

2026

Northwest & Mountain Benefits Overview



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Medicare Part D Notice: 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 the Annual Notices on the Benefits Center for more details.

Know Your Benefits



At Center for Social Dynamics, we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective:

January 1, 2026 - December 31, 2026

Who Can You Cover?



WHO IS ELIGIBLE?

In general, full-time employees working 32 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your same or opposite sex domestic partner
- Your children (including your domestic partner's children):
 - Under age 26 are eligible to enroll. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own. Please note, orthodontia coverage is only available to members up to the age of 19.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of Center for Social Dynamics cannot also be covered as a dependent.
- Employees who work fewer than 32 hours per week, temporary employees, contract employees, or employees residing outside the United States.

ENROLLMENT PERIODS

Coverage for new full-time employees begins on the 1st of the month following your date of hire. New employees who do not make an election within 30 days of becoming eligible will have to wait until the next Open Enrollment period to do so.

After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Notify Human Resources within 30 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce

Getting Care When You Need It Now



WHEN TO USE THE ER

The emergency room should not be your first choice unless there is a true emergency—a serious or life threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency?

- Call Kaiser's 24/7 NurseLine at 800-464-4000
- Find an urgent care center by visiting kp.org

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

Medical

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

Kaiser DHMO \$500/\$20 Kaiser HDHP HMO 1700/20% (HSA Compatible)

	Kaiser Facilities Only	Kaiser Facilities Only
Annual Deductible	\$500 per individual \$1,000 per family	\$1,700 per individual, \$3,400 family, deductible applies to both medical and pharmacy
Annual Out-of-Pocket Max	\$2,500 per individual, up to \$5,000 per family	\$4,000 per individual, up to \$8,000 per family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$20 copay	20% after deductible
Specialist	\$30 copay	20% after deductible
Preventive Services	No charge	No charge
Lab	\$10 copay	20% after deductible
X-ray	\$10 copay	20% after deductible
MRI/CT/PET scans	\$100 copay	20% after deductible
Inpatient Hospitalization	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible
Urgent Care	\$30 copay	20% after deductible
Emergency Room	\$250 copay per visit (waived if admitted)	20% after deductible (waived if admitted)
Pharmacy – 30 days		
Generic	\$10 copay	\$10 copay after deductible
Preferred Brand	\$30 copay	\$30 copay after deductible
Non-Preferred	\$60 copay	\$60 copay after deductible
Specialty	20% per prescription up to \$250 max.	20% per prescription up to \$250 max after deductible
Mail Order – 100 days		
Generic	\$20 copay	\$20 copay after deductible
Preferred Brand	\$60 copay	\$60 copay after deductible
Non-Preferred	\$120 copay	\$120 copay after deductible

Health Savings Account (HSA)

A Health Savings Account is a tax-advantaged, portable (you own it!) savings account available if you enroll in the HSA administered by Navia Benefit Solutions.

You can contribute pre-tax money to an HSA account to save for out-of-pocket healthcare expenses. In addition, any money that you don't spend grows year after year and can be used in the future, even after you retire.

In order to be eligible for an HSA account you need to be enrolled in the **Kaiser HDHP 1700** plan.

ACCOUNT CONTRIBUTIONS

Annual Maximum Contribution*	
Employee	\$4,400
Employee + Family	\$8,750
The company contribution is deposited on a per pay period basis into employee's HSA accounts.	

***Contribution limits:** The IRS limits the total amount you can contribute to a Health Savings Account each calendar year and contributions made by your employer count toward the total. In 2026, the limit is **\$4,400** for an individual and **\$8,750** for a family. If you're over 55, the IRS allows you to contribute an additional \$1,000 per year—this is called a "catch-up contribution."

USING YOUR MONEY

You can use the money in your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). For a full list of those expenses, go to [irs.gov](https://www.irs.gov). In general, your HSA can be used for these expenses without penalty:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts. You will need them to prove that you spent the money on qualified expenses if you are audited by the IRS. Click on the icon to watch a video.

ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare or Medicaid
- Enrolled in Tri-Care
- Claimed as a dependent on someone else's tax return

SETTING UP YOUR HSA

When you elect an HSA account, you will receive an email from Navia to complete your enrollment process through www.Naviabenefits.com. Once you've established your HSA, you may start incurring eligible expenses for distribution.

Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. And reimbursements from your FSA accounts are tax-free. The catch is that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. Navia administers this program.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending allowed between the healthcare and dependent care accounts.
- Expenses must be incurred between 01/01/26 and 12/31/26
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- You can keep (roll-over) up to **\$680** of unused money for use in the next plan year. Unused amounts above **\$680** will be lost, so it is very important that you plan carefully before making your election.
- FSA funds can be used for eligible expense incurred by you, your spouse, and your tax dependents only. Your spouse or tax dependent children do not have to be covered on the Center for Social Dynamics health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.

TAX-FREE HEALTHCARE FSA

Eligible expenses include medical, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to **\$3,400** per year.

If you are enrolled in the Kaiser HDHP 1700 Plan and you enroll in the HSA, you can only participate in the Limited Purpose Healthcare FSA, which covers out-of-pocket vision and dental expenses ONLY.

TAX-FREE DEPENDENT CARE FSA

Eligible expenses may include daycare centers, in-home childcare, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to **\$7,500** per household for eligible dependent care expenses for the year.

Dental



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Center for Social Dynamics provides you with a comprehensive coverage through Principal.

Principal Dental PPO

	In-network	Out-Of-Network
Calendar Year Deductible	\$50 \$150	\$50 \$150
Annual Plan Maximum	\$2,000 per member	\$1,500 per member
Diagnostic and Preventive	No charge (coverage limited to 2 per calendar year)	No charge (coverage limited to 2 per calendar year)
Basic Services		
Fillings	You pay 10% after deductible	You pay 20% after deductible
Root Canals	You pay 10% after deductible	You pay 20% after deductible
Periodontics	You pay 10% after deductible	You pay 20% after deductible
Major Services	You pay 30% after deductible	You pay 40% after deductible
Orthodontic Services		
Orthodontia	You pay 50%	You pay 50%
Lifetime Maximum	\$2,000	\$1,500
Covered	Dependent Children up to age 19	Dependent Children up to age 19

For more information please call (800) 247-4695, or visit [principal.com](https://www.principal.com)

Vision



Routine vision exams can not only correct vision, but also detect more serious health conditions. When you enroll in the Vision plan, you are also provided with coverage through EyeMed.

EyeMed Vision

	In-Network	Out-Of-Network
Examination		
Benefit	No charge	Reimbursed up to \$40
Frequency	Once every 12 months	Once every 12 months
Materials	\$10 copay	Reimbursed up to benefit schedule
Eyeglass Lenses		
Single Vision Lens	No charge after materials copay	Reimbursed up to \$30
Bifocal Lens	No charge after materials copay	Reimbursed up to \$50
Trifocal Lens	No charge after materials copay	Reimbursed up to \$70
Frequency	Once every 12 months	Once every 12 months
Frames		
Benefit	\$175 allowance + 20% off remaining balance	Reimbursed up to \$122.50
Frequency	Once every 12 months	Once every 12 months
Contacts (Elective)		
Benefit	\$175 allowance	15% off balance over \$175
Frequency	Once every 12 months (in lieu of lenses and frames)	Once every 12 months (in lieu of lenses and frames)

Life Insurance



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by Principal.

Basic Life Amount	\$50,000
Basic AD&D Amount	\$50,000

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Voluntary Life Insurance is available to only full time employees.

Employee Voluntary Life Amount	Increments of \$10,000 not to exceed \$500,000. Guarantee Issue is: \$200,000 under age 70; \$10,000 age 70 and over
Employee Voluntary AD&D Amount	Included. Benefit equal to the base Voluntary Life coverage.
Spouse Voluntary Life Amount	Increments of \$5,000, not to exceed \$200,000 or 100% of employee amount. Guarantee Issue is: \$40,000 under age 70; \$10,000 age 70 and over
Spouse Voluntary AD&D Amount	Included. Benefit equal to the base Voluntary Life coverage.
Child Voluntary Life Amount	Flat \$1,000 amount for each eligible child who is under 14 days Flat \$10,000 amount for each eligible child who is 14 days or older

Please refer to benefit summary for full plan details

***Beneficiary Reminder:** Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Taxes: The IRS considers a life insurance benefit of \$50,000 or more taxable. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by Principal.

Monthly Benefit Amount	Plan pays 60%
Maximum Monthly Benefit	\$5,000
Benefits Begin After:	
Accident	90 days of disability
Sickness	90 days of disability
Maximum Payment Period*	To age 65

*The age at which the disability begins may affect the duration of the benefits.



Other Programs

EMPLOYEE ASSISTANCE PROGRAM

Center for Social Dynamic's offers two confidential Employee Assistance Programs (EAP). Help when and where you need it - day or night. Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to support for life's challenges.

CURALINC – 24/7 365 DAYS A YEAR

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to five (5) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:

Anxiety • Depression • Marriage and Relationship Problems • Grief and Loss
Substance Abuse • Anger Management • Stress
Financial Assistance • Legal Assistance • Family Assistance

WORLDWIDE TRAVEL ASSISTANCE

When you and your eligible dependents travel domestically or internationally 100 miles or more away from home for up to 90 consecutive days, you can rely on AXA Assistance through Principal Life Insurance. This program offers access to an international and domestic network of participating doctors and hospitals for a broad range of medical care services. For non-emergency medical care outside the U.S, call AXA Assistance within the U.S. 888-647-2611 or outside the U.S. (call collect) at 630-766-7696. The center is available 24/7, and is staffed with multilingual representatives who can help coordinate your medical care.

VOLUNTARY CRITICAL ILLNESS COVERAGE

Critical illness insurance from The Hartford helps help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered Health Screening (wellness screening) such as blood tests, stress tests, or a chest x-ray.

	COVERAGE AMOUNTS
Employee	Choice of \$10,000 or \$20,000
Spouse	50% of employee's coverage
Child(ren)	25% of employee's coverage
Health Screening (wellness screening)	\$50 per calendar year (refer to certificate for covered screenings)

Other Programs, continued

VOLUNTARY ACCIDENT COVERAGE

Accident Insurance from The Hartford helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

The Accident plan covers you and your dependents for 24 hours a day, both on and off the job.

STUDENT LOAN RESOURCES

CSD has collaborated with BenefitEd to offer you help with your student loans. Head to our [site](#) to take advantage of solutions offered to you:

- Consultation - talk to someone about your student loans, ask questions and learn about repayment plans available.
- Refinance - investigate the possibility of lowering your interest rate by refinancing any private loans you might have.
- Resource Center - find the latest news and information in the student loan industry along with tools and repayment tips.

EDUCATION INCENTIVE (Eligible after 90 days of employment at 25 hrs/week)

Dreams Come TRUE is an education benefit of CSD to help our team members overcome one of the biggest obstacles to college and career growth. CSD has an exclusive partnership with two universities, Strayer University and Capella University (Flex Path programs and Psychology-ABA programs) where 100% of your tuition in select degree programs will be covered upfront by CSD. Yes, 100%. So, you don't have to worry about how you're going to come up with tuition upfront or take out student loans or wait for reimbursement.

What is of interest to you?

Our partnership includes over 70 different degree programs available that cover associates, bachelors, masters, and graduate certificates.

Where would you like to learn?

You may attend a program at Strayer or Capella University and have tuition fully covered. You may also attend any other college or university of your choice and receive up to \$5,250 per calendar year as tuition reimbursement, including at National University.

Why Dreams Come TRUE?

The intent of Dreams Come TRUE is to help you go wherever your dreams take you. For many of you it may be a psychology degree and a long-term career with CSD. But, if it's something else, like marketing or political science, then we want you to go for your dream while you continue to open a world of possibilities for the families we serve.

Other Programs, continued

401(k) RETIREMENT SAVINGS PLAN

Center for Social Dynamics believes planning for your future is important and wants to help you build retirement security. Although Center for Social Dynamics does not currently offer a company match, participating in the 401(k) plan is still a great way to start planning for retirement. Once you are 21 and complete 1 month of service you may join the plan the first of the following month.

Here are some of the plan's valuable features:

- The 2026 IRS Contribution limit is \$24,500. The additional catch-up contribution limit for individuals aged 50 and over is an additional \$8,000. Starting in 2026, if you are 60-63 you can contribute an additional \$11,250 up to a maximum of \$36,500 (all ages are as of December 31, 2026. You do not need to wait until your birthday to be in this category, it begins on January 1st.
- You have a choice of plans to participate in:
 - Traditional CSD 401(K): Funds that you acquire are taxed after you reach the appropriate distribution age and request the funds.
 - Roth 401(K): Taxes the amount as you contribute and doesn't get taxed when you request the funds
- It's convenient. Funds are deducted automatically from your paycheck. Your traditional 401(k) contributions are taken out before taxes and can lower your taxable income.

Cost of Coverage



Center for Social Dynamics pays for the full cost of coverage for employee only coverage on the Kaiser HDHP Medical plan as well as the Principal Dental and Basic Life, AD&D, LTD and Curalinc Health coverage. You share in the cost of coverage for other plans and coverage levels.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Center for Social Dynamics if your domestic partner is your tax dependent.

Costs illustrated below are bi-weekly.

Kaiser DHMO	Your Cost – 10% Employee Cost / 60% Dependents.
Employee Only	\$36.28
Employee + Spouse	\$435.37
Employee + Children	\$402.71
Employee + Family	\$620.40
Kaiser HDHP	Your Cost – 0% Employee Cost / 50% Dependents.
Employee Only	\$0.00
Employee + Spouse	\$268.99
Employee + Children	\$248.82
Employee + Family	\$383.32

Cost of Coverage, continued

Principal Dental	Your Cost
Employee Only	\$0.00
Employee + Spouse	\$19.46
Employee + Children	\$22.88
Employee + Family	\$33.93

EyeMed Vision	Your Cost
Employee Only	\$5.30
Employee + Spouse	\$10.07
Employee + Children	\$10.60
Employee + Family	\$15.58

Voluntary Term Life/AD&D (option to port if you leave CSD)	
Age	Employee/Spouse Rate per \$1,000
<29	\$0.097
30-34	\$0.109
35-39	\$0.156
40-44	\$0.221
45-49	\$0.323
50-54	\$0.514
55-59	\$0.811
60-64	\$1.223
65-69	\$2.063
70+	\$3.695
Dependent Children	\$2.00 per family

*These rates include \$0.027 Voluntary AD&D rates for Employee and Spouse. Spouse coverage is based on spouse age.

You are responsible for paying the cost of Voluntary Life and AD&D coverage through payroll deduction. Calculate your cost by dividing your amount by Voluntary Life insurance and AD&D by 1000 and multiplying the result by the rates above: EXAMPLE: 30 year old rate: \$0.109. Employee only benefit: \$150,000.

$\$0.109 \times 150 \text{ units} = \$16.35 \text{ semi-monthly}$

Cost of Coverage, continued

Voluntary Critical Illness (amounts shown are semi-monthly rates)												
\$10,000 Benefit Amount												
Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Employee Only	\$2.07	\$2.53	\$2.84	\$3.58	\$4.96	\$7.60	\$10.49	\$14.24	\$19.95	\$27.19	\$18.37	\$23.88
Employee + Spouse	\$3.35	\$4.04	\$4.51	\$5.63	\$7.75	\$11.84	\$16.32	\$22.16	\$31.00	\$42.03	\$28.49	\$36.86
Employee + Children	\$3.36	\$3.74	\$3.90	\$4.56	\$5.87	\$8.48	\$11.36	\$15.10	\$20.80	\$28.04	\$19.03	\$24.54
Employee + Family	\$4.86	\$5.45	\$5.75	\$6.77	\$8.81	\$12.87	\$17.33	\$23.16	\$31.99	\$43.03	\$29.27	\$37.63
\$20,000 Benefit Amount												
Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Employee Only	\$3.60	\$4.48	\$5.08	\$6.57	\$9.29	\$14.52	\$20.30	\$27.80	\$39.22	\$53.69	\$36.05	\$47.07
Employee + Spouse	\$5.66	\$6.96	\$7.87	\$10.09	\$14.25	\$22.34	\$31.30	\$42.96	\$60.64	\$82.70	\$55.62	\$72.35
Employee + Children	\$5.71	\$6.42	\$6.73	\$8.05	\$10.62	\$15.82	\$21.56	\$29.05	\$40.45	\$54.92	\$36.90	\$47.92
Employee + Family	\$8.12	\$9.23	\$9.79	\$11.82	\$15.80	\$23.85	\$32.76	\$44.41	\$62.07	\$84.13	\$56.62	\$73.35

Voluntary Accident (amounts shown are semi-monthly rates)	
	Rate
Employee Only	\$4.95
Employee + Spouse	\$7.81
Employee + Children	\$8.44
Employee + Family	\$13.22

Company Holidays & Paid Time Off

New Year's Day – January 1	Labor Day – September 7
Memorial Day – May 25	Thanksgiving Day – November 26
4th of July – July 4	Christmas Day – December 25

- Up to nine floating holidays per calendar year
 - Accrue 3 Floating Holidays per quarter for quarters 1,2 and 3. No floating holidays are given in Q4.
 - Floating Holidays are accrued every first paycheck of each quarter
- Bereavement available after 30 days of employment (accrue five days annually)
- Jury duty available after 30 days of employment (accrue three days annually)

Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Kaiser CO	(800) 464-4000	www.kp.org	HMO: 42606-002 HDHP: 42606-003
Medical	Kaiser NW	(800) 464-4000	www.kp.org	DHMO: 21719-005 HDHP: 21719-009
Medical	Kaiser WA	(800) 464-4000	www.kp.org	HMO: 2355300 HDHP Single: 2629600 HDHP Family: 2629700
Dental	Principal	(800) 247-4695	www.principal.com	1061145
Vision	EyeMed	(866) 800-5457	www.eyemed.com	1004710
Life, Disability, Voluntary Life/AD&D	Principal	(800) 245-1522	www.principal.com	1061145
FSA & HSA	Navia	(800) 669-3539	www.naviabenefits.com	N/A
Travel Assistance	AXA Assistance	(888) 647-2611 (630) 766-7696	www.principal.com/travelassistance	N/A
Employee Assistance Program(s)	Curalinc	(888) 881-LINC (5462)	www.supportlinc.com	CSD
Benefit Ed Student Services	Benefit Ed	(844) 358-5707	BenefitEd Resources	N/A
Critical Illness & Accident	The Hartford	(800) 523-2233	www.thehartford.com/employee-benefits/employees	N/A
401K	Vanguard	(877) 662-7447	Vanguard - Participant Login	N/A

Get to Know Your Benefits Portal

Understanding your benefits is easier than ever with MyBenefits.Life, your website and app for Center for Social Dynamics employee benefits information anytime, anywhere. Whether you're at home, at work, or on the go, you can log on to MyBenefits.Life from your computer, tablet, or smartphone.

GO TO:

- BENEFITS to see your benefit plans and what's covered
- CONTACTS to get help with your benefit plans
- DOCUMENTS to access important plan documents, forms, and flyers
- RESOURCES on the home page:
 - personalize MyBenefits.Life to show only your benefit choices
 - message notifications for important announcements
 - explainer articles and videos to help you understand your benefits coverage

Visit [MyBenefits.Life](#) for additional benefits information.

Benefit Advocate

SAY HELLO TO YOUR BENEFIT ADVOCATE

Reach out to your benefit advocate for personal and confidential assistance with general benefit questions; eligibility and coverage; finding a network provider; coverage changes due to life events such as marriage, a new child, or divorce; and health care claim or billing issues (when warranted).

Dana Graddy

Email: CSD@alliant.com

Phone: 925-378-6498

Availability: 8:00a.m.-4:30p.m., M-F

Please note that Benefit Advocates cannot generally help with our retirement program or 401K information. Please contact Human Resources for questions related to these benefits.

Benefit Advocates are a service provided by Alliant Employee Benefits.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on our benefits website and include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- [HIPAA Notice of Privacy Practices](#)
Describes how health information about you may be used and disclosed.
- [Notice of Choice of Providers](#)
Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

CURRENT PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on our benefits website and include:

Summary Plan Descriptions

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan descriptions is available:

- Center for Social Dynamics Health and Welfare Plan

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available:

- Kaiser DHMO \$500/\$20
- Kaiser HDHP \$1700/ 20%

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.

Statement of Material Modifications

- This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Center for Social Dynamics Health and Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Center for
Social Dynamics

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