingual article library

Employee Communication	• All materials available in English and Spanish
Eligibility	• Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	• EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply. Not all services available in New York.

EMPLOYEE ASSISTANCE

How to Contact EAP

GoooCD4C



When you need someone to talk to, Mutual of Omaha's Employee Assistance Program is there to help provide resources to assist with personal and job-related issues.

Two Ways to Request EAP Services



1. The EAP team is available by phone 24 hours a day, seven days a week. Call today at 800-316-2796.



2. Online Service Request Form

a. Go to the EAP website – mutualofomaha.com/eap
b. Click on the Request Services button located near the phone number
c. Provide your company name, demographic information and the reason for seeking assistance
d. Click submit



For over 25 years, Mutual of Omaha's in-house EAP has been staffed by licensed, master's level counselors. Our exclusive provider network and personalized provider matching allow us to quickly get you the help you need.

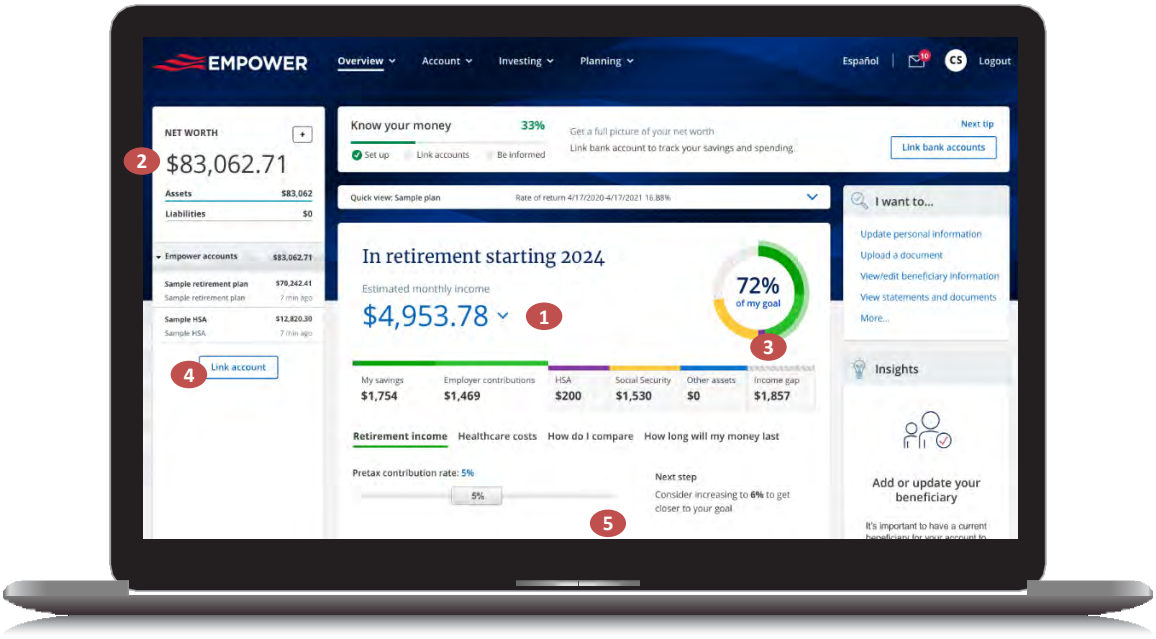
Mutual of Omaha

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply. Not all services available in New York.

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View all your finances in one secure place

Retirement. Credit. Cash. Mortgage.



FOR ILLUSTRATIVE PURPOSES ONLY

As a part of your plan, your account dashboard gives you a real-time view of spending, saving, debt and more so you can track, manage and plan all your financial priorities in one place

1. Know your estimated monthly retirement income

- See what your retirement might look like and what percentage of your goal you're on track to reach.
- Adjust the sliders to see how changes affect your savings in real time.
- Put your savings in context.
- Make changes with just one click.

2. See and understand your net worth

Your net worth is a good measure of where you stand at a point in time. The more accounts you link, the clearer view you'll have of what you own (your assets) and what you owe (your liabilities).

3. Manage progress toward your goals

Your dashboard includes a progress meter and personalized next steps to help you reach your individual goals.

4. Easily and securely link other accounts

Advanced security measures are taken to protect your privacy and information and ensure your accounts can't be viewed by your employer or plan administrators.

5.Access an expanded financial toolbox

Designed to help you better plan and manage your finances, it includes a retirement planner, a savings planner, budgeting tools and more.

Central Counties MHMRS

CENTRAL COUNTIES SERVICES
MEETING BEHAVIORAL AND DEVELOPMENTAL NEEDS
A Certified Community Behavioral Health Clinic

Log in to your account and start linking accounts

Take advantage of all the tools available to you and link outside accounts to enjoy a 360° view of your finances.

It's easy to create your account if you haven't already.

- Log on and select *Register*.
- Choose the *I do not have a PIN* tab.
- Follow the prompts to create your username and password.

Click *Español* to view the website and receive your statements in Spanish.

For more help, call **1-800-701-8255**.

Representatives are available weekdays from 6 a.m. to 8 p.m. Mountain time and Saturdays from 7 a.m. to 3:30 p.m. Mountain time.

View tips and best practices to protect yourself

See what you can do to help defend against cybersecurity threats. Visit **empower-retirement.com** and click on the *Security Tips* link at the bottom of the page.



Get the Empower mobile app and connect to your plan whenever, wherever

Accessing the site from your smartphone or tablet? Download the Empower app to view your account and link your financial life.

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Consolidate your retirement accounts

Do you still have a retirement plan account balance from a past employer? If so, it may require more work to keep track of how you're doing. Take advantage of the simplicity of one by considering the benefits of rolling your retirement accounts from previous employers into your Empower plan.

Simplify account management

Instead of dealing with multiple statements, websites and service centers, simplify with:

- One statement to reduce clutter.
- One website username and password to remember.
- One Customer Care Center to call.

Get a clear retirement forecast

The retirement income projection tool, available on the Empower website, allows you to quickly view your projected monthly income at retirement and see if your future is on track.

We'll make it easy

If a rollover makes sense for you, we're here to help. Our dedicated retirement consultants will help guide you through every step of the process and answer any questions you may have. Our white glove experience saves you time and helps to ensure a seamless transfer of your retirement savings.

You also have other options available to you. You may be able to keep your money in your previous employer's plan, move your money to your new employer's plan or take a taxable distribution (keeping in mind that you may be subject to substantial tax and possible early withdrawal penalties).

Consider all your options and their features and fees before moving money between accounts.

Meet your dedicated and local representative for your Central Counties Services MHMR



Glenn A Walker
Retirement Plan Advisor

Glenn.Walker@empower.com

Mobile: 346-568-6740

Your Retirement Plan Advisor is available to provide you one-on-one counseling with personalized account services at no cost to you, such as:

- Enrollment
- Contributions
- Retirement readiness
- Investment choices
- Account review
- Comparison of retirement plans
- Rollovers — Consider all your options and their features and fees before moving money between accounts.

Your local Retirement Plan Advisor is a salaried professional with one goal: to help prepare you for retirement.

Meeting your retirement goals can start with your local Retirement Plan Advisor! To set up a one-on-one appointment or to find out about upcoming retirement planning seminars, contact Glenn at **346-568-6740** or **.**



SECURING YOUR LEGACY: BENEFICIARY INSTRUCTIONS

Keeping your beneficiary information up to date ensures your loved ones are protected and your benefits are distributed according to your wishes. Please take a moment to review and update your records across all benefit platforms.

Platform	Optum Health savings account (HSA)	Mutual of Omaha	EMPOWER
Important Information	If you have an HSA with Optum Bank, you must designate a beneficiary in their system. Without a designated beneficiary, your HSA may default to your spouse, partner, or estate—potentially causing delays and higher taxes. Be sure your information is current.	Update your beneficiaries in Paycom for: • Group Life (Employer Paid) • Voluntary Life/AD&D (Employee, Spouse, Child) • Voluntary Critical Illness Review and update your beneficiaries at least once a year.	Beneficiary forms are available in Paycom for Empower Retirement plans. A designated beneficiary is required for both the employer-sponsored retirement plan and the voluntary Deferred Compensation plan (if elected).
To update or confirm beneficiaries:	Sign in to your Optum Bank account • Click on Settings • Click on Beneficiaries • Select + Add New Beneficiary to complete the form	• Log in to Paycom • Go to Benefits > My Benefits Click • View/Edit next to applicable benefits Select Edit to add or change • beneficiaries, then Update to save	Visit www.empowermyretirement.com and log in or create an account Under Empower Accounts, click either: MHMR Services Retirement Plan MHMRS Deferred Compensation Plan • Click on Overfiew • Click on Beneficiaries • Add New or Click on current beneficiary to update Need help? Call Empower at 800-701-8255.

Need help? Reach out to Human Resources:
Email: Human.resources@ccs1967.org
Phone: 254-298-7129



Central Counties Services

Important Legal Notices



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

IMPORTANT NOTICE: This document is provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE − FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Kelli Sames, HR Director
254-298-7041
kelli.sames@ccs1967.org

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

Date of notice: January 1, 2027
Contact :Kelli Sames
254-2987041
kelli.sames@ccs1967.org

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Important Notice from Central Counties Services About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Central Counties Services and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Central Counties Services has determined that the prescription drug coverage offered by the BCBS Medical and Prescription Drug Plan for the plan year 2027 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the BCBS Medical and Prescription Drug Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose BCBS Medical and Prescription Drug Plan creditable coverage.
- You may stay in the BCBS Medical and Prescription Drug Plan and also enroll in a Medicare prescription drug plan. The BCBS Medical and Prescription Drug Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the BCBS Medical and Prescription Drug Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the BCBS Medical and Prescription Drug Plan you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the

plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Central Counties Services and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Central Counties Services changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2027
Name/Entity of Sender:	Kelli Sames
Contact Position/Office:	Human Resources Director
Address:	304 S 22nd St., Temple TX 76501
Phone Number:	254-298-7041

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)



This brochure provides only a brief summary of the benefits available under the Central Counties Services' benefit plans. In the event of a discrepancy between this summary and the plan document, the plan document will prevail. Central Counties Services retains the right to modify or eliminate these or any other benefits at any time and for any reason.