

# 2025

## Benefits Guide

**Effective**

January 1, 2025 -

December 31, 2025



CHESAPEAKE BAY  
FOUNDATION  
*Saving a National Treasure*

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# Eligibility

## Who is Eligible?

- An active full-time employee working 30 or more hours per week

## Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- For medical, dental, and vision your child(ren) up to age 26 and your disabled children up to any age\*
- For voluntary life, dependent children may be covered from 14 days up to age 26

\* Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

## Making Benefit Changes During the Plan Year

The benefit elections you make during your enrollment period will be in effect through the end of the plan year. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval. Please reach out to Human Resources for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

### Qualified Life Event

#### Change in Marital Status

- Marriage
- Divorce
- Death of your spouse

#### Change in Dependents

- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your covered dependent
- Gain or loss of Medicare or Medicaid during the year

#### Change in Employment

- Change in you or your spouse's work status that affects benefits eligibility

# Your Coverage

## When Does Coverage Begin?

Medical, HSA, FSA, Dental, and Vision benefits for new hires will become effective on the first of the month following the date of employment.

Life Insurance and Disability benefits for new hires will become effective on the first of the month following 90 days of employment.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

## Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

### **Benefits can be canceled due to:**

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

## Domestic Partners

Contact Human Resources for specific details regarding domestic partners' eligibility for continuation of coverage with CBF's benefit plan due to termination of employment.

Contribution toward the cost of coverage for your domestic partner and their dependents is considered taxable income to you.

Domestic partner premiums will either be deducted on a post-tax basis or imputed as income based on the value of coverage. You may wish to consult with a tax adviser for more information.

Domestic partner's expenses under the FSA and HSA are generally not considered qualifying medical expenses.

## A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Chesapeake Bay Foundation's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at [healthcare.gov](http://healthcare.gov).

# Enrollment

## When Can I Enroll in Benefits?

### You can enroll in benefits:

- Within 30 days of first becoming eligible for benefits after satisfying the new hire waiting period
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

## How Do I Enroll?

To enroll (or make changes) to your benefits, log on to [employeenavigator.com](https://employeenavigator.com).

Company Identifier = CBFOUNDATION

### For new user registration, you will need:

- Your legal First & Last Name
- Last 4 of your SSN
- Birth Date

Create your username and password. Be sure to save these for future reference.

## Annual Open Enrollment

**December 2 - December 9, 2024**

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect January 1st.



## Questions?

**Reach out to an Enrollment Specialist at Alera Group**

*Please ask for Brooke Wingate*

Call: 410-769-6196

Email: [en@aleragroup.com](mailto:en@aleragroup.com)



Scan to view  
[Glossary of Health  
Coverage and  
Medical Terms](#)

# How a Health Plan Works

## **Balance Billing**

Balance billing occurs when a provider invoices you for the gap between their charge and the carrier's discounted price (the "Allowed Benefit"). For instance, if the provider's charge is \$100 and the Allowed Benefit is \$70, they may bill you for the remaining \$30. However, in-network providers are not permitted to balance bill for the difference between their charge and the Allowed Benefit.

## **Coinsurance**

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## **Copayment**

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## **Deductible**

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## **Out-of-Pocket Maximums**

The most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the plan year.

# Medical Overview

We offer three medical plans through Cigna with the following features:

- Deductibles and out-of-pocket maximums accumulate January 1st through December 31st
- Includes prescription drug coverage
- If you enroll in the HSA Open Access HDHP \$1,650 (OAPIN) plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs. You will also be eligible for CBF's HSA funding (refer to HSA section for more information)
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies

## Medical Provider Finder

To search for in-network medical providers:

Log on to [my.cigna.com](https://my.cigna.com)

Network: Open Access Plus, OA plus, Choice Fund OA Plus

Access care from your home through Telehealth Services.

Log on to [my.cigna.com](https://my.cigna.com)

Download the Mobile App Today!



## Important Information About Cigna

### **Have medical questions prior to enrolling?**

Call CBF's pre-enrollment Cigna One Guide team at 888-806-5094.

Cigna no longer mails ID cards, but a digital ID card will be available in your myCigna portal or app. If you would prefer to have a plastic ID card, please request one through your myCigna account or by calling Cigna customer service.

# Medical

This is a summary of the medical plan benefits offered to you. For details and limitations, please refer to your Summary of Benefits and Coverage (SBC) for specific requirements regarding pre-authorizations and coverage limits.

	<b>HSA Open Access HDHP \$1,650 (OAPIN)</b>	<b>Open Access (OAPIN)</b>
<b>You Pay</b>	In-Network (Individual / Family)	In-Network (Individual / Family)
<b>Deductible</b>	\$1,650 / \$3,300 (Aggregate)	None
<b>Employer HSA Contribution</b>	\$1,000 / \$1,500 Additional information located in the HSA section	N/A
<b>Coinsurance Limit</b>	100%	100%
<b>Out-of-Pocket Maximum</b>	\$4,000 / \$8,000 (Separate)	\$1,300 / \$2,600 (Separate)
<b>Medical Benefits</b>		
<b>Preventive Care</b>	No Charge	No Charge
<b>Primary Care / Specialist Care</b>	Ded., then \$10 Copay / Ded., then \$20 Copay	\$30 Copay / \$40 Copay
<b>MDLIVE Urgent Virtual Care</b>	Ded., then \$10 Copay	No Charge
<b>X-ray</b>	Ded.	No Charge
<b>Lab</b>	Ded.	No Charge
<b>Urgent Care</b>	Ded., then \$20 Copay	\$40 Copay
<b>Emergency Room Care</b>	Ded.	\$50 Copay
<b>Outpatient Surgery</b>	Ded.	No Charge
<b>Inpatient Hospitalization</b>	Ded.	\$300 Copay
<b>Pharmacy Benefits (Generic / Preferred / Non-Preferred)</b>		
<b>Retail Pharmacy</b>	Ded., then \$15 / \$30 / \$60	\$15 / \$35 / \$60
<b>Retail &amp; Home Delivery (90-day Supply)</b>	Ded., then \$45 / \$90 / \$180	\$45 / \$105 / \$180

Aggregate - The family deductible and/or out-of-pocket maximum must be met before any member starts receiving benefits. This may be met by one member or any combination of members.

Separate - When one family member meets the individual deductible and/or out-of-pocket maximum, they can start receiving benefits. The family deductible and/or out-of-pocket maximum must be met before the remaining family members can start receiving benefits. No one family member can contribute more than the individual deductible and/or out-of-pocket maximum.

# Medical

This is a summary of the medical plan benefits offered to you. For details and limitations, please refer to your Summary of Benefits and Coverage (SBC) for specific requirements regarding pre-authorizations and coverage limits. Coverage is based on the Allowed Benefit, which is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance, and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

Open Access Plus \$500 (OAP)		
You Pay	In-Network (Individual / Family)	Out-of-Network (Individual / Family)
<b>Deductible</b>	\$500 / \$1,000 (Separate)	\$1,000 / \$2,000 (Separate)
<b>Coinsurance Limit</b>	100%	80% / 20%
<b>Out-of-Pocket Maximum</b>	\$4,500 / \$9,000 (Separate)	\$9,000 / \$18,000 (Separate)
Medical Benefits		
<b>Preventive Care</b>	No Charge	Ded., then Co-Ins.
<b>Primary Care / Specialist Care</b>	\$10 Copay / \$20 Copay	Ded., then Co-Ins.
<b>MDLIVE Urgent Virtual Care Services</b>	\$10 Copay	In-Network Only
<b>X-ray</b>	Ded.	Ded., then Co-Ins.
<b>Lab</b>	No Charge	Ded., then Co-Ins.
<b>Urgent Care</b>	\$40 Copay	\$40 Copay
<b>Emergency Room Care</b>	\$200 Copay	\$200 Copay
<b>Outpatient Surgery</b>	\$200 Copay	Ded., then Co-Ins.
<b>Inpatient Hospitalization</b>	\$300 Per Day Ded. <i>Limited to 5 Per Day Ded. Per Year</i>	Ded., then Co-Ins.
Pharmacy Benefits (Generic / Preferred / Non-Preferred)		
<b>Retail Pharmacy</b>	\$15 / \$35 / \$60	Co-Ins.
<b>Retail &amp; Home Delivery (90-day Supply)</b>	\$45 / \$105 / \$180	Co-Ins.

Separate - When one family member meets the individual deductible and/or out-of-pocket maximum, they can start receiving benefits. The family deductible and/or out-of-pocket maximum must be met before the remaining family members can start receiving benefits. No one family member can contribute more than the individual deductible and/or out-of-pocket maximum.

# Prescription Drugs

## Get the Most from Your Prescription Coverage.

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Cigna.

- If you take a maintenance medication, you can save money by enrolling in mail order Rx.
- Not all medications can be filled via mail order
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name
- Compare pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits



# Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, vaccines, lab tests, and screenings
- Routine visits will only be covered at 100% under preventive care when using an in-network provider
- Full list: [healthcare.gov/what-are-my-preventive-care-benefits](https://www.healthcare.gov/what-are-my-preventive-care-benefits)

# Cigna Value Added Services

Access the resources below and more through your [my.cigna.com](https://my.cigna.com) account. With your My Cigna account, you can request ID cards, manage claims, compare costs, and find in-network providers. Register at [my.cigna.com](https://my.cigna.com).

## Additional Cigna Programs

In addition to managing your benefits, your My Cigna account offers access to the list of programs below:

- **Express Scripts:** Maintenance medication home delivery pharmacy
- **IdentityForce:** Identity theft protection program to protect you and your children, at no additional cost
- **RecoveryOne:** Virtual physical therapy at no additional cost
- **One Guide:** Review your health and dental plan options prior to enrollment, as well as personalized support after enrollment
- **24/7 Health Information Line:** Speak to a clinician to make informed decisions about your care, at no cost
- **Brightline:** Virtual health coaching, therapy and prescription for dependents between 18 months and 17 years old
- **Omada:** Digital support for adults at risk of type 2 diabetes and heart disease to lose weight, boost energy, and lower their health risks



## Mental Health Resources

When life gets challenging, you've got caring, confidential help. If you need guidance navigating mental health concerns, the following apps are available. For more information, visit [my.cigna.com](https://my.cigna.com).

### Offered in-network through your medical plan's behavioral health benefits:

- Headspace: Text-based mental health coaching
- Meru Health: 12-week video and chat therapy program
- Talkspace: Telephonic and video therapy
- Alma: Therapist matching and video therapy

# Cigna Value Added Services

## Cigna's Healthcare Wellness Experience with Virgin Pulse

Kick-start your wellness! Engage daily to build healthy habits, have fun with coworkers and experience the lifelong rewards of better health and wellness. For more information, visit [my.cigna.com](https://my.cigna.com) and go to the Wellness tab to:

- Connect a device or app, for example Max GO, Apple Watch, Fitbit, and MyFitnessPal, to get credit for your wellness activities like steps, nutrition and sleep.
- Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!
- Take a confidential survey to assess your health across seven factors and you'll receive a personalized report with recommendations.
- Access to the Media Library, My Care Checklist, Nutrition Guide, Recipes, and Sleep Guide

### Challenges

Rally your coworkers or friends (invite up to 10 friends or family) to a step challenge or challenge one another to start a new healthy habit.

#### **Personal Challenges**

Create a personal step challenge to increase your activity for one, two or five days in a week

#### **Healthy Habit Challenges**

You can create a challenge for a Healthy Habit you're currently tracking, or try out one of the many other habits from topics like Sleeping Well, Being Productive, Managing My Finances and more

### Journeys

Find the Journey that's right for you! With Journeys, you can use Cigna's digital coaching tool to make simple changes to your health.

#### **Journeys can help you:**

- Sleep well
- Reduce stress
- Find emotional balance
- Quit smoking
- Cope with grief
- Eat more healthy
- Be more active
- Find focus

# Cigna Virtual Care

Virtual care, through MDLIVE, is seamlessly integrated into your medical plan, enabling you to have 24/7 access for primary care, urgent care visits, and mental health appointments.

## Urgent Care

If you are unwell, get the care you need without leaving home. Virtual care can be used for a wide-range of common illnesses including:

- Cold & flu
- Cough, sore throat, earache
- Skin rashes or insect bites
- Allergies
- Migraines and headaches

## Mental Health Services

In addition to urgent care, you can also connect with a professional for emotional support for:

- Depression, stress, and anxiety
- Relationship difficulties
- Substance use and recovery
- Eating Disorders
- Coping with grief and loss
- Medication management

To access virtual care, scan the QR code to begin or download the myCigna app from your mobile device's app store. You may also visit [my.cigna.com](https://my.cigna.com) and click on "Talk to a doctor". Ensure that your computer or smart phone has a functioning camera for your visit. You can also call 888-726-3171.



# Health Savings Account (HSA)

If you elect the **HSA Open Access HDHP \$1,650 (OAPIN) plan** (a qualified high deductible plan) and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through Flores. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

## How does an HSA work?

Confirm the amount you want to be deducted from each paycheck. Activate your account through Flores. Then use your HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit [hsastore.com](https://hsastore.com).

## Limitations

- Cannot be enrolled in Medicare or Tricare. Should you enroll in Medicare, you must stop contributing to your HSA 6 months prior to enrolling in Medicare
- Cannot be claimed as a dependent on someone's tax return
- Cannot be receiving Veterans Affairs (VA) benefits, or within the past 3 months
- Cannot be contributing towards a Healthcare FSA
- Cannot be covered by any other health insurance individually or via another family member

## Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours - no vesting

*\*Tax treatment of HSAs for state tax purposes may vary by state*

## Distributions

- Money must be in the account to spend
- Use funds for any taxable dependents
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
  - You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2025 Employer Contribution	2025 IRS Maximum Contribution Allowed* <sup>1</sup>
<b>Employee Only</b>	\$1,000	\$4,300
<b>Employee + Dependent(s)</b>	\$1,500	\$8,550

\* Employees ages 55 and over may contribute an additional \$1,000 per year as a catch-up

<sup>1</sup> Please note that the total combined employee and employer HSA contributions cannot exceed this IRS maximum

Register your online account through [flores247.com](https://flores247.com).

Please refer to your plan documents regarding filing claims and debit cards.

# Flexible Spending Accounts (FSA)

An FSA (or flexible spending account) allows you to set aside money annually to cover the cost of qualified medical expenses. It's a lot like a savings account but used for qualified health-related costs. FSAs work on an annual plan year basis and are funded through regular payroll deductions on a pre-tax basis. Contribution toward the cost of coverage for your Domestic partner's expenses under the FSA are generally not considered qualifying medical expenses.

## IRS Contribution Limits

### Healthcare FSA

\$3,300 per year

### Dependent Care FSA

\$5,000 per year  
(\$2,500 if married and filing separately)

### Healthcare FSA

- Use for medical, dental and vision expenses
- Healthcare FSA funds are available in full on day one
- You have the option to roll over up to \$660 of unused FSA dollars to the following plan year
  - These roll over funds will not count against your future FSA election / contribution limit
  - You have until March 31, 2026, to submit your 2025 claims
  - Any unused balances more than \$660 will be forfeited after the run-out period ends on March 31, 2026

*Per IRS rule, employees are not able to contribute to both an FSA and an HSA.*

### Dependent Care FSA\*

- This account allows you to pay for dependent care to enable you to work. If married, your spouse must also work fulltime, actively seek employment, attend school full-time, or be disabled. Use to pay for costs of dependent care for:
  - Children under age 13
  - Older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and that live with you more than ½ of the year
- Dependent Care FSA funds are contributed to your account as they are taken from your paycheck
- Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare
- Kindergarten or higher education does not qualify

\*Available to HSA plan participants

Register your online account through [flores247.com](https://flores247.com). Please refer to your FSA plan documents regarding filing claims, debit cards, and grace periods. To view eligible purchases with your FSA account, please visit [fsastore.com](https://fsastore.com)

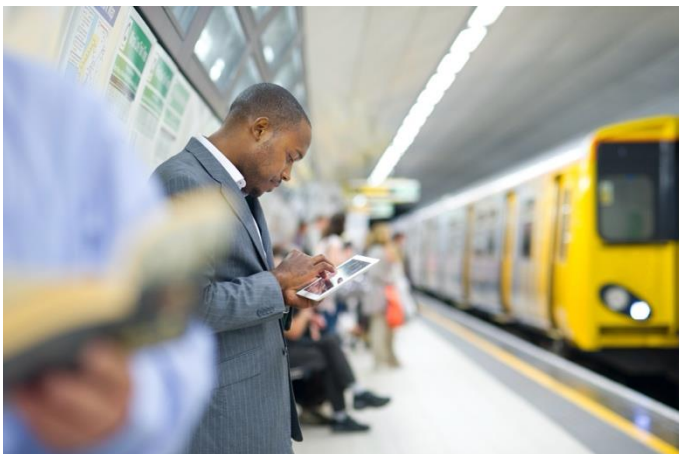
# Commuter Spending Account

Contributions to the Flores Commuter Spending Account plan are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can then pay for qualified transportation and/or parking expenses with your benefits debit card or submit your receipts to Flores for reimbursement.

Transit Expenses	Parking Expenses
<p>Mass transit expenses that allow you to travel to and from work, including:</p> <ul style="list-style-type: none"><li>• Transit passes</li><li>• Tokens</li><li>• Fare Cards</li><li>• Vouchers</li></ul> <p>The mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry.</p>	<p>Parking expenses incurred at or near your work location or a location from which you continue your commute to work by:</p> <ul style="list-style-type: none"><li>• Carpool</li><li>• Van-pool</li><li>• Mass Transit</li></ul> <p>Out-of-pocket parking fees for parking meters, garages, and lots qualify. Parking at or near your home is not an eligible expense.</p>

**Contribute up to \$325 per month**

If your employment with CBF ends, you have until March 31, 2026, to submit your expenses to Flores for reimbursement. Eligible expenses must have been incurred during your time of employment, to qualify.



# Dental

Dental insurance is offered through Cigna. Your choice of dentists can determine the cost savings you receive. You will pay less for in-network services. Cigna will pay claims based on usual, customary, and reasonable (UCR) charges for out-of-network providers. You are responsible for paying the balance of the bill. Please refer to plan summary for additional details and limitations.

## Have dental questions prior to enrolling?

Call CBF's pre-enrollment Cigna One Guide team at 888-806-5094.

		DPPO	
Benefit Maximum Per Person	In-Network	Out-of-Network	
<b>Calendar Year Annual Max</b>		\$1,500	
<b>Orthodontia Lifetime Max</b>		\$1,500	
Deductible (applies only to Basic & Major Services)			
<b>Individual</b>		\$25	
<b>Family</b>		\$75	
Benefit		You Pay	
<b>Preventive Services</b>		No Charge	
<b>Basic Services</b>		Ded., then 20% of AB*	
<b>Major Services</b>		Ded., then 50% of AB*	
<b>Orthodontia</b> (Child & Adult)		Ded., then 50% of AB*	

\* Allowed Benefit (AB) is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance, and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

## Dental Provider Finder

To search for in-network dental providers:

Log on to [my.cigna.com](https://my.cigna.com)

Network: Total Cigna DPPO



# Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The EyeMed vision plan provides coverage for exams, glasses and contact lenses, as shown below. Your enrollment in this plan also provides you with discounts on Lasik or PRK from US Laser Network, as well as hearing aids through Amplifon Hearing Health Network.

In-network coverage is provided when you use EyeMed providers. Refer to plan summary for limitations.

Vision		
Based on Calendar Year	In-Network	Out-of-Network <i>Reimbursed up to</i>
<b>Eye Exam</b> <i>Once every 12 months</i>	No Copay	\$40
<b>Lenses<sup>1</sup></b>		
<b>Single</b>		\$30
<b>Bifocal</b>	\$20 Copay	\$50
<b>Trifocal</b> <i>Once every 12 months</i>		\$70
<b>Frame<sup>1</sup></b> <i>Once every 24 months</i>	No Copay; \$130 allowance; 20% discount off remaining balance	\$91
<b>Contacts<sup>1</sup></b>		
<b>Elective</b>	No Copay; \$130 allowance <sup>2</sup>	\$91
<b>Medically Necessary</b> <i>Once every 12 months</i>	No Copay; Paid in Full	\$210

<sup>1</sup> The plan allows you to receive either contacts and frame, or frame and lens services.

<sup>2</sup> 15% off balance over \$130 allowance for conventional contact lenses.

## Vision Provider Finder

To search for in-network vision providers:

Log on to [eyemed.com](http://eyemed.com)

Network: Insight



# Life and AD&D Insurance

A Basic Life insurance policy is provided to you at no cost through Mutual of Omaha in the amount of 2 times your annual earnings up to \$300,000. You are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

## What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs - the average funeral cost is \$10,000



## Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Disability

Disability Insurance replaces a percentage of your income during extended periods of illness or injury that prevent you from performing your regular work. Mutual of Omaha administers your Disability insurance benefit plans for all benefit eligible employees.

## For the LTD benefit you have two options:

1. Taxable Benefit - Employer pays the premium, if you become disabled, you pay the taxes on the received benefit (most popular election)
2. Tax-Free Benefit - You pay the premium, if you become disabled, you don't pay the taxes on the received benefit

## Short-Term Disability

### When do the benefits start?

8th day of accident or illness

### How much would the benefit pay?

60% of your weekly earnings up to \$1,500 per week

### Are there any pre-existing exclusions?

None

### How long will the benefit pay?

Up to 12 weeks

## Long-Term Disability

### When do the benefits start?

After 90 days of qualified disability

### How much would the benefit pay?

60% of basic monthly earnings up to \$10,000 per month

### Are there any pre-existing exclusions?

3 prior / 12 exclusion

### How long will the benefit pay?

Social Security Normal Retirement Age (SSNRA) or 3.5 years, whichever is longest

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

STD benefits integrate with state mandated disability plans. Maternity claims fall under this policy.

# Voluntary Life and AD&D Insurance

You can purchase Voluntary Life insurance through Mutual of Omaha for you, your legal spouse and dependent children. You may also purchase Accidental Death and Dismemberment (AD&D) insurance for yourself in the event of accidental death and other conditions. Please refer to the benefit summary for details.

## Voluntary Life and AD&D

	\$10,000 increments up to the lesser of 5 times your annual salary or \$500,000
Employee	If you enroll when first eligible, this plan allows you the opportunity to increase your coverage amount up to \$10,000 annually at each Open Enrollment or mid-year with a Qualifying Life Event, up to the guaranteed issue amount of \$100,000, without an EOI. <a href="#">Guaranteed issue*:</a> \$100,000
Spouse/DP	\$5,000 increments to the lesser of \$250,000 or 50% of employee election <a href="#">Guaranteed issue*:</a> \$50,000
Child	\$2,000 increments to a maximum of \$10,000 <a href="#">Guaranteed issue*:</a> \$10,000

*\*Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees and those that enrolled upon their initial eligibility. An evidence of insurability is often required when you enroll in amounts over the guaranteed issue amount or if you do not enroll when initially eligible.*



## Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Additional Benefits

## Emergency Travel Assistance and ID Theft Protection

Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

## Pet Insurance

CBF has partnered with Spot to provide you discounted access to pet insurance. To retrieve a quote or enroll, please visit [spotpet.link/chesapeake](https://spotpet.link/chesapeake) or call 877.809.1718 and mention that you are with CBF.



## Will Prep

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

## Hearing Discount Program

Program benefits provided by Amplifon Hearing Health Care include:

- Custom hearing solutions - we find the solution that best fits your lifestyle and your budget
- Risk-free 60-day trial - 100 percent money-back guarantee on hearing aid purchase
- Continuous Care - one-year free follow-up, two years of free batteries and a three-year warranty
- Savings for family and friends too!

# Employee Assistance Program (EAP)

The Chesapeake Bay Foundation provides all employees access to an Employee Assistance Program (EAP) through BHS. The EAP provides you and your household members with 24/7 free, confidential, in-the-moment support to help with personal or professional problems that may interfere with work or family responsibilities.

When you call, a BHS Care Coordinator will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator may resolve your need within the initial call or assess your need as a short-term or long-term issue, which can be resolved by an EAP counselor or treatment provider available through your health insurance plan.

## Some common help topics include:

- Family & Relationships
- Work
- Money
- Grief
- Legal Services
- Identity Theft Recovery
- Anxiety, Depression
- Health
- Everyday Life



## MyBHS Portal

You will also have access to MyBHS portal, which provides more than 500,000 tools and resources on a variety of well-being and skill-building topics.

Access today online at [portal.bhsonline.com](https://portal.bhsonline.com) or via the app, using the username: CBF

# Additional Company Benefits

## Regenerative Work Time Leave

CBF offers regular, full-time employees 8 hours of regenerative leave per pay period. Regular, part-time employees scheduled to work 30 hours or more will receive pro-rated regenerative leave per pay period. Regenerative leave will be eligible for new staff on their start date.

## Vacation

20 days per year for all employees. Vacation time is pro-rated based on the hire date for the first year of employment. Annual vacation days may be carried over to the following calendar year if used by January 31st, subject to supervisor approval. Upon employment separation, CBF will pay for accrued but unused vacation time.

## Sick Leave

10 days per year. Sick leave is prorated based on the hire date for the first year of employment. Sick leave does carry over from year to year with no maximum.

## Administrative Leave

Administrative Leave is an extra program for employees who have exhausted all their standard leave and/or entitlements under the FMLA or Leave of Absence programs. This leave is for a diagnosed medical condition, including a diagnosed mental health condition, and Federal/State Emergencies when the economy shuts down.

## Bereavement Leave

We are committed to supporting employees through loss by providing paid bereavement leave to help manage their personal matters and cope with their grief.

All employees who work 20 hours or more per week are eligible for bereavement leave.

Employees are entitled to up to five (5) days of paid bereavement leave for the loss of any significant relationship per occurrence.

## Paid Parental Leave

Regular full-time or regular part-time employees who work at least 30 hours per week and have been employed for a minimum of 12 consecutive months are eligible for paid parental leave that includes recovery leave for the birth of a child for 6 or 8 weeks to run concurrently with STD / FMLA / LOA and bonding leave to bond with a child within the first twelve weeks following the birth or placement of a child for adoption or foster care (to run concurrently with FMLA/LOA): 2 weeks of paid parental leave to be used consecutively for both maternity and paternity leave participants.

## Inclement Weather Days

3 days per calendar year for inclement weather or "snow days." These days do not carry over from year to year.

## Holidays

- New Year's Day
- MLK Day
- Presidents' Day
- Good Friday or Easter Monday
- Memorial Day
- Juneteenth
- Labor Day
- 4th of July
- Thanksgiving
- Friday after Thanksgiving
- Christmas

## Early Closure Dates

CBF will close at 12PM on the following days:

- New Years Eve
- Christmas Eve
- Day before Thanksgiving
- Day before July 4<sup>th</sup>
- Day before Memorial Day
- Day before Labor Day

# Additional Benefits (continued)

## Floating Holidays

Employees eligible for paid holidays will receive two (2) floating holidays during the year that must be used before December 31st. Floating holidays are prorated such that employees hired before July 1st will receive 2 floating holidays, and those hired after July 1st will receive 1. Floating holidays are subject to supervisor approval and can be used for the following reasons:

- Civic holidays not officially observed by CBF (such as Veteran's Day)
- Birthdays/Anniversaries
- Valentines Day, St. Patrick's Day, etc.
- Other religious and national holidays not observed by CBF

## 403(b) Retirement Plan

Employees can enroll in the 403(b) plan immediately upon hire if they have met the eligibility requirements outlined in the 403(b) Summary Plan Description provided to all new employees. When an employee has worked for 6 consecutive months, they are eligible for the CBF Employer Matching Contribution, up to an additional 4% of an employee's annual salary, matched on a per payroll basis. Employees are fully vested in the plan upon enrollment. The 2025 IRS maximum is \$23,500. The maximum catch up is for employees aged 50 or older is \$7,500.



# Cost of Coverage

Contributions are made Bi-Weekly from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary. Please see page 4 for important information regarding domestic partner premiums.

## Medical Contributions

	HSA Open Access HDHP \$1,650 (OAPIN)	Open Access (OAPIN)	Open Access Plus \$500 (OAP)
<b>Employee Only</b>	\$75.27	\$96.92	\$99.92
<b>Employee + Spouse/DP</b>	\$174.84	\$222.92	\$231.32
<b>Employee + Child(ren)</b>	\$144.91	\$184.15	\$191.75
<b>Employee + Family</b>	\$228.18	\$290.76	\$301.56
<b>Employer HSA Contribution</b> (Individual / Family)	\$1,000 / \$1,500	N/A	N/A

## Dental Contributions

	DPPO
<b>Employee Only</b>	\$4.99
<b>Employee + Spouse/DP</b>	\$14.07
<b>Employee + Child(ren)</b>	\$11.28
<b>Employee + Family</b>	\$18.96

## Vision Contributions

	EyeMed Vision
<b>Employee Only</b>	\$0.74
<b>Employee + Spouse/DP</b>	\$1.67
<b>Employee + Child(ren)</b>	\$1.77
<b>Employee + Family</b>	\$2.74

## Additional Benefits

	Benefit
<b>Basic Life and AD&amp;D, Disability, EAP, Travel Assistance &amp; Identity Theft, and Will Prep</b>	No cost to you
<b>Voluntary Life and AD&amp;D</b>	See Employee Navigator for rates

# Contact Information

Benefit	Partner	Website / Phone
<b>Medical &amp; Prescription</b> Group #: 00657186	Cigna	<a href="http://my.cigna.com">my.cigna.com</a> 866.494.2111
<b>Health Savings Account (HSA)</b> Group #: 1001560699	Flores	<a href="http://flores247.com">flores247.com</a> 800.532.3327
<b>Commuter &amp; Flexible Spending Accounts (FSA)</b> Group #: 1001560699	Flores	<a href="http://flores247.com">flores247.com</a> 800.532.3327
<b>Dental</b> Group #: 00657186	Cigna	<a href="http://my.cigna.com">my.cigna.com</a> 866.494.2111
<b>Vision</b> Group #: 1026448	EyeMed	<a href="http://eyemed.com">eyemed.com</a> 866.939.3633
<b>Life &amp; Disability</b> Group #: G000AYQP	Mutual of Omaha	<a href="http://mutualofomaha.com">mutualofomaha.com</a> 800.775.8805
<b>Emergency Travel Assistance and ID Theft Protection</b>	Mutual of Omaha	800.856.9947
<b>Will Prep</b> ID: MUTUALWILLS	Mutual of Omaha	<a href="http://willprepservices.com">willprepservices.com</a>
<b>Hearing Discount Program</b>	Mutual of Omaha	<a href="http://amplifonusa.com/mutualofomaha">amplifonusa.com/mutualofomaha</a> 888.534.1747
<b>Employee Assistance Program</b> Username: CBF	BHS	<a href="http://portal.bhsonline.com">portal.bhsonline.com</a> 800.327.2251
<b>Additional Benefits Questions</b>	Alera Group	<a href="http://aleragroup.com">aleragroup.com</a> 410.823.8066



**myCigna Mobile App**  
 myCigna Mobile App gives you a simple way to personalize, organize and access your important health information - on the go.



**Flores Mobile**  
 Flores Mobile can be used to submit supporting documentation for Debit Card transactions as well as requests for reimbursement from your account. It is so easy to use-especially if you're on-the-go!



**EyeMed App**  
 EyeMed gives you access to your benefit information on-the-go. Check your benefit details for eye exams, eye-glass frames, contacts, and lenses directly from your phone.



**BHS App**  
 This free app connects BHS customers to solutions designed to improve your life, boost your productivity and transform your work-life experience.



## Benefits Effective January 1, 2025 – December 31, 2025

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