

CASCADE DESIGNS®



EMPLOYEE BENEFITS GUIDE

January 1, 2024 - December 31, 2024

Welcome!

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.

**The benefits in this summary are effective:
January 1, 2024 – December 31, 2024**

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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 guide is based on current interpretations/guidance on health care reform and could change based on future determinations and/or final regulations.

Resources for Benefits Assistance

Benefit	Provider	Website
Benefit Advocates	AP Employee Service Center	mcm.esc@assuredpartners.com 1-888-343-3330 TTY/TDD: 206-748-9578 or 855-877-4726 <i>Language interpretation services available</i>
Medical, Vision	Regence Group Administrators (RGA) Group # 020476	1-866-738-3924 wa.accessrga.com Access to the Regence BlueCard Network
Prescription Drug/Pharmacy	CVS Caremark Group # 020476	1-800-746-7287
Specialty Pharmacy	CVS Specialty Pharmacy Group # 020476	1-800-237-2767
Dental	Delta Dental of Washington Group # 09295	1-800-554-1907 deltadentalwa.com
Health Savings Account (HSA)	HealthEquity	1-844-281-0926
Virtual Care	MDLive – for RGA members only Group # 020476	1-877-596-8826 mdlive.com/rga
Maternity Program	MommyTrax – for RGA members only Group # 020476	1-888-747-2819 mommytrax.com
Flexible Spending Accounts (FSA)	Allegiance Group # 53029	1-877-424-3570 askallegiance.com
Employee Assistance Program (EAP)	Mutual of Omaha	1-800-316-2796 mutualofomaha.com/eap
Life Insurance Disability Insurance	Mutual of Omaha Group # G000BYWT	1-800-228-7104 mutualofomaha.com
Travel Assistance Program	AXA Assistance USA (through Mutual of Omaha)	1-800-856-9947 within the U.S. 312-935-3658 outside the U.S.
CDI Human Resources	<u>Seattle</u> Vivian Gould – HR/Benefits Manager <u>Reno</u> Diana Campos-Anaya – HR Manager	206-676-1439 vivian.gould@cascadedesigns.com 775-372-6612 diana.anaya@cascadedesigns.com



Eligibility Rules

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.	Optional Life/AD&D plan only: Your lawful spouse, state-registered domestic partner, and dependent children from age 14 days to 26 years.
When Coverage Begins	Medical, dental, vision, basic life/AD&D, short term disability, and optional life/AD&D* plans: » 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.



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 effects 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)

Employee Service Center

If you have a benefit question or a problem with claims payment, a Benefit Advocate in AssuredPartners Employee Service Center (ESC) is available to help you and your covered family members. Benefit Advocates are professionals who are available to help you better understand your benefit program and to assist you in resolving complex issues such as claims appeals.

- » Questions about your benefits
- » Understanding claims issues
- » Assistance with enrollment
- » Finding in-network providers
- » COBRA information
- » Medicare referrals

Benefit Advocates are available to assist you Monday through Friday, 7:30 AM to 5:00 PM Pacific Time. You can call the ESC toll-free from anywhere in the U.S. or Canada. Your Benefit Advocate will track your issue and make sure that it is resolved.

Due to HIPAA Privacy regulations, AssuredPartners may need to obtain your written authorization to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed. **This is a free service. All personal health information is confidential.**



**EMPLOYEE
SERVICE
CENTER**

Phone: 1-888-343-3330 or 206-343-4175

Email: mcm.esc@assuredpartners.com

TTY/TDD: 1-855-877-4726

Language interpretation services available

Please note, the AssuredPartners ESC cannot provide legal representation, legal advice, or medical reviews.

Medical Benefits

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.

Plan	Traditional Plan	Health Savings Plan (HSP)
	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, coinsurance	\$3,600 Individual \$10,800 Family	\$4,000 Individual \$8,000 Family
Employer Contribution to HSA	N/A	Employee-only coverage: \$600 Employee + one or more dependents coverage: \$1,200
Professional Services		
Preventive Care	Covered at 100%, deductible waived	Covered at 100%, deductible waived
Virtual Care Visits MDLIVE	\$10 copay, deductible waived	10% coinsurance after deductible
Primary Care Office Visits	\$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	\$50 copay, deductible waived	20% coinsurance after deductible
Chiropractic Care 26 visits per calendar year	\$50 copay, deductible waived	20% coinsurance after deductible
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	20% coinsurance, deductible waived	20% coinsurance after deductible
Diagnostic Lab and X-Ray Services	\$35 copay, deductible waived (copay waived if admitted to hospital)	20% coinsurance after deductible
Urgent Care In- and out-of-network for emergencies	Covered in Full	100% 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	

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



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.

MommyTrax Maternity Program

CDI provides a maternity program with RGA called MommyTrax. The program is available at no cost to employees and family members enrolled in our medical plans. MommyTrax provides resources and support for a healthy pregnancy and baby. Participants have access to one-on-one coaching with an experienced maternity nurse to answer questions, help cope with common pregnancy symptoms, help maintain optimal health during pregnancy, and support after baby is born. The program is completely confidential. Visit mommytrax.com or call 1-888-747-2829 to enroll.



How 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. You pay 20% of the cost of covered services and the plan pays 80%.

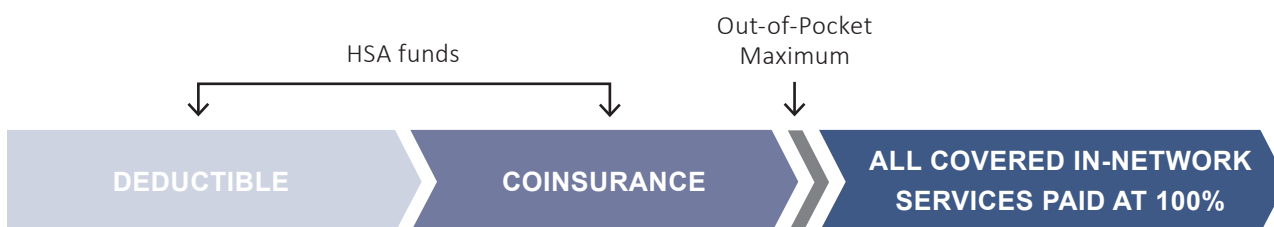
Fourth: Once you reach the out-of-pocket maximum the plan pays 100% of covered expenses for the rest of the calendar year.

Health Savings Account

What is a Health Savings Account?

The Health Savings Plan is compatible with a Health Savings Account (HSA). Use your HSA to fund your deductible, coinsurance, and qualified medical, dental, and vision out-of-pocket costs. It is up to you whether to use the funds in your HSA, or pay out-of-pocket for health care expenses.

If you enroll in the Health Savings Plan, an HSA will be automatically opened for you with HealthEquity, the HSA custodian. You will receive a welcome kit and an HSA debit card from HealthEquity four to six weeks after enrolling. You may need to provide documents or take other action directly with HealthEquity for your account to be set up.



Who Can Use the HSA?

You can use your HSA to pay for qualified health care expenses incurred by you, your spouse, and any dependent you claim on your tax return (or generally could claim on your tax return if an exception didn't apply).

How Can HSA Dollars Be Spent?

HSA distributions (also known as withdrawals) are exempt from taxes when they are used to pay for qualified health expenses incurred by you, your spouse or any of your tax dependents. IRS Publication 502 provides a list of expenses (www.irs.gov/forms-pubs/about-publication-502).

You can withdraw money from your HSA for non-qualified expenses, but the money will be taxed at your income tax rate, plus

Health Savings Account

a 20% penalty (if you are under age 65). Once you reach age 65, you can withdraw HSA funds for any reason, and pay only your regular tax rate on the withdrawal, but not the 20% penalty.

Am I Eligible To Contribute To An HSA?

If you enroll in the Cascade Designs Health Savings Plan, you are generally eligible to make and receive HSA contributions. HSA eligibility is determined on a monthly basis, and also requires that you are not:

- » Covered by any other health plan that is not HSA-compatible
- » Eligible for reimbursement from a spouse's or parent's general-purpose health flexible spending account (FSA)
- » Eligible for reimbursement from a spouse's or parent's health reimbursement arrangement (HRA)
- » Entitled (eligible and enrolled) to Medicare, including Part A
- » Covered by TRICARE
- » Receiving Veterans Administration (VA) health benefits within the last three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply
- » Claimed as a dependent on another person's tax return

How much will CDI contribute to my HSA?

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

Health Funding Schedule	Employee-only	Employee + 1 or more dependent
January 1	\$150	\$300
April 1	\$150	\$300
July 1	\$150	\$300
October 1	\$150	\$300
Total Contribution from CDI for 2024	\$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 2024, if you have self-only HDHP coverage you may contribute up to \$4,150. If you have family HDHP coverage (employee + one or more dependents), you may contribute up to \$8,300. 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.

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 Benefits

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 deltadentalwa.com. The plan year is January 1 - December 31.

	PPO Dentist	Premier Dentist	Non-Participating Dentist
Deductible Per calendar year	None		\$50 Individual \$150 Family
Plan Maximum Per calendar year		\$2,000 per person	
Class I: Preventive & Diagnostic Services Exams, x-rays, fluoride, sealants	Covered at 100%	Covered at 100%, deductible waived	
Class II: Restorative Services Fillings, endodontics, periodontics, oral surgery	20% coinsurance	20% after deductible	
Class III: Major Services Crowns, Bridges, Implants	50% coinsurance	50% coinsurance after deductible	

PPO Dentists

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.

Balance Billing: If you visit a Non-Participating dentist, you may be responsible for charges that exceed the plan's maximum reimbursement levels, in addition to the deductible and plan cost share.

Pre-Treatment Estimate: If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to Delta Dental before you begin treatment. Delta Dental will provide you with a summary of the plan's coverage and your estimated out-of-pocket costs.



Vision Benefits

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

A Flexible Spending Arrangement (FSA) enables you to set aside money on a pre-tax basis to pay for your out-of-pocket Qualified Expenses. Allegiance administers CDI’s FSA. There are three FSA options:

General Purpose Health Care FSA – Covers medical, prescription drug, dental and vision expenses.

Limited Purpose Health Care FSA* – Covers vision and dental expenses only (for employees enrolling in the Health Savings Plan).

Dependent Care FSA – Covers day care expenses for dependent children under age 13 or adult dependents (such as your parent or spouse) who are physically or mentally incapable of self-care. Dependent care expenses are for services that allow you to work, attend school full-time or look for work. If you choose to have dependent care expenses reimbursed by your Dependent Care FSA, those same expenses cannot be claimed for a dependent care tax credit on your federal income tax return. Consult a tax advisor for more information and to help you choose the best approach for your circumstances.

***The IRS does not allow enrollment in both a Health Savings Account (HSA) and a General Purpose Health Care FSA. We are offering a Limited Purpose Health Care FSA for employees enrolled in the HSP. The Limited Purpose Health Care FSA will allow you to set aside additional money pre-tax for your out-of-pocket dental and vision expenses. You are not allowed to run your medical or prescription drug expenses through the Limited Purpose Health Care FSA.**

How it works

Estimate your expenses for health care and/or dependent care for the coming Plan Year and enroll in an FSA for that amount. Your contribution will be deducted from your paycheck on a pre-tax basis, so you don’t pay FICA, Federal Income Tax, or state income tax. This means you reduce your taxable income and, therefore, your income tax.

Contribution Limits

You can contribute up to \$3,200 in a health FSA and \$5,000 in a dependent care FSA. Your election will be evenly deducted from your paycheck, pre-tax, throughout the year. The contributions you make to these accounts can only be used for expenses you incur and pay during that Plan Year. If your spouse contributes to a Dependent Care FSA through his or her employer, your combined contributions for the calendar year cannot exceed \$5,000.

Healthcare FSA Rollover Provision

You can carry over up to \$640 of unused health care FSA funds from 2024 into 2025, but there is no carry over allowed for the dependent care FSA.

Life Insurance

Basic Life/AD&D – Employer paid

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.

Benefit Amounts	Basic Life/AD&D
Basic 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 <i>Benefits terminate at retirement</i>	Reduces by 35% at age 70 and by 50% at age 75

Optional Life/AD&D

Cascade Designs recognizes that individuals have different financial needs and you may require additional life insurance. We offer the opportunity to purchase in Optional Life/AD&D insurance through Prudential for you, your spouse and eligible dependent children 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.

Benefit Amounts	Optional Life/AD&D
Employee Coverage Amount	The lesser of 7 times salary or \$500,000 <i>Purchased in \$10,000 Increments</i>
Spouse / State-Registered Domestic Partner Coverage Amount	The lesser of 50% of the employee's amount or \$250,000 <i>Purchased in \$5,000 Increments</i>
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 <i>Purchased in \$2,000 Increments</i>
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 <i>Refer to the Mutual of Omaha Enrollment Kit, ask HR for a copy if it is not in your packet</i>

Guarantee Issue – 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 opportunity to increase your coverage amount by \$10,000, \$20,000, \$30,000 or \$40,000 during CDI's next annual enrollment period in November without providing Evidence of Insurability, provided the total amount of coverage does not exceed the maximum coverage 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).

Disability Insurance Benefits

Short Term Disability Insurance – Employer paid

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.

Short Term Disability	
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 Insurance – Employer paid

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.

Long Term Disability	
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



Additional Benefits

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

mutualofomaha.com/eap

1-800-316-2796

Travel Assistance Program

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.



Within the U.S. 1-800-316-2796

Outside the U.S., call collect 312-935-3658

Employee Contributions

Premiums are deducted on a per pay period basis (24 pay periods/year) based on the plans you select.

Medical Plans - RGA

Premiums Per Pay Period	Your Cost		Cascade Designs' Cost	
	Traditional Plan	Health Savings Plan	Traditional Plan	Health Savings Plan
Employee only	\$53.00	\$12.50	\$296.00	\$296.50
Employee & spouse	\$202.50	\$142.50	\$554.50	\$527.00
Employee & child	\$105.00	\$58.50	\$419.50	\$404.50
Employee & children	\$141.00	\$89.00	\$499.50	\$476.50
Employee, spouse & child	\$254.50	\$186.50	\$677.00	\$638.00
Employee, spouse & children	\$290.00	\$215.50	\$758.50	\$711.50
With Wellness Premium Discount* (\$12.50/paycheck)				
Employee only	\$40.50	\$0.00	\$308.50	\$309.00
Employee & spouse	\$190.00	\$130.00	\$567.00	\$539.50
Employee & child	\$92.50	\$46.00	\$432.00	\$417.00
Employee & children	\$128.50	\$76.50	\$512.00	\$489.00
Employee, spouse & child	\$242.00	\$174.00	\$689.50	\$650.50
Employee, spouse & children	\$277.50	\$203.00	\$771.00	\$724.00

*You must complete the CDI wellness program requirements and submit the Wellness Program Attestation Form to HR to qualify for the discounted premium.

Dental Plan - Delta Dental

Premiums Per Pay Period	Your Cost	Cascade Designs' Cost
Employee only	\$5.50	\$16.50
Employee & spouse	\$17.50	\$27.50
Employee & child	\$11.50	\$22.50
Employee & children	\$20.00	\$29.50
Employee, spouse & child	\$23.50	\$33.50
Employee, spouse & children	\$32.00	\$40.50

Vision Plan - RGA

Premiums Per Pay Period	Your Cost	Cascade Designs' Cost
Employee only	\$0	\$4.50
Employee & spouse	\$0	\$9.00
Employee & child	\$0	\$6.50
Employee & children	\$0	\$8.00
Employee, spouse & child	\$0	\$11.00
Employee, spouse & children	\$0	\$12.50



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