



Your 2024 Benefits Guide

The Civica benefits program offers a broad range of competitive and valuable benefit choices. Read on to learn more about the benefits we offer to help employees and their family members take care, be well, and plan for the future.

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All active, full-time employees regulary scheduled to work at least 40 hours per week are eligible to participate in the Civica Benefits program first of the month following date of hire. Eligible participants include the employee, legal spouse, or eligible domestic partner (same or opposite sex) and children up to age 26.

MEDICAL AND PRESCRIPTION DRUG BENEFITS

Our medical benefits are designed to offer choice, flexibility and a focus on prevention and Wellness. Civica employees have the option of choosing from three different Regence BCBS plans: the \$500/\$1000 Traditional Plan, the \$1500/\$3000 Traditional Plan and a \$1500/\$3000 HDHP Plan + Health Savings Account (HSA). All plans offer quality care featuring prescription drug coverage through OptumRx and a variety of in-network preventive care services that are covered in full, such as physical exams, well childcare, immunizations and screenings.

In-Network Benefits/Services	Traditional \$500 Ded	Traditional \$1500 Ded	HDHP \$1700 Ded - HSA
Annual Deductible	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$1,700 Individual \$3,400 Family
Annual Out-of-Pocket Maximum (includes deductible and coinsurance)	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family	\$3,400 Individual \$6,800 Family
Office Visit-Primary Care	\$25 Copay	\$25 Copay	20% after deductible
Office Visit-Specialist	\$45 Copay	\$45 Copay	20% after deductible
In-patient Hospital	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible
Emergency Room	\$150 then 20% after deductible	\$150 then 20% after deductible	20% after deductible
Urgent Care	\$25 / \$45	\$25 / \$45	20% after deductible

Prescription (combined with medical out of pocket)			
Generic	\$5 Copay	\$5 Copay	20% after deductible
Preferred Brand	\$25 Copay	\$25 Copay	20% after deductible
Non-Preferred Brand	\$50 Copay	\$50 Copay	20% after deductible
Preferred Specialty	Same as above	Same as above	Same as above





Civica offers Dental through Principal which has a large national network of providers. Preventive visits are covered 100%.

PRINCIPAL – Dental Scheduled PPO network Benefits			
	Calendar Year Deductible (In/out of network)	Co-insurance what the policy will pay (In/out of network)	Calendar year maximum benefit (In network/out of network)
Preventive (Exams, routine cleanings)	\$0/\$0	100%/100%	\$1,000/\$1,000
Basic (filings)	\$50/\$50	80%/80%	\$1,000/\$1,000
Major	\$50/\$50	50%/50%	\$1,000/\$1,000
Child Orthodontia	\$50/\$50	50%/50%	\$1,000/\$1,000

^{**}No balance billing for out of network services**



Civica provides a vision plan through Principal utilizing the VSP Choice Plus Network. This plan offers affordable benefits and quality care.

Vision VSP Choice Network			
Covered Charges	Benefit	Frequency	
Exams	\$10 Copay	1 per 12 months	
Prescription Glasses	\$25 Copay	1 pair over 12 months	
Lenses	Single Vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under the age of 18	1 pair per 12 months	
Frames	\$150 allowance for a variety of frames;20% off amount over allowance	1 set per 12 months	
Elective Contacts	Up to \$60 copay standard and premium elective contact lenses exam (fitting and evaluation) \$150 allowance for elective contacts	1 per 12 months Instead of lens and frame	
Necessary Contacts	\$25 Copay/Covered in full for members who have specific conditions	1 per 12 months Instead of lens and frame benefit	
Lens Enhancement Most popular options are covered after a copay, saving members an average of 20-25%. Members should see their doctor for special pricing on additional lens enhancements.			
Additional Savings Savings on laser correction and additional pairs of prescription glasses and non-prescription sunglasses.		d non-prescription	





EMPLOYEE MONTHLY CONTRIBUTIONS

MEDICAL Employee Contributions				
Preferred Blue Option	Traditional \$500 Ded	Traditional \$1500 Ded	HSA \$1500 Ded	
Employee Only	\$147.98	\$137.96	\$131.76	
Employee + Spouse	\$324.88	\$302.92	\$289.30	
Employee + Child(ren)	\$310.28	\$289.30	\$276.30	
Family	\$458.72	\$427.70	\$408.46	
Focal Point UT ONLY!				
Employee Only	\$132.80	\$124.02	\$117.96	
Employee + Spouse	\$291.56	\$272.30	\$258.98	
Employee + Child(ren)	\$278.46	\$260.06	\$247.34	
Family	\$411.68	\$384.48	\$365.64	
Civica has employer HSA contributions to those who enroll in the HDHP. Contributions of \$1,000 for single and \$2,000 for family				

coverage annually are made in equal installments per pay period.

DENTAL Employee Contributions	Principal
Employee Only	\$6.54
Employee + Spouse	\$14.77
Employee + Child(ren)	\$13.57
Family	\$22.84



401(K) PLAN

In addition to the programs that Civica provides that help you to take care of your health, we also provide programs that help with your financial health, so you are prepared for the future.

Plan for retirement by participating in Civica's 401(k) Plan, administered by Fidelity. The plan offers Pre-Tax and Roth, contribution options to help you maximize your savings. You can contribute between 1% and 90% of your salary to the plan up to the IRS limits. Civica will contribute 100% of the first 3% you contribute and 50% of the next 2% you contribute



up to a maximum of 4%. The employer match is a per pay period contribution, not based on annual contribution. Your contributions and Civica's matching contribution are immediately 100% vested.



FSA EXPENSES

Through an FSA, you can set aside a portion of your pay on a pre-tax basis to use toward certain health or dependent care expenses. Civica offers three FSA options administered by Discovery Benefits:

- Health Care FSA allows employees to pay for medical, dental and vision expenses not covered by the benefit plans with pre-tax dollars. The annual contribution maximum is \$3,050. Each year, you can roll over up to \$570 to the next plan year if you don't use all your funds.
- Dependent Care FSA provides employees the ability to set aside pre-tax dollars to fund the care of children (under the age of 13) and/or a disabled parent/spouse. The annual contribution maximum is \$5,000 (\$2,500 if you are married and file an individual tax return).

Limited FSA. This program is designed for employees that have a health savings account (covered on a high deductible plan) that can be used for dental and vision expenses. The annual contribution limit is \$3,050. Each year you can roll over up to \$570 into the next year if you don't use all your funds.



LIFE INSURANCE

Civica provides Basic Life and Accidental Death & Dismemberment (AD&D) coverage at no cost to employees. The benefit amount is \$200,000. Employees can purchase additional employee and dependent coverage:

- For employees: Supplemental Life and AD&D coverage can be purchased up to a maximum of \$500,000 of your
- annual salary.
 - Spouse Life insurance: Select a benefit of \$5,000 in increments of \$1,000 to a max of \$100,000.
- Child Life insurance: \$10,000 or \$20,000 of coverage available for all eligible children up to age 26.
- Evidence of Insurability is required for coverage amounts more than \$100,000 (employees) or \$20,000 (spouse).

Telehealth New Benefits

Why Optional Telehealth?

Telehealth services connect you with a board-certificated medical provider using your phone, tablet or computer. You have access to a doctor 24/7 to receive a diagnosis, treatment options and prescriptions, if medically necessary, all with no per visit fee (Telehealth doctors may require you to see your Primary Care Physician depending on your symptoms or diagnosis). If you don't already have a Telehealth option with your current medical carrier, or if you would like to add Optional Telehealth benefits this year. The Optional Telehealth benefit may be a good fit for you and your family.

Our offered Telehealth Plans also include certain discounts, where applicable, on out-of-pocket health costs, as well as some uncovered services. All benefits are available for you and your immediate family upon completing your member profile.

Telehealth

Teledoc / Health Advocate Solutions / Telephonic EAP

- 24/7 Access to US Board Certificated Doctors
- Pharmacy
- Chiropractic
- Vitamins

Telehealth Plus

Includes all above in the Telehealth package, AND:

- Dental
- Vision
- MRI & CT Scans
- Lab Testing
- Health Aids

Telehealth Complete

Includes all above in the Telehealth and Telehealth Plus packages, AND:

- ID Sanctuary Enhanced
- Roadside Assistance
- Global Travel Assistance
- Legal Services
- Pet Care
- Instant Deals

Employee Monthly Premium	Telehealth	Telehealth Plus	Telehealth Complete
Family	\$10.00	\$13.00	\$23.00

Worksite Voluntary Plans



	Provide lump-sum payments for over 150 different covered events, some of these events are:			
Accident Plan MetLife	FracturesDislocationsConcussionsCuts/Lacerations	2nd/3rd Degree BurnsEye InjuriesAmbulanceEmergency Care		In/Outpatients Surgery Medical Testing Benefits X-Rays/ MRIs / CT Scans Physician Follow-up Visits
Health Screening Benefits	Low Plan: \$50		High Plan: \$50	
MONTHLY Premium	Low Plan			High Plan
Employee	\$4.61			\$8.70
Employe + Spouse	\$8.06			\$15.11
Employee + Child(ren)	\$9.50 \$17.88		\$17.88	
Family	\$11.69 \$22.19		\$22.19	
	Helps you manage expenses if you or a loved one is unexpectedly hospitalized with no pre-existing conditions. This plan provides benefits for hospitalization due to accidents and sicknesses such as:			
Hospital Indemnity MetLife	1 Hospital admission 1 Hiterisive care unit			
MONTHLY Premium	Low Plan			High Plan
Employee	\$9.98		\$19.76	
Employe + Spouse	\$24.84			\$49.18
Employee + Child(ren)	\$17.07		\$33.80	
Family	\$32.65			\$64.64

Benefits for 2024

60-64

65-69

70+

Worksite Voluntary Plans



\$3.63

\$4.96

\$6.98

\$6.10

\$8.30

\$11.85

Critical Illness	Coverage that can help safeguard your finances by providing you with a lump-sum payment to cover deductibles, copays and costs of out-of-network care and non-covered services such as alternative treatments. With no pre-existing conditions. Choose between a \$15,000 or \$30,000 policy. If you or your loved one meets the policy and certificate requirements, the following medical conditions are covered:			
MetLife	 Full Benefit Cancer Partial Benefit Cancer Heart Attack Stroke Covid 		 Kidney Failure Alzheimer's Disease Coronary Artery Bypass Graft Mental Health 22+ Listed Conditions 	
Health Screening Benefit	\$50			
Rates per \$1,000	Employee	Employee + Spouse	Employee + Child(ren)	Family
Under 25	\$0.40	\$0.81	\$0.72	\$1.13
25-29	\$0.42	\$0.86	\$0.74	\$1.17
30-34	\$0.55	\$1.08	\$0.86	\$1.39
35-39	\$0.64	\$1.27	\$0.96	\$1.58
40-44	\$0.75	\$1.46	\$1.06	\$1.78
45-49	\$1.11	\$2.07	\$1.42	\$2.38
50-54	\$1.66	\$3.00	\$1.97	\$3.31
55-59	\$2.42	\$4.26	\$2.73	\$4.58

\$5.78

\$7.98

\$11.53

\$3.32

\$4.65

\$6.66





Civica pays for short and long-term disability for all FT employees.

- Short-Term Disability benefits are 60% of regular base salary up to a maximum of \$3,000per week for up to 11 weeks.
- Long-Term Disability benefits provide coverage up to 60% of an employee's annual base wages, to a maximum of \$10,000 a month.

Paid Maternity & Paternity Leave

- Maternity Birth of child Civica will supplement the short-term disability payments in order to keep the
 employee whole for a maximum of 8 weeks. (if STD only pays for 6 weeks, then the employee will receive 6
 weeks of supplemental pay to make the employee whole. Civica will pay the EE in full during the 8-day
 elimination period from the date of birth but not to exceed a period of 2 weeks of full pay directly from Civica.
- Paternity If it is birth parent or adoption, Civica will pay two weeks full salary. The total amount of leave
 can be taken anytime during the first 12 months after birth or adoption. For adoption the full 8 weeks will
 be paid by Civica.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Civica pays 100% for an Employee Assistance Program. This service is available to all employees and all members of their household. They can help with marital and family counseling, stress, anxiety, depression, personal and emotional challenges, grief, and loss, financial or legal problems, and substance abuse/addiction. Senior care planning for those caring for elderly relatives is also available.



PAID TIME OFF PROGRAM

Civica believes that its employees are the key to what makes a great Civica. While work makes up a large portion of an employee's life, we believe that a balance between work and play is essential in maintaining quality performance and a fun atmosphere in which we work. To help foster this idea, Civica has a paid time off plan (PTO). PTO is designed to give employees time needed away from their everyday work schedule. In addition to vacation time purposes, PTO may be used for reasonable personal sickness, family sickness, family activities and extra holiday time. Eligible employees include full-time exempt and non-exempt employees.

Employees will accrue PTO according to the following schedule:

Years Employed	Hours
0-2	120
3-4	160
5+	200
Exempt: Accrual per pay period	Hourly: Accrual per hour



Exempt: Accrual per pay period Hourly: Accrual per hour

Unused PTO: It is important to your wellbeing to use time off provided by Civica; therefore, it is our policy that you can roll over a maximum of 50% of your annual accrual to the next calendar year. For example, if you accrue 120 hours annually, you can roll over a max of 60 hours. If you accrue 160 hours annually, you can roll over a maximum of 80 hours. The maximum allowable annual accrual will stop once you hit the maximum. Civica will offer one PTO cash out opportunity per fiscal year. Employees must have at least 40 hours of PTO left after pay-out. Upon separation Civica will pay out accrued PTO as required by state or local laws by state or local laws.



Civica 2024 Paid Holidays		
2024 Holidays	Date Observed	
New Year's Day (observed)	Monday, January 1st	
Martin Luther King Day	Monday, January 15th	
President's Day	Monday, February 19th	
Memorial Day	Monday, May 27th	
Junteenth (observed)	Wednesday, June 19th	
Independence Day	Thursday, July 4th	
Labor Day	Monday, September 2nd	
Thanksgiving	Thursday, November 28th	
Friday after Thanksgiving	Friday, November 29th	
Christmas Day (observed)	Wednesday, December 25th	