



NE & KS OPTIONS EMPLOYEE BENEFITS SUMMARY FOR ELIGIBLE EMPLOYEES

2025 Plan Year: January 1, 2025 – December 31, 2025

There are 26 pay periods per year.

This document provides a summary of benefits offered by CVA. For more detailed information, please refer to *The Scoop* under the Talent Section. This overview aims to give a comprehensive look at the available benefits but may not cover every specific scenario. To locate in-network providers and facilities near you, visit wellmark.com/finder. Questions? Contact **Associated Benefit Corporation (ABC)**: 1-800-747-4370 or **CVA's Talent Team**: talent@cvacoop.com

BLUE CROSS & BLUE SHIELD (BCBS) HEALTH INSURANCE PLAN OPTIONS

Associated Benefit Corporation (ABC) High Deductible Plans (HSA Eligible)

This coverage starts on the first day of the month following date of hire.

- 1 Combined Deductible for Health and Prescription
- Children covered to age 26

HD Plan #1		
Premium (Bi-weekly)	Wellness Participation	Without Wellness Participation
Single	\$121.62	\$144.70
Employee+1	\$295.64	\$341.80
Family	\$298.66	\$344.82
Annual Deductible Medical: Single In Network		
		\$2,000
Annual Deductible Medical: Family In Network		
		\$4,000
Annual Deductible Medical: Single Out of Network		
		\$2,000
Annual Deductible Medical: Family Out of Network		
		\$4,000
Out of Pocket Maximum (OPM): Single In Network		
		\$4,000
Out of Pocket Maximum (OPM): Family In Network		
		\$8,000
Out of Pocket Maximum (OPM): Single Out of Network		
		\$4,000
Out of Pocket Maximum (OPM): Family Out of Network		
		\$8,000
<i>In-network medical and pharmacy OPM are combined into one amount.</i>		

HD Plan #2		
Premium (Bi-weekly)	Wellness Participation	Without Wellness Participation
Single	\$98.39	\$121.47
Employee+1	\$239.31	\$285.47
Family	\$241.62	\$287.78
Annual Deductible Medical: Single In Network		
		\$4,150
Annual Deductible Medical: Family In Network		
		\$4,150/\$8,300
Annual Deductible Medical: Single Out of Network		
		\$4,150
Annual Deductible Medical: Family Out of Network		
		\$4,150/\$8,300
Out of Pocket Maximum (OPM): Single In Network		
		\$8,050
Out of Pocket Maximum (OPM): Family In Network		
		\$8,050/\$16,100
Out of Pocket Maximum (OPM): Single Out of Network		
		\$8,050
Out of Pocket Maximum (OPM): Family Out of Network		
		\$8,050/\$16,100
<i>In-network medical and pharmacy OPM are combined into one amount.</i>		

Associated Benefit Corporation (ABC) Preferred Provider Organization Plans (PPO)

This coverage starts on the first day of the month following date of hire.

- Separate Deductibles for Health and Prescription
- Children covered to age 26

PPO Plan #1		
Premium (Bi-weekly)	Wellness Participation	Without Wellness Participation
Single	\$186.34	\$209.42
Employee+1	\$401.69	\$447.85
Family	\$474.52	\$520.68
Annual Deductible Medical: Single In Network		
		\$1,000
Annual Deductible Medical: Family In Network		
		\$2,000
Annual Deductible Medical: Single Out of Network		
		\$1,000
Annual Deductible Medical: Family Out of Network		
		\$2,000
Out of Pocket Maximum (OPM): Single In Network		
		\$3,000
Out of Pocket Maximum (OPM): Family In Network		
		\$6,000
Out of Pocket Maximum (OPM): Single Out of Network		
		\$3,000
Out of Pocket Maximum (OPM): Family Out of Network		
		\$6,000
<i>In-network medical and pharmacy OPM are combined into one amount.</i>		

PPO Plan #2		
Premium (Bi-weekly)	Wellness Participation	Without Wellness Participation
Single	\$168.65	\$191.73
Employee+1	\$375.69	\$421.85
Family	\$447.33	\$493.49
Annual Deductible Medical: Single In Network		
		\$2,500
Annual Deductible Medical: Family In Network		
		\$5,000
Annual Deductible Medical: Single Out of Network		
		\$2,500
Annual Deductible Medical: Family Out of Network		
		\$5,000
Out of Pocket Maximum (OPM): Single In Network		
		\$5,000
Out of Pocket Maximum (OPM): Family In Network		
		\$10,000
Out of Pocket Maximum (OPM): Single Out of Network		
		\$5,000
Out of Pocket Maximum (OPM): Family Out of Network		
		\$10,000
<i>In-network medical and pharmacy OPM are combined into one amount.</i>		

Health Savings Account - "HSA"

- Pre-tax savings for medical, dental and vision expenses with High Deductible Plan only
- CVA will contribute between \$500-\$1,500 per year based on HDHP chosen, which is offered on a yearly review basis.
- HSA Maximum contributions:
 - \$4,300 | Single
 - \$8,550 EE+1/Family

Premium Level	High Deductible Plan #1	High Deductible Plan #2
Single	\$500/year	\$750/year
EE + 1	\$750/year	\$1,000/year
Family	\$1,000/year	\$1,500/year

Life Insurance

- Administered by The Standard
- Paid by CVA at 100% with no cost to employee
- Coverage of 2.5 times your annual salary for the term policy on an employee | \$10,000 on spouse | \$5,000 on each dependent child, up to age 26.

Long Term Disability Insurance

- Administered by The Standard
- 100% Paid by CVA with no cost to employee
- Starts after 26 weeks of illness or injury
- 60% of wages with max of \$8,500/month (subject to base pay)

Short Term Disability Insurance

- Administered by The Standard
- Voluntary participation
 - 100% paid by employee
- Starts after 14 days of illness or injury
- Max of 24 weeks of disability

Tier	Benefit	Payroll WH
Plan 1	\$400/wk	\$6.68
Plan 2	\$500/wk	\$8.35
Plan 3	\$600/wk	\$10.02
Plan 4	\$700/wk	\$11.69
Plan 5	\$800/wk	\$13.36
Plan 6	\$900/wk	\$15.03
Plan 7	\$1000/wk	\$16.70

Accidental/Critical Illness

Accident, Critical Illness/Specified Disease, and Hospital Indemnity insurance are type of supplemental insurance provided by The Standard. These plans can help you pay bills that medical insurance does not cover. They pay a cash benefit directly to you for covered treatments or conditions.

- Voluntary participation - 100% paid by employee
- Pays you directly
- Goes with you if you leave your employer
- Provides coverage without answering any medical questions
- Covers children at 50% of your benefit amount at no additional cost
- Gives you the option to cover your spouse

Paid Time Off (PTO) Full-time Employees

Completed years of service	Annual hours that can be earned	Equivalent # of days	Accrued hours/pay period	Maximum hour accrual cap	Observed Holidays New Year's Day Memorial Day 4th of July Labor Day Thanksgiving Christmas Day
0 to 1 Year	80	10	3.08	80	
1+ to 6 years	144	18	5.54	224	
6+ to 11 Years	168	21	6.46	248	
11+ Years	192	24	7.39	272	

* 1 Personal Day (Personal Day resets on January 1)

Flexible Spending Account - "FSA"

- Pre-tax Health and Dependent Care
- Available to Full-time employees not participating in CVA, or other High Deductible Plan.
- Maximum carryover is projected \$660. Any funds remaining are forfeited.
- IRS Annual maximum contributions apply:
 - \$3,300 (projected) - Health Care
 - \$5,000 - Dependent Care

Dental Insurance - Delta Dental

This coverage starts on the first day of the month following date of hire. Children covered to age 26.

- Diagnostic and preventative paid at 100% (deductible waived)
- Basic services paid at 80% after deductible
- Major services paid at 50%
- Calendar year deductible \$50/\$150
- Rates per pay period (*) are:
 - \$5.34 | Employee
 - \$8.16 | Employee + One
 - \$12.02 | Family
- Maximum dental benefit per year: \$1,000 per person
- Orthodontia-dependent children only - Lifetime Max \$750

Vision Insurance - VSP

This coverage starts on the first day of the month following date of hire. Children covered to age 26.

- Rates per pay period (*) are:
 - \$0.98 | Employee
 - \$1.36 | Employee + One
 - \$2.31 | Family
- \$130 every 24 months for frames/contacts
- **Prescription Safety Glasses Plan** To participate employee must be enrolled in CVA vision insurance.
 - *Vision rates do not include the \$1.12 Prescription Safety Glasses rate paid 100% by CVA.

Retirement Pension | Co-op Retirement

- Administered by United Benefits Group
- Defined Benefit Plan
- Mandatory participation after 1,000 hours of employment (approximately 6 months)
- Employee currently contributes 3% of annual salary; CVA currently contributes 4.12% + .50% Admin fee = 4.62% ER total.
- 1.50 Accrual Rate
- 5 year vesting schedule

Retirement Savings | 401K

- 2025 Max Employee Contributions \$23,500
- 2025 Max Catch-up Limit \$7,500 for employees age 50 and above.
- Administered by Milliman Inc.
- 401K pre-tax with Employer Match
- Roth post-tax with Employer Match
- CVA currently matches up to 5% of employee investment at \$0.25/dollar
- 6 year vesting schedule pro-rated
- Full-time employees eligible 1st day of month following 30 consecutive days of employment or with rollover
- Part-time/seasonal employees eligible 1st day of month following 180 consecutive days of employment

Employee Assistance Plan - EAP

- Paid by CVA at 100% with no cost to employees or immediate family members
- Available through BestCare: www.BestCareEAP.org | 1.800.801.4182
- Provides three confidential, counseling sessions per year, per family member

For additional benefits & employee perks, visit cvacoop.com/benefits.