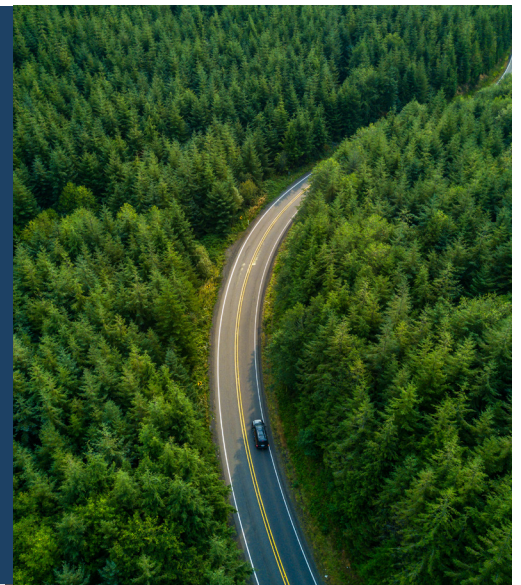




CASCADE DESIGNS®

Benefit Guide

January 1 – December 31, 2022



The CDI benefits program

CDI is pleased to offer a comprehensive benefits program at an affordable cost. We consider our benefits program to be a very important part of our compensation package and want to provide you with high quality coverage. The health plans are designed to offer you comprehensive coverage as well as to protect you from heavy financial burden in the event of a catastrophic illness or injury.

The following pages provide brief summaries of the various benefit plans CDI offers. This guide is designed to help you understand our plans and decide which benefits are right for you and your family. Please read through the guide carefully, share the information with your family, and refer to it when you have questions about our benefits.

Benefit contacts

Benefit	Provider	Group #	Contact Information
Benefit Advocates	AssuredPartners Employee Service Center	N/A	206-343-4175 or 888-343-3330 TTY/TDD: 206-748-9578 or 855-877-4726 mcm.esc@assuredpartners.com *Language interpretation services available
Medical Vision	Regence Group Administrators (RGA)	#020476	866-738-3924 wa.accessrga.com Access to the Regence BlueCard Network
Prescription Drug/ Pharmacy	CVS Caremark	#020476	800-746-7287
Specialty Pharmacy	CVS Specialty Pharmacy	#020476	800-237-2767
Dental	Delta Dental of Washington	#09295	800-554-1907 DeltaDentalWA.com
Health Savings Account (HSA)	HealthEquity	N/A	844-281-0926
Virtual Care	MDLive (for RGA members only)	#020476	877-596-8826 mdlive.com/rga
Flexible Spending Accounts (FSA)	Allegiance	#53029	877-424-3570 askallegiance.com
Employee Assistance Program (EAP)	Mutual of Omaha	N/A	800-316-2796 mutualofomaha.com/eap
Life Insurance Disability Insurance	Mutual of Omaha	Coming soon	800-228-7104 mutualofomaha.com
Travel Assistance Program	AXA Assistance USA (through Mutual of Omaha)	N/A	800-856-9947 within the U.S. 312-935-3658 outside the U.S.
CDI Human Resources	Seattle: Vivian Gould – Benefits Manager Reno: Isela Torres – HR Manager	N/A	206-676-1439 Email: vivian.gould@cascadedesigns.com 206-676-1437 Email: isela.torres@cascadedesigns.com

Who is eligible?

Eligibility	Medical, Dental and Vision Plans	Life and Disability Plans
Employee Eligibility	Employees working at least 30 hours per week.	Employees working at least 30 hours per week.
Dependent Eligibility	Your lawful spouse, dependent children up to age 26, and disabled children who rely on you for support.	Your lawful spouse, state-registered domestic partner, and dependent children from age 14 days to 26 years are eligible for the Optional Life/AD&D plan.
When Coverage Begins	Medical, dental, vision, basic life/AD&D, short term disability, and optional life/AD&D* plans: <ul style="list-style-type: none"> If hired before the 16th of the month: The first day of the following month. If hired on the 16th of the month or later: The first day of the next following month. Long Term Disability plan: The first day of the month following 12 months of employment.	
When Employee Coverage Ends	The last day of the month in which employment ends.	The day employment ends.
When Dependent Coverage Ends	Dependent coverage ends on the day the dependent no longer meets the eligibility rules, or the date employee coverage ends; whichever is first.	Dependent Optional Life/AD&D coverage ends on the day the dependent no longer meets the eligibility rules, or the date employee coverage ends; whichever is first.
After Coverage Ends	You may have the right to purchase continuation coverage under COBRA.	Conversion to an individual policy may be available for the Basic Life, LTD, and Optional Life. Portability to an individual policy may be available for the Optional Life. There are no continuation options for the STD.

*You must enroll and be approved for Optional Life/AD&D before coverage begins.

Dependent eligibility verification

To enroll a spouse and/or child(ren) in the health plans, you are required to provide proof that they are an eligible dependent. This is to ensure we extend coverage only to those dependents who are eligible for the benefit plans.

Dependent	Required Documents*
Spouse	Marriage certificate PLUS proof of current marriage: <ul style="list-style-type: none"> First page of employee's most recently filed 1040, or Statement or bill in spouse's name at employee's address, dated in the last 60 days.
Child	<ul style="list-style-type: none"> Birth certificate listing employee as parent, Certificate of adoption listing employee as adoptive parent, or Court order of legal guardianship listing employee as legal guardian.
Stepchild	Proof of marriage/relationship to spouse PLUS one of the following: <ul style="list-style-type: none"> Birth Certificate listing spouse as parent, Certificate of adoption listing spouse as adoptive parent, or Court order of legal guardianship listing spouse as legal guardian.
Disabled child (age 26 or older)	<ul style="list-style-type: none"> Birth certificate listing employee/spouse as parent, Certificate of adoption listing employee/spouse as adoptive parent, or Court order of legal guardianship listing employee/spouse as legal guardian. Certification of disability from Social Security Administration Employee's most recently filed tax return listing child as dependent

*We will accept certain alternative documents if these documents are not available.

Making mid-year changes

If you enroll in benefits you may not drop or change them during the year, unless you and/or your eligible dependents experience a permitted mid-year change event. Any change in coverage must be consistent with the change in family status. Permitted change events include, but are not limited to:

- Birth, adoption or placement for adoption
- Death
- Gain or loss of dependent status
- Change in legal marital status
- Gain or loss of coverage under this plan by you or your spouse
- Your spouse's annual enrollment period
- A court order requiring coverage to be provided for a dependent child
- Loss of coverage or eligibility for premium assistance under a state Medicaid or CHIP program by you, your spouse, or dependents
- Change in employment status that results in gain or loss of eligibility for coverage by you, your spouse, or another dependent

If you experience a change in your life that affects your benefits, report it to HR. The change must be reported within 30 days of the permitted change event (60 days for gain or loss of Medicaid and CHIP coverage).

Your benefit advocates

CDI partners with AssuredPartners, our benefit consultants, to help answer any questions you may have about your benefits. The Benefit Advocates in the AP Employee Service Center (ESC) are specially trained individuals who can help answer your and your covered family members' insurance questions, such as:



- **Benefit questions:** What is my out-of-pocket maximum? How will a specific service be covered? Does this service require pre-authorization? How do I read my Explanation of Benefits?
- **Claim questions:** Why was my service denied? Why did my insurance only pay part of the bill? How do I correct a billing error? How do I submit a claim? How do I fix a claim I believe was processed in error?
- COBRA questions
- Ordering ID cards
- In-network provider searches
- Coordination of benefits

Depending on your question, a HIPAA Privacy Release Form may be required to allow a Benefit Advocate to work with the insurance company on your behalf.

Translation services are available! Please refer to their contact information on page 2.

Disclaimer

This Benefit Guide contains an overview of CDI's benefits program. If there is any discrepancy between this guide and the official plan documents, the official plan documents will govern in all cases. Our plans intend to comply with all federally mandated benefit changes and patient protections required by the federal health care reform law. This guide is based on current interpretations/guidance on health care reform and could change based on future determinations and/or final regulations.

Cost of coverage

CDI funds the majority of the cost of our benefit plans. **We offer one medical plan at no premium cost for employee coverage.** Employees who participate in the Wellness Program qualify for a \$25 discount on their monthly medical premium for the 2022 plan year. Note: CDI has 24 pay periods per year.

Medical Plans - RGA

Premiums per pay period	Your cost		Cascade Designs' cost	
	Traditional Plan	Health Savings Plan	Traditional Plan	Health Savings Plan
Employee	\$47.00	\$12.50	\$262.50	\$261.50
Employee & spouse	\$179.50	\$126.00	\$492.00	\$467.50
Employee & child	\$93.50	\$52.00	\$371.70	\$358.70
Employee & children	\$125.00	\$78.50	\$442.90	\$422.90
Employee, spouse & child	\$226.00	\$165.50	\$600.20	\$565.20
Employee, spouse & children	\$257.50	\$191.50	\$672.40	\$630.40
With Wellness Premium Discount* (\$12.50/paycheck)				
Employee	\$34.50	\$0.00	\$275.00	\$274.00
Employee & spouse	\$167.00	\$113.50	\$504.50	\$480.00
Employee & child	\$81.00	\$39.50	\$384.20	\$371.20
Employee & children	\$112.50	\$66.00	\$455.40	\$435.40
Employee, spouse & child	\$213.50	\$153.00	\$612.70	\$577.70
Employee, spouse & children	\$245.00	\$179.00	\$684.90	\$642.90

*You must complete the RGA health assessment questionnaire online by the deadline to qualify for the discounted premium.

- Hired prior to November 1, 2021: Questionnaire due by December 15, 2021.
- Hired on or after November 1, 2021: Questionnaire due within 90 days of your benefit eligibility date.

Dental Plan - Delta Dental of Washington

Premiums per pay period	Your cost	Cascade Designs' cost
Employee	\$5.00	\$16.50
Employee & spouse	\$17.00	\$27.00
Employee & child	\$11.00	\$22.00
Employee & children	\$19.50	\$29.00
Employee, spouse & child	\$23.00	\$32.50
Employee, spouse & children	\$31.50	\$39.50

Vision Plan - RGA

Premiums per pay period	Your cost	Cascade Designs' cost
Employee	\$0.00	\$5.00
Employee & spouse	\$0.00	\$17.00
Employee & child	\$0.00	\$11.00
Employee & children	\$0.00	\$19.50
Employee, spouse & child	\$0.00	\$23.00
Employee, spouse & children	\$0.00	\$31.50

Medical plans

CDI offers two plan options through Regence Group Administrators (RGA), giving you the flexibility to select the plan that best fits your needs. **In most cases, you must visit an in-network provider to receive coverage.** The plan year is January 1 - December 31.

Benefits	Traditional Plan – In-network	Health Savings Plan – In-network
Deductible Per calendar year	\$1,000 Individual \$3,000 Family	Employee-only coverage: \$2,000 Employee + one or more dependents coverage: \$4,000
Out of Pocket Maximum Per calendar year (includes deductible, copays, and coinsurance)	\$3,600 Individual \$10,800 Family	\$4,000 Individual \$8,000 Family
Employer HSA Contribution Per calendar year	N/A	Employee-only coverage: \$600 Employee + one or more dependents coverage: \$1,200
Professional Services		
Preventive Care	Covered at 100%, deductible waived	
Virtual Care Visits MDLIVE	\$10 copay, deductible waived	10% coinsurance after deductible
Primary Care Office Visits General Practice, OB/GYN, Internal Medicine, Pediatrics, Family Practice, Naturopathy, Nurse Practitioner, Nurse Midwife, Doctor of Osteopathic Medicine, and Physician’s Assistants.	\$25 copay, deductible waived	10% coinsurance after deductible
Specialist Office Visits	\$50 copay, deductible waived	20% coinsurance after deductible
Massage Therapy , 26 visits per calendar year <i>In & out of network providers covered</i>	\$50 copay, deductible waived	20% coinsurance after deductible
Chiropractic Care , 26 visits per calendar year Acupuncture , 26 visits per calendar year	\$50 copay, deductible waived	20% coinsurance after deductible
Outpatient Rehabilitation Visits 60 days per calendar year combined for physical, occupational, speech, cognitive, cardiac, and pulmonary therapy	\$50 copay, deductible waived	20% coinsurance after deductible
Diagnostic Lab and X-Ray Services	20% coinsurance, deductible waived	20% coinsurance after deductible
Urgent Care In and out of network for emergencies	\$35 copay, deductible waived (copay waived if admitted to hospital)	20% coinsurance after deductible
Hospital Services		
Emergency Room In and out of network for emergencies	\$150 copay, no charge after deductible (copay waived if admitted to hospital)	20% coinsurance after deductible
Inpatient Hospital	20% after deductible and \$200 copay	20% coinsurance after deductible
Outpatient Hospital	20% after deductible and \$100 copay	20% coinsurance after deductible
Prescription Drugs		
30-Day Supply at Retail Pharmacy	Generic: \$10 copay Preferred brand-name: \$35 copay Non-preferred brand-name: \$70 copay	Preventive generics and FDA-approved contraceptives: Covered at 100%, deductible waived All others: 20% coinsurance after deductible
90-Day Supply at Retail Pharmacy or through Home Delivery Program	Generic: \$20 copay Preferred brand-name: \$70 copay Non-preferred brand-name: \$140 copay	
30-Day Specialty Medications Must be filled through CVS Specialty Pharmacy	\$110 copay	

How do the medical plans work?

Traditional Plan

First: You pay copays for office visits, urgent care, ER and prescription drugs.

Second: You must satisfy the deductible for services such as hospital visits, complex radiology, etc.

Third: Coinsurance begins. You pay 20% of the cost of covered services and the plan pays 80%.

Fourth: Once you reach the out-of-pocket maximum the plan pays 100% of covered expenses for the rest of the calendar year.

Health Savings Plan

First: You can open a Health Savings Account to help you pay for qualified medical expenses.

Second: You must satisfy the deductible before the plan pays (except for preventive care). The deductible applies to office visits, urgent care, prescription drugs, etc. If you are enrolled with dependents, the ***family deductible*** must be satisfied before the plan pays for any family member.

Third: Coinsurance begins. For most covered services you pay 20% and the plan pays 80% of the cost.

Fourth: Once you reach the out-of-pocket maximum the plan pays 100% of covered expenses for the rest of the calendar year.

Virtual care

RGA provides members access to virtual care with MDLive. You can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office.

Choose when: Day or night, weekdays, weekends, and holidays.

Choose where: Home, work, or on the go.

Choose how: Phone or video chat.

You can speak with a doctor for help with:

- Sore throat
- Headache
- Stomachache
- Fever
- Cold and flu
- Allergies
- Rash
- Acne
- UTIs and more

Register for MDLive ahead of time so you'll be ready to use their virtual care services when you need it.

Go to mdlive.com/rga or call 877-596-8826



RGA wellness perks!

RGA members have access to many discounts for programs, products and services to help support you and our family's health and well-being - such as Jenny Craig weight loss programs, hearing aids, child safety products, pet wellness plans, and more. Refer to the RGA Member Guide on benefitscdi.com for more information.



Health Savings Account (HSA) - for Health Savings Plan only

What is an HSA?

An HSA is a tax-advantaged savings account used to pay for qualified health care expenses of the account beneficiary or the account beneficiary's spouse or dependents. It must be paired with a high deductible health plan (HDHP). Contributions, investment earnings and amounts distributed for qualified medical expenses are all exempt from federal income tax, FICA tax and most state taxes.*

Because of its tax advantages, an HSA is an attractive savings vehicle for current and future medical expenses. Employer and employee contributions are excluded from federal taxable income as are qualified distributions (i.e. withdrawals for qualified health care expenses). Also, your HSA balance plus investment earnings carry over year-to-year, tax-free.



Who is eligible to contribute to an HSA?

If you enroll in CDI's Health Savings Plan, you are generally eligible to make and receive HSA contributions. To be eligible, you must have no other disqualifying health coverage, and you cannot be claimed as a dependent on another person's tax return. Some examples of other health coverage that will disqualify you from contributing to an HSA include:

- Other non-HDHP medical coverage (e.g. traditional PPO with copays, HMO, etc.)
- A spouse's or parent's general-purpose health flexible spending account (FSA) or health reimbursement arrangement (HRA)
- Medicare, including Part A
- TRICARE or Veterans Administration (VA) health benefits received within the last three months, except for preventive care. If you are receiving treatment from the VA for a service-connected disability, this exclusion does not apply and you are not disqualified from making HSA contributions.

What can I use my HSA funds on?

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Code, incurred by you, your spouse or any tax dependent. The expenses must be primarily to alleviate or prevent a physical, mental, dental, or vision defect or illness.

Qualified Medical Expenses	Non-Qualified Medical Expenses
Deductibles and coinsurance	Cosmetic surgery
Prescription medications	Diaper service
Dental care, orthodontia and dentures	Electrolysis
Vision care, eyeglasses, contacts, Lasik surgery	Health club dues
Medical equipment and hearing aids	Future medical care
COBRA premiums	Medicines and drugs from other countries
Long term care premiums	Nutritional supplements

For a complete list of approved health care expenses, please refer to IRS Publication 502, "Medical and Dental Expenses" at [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf). Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty if you're under age 65.

*There are a few states that do not conform with federal tax rules regarding HSAs. In California and New Jersey, HSA contributions and earnings are subject to state income taxes. In New Hampshire, interest and dividend earnings are taxable above a certain dollar amount. Please consult your personal tax advisor for additional information.

How much will CDI contribute to my HSA?

If you are HSA-eligible, CDI will make a contribution to your HSA as follows:

HSA Funding Schedule	Employee-only coverage	Employee + 1 or more dependant coverage
January 1	\$150	\$300
April 1	\$150	\$300
July 1	\$150	\$300
October 1	\$150	\$300
Total Contribution from CDI for 2022	\$600	\$1,200

How much can I contribute to my HSA?

The amount you or any other person may contribute to your HSA is set by the IRS and depends on the type of HDHP coverage you have, your age, and your HSA eligibility date.

For 2022, if you have self-only HDHP coverage you may contribute up to \$3,650. If you have family HDHP coverage (employee + one or more dependents), you may contribute up to \$7,300. Individuals age 55 and older who are not enrolled in Medicare may contribute an additional \$1,000 per year. CDI's contribution counts towards the annual limit.

If you are an eligible individual for the entire year and don't change your type of coverage, you can contribute the full amount based on your type of coverage. However, if you weren't an eligible individual for the entire year or changed your coverage during the year, your contribution limit is the greater of:

- The total of your monthly limits divided by 12, or
- The maximum annual HSA contribution based on your HDHP coverage (self-only or family) on the first day of the last month of your tax year (December 1).

Can I change my HSA contribution during the year?

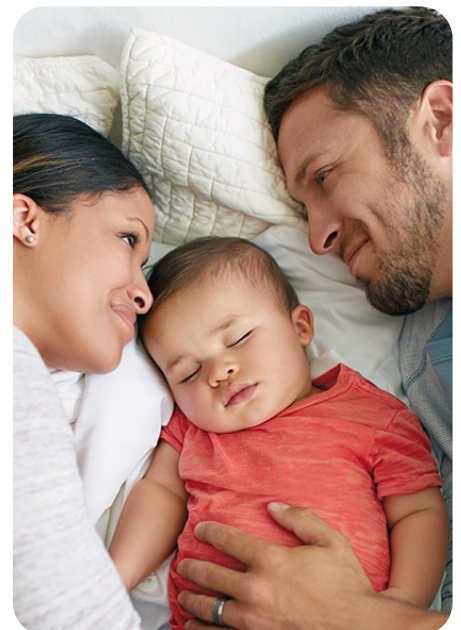
Unlike your medical plan election, you may change your HSA contribution at any time during the year, for whatever reason. You can start or stop making contributions or increase or decrease the amount of your contribution. Changes you make take effect prospectively.

Can I contribute to an HSA and FSA?

You generally can't contribute to both an HSA and a health care FSA in the same year, unless you have a limited-purpose FSA that covers only certain expenses, such as dental and vision costs. You can contribute to an HSA and a dependent care FSA.

What happens to my HSA if my employment terminates?

Your HSA is portable. This means that you can take your HSA with you if you change employers, and you may continue to use the funds you have accumulated. If you elect to continue high deductible health plan coverage under COBRA, you may use your HSA to pay for COBRA premiums.



Dental plan

CDI offers a dental plan through Delta Dental of Washington. You may see any licensed dentist; however, you receive a higher benefit level if you go to a Delta Dental PPO dentist. To locate a Delta Dental PPO dentist visit www.DeltaDentalWA.com. The plan year is January 1 - December 31.

Benefits	PPO Dentist	Premier Dentist	Non-Participating Dentist
Deductible Per calendar year	None	\$50 per individual \$150 per family	
Preventive and Diagnostic Care (Class I) Exams, cleaning, fluoride, X-Rays, sealants	No charge	No charge, deductible waived	
Restorative Care (Class II) Fillings, endodontics, periodontics, oral surgery	20% coinsurance	20% coinsurance after deductible	
Major Care (Class III) Dentures, implants, bridges, crowns	50% coinsurance	50% coinsurance after deductible	
Maximum Benefit Per calendar year	\$2,000 per person		

Why should I go to a PPO dentist?

PPO dentists provide services at discounted rates and file all claim paperwork for you. The plan will pay its portion and you'll only be responsible for your stated deductible, coinsurance and/or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the PPO network.

If you choose a non-participating dentist, you will be responsible to have the dentist complete your claim forms and to ensure that the claims are sent to Delta Dental. Claim payments will be based on actual charges or the maximum allowable fees for non-participating dentists, whichever is less. You'll be responsible for any balance remaining after the plan pays. Delta Dental has no control over non-participating dentists' charges or billing procedures.

You can find a PPO dentist online at DeltaDentalWA.com by filtering your search results by the Delta Dental PPO network.



Vision plan

If you enroll in any of the medical plans, you can also enroll in the corresponding vision plan through RGA. The plan year is January 1 - December 31.

Benefits	Traditional Plan	Health Savings Plan	All Plans
	In Network		Out of Network
Exam Limited to 1 per calendar year	\$25 copay, deductible waived		\$45 allowance
Hardware (frames, lenses, contacts) Per calendar year	\$200 allowance		

Flexible Spending Arrangement (FSA)

A Flexible Spending Arrangement (FSA) allows you to set money aside on a pre-tax basis to pay for qualified out-of-pocket health and dependent care expenses. You can contribute up to \$2,750 in a health FSA and \$5,000 in a dependent care FSA (*the IRS has not yet released the 2022 limits at the time this document was printed*). Your election will be evenly deducted from your paycheck, pre-tax, throughout the year.

Allegiance administers CDI's FSA. You can carry over up to \$550 of unused health care FSA funds from 2022 into 2023, but there is no carry over allowed for the dependent care FSA.

General purpose health FSA

You cannot have an HSA and a general purpose health FSA (see limited purpose health FSA below). A general purpose health FSA is for medical, prescription drug, and dental expenses such as deductibles, prescription drugs, eyeglasses, laser eye surgery, orthodontia, acupuncture, massage therapy, etc.

Limited purpose health FSA

You can have an HSA and a limited purpose health FSA. A limited purpose health FSA is for dental and vision expenses only.

Dependent care FSA

You can have an HSA and a dependent care FSA. You can use the dependent care FSA for expenses necessary to care for dependent children under age 13 or adult dependents (such as your parents or spouse) who are physically or mentally incapable of self-care. Dependent care expenses are limited to services that allow you and your spouse to work, attend school full-time, or look for work.



Life and disability plans

Basic life/AD&D

CDI provides a Basic Life and Accidental Death and Dismemberment (AD&D) insurance benefit through Mutual of Omaha to all eligible employees. This coverage is provided to you at no cost. Life insurance pays your beneficiary a benefit in the event of your death and AD&D insurance pays a benefit if your death results from an accident or if you are severely injured.

Benefits	Basic Life/AD&D Insurance
Life/AD&D Insurance Amount	1 times annual salary rounded to the next \$1,000 to a maximum of \$50,000 (minimum of \$20,000)
Benefit Reductions (benefits terminate at retirement)	Reduces by 35% at age 70 and by 50% at age 75

Short term disability (STD)

CDI provides STD benefits through Mutual of Omaha to all eligible employees. This benefit is provided to you at no cost. STD insurance covers your earnings if you are unable to work due to a short term non-work-related injury or illness.

Workers in Washington may apply for paid leave benefits under the state's Paid Family and Medical Leave (PFML) program. In general, eligible employees may take up to 12 weeks of paid leave per year to care for themselves, their family members, or to bond with new children. For information about eligibility and how to apply for benefits, please refer to the state's website at paidleave.wa.gov/workers. If you qualify for both PFML and short-term disability benefits, the amount you receive from Mutual of Omaha will be reduced by any benefit payments you receive from Washington PFML.

Benefits	Short Term Disability Insurance
Benefit Amount	50% of weekly earnings
Maximum Weekly Benefit	\$1,000
Benefits Begin	After 7 days for injuries, illness or pregnancy
Benefits End	After a maximum of 26 weeks

Long term disability (LTD)

CDI provides LTD benefits through Mutual of Omaha to all eligible employees after 12 months of employment. This benefit is provided to you at no cost. LTD insurance covers your earnings if you are unable to work due to a disabling condition. You must meet the definition of disability to receive benefits.

Benefits	Long Term Disability Insurance
Benefit Percentage	60% of monthly earnings
Maximum Monthly Benefit	\$10,000
Elimination Period	180 Days
Benefit Duration	To Social Security Normal Retirement Age
Pre-existing Conditions	Disabilities that occur due to a pre-existing condition are not covered unless you have been insured on Cascade's group LTD plan for 12 months

Optional life/AD&D plan

We recognize that the Basic Life/AD&D coverage provided by CDI may not meet your financial needs. CDI offers you the opportunity to purchase Optional Life/AD&D insurance for you and your eligible dependents through Mutual of Omaha at competitive group rates through convenient payroll deductions. The cost is based on benefit amount and age.

You will need to complete an Evidence of Insurability (EOI) Form if your coverage election exceeds the guarantee issue amount. The guarantee issue amount is the benefit level that Mutual of Omaha will automatically cover without receiving proof of good health, if you enroll when you are first eligible. If you waived coverage when you were first eligible and decide to enroll at a later date, you will need to complete an EOI Form for any coverage amount - even if it is below the guarantee issue. Mutual of Omaha will review your EOI Form before coverage is effective.

Benefits	Optional Life/AD&D Insurance
Employee Coverage Amount	The lesser of 7 times salary or \$500,000 (purchased in \$10,000 Increments)
Spouse / State-registered Domestic Partner Coverage Amount	The lesser of 50% of the employee's amount or \$250,000 (purchased in \$5,000 Increments)
Children Coverage Amount <i>Covered from 14 days old to age 26</i>	The lesser of 50% of the employee's amount or \$10,000 (purchased in \$2,000 increments)
Guarantee Issue	\$200,000 for employee \$30,000 for spouse \$10,000 for children
Cost	Rates are based on the amount of coverage you select and your age (refer to the Mutual of Omaha Enrollment Kit, ask HR for a copy if it is not in your packet)

What does guarantee issue mean?

"Guarantee Issue" is the amount of coverage you can buy when you are initially eligible without having to submit evidence of good health.

For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of your coverage. If you apply for an amount that requires evidence of insurability (EOI) you must be actively at work on the date your amount of coverage requiring EOI is approved by Mutual of Omaha. If your dependents are confined for medical treatment at home or elsewhere, their coverage will begin when confinement ends.

Annual enrollment opportunity

If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at CDI's next annual enrollment (every November) by up to \$40,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).



Employee assistance program (EAP)

Each person's life includes its own unique set of challenges. To help you cope with these challenges, CDI provides an EAP through Mutual of Omaha. Enrollment is automatic and CDI pays the full cost for your coverage.

Benefits include confidential access to:

- Up to three free counseling sessions (per year, per household) conducted either face-to-face or through video
- Assistance with marital and family issues, depression, stress and anxiety, problems with substance abuse, balancing work and home, grief and loss, etc.
- You can substitute one counseling session for one legal consultation (up to 30 minutes) with an attorney - and then get a 25% discount for ongoing legal services for the same issue (same offer for a financial consultation and ongoing services)
- Online tools and resources

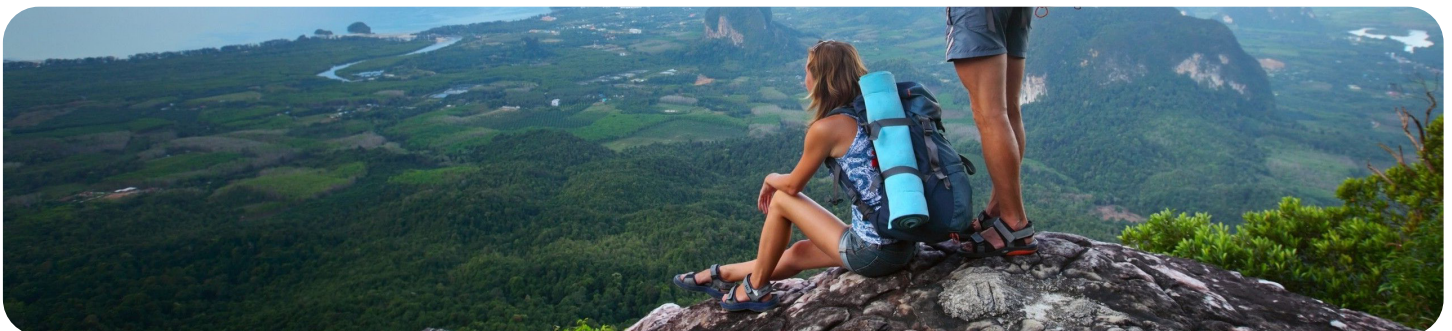


EAP counselors are available 24/7
Call: 800-316-2796
Web: mutualofomaha.com/eap

Travel Assistance

CDI provides you access to the AXA Travel Assistance Program through Mutual of Omaha. This service offers you and your dependents medical, travel, legal and financial assistance services 24 hours a day, 365 days a year, worldwide. Participants have access to assistance when faced with an emergency if more than 100 miles away from home for up to 120 consecutive days.

To access this service call (800) 856-9947 within the United States or call collect (312) 935-3658 outside the U.S.





AssuredPartners MCM
1325 Fourth Avenue, Suite 2100
Seattle, WA 98101
www.assuredpartners.com