

COMMUNITY Partners*in*Action®



Employee Benefit Guide

July 1, 2026 – June 30, 2027

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Hello CPA,

We are grateful for your hard work and dedication to CPA! You each play a critical part in the success of our participants, programs and agency. One way to show our gratitude is to continue to offer a comprehensive, affordable benefit package for you and your family.

We are excited to share that CPA will be taking on the full rate increase for your health plans, which means your premiums will stay the same! Medical and Dental Benefits will remain with Cigna as they have proven to be a valuable partner to CPA. In addition, to providing robust and competitive plan designs and networks, Cigna has been supportive of our wellness initiatives, helping us to invest in the health of our valued employees.

CPA will also continue to pay 100% of the Premiums for Group Life, Accidental Death, Short-Term and Long-Term Disability.

This Benefit Guide will provide you with an overview of your 2026/2027 benefits package. We encourage you to review the Guide and take advantage of the following resources if you have questions.

- Contact Cigna at 888-806-5094 to speak with a representative who can help you with information about your health plan choices, provider networks and the decision-making process.
- Contact Sonja Booze at 860-271-7189

2026/2027 Open Enrollment:
begins on June 1st and ends at midnight on June 9th .

See page 6 for details on accessing the Paycom Online Benefit System



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Benefits Overview



CPA is proud to offer a comprehensive benefits package to eligible, full-time employees who work 25 hours or more per week. The complete benefits package is briefly summarized in this booklet. Should there be any inconsistencies between this booklet and the legal plan documents, the plan documents govern the operation of the plan. You share the cost of some benefits and CPA provides other benefits at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase

YOUR BENEFIT OFFERINGS

- Medical
- Dental
- Vision
- Life and Accidental Death and Dismemberment (AD&D)
- Short Term Disability
- Long Term Disability
- Voluntary Benefits – Prepaid Legal, Pet Insurance and Identity Theft

ELIGIBILITY

Medical/Dental/Vision

You are eligible for these plans on the first of the month following 60 days of employment and are regularly scheduled to work 25 hours per week.

Short Term and Long Term Disability

You will be automatically enrolled in these plans on the first of the month following 12 months of employment.

Dependents

You may enroll your legal spouse and your children up to the age of 26 for Medical, Dental and Vision. Coverage for dependent children will end on June 30th (Policy Anniversary Date) after turning 26. You may only change coverage within 30 days of a qualified life event.

QUALIFYING EVENTS

Generally, you may change your benefit elections only during the annual enrollment period. However, if you experience a qualifying event during the plan year, you may also be eligible to make changes in your elections. Some examples of a qualifying event may include:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or placement for adoption of an eligible child
- Death of your spouse or child
- Change in your spouse's employment status that affects benefits eligibility (e.g., starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence)
- Change in your child's eligibility for benefits (e.g., reaching the age limit)
- Change in residence that affects your eligibility for coverage (e.g., moving out of a medical plan's network area)
- Significant change in coverage or cost in your, your spouse's or child's benefit plans.
- FMLA leave, COBRA event, court judgment or decree.
- Becoming eligible for Medicare or Medicaid
- Becoming a qualified medical child support order (QMCSO)

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes.

JULY 1, 2026 through JUNE 30, 2027

Benefit Costs Bi-Weekly Payroll Deductions



BENEFITS	WHO PAYS	TAX TREATMENT
Medical Coverage	CPA & EE	Pre-tax
Dental Coverage	CPA & EE	Pre-tax
Vision Coverage	CPA & EE	Pre-tax
Basic Life and Accidental Death & Dismemberment (AD&D)	CPA	N/A
Short & Long-Term Disability	CPA	N/A
VOLUNTARY BENEFITS		
Critical Illness	EE	Post-tax
Health Savings Account (HSA)	EE	Pre-tax
Identity Theft	EE	Post-tax
Pet Insurance	EE	Post-tax
Pre-paid Legal Plan	EE	Post-tax
Supplemental STD	EE	Post-tax
Whole Life	EE	Post-tax

Coverage	Medical HDHP/HSA Plan		Medical Copay Plan	
Carrier	Cigna		Cigna	
Who Pays	CPA	EE	CPA	EE
Employee Only	\$384.36	\$33.22	\$403.72	\$123.76
Employee + Spouse	\$906.74	\$78.37	\$950.05	\$283.90
Employee + Child(ren)	\$818.57	\$70.75	\$857.66	\$255.22
Employee + Family	\$1,218.47	\$105.32	\$1,276.50	\$379.88

Coverage	Dental		Vision	
Carrier	Cigna		EyeMed	
Who Pays	CPA	EE	CPA	EE
Employee Only	\$13.17	\$6.00	\$1.39	\$1.50
Employee + Spouse	\$30.94	\$10.15	\$4.37	\$3.00
Employee + Child(ren)	\$26.94	\$10.15	\$4.37	\$3.00
Employee + Family	\$43.20	\$12.00	\$4.37	\$3.00

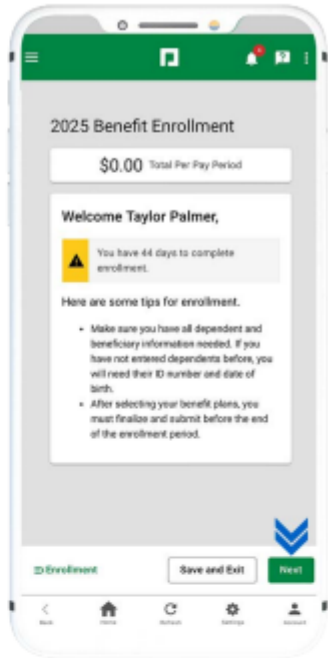
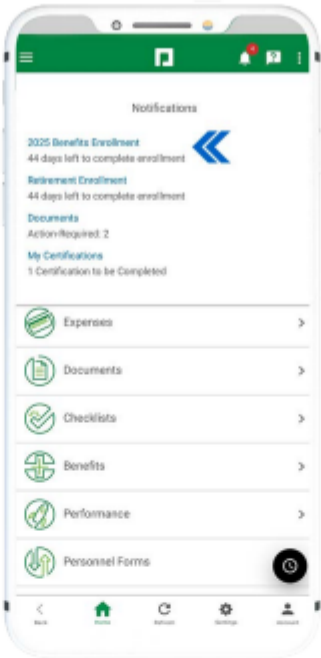
Paycom Open Enrollment Instructions



BENEFITS ADMINISTRATION

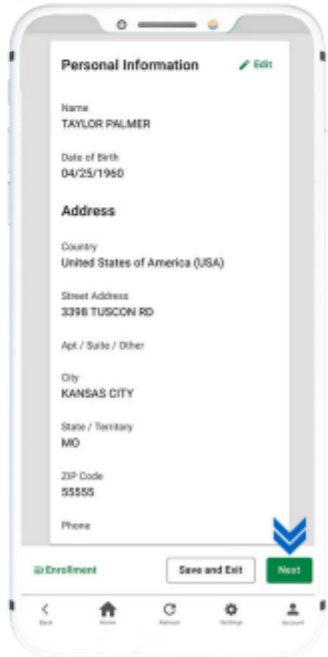
STEP 1

From the Notifications Center, tap the current year's Benefits Enrollment. Review the instructions and tap "Next."



STEP 2

Review your information. Tap "Edit" to make changes or "Next" to continue.



EMPLOYEES

Visit the Help Menu for the most up-to-date version of this guide.



Paycom Open Enrollment Instructions



BENEFITS ADMINISTRATION

STEP 3

Complete the Pre-Enrollment Questions and tap "Next."

2025 Benefit Enrollment

\$0.00 Total Per Pay Period

Pre-Enrollment Questions

Are you a tobacco user?

☐ Yes

☒ No

Save and Exit Next

STEP 4

View and update dependents and beneficiaries. Once complete, tap "Next."

To edit dependent and beneficiary information tap the blue hyperlink. To add a new dependent or beneficiary tap the plus sign.

2025 Benefit Enrollment

\$1.00 Total Per Pay Period

Dependents and Beneficiaries

Derrick Palmer Dependent and Beneficiary	Relationship Spouse
--	------------------------

Save and Exit Next

EMPLOYEES

Visit the Help Menu for the most up-to-date version of this guide.



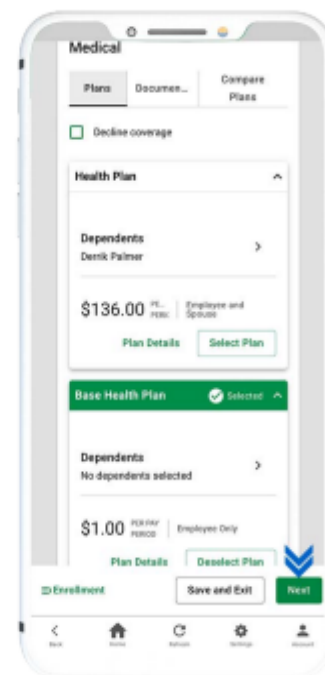
Paycom Open Enrollment Instructions



BENEFITS ADMINISTRATION

STEP 5

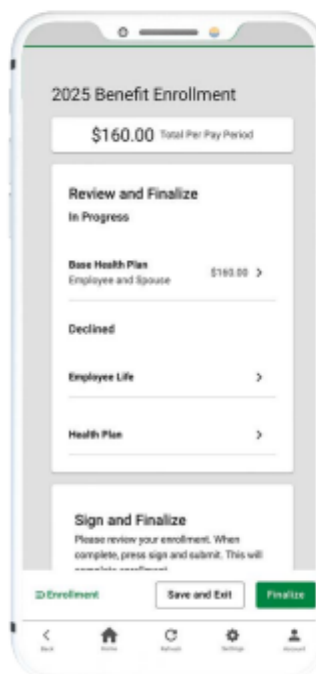
Choose to enroll in or decline a plan by checking the appropriate option. When finished, tap "Next."
Continue for each benefit plan.



STEP 6

When finished, review your enrollment and sign the document. Then, tap "Finalize."

To view your current benefits at anytime, navigate to Benefits > My Benefits.



EMPLOYEES

Visit the Help Menu for the most up-to-date version of this guide.



Important Terms to Know



Brand Preferred Drugs—Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

Co-insurance—The percentage of a covered charge paid by the plan.

Co-payment (Co-pay)—A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible—The annual amount you and your family must pay each year before the plan pays benefits.

Generic Drugs—Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

Health Savings Account (HSA)—A fund you can use to help pay for eligible medical costs not covered by your medical plan. Employees may contribute to this fund using pre-tax payroll deductions.

Consumer Driven Health Plan (CDHP)—A medical plan that may be used in conjunction with a health savings account (HSA).

In-Network—Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-of-Network—Use of a health care provider that does not participate in a plan's network.

Mail Order Pharmacy—Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

Inpatient—Services provided to an individual during an overnight hospital stay.

Outpatient—Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum—The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Remember that out of network services are paid at a usual and customary rate and balance billing may occur.

Medical

Cigna High Deductible Health Plan



	In-Network	Out-of-Network
Plan Name	OAP HDHPQ Plan - HDHPQ OAP Plan	
Plan Coinsurance	Plan pays 100% after deductible is met	Plan pays 50% after deductible is met
Individual Deductible	Individual - Employee Only: \$2,500	Individual - Employee Only: \$10,000
Family Deductible	Family Maximum : \$5,000	Family Maximum: \$20,000
Out-of-Pocket Maximum	Individual \$2,500 / Family \$5,000	Individual \$30,000 / Family \$60,000
Preventive Care	Plan pays 100%; no copay No deductible	Plan pays 50% after deductible is met [^]
Primary Care Office Visit	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Specialist Care Office Visit	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Emergency Room	Plan pays 100%	
Urgent Care	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Outpatient Radiology	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Independent Laboratory	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Outpatient Physical, Speech, Hearing, and Occupational Therapy	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Pharmacy Formulary Name	Advantage	
Retail Prescription Drugs: 30-day supply, up to 90 days Except Specialty 30 days only Generic – Tier 1 Brand Preferred- Tier 2 Brand Non-preferred- Tier 3	Retail (30-day supply) Plan pays 100% after the deductible is met [^]	Retail (30-day supply) Plan pays 100% after the deductible is met [^]
Home Delivery: 90-day supply except Specialty provided at retail per 30 days	Home Delivery (90-day supply) 2 times cost of prescription until deductible is met, then plan pays 100% [^]	Home Delivery: Same as Retail Out-of-Network [^]

Note: Services where plan deductible applies are noted with a caret (^). Plan Deductible always applies before benefit copays/deductibles. All plans have exclusions and limitations. For a summary of these exclusions and limitations, view the Summary of Benefits and Coverage.

Bi-Weekly Contributions		
	CPA Cost	Employee Cost
EE Only	\$384.36	\$33.22
EE + Spouse	\$906.74	\$78.37
EE + Child(ren)	\$818.57	\$70.75
EE + Family	\$1,218.47	\$105.32

Medical

Cigna Co-Pay & Deductible Plan



	In-Network	Out-of-Network
Plan Name	Open Access Plus Plan - OAP Plan	
Plan Coinsurance	Plan pays 100%	Plan pays 50%
Individual Deductible	Individual: \$1,000	Individual: \$1,000
Family Deductible	Family: \$2,000	Family: \$2,000
Out-of-Pocket Maximum	Individual: \$6,350 / Family \$12,700	Individual: \$30,000 / Family \$60,000
Preventive Care	Plan pays 100%; no copay No deductible	Plan pays 50% after deductible is met [^]
Primary Care Office Visit	\$30 copay, and plan pays 100%	Plan pays 50% after deductible is met [^]
Specialist Care Office Visit	\$45 copay, and plan pays 100%	Plan pays 50% after deductible is met [^]
Emergency Room	\$150 copay, and plan pays 100%	
Urgent Care	\$75 copay, and plan pays 100%	\$75 copay, and plan pays 100%
Outpatient Radiology	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Independent Laboratory	Plan pays 100%	Plan pays 50% after deductible is met [^]
Outpatient Physical, Speech, Hearing, and Occupational Therapy	Plan pays 100% after deductible is met [^]	Plan pays 50% after deductible is met [^]
Pharmacy Formulary Name	Advantage	
Retail Prescription Drugs: 30-day supply, up to 90 days Except Specialty 30 days only Generic – Tier 1 Brand Preferred- Tier 2 Brand Non-preferred- Tier 3	Retail (30-day supply) Tier 1: \$5 Tier 2: \$25 Tier 3: \$40 Retail (90-day supply) Tier 1: \$15 Tier 2: \$75 Tier 3: \$120	Retail: You pay 50% Your plan pays 50%
Home Delivery: 90-day supply except Specialty provided at retail per 30 days	Home Delivery (per 90-day supply): Generic: \$10 Preferred Brand: \$50 Non-Preferred Brand: \$80	Home Delivery: Same as Retail Out-of-Network

Note: Services where plan deductible applies are noted with a caret (^). Plan Deductible always applies before benefit copays/deductibles. All plans have exclusions and limitations. For a summary of these exclusions and limitations, view the Summary of Benefits and Coverage.

Bi-Weekly Contributions		
	CPA Cost	Employee Cost
EE Only	\$403.72	\$123.76
EE + Spouse	\$950.05	\$283.90
EE + Child(ren)	\$857.66	\$255.22
EE + Family	\$1,276.50	\$379.88



What Is Preventive Care?

Preventive care is a type of health care whose purpose is to shift the focus of health care from treating sickness to maintaining wellness and good health. Preventive care occurs before you feel sick or notice any symptoms and is designed to prevent or delay the onset of illness and disease.

Why Use Preventive Care?

Preventive care is important because it helps you stay healthy and access prompt treatment when necessary, and it can also help reduce your overall medical expenses.

Important Tips Regarding Preventive Care and Other Services

1. The U.S. Department of Health and Human Services has provided lists of preventive services that must be covered by most health insurance plans. Lists are available for adults, women and children, as covered services depend on age and gender. Please visit: <https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html> for the lists of covered preventive care services.
2. Preventive care saves you money in two ways.
 - First, preventive care helps lower the long-term cost of managing disease because it helps catch problems in the early stages when most diseases are more readily treatable. The cost of early treatment or diet and lifestyle changes is less than the cost of treating and managing a full-blown chronic disease or serious illness.
 - Second, many preventive services are now covered in full by insurance due to the Affordable Care Act (ACA), which means they are free for you if you have health insurance. The ACA requires certain preventive services to be covered with no cost-sharing - this means that for many preventive care services, you will not have to pay a deductible, Co-pay, Co-insurance or other Out-of-pocket expenses.

Although many preventive services are covered in full by Cigna, you may incur out of pocket costs **IF** your provider sends you for additional testing or you receive services that fall outside of the Affordable Care Act (ACA) preventive care guidelines.

For example (assuming your deductible has not been met):

- You can be charged for a colonoscopy that is NOT considered a routine preventive service.
- You will be charged for most non-preventive specialist visits. Some examples of a specialist include: cardiologists, dermatologists and endocrinologists.

If you receive a bill for preventive care services that you believe should be covered at 100% (under the the Affordable Care Act), you must discuss the charge with your provider. Cigna nor CPA have the authority under HIPAA to change your provider's billing codes.

THINGS TO CONSIDER

- Discuss generic or over the counter medications with your provider.
- Try Telehealth through MDLive. Details on page 13.
- Register for MyCigna and take advantage of cost saving tools: go to www.mycigna.com and set up your password. Have your Cigna ID ready so you can register.
- Visit In-Network medical and dental providers if you can. Going outside of the Cigna network is more expensive!
- Ask your In-Network dental provider to send Cigna a pre-treatment estimate for services that you expect to have in the future. Plan on saving/using funds in your HSA for these qualified expenses.

So many ways to help manage your health.

Get to know the full value of myCigna.



Now it's easier than ever to manage your health and make the most of your health plan with myCigna®.* From programs that help improve your health to tools that help manage your health spending, there's so much you can do.



View, print and send ID cards



Find in-network doctors, hospitals and medical services



Compare quality of care information, including patient reviews from Cigna HealthcareSM customers



Manage and track claims



See cost estimates for medical procedures



Use the click-to-chat feature to connect with a live Cigna Healthcare rep



Feel better protected Cigna Healthcare is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Visit [myCigna](#) today. Not registered yet? [Start here.](#)**

Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).



Download the myCigna App for your mobile device. Disponible en Español.



MDLIVE®

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost² to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours



3 easy steps to connect to care

Virtual care visits are convenient and easy.
To schedule an appointment:



Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)



Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE



Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Cigna Program: OMADA



- For Cigna members (adult) who are at risk for diabetes or heart disease and are accepted into the program.
- Website/phone app – includes free wireless smart scale, weekly online lessons, personal Omada health coach and small online group of participants.
- Must register on myCigna.com and meet criteria.



Introducing Omada®—a personalized program that helps you reach your health goals through sustainable lifestyle change. Get the support and technology you need to lose weight and take control of your health, one step at a time.¹

• EAT HEALTHIER

Learn the fundamentals of making smart food choices.

• INCREASE ACTIVITY

Discover easy ways to move more and boost your energy.

• OVERCOME CHALLENGES

Gain skills that allow you to break barriers to change.

• STAY HEALTHY FOR LIFE

Set and reach your evolving goals with strategies and support.

MORE GREAT NEWS: Beginning 2020, you'll receive the program at **no additional cost** if you or your adult dependents are enrolled in the company medical plan offered through Cigna, are at risk for diabetes or heart disease, and are accepted into the program.

Register on the **myCigna*** website or app to receive additional information when Omada is open for applications

If you've already registered on the myCigna website or app, there is no need to re-register

¹ References available; contact the Omada Medical Affairs team

The Omada® program is administered by Omada Health, Inc. While Omada Health is an independent company and not an affiliate of Cigna, Cigna has an investment interest in the company. Cigna does not endorse or guarantee the products or services of any third parties and assumes no liability with respect to any such products or services.

YOU'LL GET YOUR OWN:



Interactive program



Wireless smart scale



Weekly online lessons



Professional Omada health coach



Small online group of participants

Cigna Diabetic Rx Program Patient Assurance Plus



The Patient Assurance Program helps you pay less for certain diabetes medications and insulins at in-network pharmacies.

About this drug list.

This is a list of the diabetes medications and insulins that are part of the Patient Assurance Program¹ as of July 1, 2026.

- Medications are in alphabetical (A-Z) order.
- Generics are in lowercase letters. Brands are in ALL CAPITAL letters.
- **This drug list changes often**, so it may not show every medication that's part of this program. Your plan may not cover all the medications listed here. Log in to the myCigna[®] app² or myCigna.com[®] to see what your plan covers.

Important: Only some diabetes medications and insulins your plan covers are part of the Patient Assurance Program. Check your drug list to see which ones are included.



Save money. Stay healthy.

- Fill a prescription for a medication on this list.³
- Pay no more than:
\$25 for a 30-day supply or
\$75 for a 90-day supply

The company that makes the medication pays the rest.

Using a different diabetes medication?

Call your doctor's office and ask if a medication on this list would work for you. If your doctor agrees, ask them to send a new prescription to your pharmacy.

Diabetes medications (*not insulin*)

GLYXAMBI
JARDIANCE
MOUNJARO
OZEMPIC
RYBELSUS
SYNJARDY
SYNJARDY XR
TRIJARDY XR
TRULICITY

Diabetes medications (*insulin*)

BASAGLAR
HUMALOG
HUMALOG MIX
HUMULIN
INSULIN LISPRO
LYUMJEV

Health Savings Account



An HSA is a tax-advantaged personal savings account, that allows you to set aside pre-tax dollars to pay for qualified medical expenses when you're enrolled in a qualifying High Deductible Health Plan. Qualified expenses include, but are not limited to medical deductibles, coinsurance, prescriptions, vision care, dental care.

With an HSA, employees will have:

- A tax-advantaged saving account that they can use to pay for eligible medical expenses as well as deductible, coinsurance, prescriptions, vision, and dental care.
- Unused funds will rollover year to year. There's no "use it or lose it" penalty.
- Potential to build more savings through investing. Employees can choose from a variety of HSA self-directed investment options with no minimum balance required.
- Additional retirement savings. After age 65, funds can be withdrawn for any purpose without penalty but may be subject to income tax if not used for qualified medical expenses.

You can pay for a wide range of IRS-qualified medical expenses with your HSA, including many that aren't typically covered by health insurance plans. For a complete list of IRS-qualified medical expenses, visit irs.gov or [HSA CT | Liberty Bank \(liberty-bank.com\)](https://liberty-bank.com)

To be eligible to participate in an HSA requires:

- Enrollment in the HDHP Plan
- No other health coverage (including a full purpose FSA account)
- Have not received Veterans Administration benefits
- Not be claimed as a dependent on someone else's tax return

NOTE: If you decide to enroll in the HSA, and you still have a balance in your Healthcare FSA, you may not open the HSA bank account until the 2 ½ month FSA grace period expires.

HSA IRS MAXIMUMS FOR 2026/2027

CONTRIBUTION LIMITS FOR HEALTH SAVINGS ACCOUNTS

	2026	2027 (Projected)*
HSA contribution limit (Employee)	Self-only: \$4,400 Family: \$8,750	Self-only: \$4,500 Family: \$8,950
HSA catch-up contributions (age 55 or older)	\$1,000	

**You have the option to increase your HSA contribution effective 1/1/2027 in accordance with the new contribution maximum*

Cigna DPPO Dental Plan



Cigna DPPO offers the option to go in-or out-of-network, based on the benefit schedule below. Important to note, using out-of-network services, you will pay more based on what is considered Reasonable & Customary.

Plan Design	Total Cigna DPPO	Out-of-Network
Policy Year Maximum (7/1 - 6/30)		
(Class I, II, III Expenses)	\$1500, Class I Applies	\$1500, Class I Applies
Policy Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams, Cleanings, Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administered at In Network coinsurance)	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Anesthetics Minor & Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, Inlays and Dentures Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures and Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1,000	50%, No Ortho Deductible \$1,000
Dental Plan Reimbursement Levels		
	Based on Contracted Fees	90th Percentile of Submitted Charges
Additional Member Responsibility in excess of Coinsurance		
	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level
Student/Dependent Age	26/26	

This is a summary of benefits for your dental plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network. Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Bi-Weekly Contributions		
	CPA Cost	Employee Cost
EE Only	\$13.17	\$6.00
EE + Spouse	\$30.94	\$10.15
EE + Child(ren)	\$26.94	\$10.15
EE + Family	\$43.20	\$12.00

EyeMed Vision Plan

Insight Network



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

VISION CARE SERVICES

EXAM SERVICES

Exam
Retinal Imaging

IN-NETWORK MEMBER COST

\$10 copay
Up to \$39

OUT-OF-NETWORK MEMBER REIMBURSEMENT

Up to \$40
Not covered

CONTACT LENS FIT AND FOLLOW-UP

Fit and Follow-up - Standard
Fit and Follow-up - Premium

Up to \$40; contact lens fit and two follow-up visits
10% off retail price

Not covered
Not covered

FRAME

Frame

\$0 copay; 20% off balance over \$130 allowance

Up to \$91

STANDARD PLASTIC LENSES

Single Vision
Bifocal
Trifocal
Lenticular
Progressive - Standard
Progressive - Premium Tier 1 - 4

\$10 copay
\$10 copay
\$10 copay
\$10 copay
\$65 copay
\$95 - 185 copay

Up to \$30
Up to \$50
Up to \$70
Up to \$70
Up to \$50
Up to \$50

LENS OPTIONS

Anti Reflective Coating - Standard
Anti Reflective Coating - Premium Tier 1 - 3
Photochromic - Non-Glass
Polycarbonate - Standard
Polycarbonate - Standard < 19 years of age
Scratch Coating - Standard Plastic
Tint - Solid and Gradient
UV Treatment
All Other Lens Options

\$45
\$57 - 85
\$75
\$40
\$40
\$15
\$15
\$15
20% off retail price

Up to \$5
Up to \$5
Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

CONTACT LENSES

Contacts - Conventional
Contacts - Disposable
Contacts - Medically Necessary

\$0 copay; 15% off balance over \$130 allowance
\$0 copay; 100% of balance over \$130 allowance
\$0 copay; paid in full

Up to \$130
Up to \$130
Up to \$210

OTHER

Hearing Care from Amplifon Network
LASIK or PRK from U.S. Laser Network

Up to 64% off hearing aids; call 1.877.203.0675
15% off retail or 5% off promo price; call 1.800.988.4221

Not covered
Not covered

FREQUENCY

Exam
Frame
Lenses
Contact Lenses

ALLOWED FREQUENCY - ADULTS

Once every 12 months
Once every 24 months
Once every 12 months
Once every 12 months

ALLOWED FREQUENCY - KIDS

Once every 12 months
Once every 24 months
Once every 12 months
Once every 12 months

(Plan allows member to receive either contacts and frame, or frames and lens services)



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

Bi-Weekly Contributions		
	CPA Cost	Employee Cost
EE Only	\$1.39	\$1.50
EE + Family	\$4.37	\$3.00

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

Basic Life, AD&D and Disability



CPA offers the following plans at no cost to benefit eligible employees

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

CPA provides Basic Life and Accidental Death and Dismemberment insurance equal to one times your annual base earnings to a maximum of **\$150,000**. Should the unthinkable happen, Life Insurance is there to help protect your loved ones' financial health, provide proceeds they can use to pay bills, funeral expenses or even continue to achieve the financial goals you made together.

Always keep your beneficiary information up to date!

SHORT TERM DISABILITY (STD)

CPA provides basic Short-Term Disability coverage. This benefit is designed to replace a portion of your income in the event of a non-work-related injury or illness.

BENEFIT WAITING PERIOD	SHORT TERM DISABILITY BENEFIT	BENEFIT DURATION
7 Calendar days from date of disability for accident or illness	50% of weekly base earnings to a maximum of \$1,000 per week	Up to 26 weeks, measured from the date disability begins

LONG TERM DISABILITY (LTD)

CPA provides basic Long -Term Disability coverage at no cost to eligible employees. This benefit is designed to replace a portion of your income in the event of a non-work-related injury or illness.

BENEFIT WAITING PERIOD	LONG TERM DISABILITY BENEFIT	BENEFIT DURATION
180 Days	60% of monthly base earnings, to a maximum of \$5,000 per month	Up to 24 months for own occupation or up to social security retirement age for any occupation

Voluntary Benefits



FAMILY MATTERS.
NO MATTER WHAT.®

SHORT TERM DISABILITY

If an injury, sickness, surgery or pregnancy kept you from earning your full-time income, how would you pay your bills and buy groceries for your family during your recovery? No underwriting requirements. Boston Mutual's Short Term Disability protects your paycheck so you have the money to pay for your daily living expenses

Personal Accident Plan

Pays \$\$\$ directly to you & your family to help cover the out of pocket costs for:

Emergency room Treatment: **\$300 per incident**

Specific Sum for the injury: **\$75 - \$15,000**

Hospital stay: **\$2,000 initial***, **\$500/day**

ICU stay **\$4000 initial**, **\$1000/day**

Physical Therapy: **\$450** (**\$45 up to 10 visits**)

Follow-up Doctor visits: **\$150 per visit** (up to 2 visits)

Ambulance

Major Diagnostic Exams: **\$300**

X-Ray: **\$75**

Appliances: **\$150**

\$50,000 Accidental Death benefit

Plus other benefits for expenses due to an accidental injury

Bi-Weekly Premiums

Individual	\$4.92
Named Insured & Spouse	\$8.82
One Parent Family	\$14.16
Two Parent Family	\$18.06

WHOLE LIFE INSURANCE

Guaranteed Issue. No Underwriting.
Starting at \$4.00 bi-weekly.

Critical Illness

Cancer

Heart attack

Stroke

Paralysis

Severe Burns

Major Organ Transplant

Alzheimer's Disease

ALS

End Stage Renal Disease

Benign Brain Tumor

Benefit of \$10,000

Employee non-Tobacco
Bi-Weekly Rates

Issue age

18-29 \$2.40

30-39 \$4.14

40-49 \$7.28

50-59 \$12.08

60+ \$20.20

Plus, a \$50 yearly screening benefit

Steve Martin
860-989-3050
stevemartinct@yahoo.com

Voluntary Benefits



Protect your furry family member. Pet insurance can help reimburse you for covered unexpected veterinary expenses for your pet. Get affordable, customized coverage for accidents, emergencies, illnesses, medication and more. To enroll simply visit [MetLife.com/GetPetQuote](https://www.MetLife.com/GetPetQuote) or scan the QR code.



How does MetLife Pet Insurance work?



Select and enroll in the coverage that's best for you and your pet



Download our mobile app



Take your pet to the vet



Pay the bill and send it with your claim to us via our mobile app, online portal, email, fax or mail



Receive reimbursement⁶ by check or direct deposit if the claim expense is covered under the policy



Protection Plus Plan: Robust protection for your identity, finances, privacy and unlimited devices per adult member.	
VOLUNTARY PAYROLL DEDUCTION	
Employee/Month	\$9.95
Employee + Plus Family/Month	\$15.95

Voluntary Benefits



For \$18.00/month, you will receive legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles and no claim forms.

With MetLife Legal Plans, you get unlimited access to a network of experienced attorneys who can help you with a wide range of issues. If you're considering adding to your family, buying or selling a home, or creating a will or estate, our network of attorneys and easy-to-use online tools can help simplify the process. For legal matters that come without warning – like identity theft, tax issues, or even traffic violations – you'll get the information and guidance you need to be prepared.

Family

- Adoption/reproductive assistance
- School & administrative hearings
- Wills & estate planning

Home

- Buying a home
- Selling a home
- Renting a home

Finances

- Identity theft
- Tax issues
- Traffic violations

Benefit Contacts



Benefit	Administrator	Website	Phone Number	Group/Policy Number
Medical Dental Prescription Drugs	Cigna	myCigna.com	1-800-285-4812	*00613684
MDLIVE	Cigna	mdliveforcigna.com	1-888-726-3171	*00613684
Vision	EyeMed	eyemed.com	1-866-804-0982	1017435 Insight Network
Basic Life and AD&D STD LTD	New York Life	mynylgbs.com	1-800-644-5567	SGD0606752 SGD0606753 SGM0606533 SOK0604622
Critical Illness Individual STD Whole Life Accident	Boston Mutual	stevemartinct@yahoo.com	1-860-989-3050	
Health Savings Account (HSA)	Liberty Bank	liberty-bank.com/hsa	1-888-570-0773	
Legal Plan	MetLife	metlife.com/insurance/legal-plans	1-833-214-4172	
Aura Identity & Fraud Protection	MetLife	metlife.com/insurance/identity-and-fraud-protection	1-844-931-2872	
Pet Insurance	MetLife	metlifepetinsurance.com	1-855-270-7387	