

2025

Shop
**Employee
Benefits**



**Christian Brothers
Automotive®**

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Clever Health Telemedicine

If you enroll for coverage in one of CBA's medical plans, you will be enrolled for Clever Health. This amazing program offers licensed medical professionals to assist in various areas of telemedicine 24/7/365. See page 10 for more details about Clever Health and how to enroll. Download the Clever Health app for on the go access.

Additional Questions?

If you have additional questions, you may also contact the CBAC Healthcare Team at **281-675-6233** or **healthcare@CBAC.com**.

WELCOME

Our Employee Benefits Program is an important part of your total compensation.

We offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers many of the basic questions you may have about the plans. Please take time to review the guide carefully and be sure to reach out to the CBA Healthcare Team with any questions you may have!



ELIGIBILITY

You are eligible to enroll for benefits if you work 30 or more hours per week. Your coverage is effective the first day of the month following 30 days of employment. You may also enroll your eligible family members in many of the plans. Eligible family members include:

- ◆ Your legal spouse
- ◆ Children under the age of 26 regardless of student, dependency, or marital status (medical, dental, and vision)
- ◆ Children over the age of 26 who are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal income tax return

“Child(ren)” includes your biological child, stepchild, adopted child, or a child whom you have received a court order requiring you to have financial responsibility for providing health insurance.

Documentation may be required to support a dependent relationship and eligibility under the benefits plan.

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. Please see page 22 for more details.

Health Coverage Options

Our employee benefits program offers three health coverage options. To see summaries of the options, contact the CBAC Healthcare Team at **281-675-6233**.

ENROLLMENT

Open Enrollment

Open Enrollment is your opportunity to choose benefits for the upcoming plan year (January 1 – December 31, 2025).

New Hires

You must complete the enrollment process within 30 days of your date of hire. If you do not enroll by your effective date, you will have to wait until the next Open Enrollment to enroll unless you experience a Qualified Life Event.



Important:

If you have a Qualified Life Event and want to request a midyear change, you must notify the CBA Healthcare Team and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualified Life Event.

Enroll Online

When you are ready to enroll, log in to <https://payroll.withCBA.com> and click on **Open Enrollment** to make your benefit elections. There you will find detailed information about the plans available and instructions for enrolling.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next Open Enrollment period, unless you have a Qualified Life Event during the year. Examples include:

- ◆ Marriage, divorce, legal separation, or annulment
- ◆ Birth, adoption, or placement for adoption of an eligible child
- ◆ Death of a spouse, domestic partner, or child
- ◆ Change in your spouse's or domestic partner's employment that affects benefits eligibility
- ◆ Change in your child's eligibility for benefits (e.g., reaching the age limit)
- ◆ Change in residence that affects your eligibility for coverage
- ◆ 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, Medicaid, or TRICARE
- ◆ Receiving a Qualified Medical Child Support Order

VAULT ADMIN SERVICES

NEW
in 2025!

Christian Brothers is partnering with **Vault Admin Services (Vault)** to serve as our new benefits administrator. A leader in health care insurance, Vault offers customized health insurance benefit packages that provide significant cost savings and improved health outcomes. Their primary goal is to make your experience with your health plan as seamless and convenient as possible.

What to Expect from Vault

- ◆ **Streamlined Claims Processing** that is prompt and accurate.
- ◆ **Transparent Communication** about your claims, coverage, health care plan changes, and other benefits questions.
- ◆ **Member Support** for any inquiries or concerns related to your health care plan.
- ◆ **Timely Reimbursements** for your eligible expenses.
- ◆ **Compliance and Privacy** to uphold the highest standards of compliance.

Contact Vault

- ◆ Call – **866-202-0029**
- ◆ Email – **support@allthingsvault.com**



MEDICAL

Medical Rates

See **Isolved** for the 2025 medical plan rates during enrollment.

We understand that satisfying your family's health care needs is one of the first things you look for in your employee benefits package. CBA is pleased to offer two plans through **Vault Health**. Both plans use the **Cigna** provider network.

The key difference between the plans is the amount of money you will pay each pay period and when you need care. The plans also differ in:

- ◆ **Calendar year deductibles** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- ◆ **Out-of-pocket maximums** – the most you pay each year for eligible services, including prescriptions
- ◆ **Copays and coinsurance** – the money you pay toward the cost of covered services

Both plans cover in-network preventive care at 100% and they allow you to see an in-network or out-of-network provider for other services. When you use in-network providers, you receive benefits at a discounted network cost. You will pay more for out-of-network providers.

\$6,350 HDHP (HSA-eligible)

The High Deductible Health Plan (HDHP) has a significantly lower payroll deduction, but you must meet a higher deductible before the plan begins to pay. Our HDHP is combined with a tax-advantaged personal savings account called a Health Savings Account (HSA). With an HSA, you can pay for current health expenses and/or save for future qualified expenses on a pre-tax basis. More details are on page 7.

Silver PPO Plan

The Preferred Provider Organization (PPO) plan has a lower deductible and a higher payroll deduction. Providers typically charge a copay before the plan begins to pay.

Cigna Provider Network

Q. Is this Cigna insurance?

A. No, **Vault** contracts with the **Cigna** provider network to offer you access to a broader range of physicians and facilities. When you see **Cigna** in-network providers for your care, you get the highest level of benefits.

Q. Will I get an insurance card?

A. Yes, you will receive a medical ID card with the Cigna logo on it stating that you have access to the Cigna provider network, but you do not have Cigna insurance. Your medical insurance is through Vault.

Q. How do I find a Cigna provider?

A. To find an in-network provider, visit <https://www.cigna.com>.

HEALTH SAVINGS ACCOUNT

If you enroll in the HDHP/HSA (Base Plan), you may open a Health Savings Account (HSA). You are not obligated to contribute to the account. However, if you do decide to contribute an amount each paycheck, those dollars will not be taxed.

You have the choice of using an existing HSA account or you can transfer your existing HSA funds to a **Bend** account. If you wish to transfer your funds, reach out to the CBA Healthcare Team for a Transfer form. Once you have opened your HSA, UMB Bank will send your Bend HSA debit card in the mail. The plain, white envelope will have an Omaha, NE return address.

Bend offers a convenient online dashboard that identifies eligible expenses, tracks your deductible, and manages your contributions for only \$1.50 per month. Once your balance reaches \$1,000, you can begin investing your funds. Your account is owned and maintained by you. The money you save is yours regardless of whether you change health plans,* retire, or leave the company.

*You must be enrolled in a qualified HDHP to contribute to an HSA.

Note

HSAs are governed by IRS regulations. Be sure to keep your receipts in the event of an audit.

How to Contact Bend

Go to <https://www.bendhsa.com/login> to register. If you have any questions, you can call Customer Service toll free at **877-201-3235**. You can also download the Bend mobile app.

Eligibility for an HSA

- ◆ You cannot be covered by any other health plan unless it is also a HDHP
- ◆ You cannot be claimed as a dependent on another person's income tax return
- ◆ You cannot be enrolled in Medicare
- ◆ Your covered spouse cannot participate in a Health Care FSA

2025 HSA Contribution Limits	
Employee Only	\$4,300
Family	\$8,550
Age 55+ Catch-Up	\$1,000

Contributing to Your HSA

The annual maximum contribution you can make to your HSA is based on the coverage option you elect (employee only or family coverage). Employees age 55 and older are allowed to make an additional annual catch-up contribution of up to \$1,000.

Covering Your Children

You can use the funds in your HSA to pay for eligible dependent expenses even if the dependent is not covered by the HDHP; however, you can only do so until they reach age 19 (age 24 if a full-time student). Once your children reach age 19 (or 24), they can open their own HSA at the family maximum limit.

PHARMACY BENEFITS

Both medical plans offer pharmacy benefits through **Cigna**, our new pharmacy benefits manager. You may use a retail pharmacy for short-term use medication, and use home delivery for maintenance medication.

Convenience

- ◆ Home delivery with **Express Scripts Pharmacy**
- ◆ Thousands of retail pharmacies in the **Cigna** network
- ◆ 24/7 access to pharmacy coverage information and claims through **myCigna**

Manage Your Home Delivery Prescription Orders

- ◆ Order prescriptions from your phone, tablet, or computer
- ◆ Track and/or check the status of your order
- ◆ Get emails/texts from **Express Scripts** about your medication(s)

Cigna Prescription Drug List

The Cigna Prescription Drug list divides covered generic and brand-name medications into tiers, or cost-share levels. Typically, the higher the tier, the more you will pay to fill the medication. Brand name medications are costly and are often prone to price increases compared to other similar medications. To help keep your costs down, ask your doctor about using a lower-cost generic (if available), or a preferred brand-name medication that can be used to treat the same condition.

Avoid Surprises at the Pharmacy

- ◆ Price a medication and search for lower-cost alternatives
- ◆ See which medications your plan covers
- ◆ Find an in-network pharmacy
- ◆ Participate in a Cigna Medication Coaching Program
- ◆ Get support for specialty medications

\$0 Specialty Medication – SHARx

If you are taking, or need to take, high-cost specialty medications we may have a program that can lower your costs. **SHARx** is a prescription drug benefit and advocacy program that can help you get certain high-cost specialty medications through alternate access points, sometimes at no cost to you. **To access the SHARx program, please contact Vault Admin Services at 866-202-0029.** If approved, you will be asked to enroll in the SHARx program, and work directly with SHARx to get your specialty prescriptions. This program could save you up to \$150 per month in co-pays.



Medical Rates

See **Isolved** for the 2025 medical plan rates during enrollment.

Medical Plan Benefits Summary

	\$6,350 HDHP (HSA-ELIGIBLE)		SILVER PPO PLAN	
Cigna Provider Network	In-Network	Out-of-Network	In-Network	Out-of-Network
General Level of Coverage (Coinsurance)	80%	60% ¹	80%	50% ¹
	YOU PAY		YOU PAY	
Calendar Year Deductible				
Individual	\$6,350	\$10,000	\$3,000	\$6,000
Family	\$12,700	\$20,000	\$6,000	\$12,000
Out-of-Pocket Maximum (Includes deductible)				
Individual	\$7,000	\$15,000	\$7,000	\$14,000
Family	\$14,000	\$30,000	\$14,000	\$28,000
Preventive Care	No charge	40% ²	No charge	30% ²
Telemedicine (Clever Health)	No charge	N/A	No charge	N/A
Physician Office Visit				
Primary	20% ²	40% ²	\$10 copay	30% ²
Specialist			\$50 copay	
Diagnostic Lab/X-ray (X-Ray, blood work)	20% ²	40% ²	No charge	40% ²
Major Imaging (MRI, CT/PET scan)	20% ²	40% ²	20% ²	40% ²
Urgent Care	20% ²	40% ²	\$75 copay	30% ²
Ambulance	20% ²	20% ²	20% ²	20% ²
Emergency Room (For emergencies)				
Facility	20% ²	20% ²	\$150 copay ³ /20% ²	\$150 copay ³ /20% ²
Physician				
Inpatient Hospital	20% ²	40% ²	20% ²	40% ²
Outpatient Surgery	20% ²	40% ²	20% ²	40% ²
Retail Prescription Drugs (Up to a 30-day supply)				
Generic	20% ²	40% ²	\$0	Not covered
Preferred Brand ⁴	20% ²	40% ²	\$50	
Non-Preferred Brand ⁴	20% ²	40% ²	\$100	
Specialty	20% ²	40% ²	\$150 ⁵	
Mail Order Prescription Drugs (Up to a 90-day supply)				
Generic	20% ²	N/A	\$0	Not covered
Preferred Brand ⁴	20% ²		2x copay	
Non-Preferred Brand ⁴	20% ²		2x copay	
Specialty	20% ²		2x copay	

¹ Out-of-network coinsurance varies by type of service. Please refer to plan SBC and plan documents.

² What you will pay after your deductible is met. ³ Copay waived if admitted.

⁴ If you purchase a Preferred or Non-Preferred Brand Name drug when "Brand Medically Necessary" is not indicated on the prescription and a Generic equivalent is available, you will be required to pay the difference between the cost of the Generic and Preferred or Non-Preferred Brand Name drug plus the Preferred Brand Name copay (amount). If "Brand Medically Necessary" is written on the prescription, you will pay the Preferred or Non-Preferred Brand Name drug copay. ⁵ Step therapy and approval required.

TELEMEDICINE AND HEALTH CARE CONCIERGE

NEW
in 2025!

Virtual care for you
and your pets!

Clever Health gives you 24/7/365 access to U.S. board-certified doctors, licensed therapists, and licensed veterinarians through the convenience of a phone, mobile device, or computer.

This is a great alternative to urgent care and can also be a convenient option in lieu of a doctor's visit or trip to the vet. **The health plan covers 100% of the cost for this benefit if you are enrolled in one of our medical plans.**

Virtual Urgent Care

- ◆ Get many common conditions treated (fever, sinus infections, allergies, asthma, skin conditions, urinary tract infection, etc.)

Virtual Primary Care

- ◆ Schedule appointments for ongoing or routine health maintenance (diabetes, high blood pressure)
- ◆ Get specialist referrals
- ◆ Order labs

Mental Wellness

- ◆ Schedule appointments 7 days a week (7:00 a.m.–10:00 p.m.)
- ◆ Get care for a variety of issues or concerns (PTSD, trauma, depression, anger, addiction, etc.)

Anxiety and Depression

- ◆ Interactive chatbot
- ◆ 24/7 on-demand A.I. support created by psychologists specializing in anxiety and depression
- ◆ 18% reduction in depression symptoms
- ◆ 28% reduction in anxiety symptoms

Virtual Vet

- ◆ For cats and dogs
- ◆ 365-day guidance for emergency, preventive, and ongoing illness care
- ◆ Behavioral questions

Your cost for Clever Health visits: \$0!





Get the **Clever Health** app to see the doctor now!





HEALTH CARE OPTIONS

Become familiar with your options for medical care. It will save you time and money.

Non-Emergency Care

VIRTUAL VISITS/TELEMEDICINE		Symptoms	Average Cost	Average Wait
	<p>Access to care via phone, online video, or mobile app whether you are home, work, or traveling; medications can be prescribed</p> <p>24 hours a day, 7 days a week</p>	<ul style="list-style-type: none"> ◆ Allergies ◆ Cough/cold/flu ◆ Rash ◆ Stomachache 	\$	2-5 minutes
DOCTOR'S OFFICE		Symptoms	Average Cost	Average Wait
	<p>Generally, the best place for routine preventive care; established relationship; able to treat based on medical history</p> <p>Office hours vary</p>	<ul style="list-style-type: none"> ◆ Infections ◆ Sore and strep throat ◆ Vaccinations ◆ Minor injuries, sprains, and strains 	\$	15-20 minutes
RETAIL CLINIC		Symptoms	Average Cost	Average Wait
	<p>Usually lower out-of-pocket cost than urgent care; when you can't see your doctor; located in stores and pharmacies</p> <p>Hours vary based on store hours</p>	<ul style="list-style-type: none"> ◆ Common infections ◆ Minor injuries ◆ Pregnancy tests ◆ Vaccinations 	\$	15 minutes
URGENT CARE		Symptoms	Average Cost	Average Wait
	<p>When you need immediate attention; walk-in basis is usually accepted</p> <p>Generally includes evening, weekend, and holiday hours</p>	<ul style="list-style-type: none"> ◆ Sprains and strains ◆ Minor broken bones ◆ Small cuts that may require stitches ◆ Minor burns and infections 	\$\$	15-30 minutes

Emergency Care

HOSPITAL ER		Symptoms	Average Cost	Average Wait
	<p>Life-threatening or critical conditions; trauma treatment; multiple bills for doctor and facility</p> <p>24 hours a day, 7 days a week</p>	<ul style="list-style-type: none"> ◆ Chest pain ◆ Difficulty breathing ◆ Severe bleeding ◆ Blurred or sudden loss of vision ◆ Major broken bones 	\$\$\$\$	4+ hours
FREESTANDING ER		Symptoms	Average Cost	Average Wait
	<p>Services do not include trauma care; can look similar to an urgent care center, but medical bills may be 10 times higher</p> <p>24 hours a day, 7 days a week</p>	<ul style="list-style-type: none"> ◆ Most major injuries except trauma ◆ Severe pain 	\$\$\$\$\$\$	Minimal

Note: Examples of symptoms are not inclusive of all health issues. Wait times described are only estimates. This information is not intended as medical advice. If you have questions, please call the phone number on the back of your medical ID card.

DENTAL

We are proud to offer you a choice of two dental plans through Mutual of Omaha.

The key difference between the plans is the amount of money you will pay each pay period and the type of service you receive. **Both plans cover in-network preventive care at 100%.** If you seek care from an out-of-network provider, you may pay more for services.

Dental Monthly Payroll Deductions and Plan Benefits

	BASIC (DPPO)	ENHANCED (DPPO)
	YOU PAY	YOU PAY
Employee Only	\$29.68	\$45.92
Employee + Spouse	\$60.39	\$93.88
Employee + Children	\$65.14	\$109.45
Employee + Family	\$102.40	\$168.90

	BASIC (DPPO)		ENHANCED (DPPO)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network**
	YOU PAY		YOU PAY	
Calendar Year Deductible Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Calendar Year Maximum Benefit per Individual (All services combined)	\$1,000	\$1,000	\$1,500	\$1,500
Type A – Preventive Services	\$0	\$0	\$0	\$0
Type B – Basic Services	20%***	20%***	10%***	10%***
Type C – Major Services	50%***	50%***	40%***	40%***
Type D – Orthodontia (Children and Adults)	N/A	N/A	50%	50%
Orthodontia Lifetime Maximum Benefit per Individual	N/A	N/A	\$2,000	\$2,000

*You will be reimbursed up to the Maximum Allowable Charge (MAC). You are responsible for charges in excess of the MAC.

**Treatment from out-of-network providers is paid based on Reasonable and Customary charges and is paid based on the Maximum Reimbursable Charge (MRC). The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The provider may balance bill up to their usual fees.

***After Deductible

Find a Provider

To find providers in the Mutually Preferred network, visit www.mutualofomaha.com/dental or call 800-927-9197.

VISION

Our vision plan is offered through **Mutual of Omaha**.

You may seek care from any provider, but plan benefits are better if you use a Mutual of Omaha provider.

Vision Monthly Payroll Deductions and Plan Benefits



	VISION
	YOU PAY
Employee Only	\$7.96
Employee + Spouse	\$16.00
Employee + Children	\$13.58
Employee + Family	\$22.28

	VISION	
	In-Network	Out-of-Network
	YOU PAY	REIMBURSEMENT
Exam (Once every 12 months)	\$10	Reimbursed up to \$37
Materials	\$20	N/A
Lenses (Once every 12 months) Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered in full after \$20 copay	Reimbursed up to \$24 Reimbursed up to \$40 Reimbursed up to \$68 Reimbursed up to \$68
Frames (Once every 24 months)	Covered up to \$150, plus 20% off balance	Reimbursed up to \$66
Contact Lenses (Once every 12 months - in lieu of lenses and frames) Elective Medically Necessary	Covered up to \$150, plus 15% off balance Covered in full	Reimbursed up to \$102 Reimbursed up to \$210
LASIK or PRK From U.S. Laser Network	15% off retail or 5% off promotional cost	N/A

Find a Provider

To find providers in the network, visit www.eyemedvisioncare.com/mutual or call **833-279-4358**.

LIFE AND AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye).

Basic Life and AD&D

CBAC covers 100% of the cost for Basic Life and AD&D for you in the amount of \$25,000. Benefits reduce at age 65. If you have been diagnosed with a terminal illness, you may be eligible to receive 80% of your benefit early.

Voluntary Life and AD&D

You may purchase Voluntary Life and AD&D for you and your eligible dependents through **Mutual of Omaha**. You must purchase coverage for yourself in order to purchase coverage for your dependents. If you enroll for coverage during your initial enrollment, you may enroll for additional coverage at your next enrollment by up to \$25,000 without proof of good health, provided the total amount of coverage does not exceed your maximum benefit amount. Benefits and Guarantee Issue amounts reduce to 50% at age 75.

Benefit	Coverage
Employee Life and AD&D	5 times your salary to a maximum of \$500,000 (in \$25,000 increments) Guarantee Issue: A proof of good health statement (EOI) must be submitted for amounts over \$150,000 up to age 75
Spouse Life and AD&D	Elect up to 100% of your elected voluntary Life/AD&D amount to a maximum of \$100,000 (in \$5,000 increments) Guarantee Issue: A proof of good health statement (EOI) must be submitted for amounts over \$50,000
Child(ren) Life and AD&D	14 days to 26 years: \$10,000

If you or your spouse have been diagnosed with a terminal illness, you may be eligible to receive 80% of your benefit early (\$250,000 maximum).

Be sure to keep your beneficiary designations up-to-date. You are automatically the beneficiary for Dependent Voluntary Life/AD&D.

Voluntary Life/AD&D Monthly Payroll Deductions

VOLUNTARY LIFE/AD&D EMPLOYEE AND SPOUSE SAMPLE MONTHLY RATES FOR \$25,000, \$100,000 & \$250,000			
AGE*	\$25,000	\$100,000	\$250,000
	YOU PAY	YOU PAY	YOU PAY
Less than 30	\$3.00	\$12.00	\$30.00
30 – 34	\$3.25	\$13.00	\$32.50
35 – 39	\$3.50	\$14.00	\$35.00
40 – 44	\$4.75	\$19.00	\$47.50
45 – 49	\$7.25	\$29.00	\$72.50
50 – 54	\$11.25	\$45.00	\$112.50
55 – 59	\$17.00	\$68.00	\$170.00
60 – 64	\$25.75	\$103.00	\$257.50
65 – 69	\$45.25	\$181.00	\$452.50
70 – 74	\$80.00	\$320.00	\$800.00
75 – 79	\$131.00	\$524.00	\$1,310.00
80+	\$264.00	\$1,056.00	\$2,640.00
CHILD(REN) MONTHLY RATE			
Child(ren)	\$1.40		

*Spouse rates are based on the employee's age.

How to Calculate Your Rate:

Use the sample monthly rates above to determine the rate for your desired coverage amount. For example, if you want \$75,000 in coverage, multiply the rate for \$25,000 three times and convert the rate to a monthly pay period.

Example: You are 40 years old and wish to purchase \$75,000 of coverage. **\$4.75 (which is the \$25,000 rate) x 3 = \$14.25 monthly rate**

VOLUNTARY SHORT TERM DISABILITY

Disability insurance replaces a portion of your income when you cannot work due to an illness or non-occupational injury.

Voluntary Short Term Disability (STD)

You may purchase Voluntary STD for yourself through [Mutual of Omaha](#).

Benefit	Coverage
Percentage of Income You Will Receive	60% of weekly earnings
Maximum Weekly Benefit	\$1,500 per week
When Benefits Begin	On the 8th day of injury On the 8th day of sickness
Maximum Benefit Duration	25 weeks
Preexisting Condition Limitation	3/6: Benefits may not be paid for conditions for which you have been diagnosed or treated within the past 3 months prior to your effective date until you have been covered under the plan for 6 months.

How to Calculate Your Rate

Determine your monthly premium by referring to the Voluntary STD rates table and using the worksheet below, with the example as a guide.

Monthly Premium Calculator			Example (42-year-old employee earning \$40,000 a year)	Age	Premium Factor
List your weekly earnings (maximum is \$2,500)	\$		\$769.23	<45	\$0.02022
Multiply by the premium factor	x		\$0.02022	45 – 49	\$0.02496
Your Estimated Monthly Premium*	\$		\$15.55	50 – 54	\$0.03216
				55 – 59	\$0.04560
				60 – 64	\$0.05514
				65+	\$0.05910

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

VOLUNTARY LONG TERM DISABILITY

Disability insurance replaces your income if you become partially or totally disabled for a long period of time.

Voluntary Long Term Disability (LTD)

You may purchase Voluntary LTD for yourself through [Mutual of Omaha](#).

Benefit	Coverage
Percentage of Income You Will Receive	50% of monthly earnings
Maximum Monthly Benefit	\$10,000 per month
When Benefits Begin	After 180 days
Maximum Benefit Duration	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Preexisting Condition Limitation	12/12: Benefits may not be paid for conditions for which you have been diagnosed or treated within the past 12 months prior to your effective date until you have been covered under the plan for 12 months.

How to Calculate Your Rate:

Monthly Premium Calculator			Example (42-year-old employee earning \$40,000 a year.)	Age	Premium Factor
List your monthly earnings (Maximum is \$20,000)	\$		\$3,333.33	< 35	\$0.0015
				35 – 39	\$0.0029
				40 – 44	\$0.0044
Multiply by the premium factor	x		\$0.0044	45 – 49	\$0.0060
				50 – 54	\$0.0071
Your Estimated Monthly Premium*	\$		\$14.67	55 – 59	\$0.0080
				60 – 64	\$0.0064
				65+	\$0.0033

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

SUPPLEMENTAL BENEFITS

Important: This is a fixed indemnity policy, not health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you are sick or hospitalized. You are still responsible for paying the cost of your care.

- ◆ The payment you get is not based on the size of your medical bill.
- ◆ There might be a limit on how much this policy will pay each year.
- ◆ This policy is not a substitute for comprehensive health insurance.
- ◆ Since this policy is not health insurance, it does not have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- ◆ Visit **www.healthcare.gov** or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.
- ◆ To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- ◆ For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**www.naic.org**) under **Insurance Departments**.
- ◆ If you have this policy through your job, or a family member's job, contact the employer.

SUPPLEMENTAL BENEFITS

Don't let an off-the-job accident or serious illness catch you off guard.

Accident

CBAC's Accident insurance offered through **Mutual of Omaha** supplements your medical coverage and provides a cash benefit for injuries you or a covered family member may sustain from an accident. Benefits are paid according to a fixed schedule that includes hospitalization, dislocations, emergency room visits, intensive care, major diagnostic exams, physical therapy, transportation, lodging, and more.

You can use the lump sum payment to pay out-of-pocket medical expenses like your deductible, coinsurance or copays, help supplement your daily living expenses, and cover unpaid time off from work.

Hospital Indemnity

The Hospital Indemnity plan offered through **Mutual of Omaha** helps you with the high cost of medical care by paying you a set amount when you have an inpatient hospital stay. Unlike traditional insurance which pays a benefit to the hospital or doctor, this plan pays you directly based on the care or treatment that you receive. These costs may include meals and transportation, childcare, or time away from work due to a medical issue that requires hospitalization.

ACCIDENT MONTHLY RATES	
Employee Only	\$14.82
Employee + Spouse	\$20.95
Employee + Children	\$27.38
Employee + Family	\$35.55

HOSPITAL INDEMNITY MONTHLY RATES	
Employee Only	\$14.49
Employee + Spouse	\$33.33
Employee + Children	\$20.00
Employee + Family	\$40.00

Critical Illness

CBAC's Critical Illness insurance offered through **Mutual of Omaha** provides financial support if you are diagnosed with a covered critical illness. Choose \$10,000, \$20,000, \$30,000 or \$40,000 in coverage. With your election, children are automatically covered for 25% of your benefit, up to \$10,000.

When a diagnosis occurs, you will receive a cash benefit based on the percentage payable for the condition. You can spend the money on any uncovered medical expense, childcare, health care costs, mortgage payments/rent or home maintenance, replacement of lost income, utilities, groceries, etc. Spouse coverage is available at an equal or lesser value than your elected amount.

Covered illnesses include heart attack, heart transplant, stroke, ALS, advanced Alzheimer's, advanced Parkinson's, heart valve surgery, coronary artery bypass, aortic surgery, major organ transplant, end-stage renal failure, cancer, and more. When you reach age 70, the original amount of insurance will reduce to 50% for both you and your spouse.

CRITICAL ILLNESS MONTHLY RATES				
AGE	\$10,000	\$20,000	\$30,000	\$40,000
0 – 29	\$2.50	\$5.00	\$7.50	\$10.00
30 – 39	\$4.40	\$8.80	\$13.20	\$17.60
40 – 49	\$10.00	\$20.00	\$30.00	\$40.00
50 – 59	\$22.40	\$44.80	\$67.20	\$89.60
60 – 69	\$48.30	\$96.60	\$144.90	\$193.20
70 – 79	\$90.30	\$180.60	\$270.90	\$361.20
80+	\$122.70	\$245.40	\$368.10	\$490.80

SECOND OPINIONS WITH VAULT CARES

NEW
in 2025!

Second Opinions Matter

Vault Cares Network was founded to address the epidemic of misdiagnosis, over-utilization, and inappropriate care. These issues translate to significant errors in member treatment and outcomes, which are prevalent in every local market.

Vault Cares offers comprehensive care solutions for minimal doctor visits and includes a wide range of treatments and surgical procedures for:

- ◆ Cancer
- ◆ Heart
- ◆ Joints and spine
- ◆ Bariatric issues
- ◆ Regenerative medicine
- ◆ Brain/neurology
- ◆ Pediatrics
- ◆ Substance abuse
- ◆ Mental health and more

For More Information

- ◆ Call – **888-211-5760**
- ◆ Email – **cares@allthingsvault.com**
- ◆ Visit – **www.allthingsvault.com**



EMPLOYEE ASSISTANCE PROGRAM

Personal issues, planning for life events, or managing daily life can affect your work, health, and family.

CBAC's Employee Assistance Program (EAP) offered through **Mutual of Omaha**, provides a variety of support programs for you and your family **at no cost to you**. The services are confidential and available 24 hours a day, seven days a week. Online self-help is also available.

Ways the EAP Can Help

Consultation and Support

- ◆ Three sessions per year (per household) conducted by either face-to-face counseling or video conference
- ◆ Translation services are available in more than 120 languages

Online Services

- ◆ Family and relationships
- ◆ Emotional and physical well-being
- ◆ Financial wellness
- ◆ Substance abuse and addiction
- ◆ Legal assistance
- ◆ Work and career

Training, Seminars, and Workshops

- ◆ Family/parenting
- ◆ Stress management
- ◆ Managing money and budgeting

CHAPLAIN CARE TEAM

A safe, confidential resource is available to you and your family 24/7.

Call **720-362-0587** or download the MYCHAP app and receive immediate access to a listening, non-judgmental ear. Your Chaplain Care Team can visit your home, hospital nursing home, funeral home, or jail. Discuss personal issues like stress, parenting, marriage, financial concerns, addiction, aging parents, problems at work, and more.



Ways to Contact the EAP:

- ◆ Go to **www.mutualofomaha.com/eap**
- ◆ Call **800-316-2796**

PET INSURANCE

Pet insurance is a financial safety net for your furry family. It permits you to get reimbursed for accidents or illnesses, so you don't have to worry about cost and can focus on care. You have access to a 24/7 pet health helpline. Coverage includes:

- ◆ Emergency Visits
- ◆ Lab Fees
- ◆ Behavioral Problems
- ◆ X-rays and Tests
- ◆ Surgeries
- ◆ Cancer
- ◆ And Much More



Accidents

Accident coverage will take care of costs for injuries and emergencies related to accidents, like torn ligaments, bite wounds, cuts, broken bones, lodged foreign objects, and toxic ingestions.

Illnesses

With illness coverage, you'll be reimbursed for the costs of major and minor illnesses, such as cancer, arthritis, allergies, hypothyroidism, digestive problems, and UTIs.

Hereditary and Congenital Conditions

This coverage is for the costs of inherited conditions and birth defects that don't show symptoms until later in your pet's life, like heart disease, IVDD, eye disorders, and hip dysplasia.

Behavioral Issues

Behavioral issues coverage can help with the costs of vet visits for concerning behaviors that may be related to anxiety or compulsive behavior, like excessive licking, fur pulling, and destruction of the home.



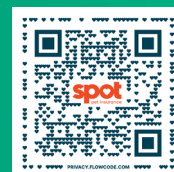
Get your Special Discount

spotpet.link/cbac

Claims Process:

- ◆ Visit any vet in the U.S. or Canada
- ◆ Submit your claim online
- ◆ Get cash back for covered vet bills

You can enroll by visiting <https://spotpet.link/cbac> or calling **800-905-1595**.
Priority Code: **EB_CBAC**



Scan this code to learn more.

REQUIRED NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later 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 enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for, such assistance.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

For More Information or Assistance

To request special enrollment or obtain more information, contact:

Christian Brothers Automotive Corporation
CBAC Healthcare Team
17725 Katy Freeway, Suite 200
Houston, TX 77094
281-675-6233

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 Christian Brothers Automotive Corporation and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. Christian Brothers Automotive Corporation has determined that the prescription drug coverage offered by the Christian Brothers Automotive Corporation medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage. The HSA plan is not considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty)

if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Christian Brothers Automotive Corporation at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Christian Brothers Automotive Corporation prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage:

Contact the Human Resources Department at 281-675-6233.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription 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 **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov**, or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

January 1, 2024

Christian Brothers Automotive Corporation
CBAC Healthcare Team
17725 Katy Freeway, Suite 200
Houston, TX 77094
281-675-6233

NOTICE OF HIPAA PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Christian Brothers Automotive Corporation, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources

Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

Christian Brothers Automotive Corporation
CBAC Healthcare Team
17725 Katy Freeway, Suite 200
Houston, TX 77094
281-675-6233

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

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 January 31, 2024. Contact your State for more information on eligibility.

ALABAMA – MEDICAID

Website: <http://www.myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – MEDICAID

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

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) AND CHILD HEALTH PLAN PLUS (CHP+)

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

FLORIDA – MEDICAID

Website: <https://www.flmedicaidtprrecovery.com/flmedicaidtprrecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – 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

INDIANA – MEDICAID

Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – MEDICAID AND CHIP (HAWKI)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – MEDICAID

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – MEDICAID

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: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – MEDICAID

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – MEDICAID

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

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – MEDICAID

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – MEDICAID

Website: <https://dphhs.mt.gov/>

MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

Email: HSHIPPPProgram@mt.gov

NEBRASKA – MEDICAID

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – MEDICAID

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

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.5218

NEW JERSEY – MEDICAID AND CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: <https://medicaid.ncdhhs.gov>

Phone: 919-855-4100

NORTH DAKOTA – MEDICAID

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – MEDICAID

Website: <https://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID AND CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – MEDICAID AND CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – MEDICAID

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: <https://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – MEDICAID

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Medicaid Website: <https://medicaid.utah.gov>

CHIP Website: <https://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT- MEDICAID

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

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

WASHINGTON – MEDICAID

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – 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)

WISCONSIN – MEDICAID AND CHIP

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 **January 31, 2024**, or for more information on special enrollment rights, you can 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

CONTINUATION OF COVERAGE RIGHTS UNDER COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the Christian Brothers Automotive Corporation group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the Christian Brothers Automotive Corporation plan after you have left employment with the company. If you wish to elect COBRA coverage, contact your Human Resources Department for the applicable deadlines to elect coverage and pay the initial premium.

Plan Contact Information

Christian Brothers Automotive Corporation
CBAC Healthcare Team
17725 Katy Freeway, Suite 200
Houston, TX 77094
281-675-6233

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- Emergency services – If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing

amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

- Certain services at an in-network hospital or ambulatory surgical center – When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact your insurance provider. Visit www.cms.gov/nosurprises for more information about your rights under federal law.

This brochure highlights the main features of the Christian Brothers Automotive Corporation employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Christian Brothers Automotive Corporation reserves the right to change or discontinue its employee benefits plans at anytime.

