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# Employee Benefits Guide

December 1, 2016 - November 30, 2017

CCSI  
CONVENTION & CULTURAL  
SERVICES INC.





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 15 for details.

### **Statement of Material Modifications (SMM)**

This enrollment guide constitutes a SMM to the CCSI 2016-2017 summary plan descriptions (SPDs). It is meant to supplement and/or replace certain information in the SPDs, so retain it for future reference along with your SPDs. Please share these materials with your covered family members.



## Welcome!

At Convention & Cultural Services Inc. (CCSI), we offer valuable benefits because we care about you, and benefits help improve your life. We recognize that you have your own unique needs, so our benefits package is designed to be flexible – you choose the benefits that fit you best. This brochure includes an overview of our 2016 – 2017 health and income protection benefits. We encourage you to read through it carefully so you can make informed choices when you are electing benefits and using them throughout the year.

**The benefits in this summary are effective December 1, 2016 through November 30, 2017.**

### Our benefit program includes:

- Medical
- Dental
- Vision
- Health Reimbursement Account
- Flexible spending accounts for healthcare and dependent care
- Basic life and accidental death and dismemberment (AD&D) for employee and basic life for dependents
- Voluntary life and AD&D for employee and dependents
- Short-term and long-term disability
- 401(k)
- Paid Time Off

While we have made every effort to make sure that this guide is comprehensive, it cannot 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.

## What's New for 2016-2017?

- ◆ Medical insurance coverage will remain with BCBSTX for the 2016-2017 plan year. This year, we have made no changes to the Base or Buy-Up PPO Plan. However, we are excited to announce that **we are adding a BCBSTX HMO plan to the list of medical options**. As a reminder, if you choose to participate in the HMO plan, you must select a primary care physician with BCBSTX prior to seeing your provider. Please see page 6 of the brochure for the benefit information on this plan. As a reminder, deductibles run January 1 through December 31.
- ◆ **Effective January 1, 2017, CCSI will move the dental coverage to United Concordia.** We will continue to offer both a DPPO plan and a DHMO plan for employees to choose from. Please see page 8 of the brochure for detailed benefit information. As a reminder, if you choose to participate in the DHMO plan, you must select DHMO provider with United Concordia prior to seeing your dentist.
- ◆ **Effective January 1, 2017, CCSI will move the vision coverage to Standard.** Please see page 8 of the brochure for detailed benefit information.





## How to Enroll

### New Hire Enrollment

You may enroll in benefits for yourself and your eligible dependents by logging into <https://enroll.benefitsconnect.net> and completing the *New Hire Event* section within 31 days from the date of hire.

### Annual Enrollment

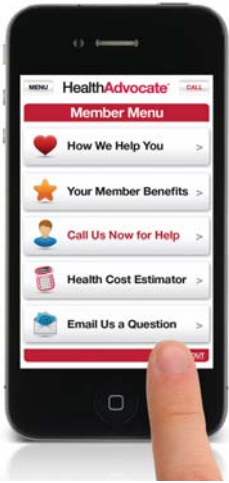
Open Enrollment is **ACTIVE** for the 2016-2017 plan year. This means you must log into <https://enroll.benefitsconnect.net> and complete the *Open Enrollment Event* section **even if you are not making any changes to your coverage**. If you do not complete the *Open Enrollment Event* section, your medical, dental and vision coverages will be automatically set to “waive” and you will not be able to enroll in them again until the 2017-2018 open enrollment period. Please note that company provided benefits and voluntary life insurance coverages **will carry forward** even if you do not complete the 2016-2017 online open enrollment form.

### Family Status Changes

Certain "Family Status Changes" as defined by Federal Regulations may also provide opportunities for you or your dependents to add or drop coverage at times other than the initial eligibility and annual enrollment periods. Such family status changes include marriage, divorce, birth of a child, loss of a job, etc. If you experience a family status change, please log into <https://enroll.benefitsconnect.net> and complete the Status Change section within 31 days of the event in order to add the changes to your benefit plan.



## Health Advocate



The Health Advocate app gives you the tools you need to quickly contact a personal Health Advocate, make cost-effective healthcare decisions and more.

- Call or email a Health Advocate with one touch
- See your Health Advocate benefits at a glance
- Calculate pricing for common medical procedures

Our Health Advocate can help you with a variety of healthcare issues, including finding the right doctor, untangling insurance claims, finding elder care services, securing second opinions, scheduling appointments, clarifying complex conditions and getting information on Medicare options.

**Download the app, or contact a Health Advocate at:**

**866-695-8622** or [healthadvocate.com/members](http://healthadvocate.com/members)

## Ben-IQ



### Inside the Ben-IQ™ app

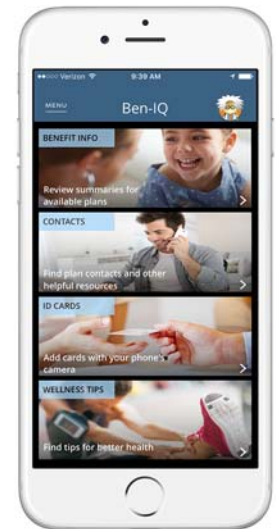
- 24/7 access to your health plan highlights
- Store and organize your plan ID cards
- Nurse line numbers and helpful contact information
- Cost of care info at your fingertips

### Get Ben-IQ today!

Download the free app with your Android or iPhone.

Enter this employer key: **CCSI**

Read the Terms and Conditions, then tap the *Sign In* button.



## Other Mobile Resources

### Blue Access Mobile

Go to [bcbstx.com](http://bcbstx.com) using your mobile device to visit the mobile version of the Blue Access for Members. Log in using your Blue Cross Blue Shield username and password, or register if you are a first-time user.

- Find a network doctor.
- View recent claims details.
- See an overview of your coverage.
- Find Blue Cross Blue Shield wellness resources and more.



### Discovery Benefits

The Discovery Benefits mobile app provides participants with access to their benefits information, anytime, anywhere. With the Discovery Benefits app you are able to:

- File a claim
- Check account balances and claims status
- View your account history
- Manage your profile



### GoodRx

The GoodRx app can help you find the best deals on prescriptions in your area.

- Get instant access to the lowest prices at more than 75,000 pharmacies
- Find coupons and savings tips
- See drug side effects, pharmacy hours and locations, pill descriptions and more

*Keep in mind, GoodRx shows the cash price and does not take insurance into account.*



# Medical

Blue Cross Blue Shield of Texas (BCBSTX) Group #: 99733 • www.bcbstx.com • 800.521.2227  
 December 1, 2016 - November 30, 2017

|   | PPO Buy-Up Plan                                 |   | PPO Base Plan                                   |   | HMO (includes Kelsey) |
|---|---|---|---|---|-----------------------|
|   | In Network                                      | Out of Network                          | In Network                                      | Out of Network                          | In Network Only       |
| <b>Calendar Year Deductible</b>   |   |   |   |   |                       |
| Individual  | \$750   | \$1,500                                 | \$1,500   | \$3,000                                 | \$0                   |
| Family  | \$2,250   | \$4,500                                 | \$4,500   | \$9,000                                 | \$0                   |
| <b>Out-of-Pocket</b>  |   |   |   |   |                       |
| <i>Deductibles and medical copays included</i>  |   |   |   |   |                       |
| Individual  | \$3,750   | \$7,500                                 | \$4,500   | \$9,000                                 | \$4,000               |
| Family  | \$11,250  | \$22,500                                | \$12,700  | \$27,000                                | \$8,000               |
| <b>Office Visits</b>  |   |   |   |   |                       |
| Primary Care/Specialist   | \$20 copay                                      | 70% after deductible                    | \$20 copay                                      | 70% after deductible                    | \$40 / \$60 copay     |
| <b>Hospitalization</b>  |   |   |   |   |                       |
| Inpatient   | 80% after deductible                            | 60% after deductible                    | 80% after deductible                            | 60% after deductible                    | \$1,500 copay         |
| Outpatient  | 80% after deductible                            | 60% after deductible                    | 80% after deductible                            | 60% after deductible                    | \$750 copay           |
| <b>Diagnostics</b>  |   |   |   |   |                       |
| Lab & X-ray (preventive)  | 100%  | 70% after deductible                    | 100%  | 70% after deductible                    | No copay              |
| MRI, CAT scan, PET scan   | 80% after deductible                            | 60% after deductible                    | 80% after deductible                            | 60% after deductible                    | \$250 copay           |
| <b>Preventive Care</b>  |   |   |   |   |                       |
| Routine annual physicals, well-baby care, immunizations, and other preventive health services | 100%  | 70% after deductible                    | 100%  | 70% after deductible                    | 100%                  |
| <b>Urgent Care</b>  | \$45 copay                                      | 70% after deductible                    | \$45 copay                                      | 70% after deductible                    | \$75 copay            |
|   | <i>except for certain diagnostic procedures</i> |   | <i>except for certain diagnostic procedures</i> |   |                       |
| <b>Emergency Room</b>   |   |   |   |   |                       |
| <i>(true emergency)</i>   |   |   |   |   |                       |
| Facility Charges  | 80% after \$100 copay                           |   | 80% after \$100 copay                           |   | \$150 copay           |
| Physician Charges   | 80% after deductible                            |   | 80% after deductible                            |   | No copay              |
| <b>Therapy Services</b>   |   |   |   |   |                       |
| Physical, Occupational, Chiropractic  | 80% after deductible                            | 60% after deductible                    | 80% after deductible                            | 60% after deductible                    | \$60 copay            |
| <i>limited to 35 visits per year</i>  |   |   |   |   |                       |
| <b>Prescription Drugs</b>   |   |   |   |   |                       |
| <i>per 30 day supply</i>  |   |   |   |   |                       |
| Generic   | \$15 copay                                      | 80% of allowable amount minus the copay | \$15 copay                                      | 80% of allowable amount minus the copay | \$15 copay            |
| Preferred Brand Name  | \$30 copay                                      |   | \$30 copay                                      |   | \$30 copay            |
| Non-Preferred Brand Name  | \$45 copay                                      |   | \$45 copay                                      |   | \$45 copay            |

## Medical Costs per Pay Period - 24 Paychecks

|                       |          |          |          |
|-----------------------|----------|----------|----------|
| Employee Only         | \$52.18  | \$34.77  | \$66.11  |
| Employee & Spouse     | \$195.28 | \$129.58 | \$306.30 |
| Employee & Child(ren) | \$149.56 | \$99.69  | \$242.91 |
| Employee & Family     | \$281.65 | \$187.24 | \$443.07 |



# Health Reimbursement Arrangement (HRA)

December 1, 2016 - November 30, 2017

A Health Reimbursement Arrangement (HRA) is an employer funded account used to reimburse employees enrolled in the Blue Cross Blue Shield (BCBS) medical plans and can be used for qualified medical, dental, and vision expenses.

An HRA will be established by Convention and Cultural Services, Inc. (CCSI) for the medical plan year December 1, 2016 through November 30, 2017. Key provisions include:

- Maximum annual HRA reimbursements will be \$3,000 per individual and \$9,000 per family
- Payments are generally processed within 5 business days
- Employer reimbursements are not included as taxable income to the employee

**Note:** Flexible Spending Accounts may be used for copayments, physician visits, prescriptions, etc. in order to meet your established deductible payments, and the payment of non-qualified expenditures (e.g., LASIK surgery). If an employee does not elect to establish a Flexible Spending Account, copayments and other non-qualified expenditures cannot be reimbursed via the HRA.

## How it Works

Through a Health Reimbursement Arrangement (HRA), you receive tax-free money from your employer to cover medical expenses that may not be covered by insurance such as:

- Deductibles
- Coinsurance
- Vision Expenses
- Dental Expenses
- Prescriptions (RX)

### Filing for HRA:

#### US Mail:

TASC  
P. O. Box 7511  
Madison, WI 53707

#### Fax:

877.231.1287

#### HRA Forms:

All forms are located on HFC's intranet.

## Plan Summary

**Name of the Plan:** Convention and Cultural Services, Inc. Health Reimbursement Arrangement

**Claim Administrator:** TASC

P.O. Box 7511  
Madison, WI 53707

**Toll Free:** 877.933.3539

**Fax:** 877.231.1287

**Eligibility:** All full-time employees who work at least 35 hours a week and are currently enrolled in CCSI's group health plan are eligible to participate .

**Waiting Period:** The employee is eligible for an HRA when he/she is eligible for coverage under the group medical plan.

**Coverage Period and Plan Year:** Annual Coverage Periods begin December 1<sup>st</sup> and ends November 30<sup>th</sup>.

**Maximum Benefit Amount per Coverage Period:**

\$3,000 Employee  
\$6,000 Employee + 1, and  
\$9,000 Employee + Family

**Reimbursement** from the HRA is not available until after the covered person has incurred and paid:

\$250 for Employee  
\$500 for Employee + 1, and  
\$750 for Employee + Family of the deductible under a group health plan

**\*\*Copays for prescriptions and medical office visits can be used to offset the deductible\*\***

**Documentation:** Eligibility of Benefits (EOBs) and/or invoices/statements or transcripts from a doctor (along with a reimbursement form) are acceptable documentation as the means for reimbursement.



## Dental

United Concordia Group #: DPPO: 920319-000; DHMO: 920319-001 • [www.unitedconcordia.com](http://www.unitedconcordia.com) • 800.332.0366  
January 1, 2017 - December 31, 2017

|   | DPPO Plan                            | DHMO Plan                           |
|---|--------------------------------------|-------------------------------------|
|   | NAP Plan                             | Network Only                        |
| <b>Deductible</b><br>Individual<br>Family   | \$50 per year<br>\$150 per year      | No deductible<br>No deductible      |
| <b>Preventive (Class I)</b><br>Oral exams, Cleanings, X-rays, Fluoride treatments, Sealants | Plan pays 100%;<br>deductible waived | See copay schedule                  |
| <b>Basic (Class II)</b><br>Simple extractions, Fillings, Endodontics, Anesthesia            | 80% after deductible                 | See copay schedule                  |
| <b>Major (Class III)</b><br>Crowns, Dentures, Bridges, Space Maintainers, Inlays/Onlays     | 50% after deductible                 | See copay schedule                  |
| <b>Orthodontics (Class IV)</b>  | Plan pays 50%                        | See copay schedule<br>No deductible |
| <b>Benefit Maximums</b><br>Benefit Year Maximum<br>Orthodontics                             | \$1,500<br>\$1,000                   | Unlimited<br>Unlimited              |

### Dental Cost per Pay Period - 24 Paychecks

|                       |         |         |
|-----------------------|---------|---------|
| Employee Only         | \$14.42 | \$5.55  |
| Employee & Spouse     | \$29.00 | \$10.87 |
| Employee & Child(ren) | \$30.47 | \$9.96  |
| Employee & Family     | \$49.40 | \$15.28 |

## Vision

Standard-VSP • [www.standard.com](http://www.standard.com) • 877.490.9991  
December 1, 2016 - November 30, 2017

|   | Network  | Non-Network  |
|---|--|--|
| <b>Copays</b><br>Exam<br>Materials  |  | \$10 copay<br>\$10 copay                                 |
| <b>Eye Exam</b> - once every 12 months  | 100% after copay   | \$25 allowance   |
| <b>Lenses</b> - once every 12 months<br>Single<br>Bifocal<br>Trifocal   | 100% after copay<br>100% after copay<br>100% after copay               | \$20 after copay<br>\$40 after copay<br>\$65 after copay |
| <b>Frames</b> - once every 24 months  | \$130 allowance, then 20% off<br>remaining balance                     | \$65 retail allowance                                    |
| <b>Contacts</b> (instead of frames/lenses) - once every<br>12 months<br>Elective (conventional and disposable)<br>Medically Necessary | \$115 allowance, then 15% off<br>remaining balance<br>100% after copay | \$80 allowance<br>\$200 allowance                        |
| <b>Lens Options</b><br>Standard Plastic Scratch Coating<br>Standard Polycarbonate Lenses<br>Standard Anti-reflective Coating          | \$15<br>\$40<br>\$45   | not covered<br>not covered<br>not covered                |

**VISION COVERAGE IS INCLUDED FOR FREE WITH YOUR MEDICAL COVERAGE.**



# Basic Life and Accidental Death and Dismemberment (AD&D)

Lincoln Financial Group Group #: 10166367 • [www.lincoln4benefits.com](http://www.lincoln4benefits.com) • 800.423.2765  
 January 1, 2017 - December 31, 2017

100% Employer Paid.

## Employee Basic Life

Your employer provides basic life coverage for full-time employees in the amount equal to 1 times your annual salary, to a maximum of \$150,000. **Basic life coverage includes AD&D coverage** equal to the employee's life benefit.

## Dependent Basic Life

Your spouse is eligible for coverage in the amount of \$2,000. Your dependent children ages 6 months to age 25 are eligible for coverage in the amount of \$1,000 (\$200 for ages 14 days to under the age of 6 months).

# Voluntary Life and AD&D

Lincoln Financial Group Group #: 400166452 • [www.lincoln4benefits.com](http://www.lincoln4benefits.com) • 800.423.2765  
 January 1, 2017 - December 31, 2017

100% Employee Paid.

You may elect voluntary life and AD&D coverage. Premiums will be deducted from your payroll check. **See page 10** for age-banded premiums.

|                            | Employee  | Spouse  | Child(ren)  |
|----------------------------|---|---|---|
| <b>Benefit Description</b> | \$10,000 increments up to the lesser of 5x salary or \$500,000. For employees age 70 and over, the max is \$50,000. | \$5,000 increments up to the lesser of 2.5x employee salary or \$100,000, not to exceed 50% of employee benefit. Based on employee age. | \$2,500, \$5,000, \$7,500, or \$10,000 benefits (over 6 months of age). |
| <b>Guarantee issue*</b>    | \$150,000 (for age 70 and over the max is \$50,000)   | \$50,000  | \$10,000  |
| <b>Premiums</b>            | Increase on plan anniversary after you enter the next 5 year age group  |   |   |
| <b>Portability</b>         | Yes, with age and other restrictions  |   |   |
| <b>Conversion</b>          | Yes, with restrictions; see certificate of benefits   |   |   |
| <b>Benefit Reductions</b>  | 35% at age 65; 60% at age 70; 75% at age 75; 90% at age 80  |   |   |

\* *Guarantee Issue only applies to new hires.*

# Short-Term and Long-Term Disability

Lincoln Financial Group Group #: STD: 10166453; LTD: 10166451 • [www.lincoln4benefits.com](http://www.lincoln4benefits.com) • 800.423.2765  
 January 1, 2017 - December 31, 2017

100% Employer Paid.

|  | Short-Term Disability                 | Long-Term Disability                        |
|--|---------------------------------------|---|
| <b>Coverage Amount</b>                   | 60% of salary to maximum \$2,000/week | 60% of salary to maximum \$8,000/month      |
| <b>Maximum Payment Period</b>            | 11 weeks                              | Social Security Normal Retirement Age       |
| <b>Accident Benefits Begin</b>           | Day 15                                | Day 91                                      |
| <b>Illness Benefits Begin</b>            | Day 15                                | Day 91                                      |
| <b>Evidence of Insurability</b>          | Health statement not required         | Health statement may be required            |
| <b>Guarantee Issue</b>                   | Not applicable                        | The guarantee issue \$8,000 in coverage     |
| <b>Plan Covers On-the-Job Accidents?</b> | No                                    | Yes   |
| <b>Pre-existing Conditions?</b>          | Not applicable                        | 12/12 month; see exclusions and limitations |
| <b>Premium Waived if Disabled?</b>       | Not applicable                        | Yes   |
| <b>Rehabilitation Benefit?</b>           | Yes                                   | Yes   |
| <b>Survivor Benefit?</b>                 | No                                    | 3 months                                    |

## Employee Voluntary Life Premiums per \$1,000 (24 pay periods)

Policy election cost per age bracket.

| EMPLOYEE AGE                  | <30     | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59    | 60-64    | 65-69*       |         |
|-------------------------------|---------|---------|---------|---------|---------|---------|----------|----------|--------------|---------|
| Per paycheck rate per \$1,000 | \$0.025 | \$0.030 | \$0.045 | \$0.080 | \$0.125 | \$0.190 | \$0.305  | \$0.460  | Volume 65-69 | \$0.730 |
| \$10,000                      | \$0.25  | \$0.30  | \$0.45  | \$0.80  | \$1.25  | \$1.90  | \$3.05   | \$4.60   | \$6,500      | \$4.75  |
| \$20,000                      | \$0.50  | \$0.60  | \$0.90  | \$1.60  | \$2.50  | \$3.80  | \$6.10   | \$9.20   | \$13,000     | \$9.49  |
| \$30,000                      | \$0.75  | \$0.90  | \$1.35  | \$2.40  | \$3.75  | \$5.70  | \$9.15   | \$13.80  | \$19,500     | \$14.24 |
| \$40,000                      | \$1.00  | \$1.20  | \$1.80  | \$3.20  | \$5.00  | \$7.60  | \$12.20  | \$18.40  | \$26,000     | \$18.98 |
| \$50,000                      | \$1.25  | \$1.50  | \$2.25  | \$4.00  | \$6.25  | \$9.50  | \$15.25  | \$23.00  | \$32,500     | \$23.73 |
| \$60,000                      | \$1.50  | \$1.80  | \$2.70  | \$4.80  | \$7.50  | \$11.40 | \$18.30  | \$27.60  | \$39,000     | \$28.47 |
| \$70,000                      | \$1.75  | \$2.10  | \$3.15  | \$5.60  | \$8.75  | \$13.30 | \$21.35  | \$32.20  | \$45,500     | \$33.22 |
| \$80,000                      | \$2.00  | \$2.40  | \$3.60  | \$6.40  | \$10.00 | \$15.20 | \$24.40  | \$36.80  | \$52,000     | \$37.96 |
| \$90,000                      | \$2.25  | \$2.70  | \$4.05  | \$7.20  | \$11.25 | \$17.10 | \$27.45  | \$41.40  | \$58,500     | \$42.71 |
| \$100,000                     | \$2.50  | \$3.00  | \$4.50  | \$8.00  | \$12.50 | \$19.00 | \$30.50  | \$46.00  | \$65,000     | \$47.45 |
| \$110,000                     | \$2.75  | \$3.30  | \$4.95  | \$8.80  | \$13.75 | \$20.90 | \$33.55  | \$50.60  | \$71,500     | \$52.19 |
| \$120,000                     | \$3.00  | \$3.60  | \$5.40  | \$9.60  | \$15.00 | \$22.80 | \$36.60  | \$55.20  | \$78,000     | \$56.93 |
| \$130,000                     | \$3.25  | \$3.90  | \$5.85  | \$10.40 | \$16.25 | \$24.70 | \$39.65  | \$59.80  | \$84,500     | \$61.67 |
| \$140,000                     | \$3.50  | \$4.20  | \$6.30  | \$11.20 | \$17.50 | \$26.60 | \$42.70  | \$64.40  | \$91,000     | \$66.41 |
| \$150,000                     | \$3.75  | \$4.50  | \$6.75  | \$12.00 | \$18.75 | \$28.50 | \$45.75  | \$69.00  | \$97,500     | \$71.15 |
| \$160,000                     | \$4.00  | \$4.80  | \$7.20  | \$12.80 | \$20.00 | \$30.40 | \$48.80  | \$73.60  | \$104,000    | \$75.89 |
| \$170,000                     | \$4.25  | \$5.10  | \$7.65  | \$13.60 | \$21.25 | \$32.30 | \$51.85  | \$78.20  | \$110,500    | \$80.63 |
| \$180,000                     | \$4.50  | \$5.40  | \$8.10  | \$14.40 | \$22.50 | \$34.20 | \$54.90  | \$82.80  | \$117,000    | \$85.37 |
| \$190,000                     | \$4.75  | \$5.70  | \$8.55  | \$15.20 | \$23.75 | \$36.10 | \$57.95  | \$87.40  | \$123,500    | \$90.11 |
| \$200,000                     | \$5.00  | \$6.00  | \$9.00  | \$16.00 | \$25.00 | \$38.00 | \$61.00  | \$92.00  | \$130,000    | \$94.85 |
| \$300,000                     | \$7.50  | \$9.00  | \$13.50 | \$24.00 | \$37.50 | \$57.00 | \$91.50  | \$138.00 |              |         |
| \$400,000                     | \$10.00 | \$12.00 | \$18.00 | \$32.00 | \$50.00 | \$76.00 | \$122.00 | \$184.00 |              |         |
| \$500,000                     | \$12.50 | \$15.00 | \$22.50 | \$40.00 | \$62.50 | \$95.00 | \$152.50 | \$230.00 |              |         |

## Spouse Voluntary Life Premiums per \$1,000 (24 pay periods)

Policy election cost per age bracket.

| SPOUSE AGE*                 | <30     | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69**      |         |
|-----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|--------------|---------|
| Per paycheck rate per 1,000 | \$0.025 | \$0.030 | \$0.045 | \$0.080 | \$0.125 | \$0.190 | \$0.305 | \$0.460 | Volume 65-69 | \$0.730 |
| \$ 5,000                    | \$0.13  | \$0.15  | \$0.23  | \$0.40  | \$0.63  | \$0.95  | \$1.53  | \$2.30  | \$3,250      | \$2.37  |
| \$ 10,000                   | \$0.25  | \$0.30  | \$0.45  | \$0.80  | \$1.25  | \$1.90  | \$3.05  | \$4.60  | \$6,500      | \$4.75  |
| \$ 15,000                   | \$0.38  | \$0.45  | \$0.68  | \$1.20  | \$1.88  | \$2.85  | \$4.58  | \$6.90  | \$9,750      | \$7.12  |
| \$ 20,000                   | \$0.50  | \$0.60  | \$0.90  | \$1.60  | \$2.50  | \$3.80  | \$6.10  | \$9.20  | \$13,000     | \$9.49  |
| \$ 25,000                   | \$0.63  | \$0.75  | \$1.13  | \$2.00  | \$3.13  | \$4.75  | \$7.63  | \$11.50 | \$16,250     | \$11.86 |
| \$ 30,000                   | \$0.75  | \$0.90  | \$1.35  | \$2.40  | \$3.75  | \$5.70  | \$9.15  | \$13.80 | \$19,500     | \$14.24 |
| \$ 35,000                   | \$0.88  | \$1.05  | \$1.58  | \$2.80  | \$4.38  | \$6.65  | \$10.68 | \$16.10 | \$22,750     | \$16.61 |
| \$ 40,000                   | \$1.00  | \$1.20  | \$1.80  | \$3.20  | \$5.00  | \$7.60  | \$12.20 | \$18.40 | \$26,000     | \$18.98 |
| \$ 45,000                   | \$1.13  | \$1.35  | \$2.03  | \$3.60  | \$5.63  | \$8.55  | \$13.73 | \$20.70 | \$29,250     | \$21.35 |
| \$ 50,000                   | \$1.25  | \$1.50  | \$2.25  | \$4.00  | \$6.25  | \$9.50  | \$15.25 | \$23.00 | \$32,500     | \$23.73 |

\*Note: Spouse rates are based on employee's age.

## Child Voluntary Life Premiums per Pay Period

| CHILD(REN) | PREMIUM |
|------------|---------|
| \$ 2,000   | 0.17    |
| \$ 5,000   | 0.43    |
| \$ 10,000  | 0.85    |

Note: The premium noted to the left is not per child. You pay only one premium regardless of the number of children you cover.

Rates in the gray areas above represent Guarantee Issue with no health questionnaire for timely enrollments. You may download an Evidence of Insurability form from the HoustonFirst intranet site.

\*Benefit reductions apply. See plan details.





## Flexible Spending Account (FSA)

Discovery Benefits • [www.discoverybenefits.com](http://www.discoverybenefits.com) • 866.451.3399  
December 1, 2016 - November 30, 2017

### Healthcare Expenses

You create an account with pre-tax dollars to be used for qualified expenses.

- Plan year minimum contribution of \$300 to a maximum of \$2,600 per plan year
- Immediate access to entire plan year contribution upon meeting eligibility requirements
- Debit card (stored value cards) available for use (will be mailed to your home address)
- Existing debit cards will be reloaded.
- Can be used for medical, dental and vision expenses.
- Can only be used for over-the-counter (OTC) medications with a doctor's prescription.
- You may carry over up to \$500 of unused funds to the following plan year.

### Dependent Care Expenses

You create an account with pre-tax dollars to be used for qualified dependent care expenses.

- Plan year maximum of \$5,000 per plan year (\$2,500 if married and filing separately)
- Not for immediate use. Employees must accumulate the money first before a reimbursement will be applied.
- No debit cards issued

## 401(k)

Empower Retirement Services • [www.empower-retirement.com](http://www.empower-retirement.com) • 800.338.4015

Employees age 21 and over, are eligible to participate in the plan. You can contribute up to 100% of gross wages up to the IRS maximum of \$18,000 in 2016. If you are age 50 or older, you are allowed to make catch-up contributions up to \$6,000 in 2017.

CCSI will contribute 3% of employees' annual gross compensation to the plan and match 100% of your contributions up to 6%.

You are always 100% vested in monies that you contribute. Vesting for any employer contributions are:

- 25% after the first year
- 50% after the second year
- 75% after the third year
- 100% after the fourth year

## PAID Time OFF (PTO)

*Based on years of service*

New employees are eligible for PTO 3 months after their hire date. PTO grant is pro-rated by hire date.

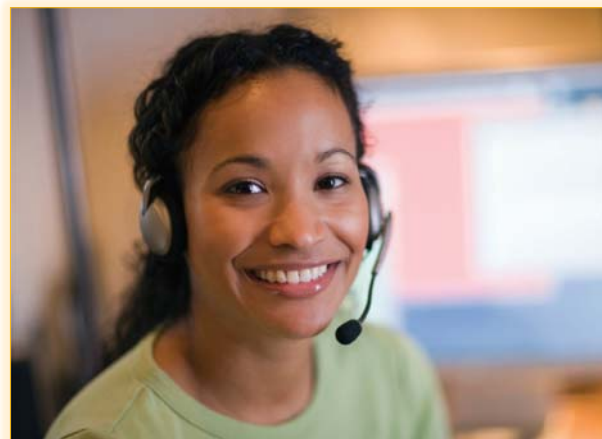
|               |         |
|---------------|---------|
| <1 Year       | 15 days |
| 1 - 2 Years   | 19 days |
| 3 - 4 Years   | 20 days |
| 5 - 8 Years   | 23 days |
| 9 - 10 Years  | 24 days |
| 11 - 15 Years | 26 days |
| 16 - 19 Years | 28 days |
| 20+ Years     | 29 days |

## Employee Assistance Plan (EAP): EmployeeConnect

Lincoln Financial Group • [guidanceresources.com](http://guidanceresources.com) • 888.628.4824

No matter what the issue, we can help you 24/7 with confidential support, guidance and resources.

- In person help with short-term issues; up to 4 sessions per issue, per year
- Toll free phone and web access 24/7
- In person consultations with network lawyers
- Work/life services for assistance with:
  - ◆ Childcare, eldercare and adoption
  - ◆ Relationships
  - ◆ Financial issues



To learn more about the Lincoln Financial EmployeeConnect program, visit:

[guidanceresources.com](http://guidanceresources.com)

(username: **LFGsupport**; password: **LFGsupport1**)

or speak with a specialist at:

**888.628.4824**

\* Children ages 12 to 15 are eligible to participate in group family sessions.

## Travel Assistance Program: TravelConnect

Lincoln Financial Group • 800.527.0218 • MEDEX ID: 322541 • Group Name: Lincoln Financial Group

Included in your Lincoln Financial Group® life insurance coverage is a program called TravelConnect. This program focuses on travel, medical, and safety-related services you may need while traveling.

The TravelConnect benefit is provided at no additional cost to you and includes services when traveling 100 miles or more from home. Services are provided for both business and leisure travel.

### Comprehensive Coverage

Our services include:

- Medical evacuation and transportation. In a medical emergency, MEDEX will arrange and pay for the transportation of the patient to the nearest medical facility able to treat the illness or injury.
- Dependent child transportation. If a medical emergency leaves no parent available, MEDEX will either arrange and pay for the child's trip home or arrange and pay for a family member to travel to and care for the child.
  - Destination info - weather, currency and more
  - Emergency travel arrangements and funds transfer
  - Lost or stolen travel documents assistance
  - Language translation services
  - Medical and dental referrals
  - Assistance with corrective lenses or medical device replacement
  - Arrangement for the delivery of medications, vaccines or blood
  - Updates to family, employer and/or home physician
  - Repatriation of a deceased traveler
  - Security and political evacuation assistance





**You've earned it. Now you need a plan to help secure it.**

Aflac is insurance that helps you protect what you already have. It pays cash benefits directly to you.\* Aflac processes claims quickly—usually within 4 days.\*\* And it fits most budgets—rates don't go up when you file a claim. Learn how we've got you covered under our wing.

Your company is offering the following insurance:

- **Accident**
- **Cancer/Specified-Disease**
- **Hospital Confinement Indemnity**

**Your enrollment is going on now.**

For more information about policy benefits, limitations, and exclusions, please call

**Human Resources at 713-853-8070**

**Aflac.**

# Aflac for Convention & Cultural Services, Inc. employees

Convention & Cultural Services, Inc. is now making the following Aflac insurance policies available to its employees:



## Accident

For a covered accident, Aflac policyholders receive cash benefits for use as they see fit. This plan helps provide a financial cushion if an accident occurs.

Policy A35100TX, A35200TX, A35300TX, A35400TX, A35B24TX, A35BOFTX



## Cancer/Specified-Disease

Aflac's cancer/specified-disease insurance policies are designed to pay cash benefits that can be used to help offset cancer-related expenses and to help with a variety of daily living expenses.

Policy A78100TX, A78200TX, A78300TX, A78400TX



## Hospital Confinement Indemnity

Helps with the non-covered expenses of a hospital stay.

Policy A49100TX, A49200TX, A49300TX, A49400TX



For more information about policy benefits, limitations, and exclusions, please call  
**Human Resources at 713-853-8070**

This is a brief product overview only. Plans may not be available in all states. Benefits are determined by situs state and plan level selected.

### Aflac for Convention & Cultural Services, Inc. Employees:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays you cash benefits, unless assigned, to use as you see fit.
- Aflac benefits can help with unexpected expenses.
- Aflac insurance policies belong to you—not your company.
- Aflac offers competitive rates.
- Aflac processes claims quickly—usually within four days.<sup>1</sup>
- Thanks to the Aflac Duck, nine out of ten people in the United States know the Aflac name.<sup>2</sup>

<sup>1</sup>Company statistics, December 31, 2011.

<sup>2</sup>Aflac 2011 Year in Review.



We've got you under our wing.®





## Medicare Drug Coverage Notice

### Important Notice from CCSI about your Prescription Drug Coverage and Medicare

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

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

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

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your CCSI coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under CCSI Health and Welfare Plan is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your CCSI prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.



## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with CCSI and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CCSI changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

## For more information about Medicare prescription drug coverage:

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

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

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

(TTY 1-800-325-0778).

Date: December 1, 2016  
Name of Entity/Sender: Convention & Cultural Services, Inc.  
Contact--Position/Office: Annette Goldberg - HR Director  
Address: 701 Avenida de las Americas, Suite 200  
Houston, TX 77010  
Phone Number: 713.853.8108





## Medicaid and CHIP

### 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 [healthcare.gov](http://healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, 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 877-KIDS NOW or [insurekidsnow.gov](http://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 [askebsa.dol.gov](http://askebsa.dol.gov) or call 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 list of states on the following page is current as of July 31, 2016. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[dol.gov/ebsa](http://dol.gov/ebsa)  
866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[cms.hhs.gov](http://cms.hhs.gov)  
877-267-2323, Menu Option 4, Ext. 61565







**ALABAMA – Medicaid**

Website: <http://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](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

**ARKANSAS – Medicaid**

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

**COLORADO – Medicaid**

Medicaid Website: <http://www.colorado.gov/hcpf>  
Medicaid Customer Contact Center: 1-800-221-3943

**FLORIDA – Medicaid**

Website: <http://flmedicaidprecovery.com/hipp/>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/medicaid>  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

**INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.hip.in.gov>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone 1-800-403-0864

**IOWA – Medicaid**

Website: <http://www.dhs.state.ia.us/hipp/>  
Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

**MAINE – Medicaid**

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/MassHealth>  
Phone: 1-800-462-1120

**MINNESOTA – Medicaid**

Website: <http://mn.gov/dhs/ma/>  
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: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: [http://dhhs.ne.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)  
Phone: 1-855-632-7633

**NEVADA – Medicaid**

Medicaid Website: <http://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 603-271-5218

**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: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: <http://www.dhs.pa.gov/hipp>  
Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

Website: <http://www.eohhs.ri.gov/>  
Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**

Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Medicaid Website: <http://health.utah.gov/medicaid>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT– Medicaid**

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Medicaid Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 1-855-242-8282

**WASHINGTON – Medicaid**

Website:  
<http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**

Website:  
<http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>  
Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN – Medicaid and CHIP**

Website:  
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://wyequalitycare.acs-inc.com/>  
Phone: 307-777-7531



# Notices

## Women's Health Act

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas, and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs

## Newborns' and Mothers' Health Protection Act

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

## Health Insurance Portability and Accountability Act (HIPAA)

CCSI in accordance with HIPAA, protects your Protected Health Information (PHI). CCSI will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides your medical, dental, and vision benefits or as mandated by law. A copy of the Notice of Privacy Practices is available upon request in the Human Resources Department.

## HIPAA Notice of Special Enrollment Rights for Medical Plan Coverage

If you decline enrollment in a CCSI medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a CCSI medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in CCSI's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another medical plan.

This brochure summarizes the health care and income protection benefits that are available to all eligible CCSI employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels, and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

**Information provided in this brochure is not a guarantee of benefits.**

## Quick Reference Guide

| Plan   | Carrier                         | Contact  |
|--|---------------------------------|--|
| Medical                                      | Blue Cross Blue Shield of Texas | 800.521.2227<br><a href="http://bcbstx.com">bcbstx.com</a>                                 |
| Dental                                       | United Concordia                | 800.332.0366<br><a href="http://unitedconcordia.com">unitedconcordia.com</a>               |
| Vision                                       | Standard - (VSP)                | 877.490.9991<br><a href="http://standard.com">standard.com</a>                             |
| Health Reimbursement Account (HRA)           | TASC                            | 877.933.3539   |
| Basic and Voluntary Life and AD&D            | Lincoln Financial Group         | 800.423.2765<br><a href="http://lincoln4benefits.com">lincoln4benefits.com</a>             |
| Short-Term and Long-Term Disability          | Lincoln Financial Group         | 800.423.2765<br><a href="http://lincoln4benefits.com">lincoln4benefits.com</a>             |
| Flexible Spending Account (FSA)              | Discovery Benefits              | 866.451.3399<br><a href="http://discoverybenefits.com">discoverybenefits.com</a>           |
| 401(k)                                       | Empower Retirement Services     | 800.338.4015<br><a href="http://empower-retirement.com">empower-retirement.com</a>         |
| Employee Assistance Program: EmployeeConnect | Lincoln Financial Group         | 888.628.4824<br><a href="http://guidanceresources.com">guidanceresources.com</a>           |
| Travel Assist: TravelConnect                 | Lincoln Financial Group         | 800.527.0218<br>MEDEX ID: 322541<br>Group Name: <b>Lincoln Financial Group</b>             |
| HealthAdvocate<br>M-F, 9 am - 10 pm CST      | HealthAdvocate                  | 866.695.8622<br><a href="http://healthadvocate.com/members">healthadvocate.com/members</a> |

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