



# 2024-2025 BENEFITS GUIDEBOOK





# Benefits At A Glance

Benefits	Plans Available	Details Found On
<p>Each bundle includes the following benefits:</p> <p><b>Medical</b> (<i>IBC</i>)  <b>Prescription</b> (<i>CVS Caremark</i>)  <b>Dental</b> (<i>United Concordia</i>)  <b>Vision</b> (<i>Davis Vision</i>)</p>	<p><b>Bundle 1:</b> The Select Plan  <b>Bundle 2:</b> The Choice Plan</p>	Page 3-9
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Leo Parsons, President & CEO and  
Brian Parsons, COO & Vice President



## ***Welcome to our CTDI Family!***

Being part of CTDI means you are dialed in to a unique and exciting professional opportunity. One important way we demonstrate our commitment to you is via the benefits program showcased within this guide.

The CTDI benefits program makes you and us better. It gives you access to great core benefits, coverage options and protections, many of which are or can be extended to family members. What it does for you and others will depend on the choices you make at enrollment and beyond. What's in it for us? Well, we're at our best when you are too. It's that simple.

In this summary, you will find all of the information you need to make informed benefits selections. Take time to carefully review each plan and its offerings and how they may benefit you and your family. After reviewing your options, submit your benefit elections by the enrollment deadline.

Please take advantage of the resources identified on each page, as they provide the best avenues for making informed benefit decisions. You can also call Human Resources if you need any help along the way.

**Thank you for being part of our CTDI family!**

Leo D. Parsons

Brian C. Parsons



# Plan Notes

## Plan Year

CTDI benefits begin on April 1<sup>st</sup> and run through the following March 31<sup>st</sup>. The Dependent Care Flexible Spending Account and 401(k) Profit Sharing Plan are administered on a calendar year basis (January 1<sup>st</sup> through December 31<sup>st</sup>). This Benefits Guidebook outlines the benefits that apply to these plan years.

## Eligibility

Full-time employees and employees who are designated part-time plus working at least 30 hours per week become eligible to participate in the CTDI Employee Benefits Program on their 91st day of employment.

## Dependent Coverage

In addition to electing coverage for yourself, you may also cover your eligible dependents. The following dependents are eligible for coverage under the following benefits: Medical/Prescription/Vision/Dental, Voluntary Life and AD&D Insurance, Voluntary Critical Illness Insurance, Voluntary Accident Insurance and the Employee Assistance Program:

- > A legal spouse;
- > Your children who are under the age of 26 regardless of student status, marital status, financial dependence or residence;
- > Your children of any age who are mentally or physically disabled and dependent upon you for support (Enrollment requires approval by Independence Blue Cross).

## Program Elements

The benefits provided through CTDI are broken into three types: **1)** benefits provided at no cost, **2)** benefits with a shared cost and **3)** benefits with a discounted cost.

### 1) Benefits Provided at No Cost: *These benefits are provided by CTDI at no cost to you.*

- > Basic Life Insurance
- > Short-Term Disability
- > Employee Assistance Program
- > Tuition Reimbursement Program
- > Monthly Incentive Plan (MIP)
- > Holidays
- > Paid Vacation
- > Paid Sick/Personal Days

### 2) Benefits With a Shared Cost: *If you enroll in these benefits, you will share a portion of the cost with CTDI.*

- > Medical/Prescription/Dental/Vision\*
- > Dependent Care Flexible Spending Account
- > 401(k) Profit Sharing Plan

**\*Please note: these benefits are bundled together.**

### 3) Benefits With a Discounted Cost: *If you enroll in these benefits, you will be responsible for 100% of the benefit cost.*

- > Voluntary Life and AD&D Insurance
- > Voluntary Long-Term Disability Coverage
- > Voluntary Critical Illness Insurance
- > Voluntary Accident Insurance
- > Voluntary Pet Insurance
- > Voluntary Identity Theft Insurance
- > Voluntary Personal Auto and Home Insurance

# Plan Notes



## Annual Open Enrollment

This is a period of time when you may:

- > enroll in benefits;
- > switch healthcare bundles;
- > change coverage levels (for example switching from Single coverage to Family coverage);
- > increase your Supplemental Life Insurance coverage, subject to carrier acceptance; and/or
- > cancel or discontinue benefits you currently have.

## Changing Your Benefits – Qualifying Life Events

It is important to choose your benefits carefully. Your benefit choices are binding and will remain in effect through March 31<sup>st</sup>. The following "Qualifying Life Events" are the ONLY reasons you may change your benefits during the Plan Year:

- > Marriage
- > Birth, adoption or placement for adoption of an eligible child
- > Divorce, legal separation or annulment
- > Loss or significant change of health coverage due to a change in your spouse's employment status
- > Death of a spouse or dependent
- > Loss of dependent status
- > Becoming eligible for Medicare during the year
- > Gain or loss of eligibility for Medicaid, a Children's Health Insurance Program (CHIP) or a premium assistance subsidy under either of these programs (**60-day special election period**)
- > Receiving a Qualified Medical Child Support Order (QMCSO)



**You are required to report a Qualifying Life Event within 30 days of the event** in order to make changes to your benefits. If you do not notify the Employee Benefits Service Center of the event and provide the requested documentation within the specified time frame, you will not be able to make changes to your benefits until the next annual open enrollment period. Changes that are requested due to a "change of mind" without a Qualifying Life Event are not allowed until the next annual open enrollment period. For additional information regarding Qualifying Life Events, please call the Employee Benefits Service Center at **1-800-307-0230**.



# Medical Benefits

Medical insurance represents the largest aspect of the CTDI Employee Benefits Program. That is why we offer eligible employees two plan options; the Independence Blue Cross (IBC) Select and Choice Plans, which are designed to provide you and your family with access to quality, affordable health care. These plans offer you the freedom to receive care from many resources and cover a broad range of health care services and supplies, including office visits and hospitalization.

Please note: When you enroll in the IBC Select or Choice Plan, you are automatically provided with Prescription, Vision, and Dental coverage as part of the benefits bundle. You will only be required to pay a small portion of the cost toward your medical coverage. Contributions are made on a weekly basis.

## The Select Plan

Deductible

low

mid

high

Cost per pay

low

mid

high

- > Features a \$0 in-network deductible and a lower out-of-pocket maximum than the Choice Plan
- > Preventive care is covered 100%
- > In- and out-of-network coverage available
- > Not eligible to participate in the Health Savings Account
- > **Bundled with:**
  - > CVS Caremark Prescription
  - > Davis Vision Select Vision
  - > United Concordia Select Dental

## The Choice Plan

Deductible

low

mid

high

Cost per pay

low

mid

high

- > A High Deductible Health Plan (HDHP) means you pay 100% of allowed charges (after network discount) for both medical and prescription expenses until you meet the annual deductible
- > Preventive care is covered 100%
- > In- and out-of-network coverage available
- > **A Health Savings Account (HSA) is offered.** An HSA is an account CTDI sets up to help you save and pay for your eligible medical expenses. You can contribute up to \$4,150 for single coverage and up to \$8,300 for family coverage. *Read about the CTDI Contribution Match on page 7.*
- > **Bundled with:**
  - > CVS Caremark Prescription
  - > UCCI Choice Dental
  - > Health Savings Account (HSA)
  - > Davis Vision Choice Vision



# In-Network Medical Benefits



Below is a summary of the benefit options offered in-network and the coinsurance and copays associated with each plan if you use a participating provider. All coinsurance amounts apply after you meet your deductible. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD). **The amounts listed below represent what YOU pay.**

Benefit Description	The Select Plan	The Choice Plan
	In-Network	In-Network
<b>Deductible</b> <i>(Includes Prescription drugs found on page 6)</i>		
Individual	\$0	\$2,000
Family	\$0	\$4,000
<b>After Deductible, You Pay</b>	0%	20%
<b>Out-of-Pocket Maximum</b>		
Individual	\$2,500	\$4,000
Family	\$5,000	\$8,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Doctor's Office Visits</b>		
Primary Care Physician	\$40 copay	20% after deductible
Specialist	\$50 copay	20% after deductible
<b>Preventive Care for Adults and Children</b>	\$0 copay	0%, no deductible
<b>Pediatric Immunizations</b>	0%	0%, no deductible
<b>Routine GYN Exam/PAP</b>	0%	0%, no deductible
<b>Mammogram</b>	0%	0%, no deductible
<b>Maternity Care</b>		
First OB Visit	\$35 copay	20% after deductible
Hospital	\$225 copay per day of admission <i>(up to 5 days)</i>	20% after deductible
<b>Urgent Care Clinic</b>	\$50 copay	20% after deductible
<b>Emergency Room</b>	\$275 copay <i>(waived if admitted)</i>	20% after deductible
<b>Ambulance</b>	\$200 copay	20% after deductible
<b>Inpatient Hospital Services</b>	\$225 copay per day of admission <i>(up to 5 days)</i>	20% after deductible
<b>Inpatient Hospital Days</b>	365	365
<b>Outpatient Surgery</b>	\$150 copay	20% after deductible
<b>Labwork</b>	\$40 copay	20% after deductible
<b>X-Ray</b>	\$40 copay	20% after deductible
<b>MRI/CT Scan</b>	\$150 copay	20% after deductible
<b>Skilled Nursing Facility</b>	\$150 copay per day <i>(up to 5 days)</i>	20% after deductible
<b>Home Health Care</b>	\$15 copay	20% after deductible
<b>Durable Medical Equipment and Prosthetics</b>	\$55 copay	20% after deductible
<b>Outpatient Diabetic Education</b>	\$15 copay	20% after deductible
<b>Mental Health Care – Inpatient</b>	\$225 copay per day of admission <i>(up to 4 days)</i>	20% after deductible
<b>Mental Health Care – Outpatient</b>	\$50 copay	20% after deductible



# Out-of-Network Medical Benefits

Below is a summary of the amounts associated with out-of-network coverage. These are the amounts you will be subject to if you do not visit a participating provider. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD). **The amounts listed below represent what YOU pay.**

Benefit Description	The Select Plan	The Choice Plan
	Out-of-Network*	Out-of-Network*
<b>Deductible</b>		
Individual	\$500	\$4,000
Family	\$1,000	\$8,000
<b>After Deductible, You Pay</b>	20%	40%
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$8,000
Family	\$10,000	\$16,000

\*Out-of-network, non-participating providers may bill you for the difference between the Plan allowance, which is the amount paid by the Plan, and the provider's actual charge. **This amount may be significant.**

**When you visit a provider outside of the Independence Blue Cross network, you should be aware of the potential out-of-pocket costs you may experience.**

## Save Money By Using Teladoc

Teladoc offers 24/7 access to low-cost, high-quality virtual doctor's care for common concerns such as a cough, sore throat, fever, rashes, allergies, asthma, ear infections and more. You can access care through Teladoc by calling **800-835-2362**, downloading the Teladoc app, or visiting **[www.teladochealth.com](http://www.teladochealth.com)**.

If registering online or on the app, do not select the option requiring a code from your employer. When requested, the health or insurance plan selection is: INDEPENDENCE BLUE CROSS and the member ID number is on your IBC medical card and should be 12 digits, with no leading alphabetical characters or the last digit of zero. Continue to set-up your account by selecting a username and password and completing a brief medical history. The cost is \$60 towards your deductible if in the Choice Plan and is a \$20 copay for Select Plan participants.

## How Teladoc General Medical Works

**Initiate:** You can access Teladoc by:

- > Calling **1-800-835-2362**, or
- > Visiting **[teladochealth.com](http://teladochealth.com)**, or
- > Downloading the Teladoc mobile app

**Request:** Schedule a visit at your preferred time or request an on-demand visit for an urgent need.

**Visit:** Meet with your doctor, who will evaluate you and answer your health questions.

**Resolve:** Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.



# Prescription Benefits



With the costs of medication continually rising, it is important to have a prescription plan that offers affordability and convenience. For this reason, CTDI offers employees the CVS Caremark Plan.

**Please note:** Employees who elect medical coverage will automatically be enrolled in the CVS Caremark Prescription Plan.

Through this plan, you can have your prescriptions filled in three ways:

1. Visit a participating CVS Caremark retail pharmacy (up to a 30-day supply). Includes Walgreens, Rite Aid, Costco, Walmart, and others.
2. Use the Mail Order Pharmacy (up to a 90-day supply of a maintenance medication)
3. Pick up your 90-day supply at a CVS retail pharmacy

Your prescription benefits include different pricing structures or “tiers” that enable you to control cost based on the medications you select. Generic medications provide the lowest out-of-pocket cost. Brand name medications not included on the formulary provide the highest out-of-pocket cost. The specific copay amounts are listed below.

Specialty prescriptions are managed by Prudent Rx (**800-578-4403**). Prudent Rx will contact you directly if applicable. All in-network prescriptions are processed at the lower of the CVS Caremark or GoodRx cost.

Prescription Drugs	The Select Plan	The Choice Plan
	In-Network	In-Network
<b>Retail (30-day supply)</b>		
Generic	\$20 copay	20% after deductible
Formulary Brand Name	\$40 copay	20% after deductible
Non-Formulary Brand Name	\$70 copay	20% after deductible
<b>Mail Order (90-day supply)</b>		
Generic	\$40 copay	20% after deductible
Formulary Brand Name	\$80 copay	20% after deductible
Non-Formulary Brand Name	\$140 copay	20% after deductible

## Important notes:

- The Medical Plan and Prescription plan share the same deductible.
- If you go to an out-of-network retail pharmacy you could pay more for your prescription than you would at an in-network pharmacy. If you submit an out-of-network pharmacy claim to be reimbursed you will only be compensated for the contracted rate less the applicable copay. If the pharmacy charged you more than the contracted rate you will be responsible for paying the difference plus the copay.



# Health Savings Account

(Choice Plan Participants Only)

If you enroll in the Choice Plan, you also have the opportunity to establish a Health Savings Account (HSA) with Optum. An HSA is an account you establish to pay for qualified health care expenses for you and your eligible dependents which is an excellent opportunity to save for future medical expenses or to simply save for your future. However, it is important that you understand how to contribute funds to an HSA, how to withdraw funds you have contributed and what, if any, tax implications are associated with your Health Savings Account.



## An HSA provides you with great tax savings:

- > Contributions made to your HSA via paycheck deductions are pre-tax;
- > Earnings growth through interest and investments is not taxed; and
- > Withdrawals from your account are tax-free, if used for qualified health care expenses.

## Program highlights:

- > Contributions to your HSA can be made through payroll deductions or you can deposit money directly into your account;
- > You own the account and it's portable (you can take your HSA funds with you even if you leave);
- > Balances carry over from year to year (no "use it or lose it");
- > You can spend your funds on qualified health care expenses or save for your future

*Please note: If you are enrolled in Medicare, you are not allowed to contribute to an HSA, even if enrolled in the CTDI Choice Plan.*

## Getting started:

- > If you elect the Choice plan during enrollment, you will be prompted to enroll in an HSA with Optum.
- > Once you elect to open an HSA, you will need to enter your desired weekly contribution.
- > After you enroll in your HSA, your Optum debit card will be mailed to you.
- > You will also receive materials in the mail that will help you better understand how your HSA works.

For the 2024 plan year, if you enroll in the Choice Plan, you can contribute up to the following amounts in your HSA:

- > \$4,150 (including the CTDI contribution match) if you elect Single coverage
- > \$8,300 (including the CTDI contribution match) if you elect Family coverage
- > If you are age 55 or older, but not enrolled in Medicare, you can contribute an additional \$1,000 catch-up contribution to your HSA.

**Please note: CTDI will match per pay HSA contributions up to \$500 annually for Single coverage and \$1,000 annually for Family coverage.**

# Dental Benefits



Good dental health is important to your overall well-being. Routine dental care can even reduce your risk for conditions such as heart disease, diabetes and strokes. That is why CTDI is offering a dental plan that provides comprehensive coverage and accessibility. Your dental benefits are provided through United Concordia Companies, Inc. (UCCI).

**Please Note: Employees who elect medical coverage will automatically be enrolled in either the United Concordia Dental Select or Choice PPO Plan.**

Both Select and Choice plans provide coverage for preventive services, basic services, and major services. However, the Select Plan includes orthodontia coverage for dependent children up to age 19. The plans differ in how they share costs with you.

## Understanding UCCI PPO Dental Plans

The United Concordia Dental PPO Plan allows for freedom of choice each time you need covered dental services. You can obtain services from any dentist or specialist within United Concordia's Advantage Plus network, or you can visit any dentist of your choice outside of the plan's network.

## Dental Plan Summary

This chart highlights the benefits provided under each United Concordia Dental Plan. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD). **The coinsurance amounts listed below represent what YOU pay.**

Benefit Description	United Concordia Select Plan		United Concordia Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> Individual / Family	\$0 / \$0	\$25 / \$75	\$50 / \$150	\$50 / \$150
<b>Annual Benefit Maximum per Person</b>	\$2,000	\$1,000	\$1,000	\$1,000
<b>Preventive Services<sup>1</sup></b>	0% (no deductible)	0% (no deductible)	0% (no deductible)	0% (no deductible)
<b>Basic Care<sup>1</sup></b>	0%*	20%*	20%*	20%*
<b>Major Services<sup>1</sup></b>	50%*	50%*	50%*	50%*
<b>Orthodontia</b>	50%	Not covered	Not covered	
<b>Orthodontia Lifetime Maximum</b>	\$2,000/person	Not covered	Not covered	

<sup>1</sup>Certain frequency and age limitations may apply. \*Services are subject to the annual deductible.

## Looking for a Dental Provider?

To locate a participating (in-network) provider near you, please call United Concordia at **1-800-332-0366** or visit **[www.ucci.com](http://www.ucci.com)** and select the **Advantage Plus National Network**.

# Vision Benefits

## Vision Plans

Routine eye care is just as important as having regular medical check-ups. A good eye exam can not only test your vision, but can also detect some serious illnesses before other symptoms begin to surface. To this end, CTDI has chosen to offer a comprehensive vision plan through Davis Vision.

**Please Note: Employees who elect medical coverage will automatically be enrolled in the Davis Vision Select or Choice Plan.**

## Davis Vision Plans

The Davis Vision Plans provide you with quality vision care coverage. Through these plans, you may receive both an eye exam and eyewear (lenses and frames or contact lenses) from a Davis Vision provider (in-network) or from any provider of your choice outside of the Davis Vision network (out-of-network). You will get the most from your vision benefits when you visit a participating Davis Vision provider. **Under the Select Plan, covered services may be received once every calendar year.**

## Vision Plan Summary

The chart below summarizes the benefits provided under each Davis Vision Plan. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Benefit Description	Davis Vision Select Plan		Davis Vision Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Service Frequency</b> Exams Lenses Frames Contacts	Every 12 Months Every 12 Months Every 12 Months Every 12 Months		Every 12 Months Every 12 Months Every 24 Months Every 12 Months	
<b>Exam</b>	Covered 100%	Up to \$35 reimbursement	You pay: \$10	Up to \$40 reimbursement
<b>Lenses (per pair)</b> Single Vision Bifocal Trifocal Lenticular	Covered 100%	Up to \$100 reimbursement	You pay: \$25	Reimbursed up to: \$40 \$60 \$80 \$100
<b>Davis Vision Frames</b> <i>(only available in-network)</i> Fashion Selection Designer Selection Premier Selection	<b>You Pay:</b> \$0 \$0 \$20	Not Applicable	<b>You Pay:</b> \$0 \$15 \$40	Not Applicable
<b>Contact Lenses (in lieu of glasses)</b>	Up to \$100 reimbursement	Up to \$100 reimbursement	Up to \$100 reimbursement	Up to \$80 reimbursement

## Looking for a Vision Provider?

To locate a Davis Vision Plan network doctor, visit [www.ibx.com](http://www.ibx.com) and use the “Find a Doctor” feature.



# Finding A Provider



## Finding a Medical Provider

You can search for participating physicians, hospitals, and providers through Independence Blue Cross's (IBC) website at **www.ibx.com**. IBC's website also allows you to search by zip code, miles willing to travel, city and state or county and state.

### Employees residing in SE PA\*

- > Call 1-215-557-7577
- > Visit [www.ibx.com](http://www.ibx.com)
- > Group Numbers: 10042750 (Select Plan); 10371633 (Choice Plan)



### Employees residing outside of SE PA\*

- > Call 1-800-275-2583
- > Visit [www.ibx.com](http://www.ibx.com)
- > Group Numbers: 10042751 (Select Plan); 10371634 (Choice Plan)

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## Finding a Pharmacy Provider

You can search for participating providers at **www.caremark.com** or by calling **1-844-203-6997**.



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## Finding a Dental Provider

You can search for participating providers at **www.ucci.com**. United Concordia's website also allows you to search by zip code, miles willing to travel, city and state or county and state. Employees can also call **1-800-332-0366** for assistance in locating a participating provider. Please reference Group Number 252697000 for Select Plan Participants and 252697001 for Choice Plan participants.



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## Finding a Vision Provider

To locate providers participating in the Independence Blue Cross / Davis Vision networks, visit **www.ibx.com**.

### Employees residing in SE PA\*

- > Call 1-215-557-7577
- > Visit [www.ibx.com](http://www.ibx.com)
- > Group Numbers: 10042750 (Select Plan); 10371633 (Choice Plan)



### Employees residing outside of SE PA\*

- > Call 1-800-275-2583
- > Visit [www.ibx.com](http://www.ibx.com)
- > Group Numbers: 10042751 (Select Plan); 10371634 (Choice Plan)

\*SE PA refers to employees residing within the following counties in Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia. SE PA medical plan participants utilize the Personal Choice network. Anyone living outside of these counties is considered to be "out-of-area" and utilizes the national BlueCard PPO network.



# Employee Contributions

## Choice Plan

Medical, Dental and Vision Employee Contributions			
Coverage Levels	Employee Weekly Contributions	CTDI Weekly Contributions	Total
Employee Only	\$25.06	\$120.25	\$145.31
Employee + Family	\$62.80	\$315.60	\$378.40

## Select Plan

Medical, Dental and Vision Employee Contributions			
Coverage Levels	Employee Weekly Contributions	CTDI Weekly Contributions	Total
Employee Only	\$49.83	\$135.43	\$185.26
Employee + Family	\$124.74	\$357.70	\$482.44



# Life and AD&D Benefits



Life and Accidental Death and Dismemberment (AD&D) insurance are important components of your financial security, especially if others depend on you for support. That's why CTDI provides you with Basic Life and AD&D Insurance at no cost to you. In addition, you have the option of purchasing Voluntary Life Insurance and Supplemental AD&D Insurance. Your Life and AD&D benefits are insured by The Hartford.

## Basic Employee Life and AD&D Insurance

As an eligible employee, CTDI provides you with company paid basic life insurance in an amount that equals one times (1x) your annual earnings up to a maximum of \$250,000. You are also provided with an equal amount of AD&D insurance. This benefit is provided at no cost to you. Make sure to complete your beneficiary designation on the Employee Benefits Service website.

## Voluntary Life and AD&D

If you need additional financial protection, you may purchase Voluntary Life Insurance for yourself and your eligible family members. If you elect this coverage, you will pay 100% of the benefit cost.

Coverage For:	Purchase Amount	Benefit Maximum	Guarantee Issue Amount
Employee	\$10,000 increments	\$750,000	Lesser of \$300,000 or three (3) times earnings
Spouse	\$10,000 increments	The lesser of \$100,000 <b>OR</b> 50% of the employee coverage amount	\$20,000
Dependent Child(ren)	\$5,000 increments	\$10,000	\$10,000

## Guaranteed Issue Amount

When you are first eligible, Voluntary Life Insurance is offered on a Guarantee Issue basis. This means you are automatically approved for a certain coverage amount.

### Evidence Of Insurability (EOI)

If you elect a Voluntary Life and AD&D amount that exceeds the guaranteed issue amounts listed above, you will be subject to EOI.

EOI is an application process in which you provide information on the condition of your health or your dependent's health in order to be considered for coverage under the plan.

The completed EOI application requires review and approval by The Hartford before coverage becomes effective.

The Hartford will reach out to you directly with instructions on how to complete and submit your EOI application (if applicable).

# Disability Benefits

CTDI offers disability benefits through The Hartford to provide income protection in the event that an illness or injury prevents you from working. These benefits work with other benefits/sources of income to replace a certain percentage of your earnings. The disability payments you receive from our plans will generally be reduced by any benefits you are eligible to receive from Social Security, Workers' Compensation, Retirement Benefits, State Payments, or any other disability benefits available to you.



## Short-Term Disability

If you cannot work due to disability, the Short-Term Disability coverage can provide income replacement for up to 26 weeks. **This coverage is provided at no cost to you.** The weekly maximum benefit is determined by your employment level as Employee (\$1,250 per week), Manager (\$2,000 per week), or Director (\$4,000 per week).

There is a seven (7) day waiting period. The waiting period is the number of consecutive days you must be totally disabled before the benefit would begin. The plan replaces 60% of your weekly salary for maximum of 26 weeks.

## Salary Continuation (Full-Time Salaried Employees Only)

The Salary Continuation Plan provides full-time salaried employees with the income replacement benefits listed below during a covered disability. **This coverage is provided by CTDI at no cost to you.**

Benefit Description	Benefit Overview
Benefit Amount	100% of your weekly salary (provided through payroll)
Benefits Will Be Paid	For a minimum of two weeks, plus one additional week of coverage for each full year of service completed with CTDI

Once you have exhausted your salary continuation benefits, you are eligible to apply for Short-Term Disability coverage for the remainder of your disability. Income replacement benefits will be provided for a total of 26 weeks if you remain disabled (Salary Continuation Plan and Short-Term Disability combined).

## Voluntary Long-Term Disability

If your disability continues beyond 26 weeks, you may be eligible for benefits through Long-Term Disability coverage. **You will pay 100% of the benefit cost if you elect this benefit.**

**The monthly maximum benefit is determined by your employment level:**

Regular Full Time Employees: 60% of salary to a maximum of \$6,000 per month

Managers: 60% of salary to a maximum of \$8,000 per month

Directors/Executives: 60% of salary to a maximum of \$10,000 per month

Please note: Requests for LTD coverage outside the initial eligibility period will be subject to Medical Underwriting (EOI). For additional information, please contact The Hartford at **855-764-9233**.



# Voluntary Benefits



## Voluntary Critical Illness Insurance

Voluntary Critical Illness Insurance can help bridge the gap between your actual expenses and the benefits that are available to you. The best part is that you can choose the right amount of coverage that will best meet your needs.

### Benefit Overview

Critical Illness Insurance covers specific conditions such as cancer, heart attack or stroke. Plus, it:

- > Provides a lump-sum payment if you are diagnosed with a covered condition.
- > Helps you focus on your recovery instead of your finances.
- > Can supplement your savings to help pay for unexpected expenses related to a critical illness.

### Coverage Options

- > Employee: You may elect either \$10,000 or \$20,000 of coverage.
- > Spouse: You may elect 50% of the employee coverage amount.
- > Dependent Child(ren): You may elect 50% of the employee coverage amount.

## Voluntary Accident Insurance

Voluntary Accident Insurance is designed to provide you with cash payments in the event that you or a covered family member should have an accident. Coverage is available for both the injury sustained, as well as the medical treatment for the injury.

### Coverage Features

- > Supplements existing medical coverage and pays benefits in addition to, not in lieu of, this coverage.
- > Benefits are available for the inpatient and outpatient treatment of a covered accident, including inpatient hospital admissions, follow-up treatments, exploratory surgery and physical therapy. There is no limit on the number of claims that can be filed.
- > Cash payments (based on a schedule of benefits) are available for specific injuries, including but not limited to: fractures, dislocations, burns, concussions, comas and emergency dental work. In addition, lump sum benefits are available if death or dismemberment is caused by the injuries sustained in a covered accident.
- > Coverage is guaranteed (no underwriting review and approval).
- > Premiums are paid through convenient payroll deductions.

For additional information, please contact Allstate at **800-521-3535**.



# Voluntary Benefits

## Employee Assistance Program (Magellan Behavioral Health)

Just when you think you have life figured out, along comes a challenge. Whether those challenges are big or small, the Employee Assistance Plan through Magellan Behavioral Health is available to help you and your family find a solution and restore your peace of mind. Take advantage of the following services that are available to you and your family:

- > Basic clinical and work/life support by phone or web
- > Free face-to-face sessions with licensed behavioral clinicians
- > 24/7 phone consultation with a trained customer service representative and professional counselor
- > Monthly phone seminars on relevant topics
- > Unlimited access to online research and other key resources
- > Life events research and qualified referrals (i.e., child care providers)

To start taking advantage of the services and resources available through the EAP, please contact Magellan Behavioral Health at **1-800-523-5668** or visit <https://member.magellanhealthcare.com/>.

*Any help you receive through the Employee Assistance Program is confidential. The program operates strictly within the bounds of national standards of confidentiality and will not share any of your personal information with CTDI.*

## InfoArmor

Do you know how to protect yourself and your family's identity, privacy and finances? You can enroll in PrivacyArmor® (Individual or Family Plan), to protect your digital identity and financial wellness against the dangers of identity theft. PrivacyArmor is a proactive fraud detection and prevention service, including a full-service remediation for state-of-the-art identity protection.

**Once enrolled, you will receive access to the following tools:**

- > Identity and credit monitoring
- > Social media reputation monitoring
- > 24/7 Privacy Advocate remediation
- > \$1,000,000 Identity Theft Insurance Policy
- > Unlimited credit reports from TransUnion
- > Tax fraud refund advances
- > Financial transaction monitoring

## Voluntary Personal Auto and Home Insurance

CTDI employees are eligible for discounted insurance through the Liberty Mutual Auto and Home Program. Coverage types available include auto, homeowners, renters, recreational vehicles, and more. To learn more, please call **1-800-524-9400** or visit [www.libertymutual.com/CTDI](http://www.libertymutual.com/CTDI) for your free quote. Please mention client **#122031**.

## Voluntary Pet Insurance

CTDI employees have the opportunity to receive a group discount on My Pet Protection through Nationwide. Nationwide plans cover thousands of medical problems and conditions related to accidents or illnesses for dogs, cats, birds, rabbits, reptiles and other exotic pets. You have the option to choose from 2 My Pet Protection plans based on the level of coverage required. Coverage is available for accidents, injuries, surgeries, and more depending on the plan you choose.

You can request a quote online by accessing the Nationwide website. Enrollment is completed directly with the carrier and can be done online at [www.petsnationwide.com](http://www.petsnationwide.com) or via the phone at **1-888-899-4874**.

# Dependent Care Flexible Spending Account



A Dependent Care Flexible Spending Account (FSA) provides you with the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse. Generally, expenses will qualify for reimbursement if they are the result of care for: your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return; and your spouse or other dependents, including parents, who are physically or mentally incapable of self-care. With a Dependent Care FSA, you will be reimbursed only for dependent care services you have already received and can only be reimbursed for funds that you have already had deducted.

The maximum annual amount you can deposit is **\$5,000**. While CTDI will match 10% of your

contribution amount up to a maximum of \$500 per year, any amounts over \$5,000 (which include both employee deduction and CTDI contribution) are taxable according to IRS regulations.

To determine the amount you should contribute to the Dependent Care FSA, review the eligible dependent day care expenses you incurred over the past few years. **If you do not use all of the money in your account by the end of the plan year (December 31<sup>st</sup>), federal law requires you to forfeit the balance.** To enroll, email [benefits@CTDI.com](mailto:benefits@CTDI.com) for the enrollment forms or ask your local Human Resources representative.

## Eligible Dependent Day Care Expenses

Expenses will generally qualify for reimbursement through the Dependent Care FSA if they are the result of care for:

- > your children, under the age of 13, for whom you are entitled to a personal exemption on your federal tax return.
- > your spouse or other dependents, including parents, who are physically or mentally incapable of self care.

In addition, the dependent care services must enable both you and your spouse to work, seek employment and/or attend school on a full-time basis. Eligible expenses include day care, nursery school or preschool, before and after school programs, summer day camp, and adult day care.

## Receiving Reimbursement

To receive reimbursement for the eligible dependent day care expenses you incurred, complete a claim form and submit it along with your itemized bill(s) or receipt(s) to [benefits@CTDI.com](mailto:benefits@CTDI.com). Forms can be obtained online at [www.CTDIbenefits.com](http://www.CTDIbenefits.com). Claims are processed on a monthly basis. In order to receive timely reimbursement, your signed claim form and related receipts or bills must be received by Human Resources on or before the established date for the month requested.

# Additional Benefits

## Tuition Reimbursement Program

CTDI encourages professional and technical development through its Tuition Reimbursement Program. This program covers job-related courses and certificate programs taken outside working hours at accredited colleges and universities.

Employees working 30 hours or more per week are eligible for this benefit upon the completion of 90 days of employment. This program provides a maximum calendar-year reimbursement of **\$7,500** when pursuing your undergraduate degree and **\$12,000** if pursuing a Graduate degree (including the cost of tuition, books, registration and lab fees). You will receive reimbursement based on the final grade you receive: **A = 100%**, **B = 90%** and **C or Pass for Pass/Fail courses = 80%**. In order to receive reimbursement, you must submit transcripts/grade reports and receipts.

**Prior approval must be obtained before attending a course.** If you are interested in taking advantage of the benefits available through the Tuition Reimbursement Program, please complete both the Tuition Education Assistance Request and Statement of Intent forms located in the Library on the Benefits website.

## Sage Tuition Rewards Program

Independence Blue Cross (IBC) members can earn \$2,000 per year towards future tuition discounts at participating colleges and universities. Visit [www.ibx.com](http://www.ibx.com) for details, questions, or to designate a beneficiary.

## Holidays

CTDI observes the following eight (8) holidays\*:

- > New Year's Day
- > Good Friday
- > Memorial Day
- > Independence Day
- > Labor Day
- > Thanksgiving Day
- > Christmas Eve
- > Christmas Day

\*Corporate holiday schedule reflected. Holidays may vary by branch location.

## Paid Vacation and Paid Sick/Personal Days

Employees are eligible for paid vacation and paid sick/personal days following 90 days of employment, according to the schedule below:

Anniversary	Paid Vacation Days Accrued
6 Months	1 Week (5 Days)
1-4 Years	2 Weeks (10 Days)
5-14 Years	3 Weeks (15 Days)
15-24 Years	4 Weeks (20 Days)
25 or More Years	5 Weeks (25 Days)

Anniversary	Paid Sick/Personal Days Accrued
3 Months (If hired prior to October 1 <sup>st</sup> )	1 Day
1 Year	3 Days
2 or More Years	5 Days

\*These benefits may not apply to employees covered under a mandatory state sick leave law.





# 401(k) Profit Sharing Plan



CTDI realizes the importance of saving towards retirement and offers employees a 401(k) Profit Sharing Plan to assist you in reaching your long-term financial goals.

## Eligibility

You are automatically enrolled in the CTDI 401(k) Profit Sharing Plan if you are a CTDI employee, are at least 18 years of age and have completed one month of employment. Employees 18 years or older will be automatically enrolled the first of the month after completion of one month of service.

## Automatic Enrollment

- > Employees who meet the eligibility rules will automatically be enrolled in the plan.
- > A deferral of 5% pay will automatically be withheld from your paycheck before taxes.
- > Deferrals will be invested in the appropriate default fund.
- > **Automatic deferrals will continue until you change your deferral.**

## 401(k) Elected Deferrals

- > You may defer a percentage (%) of your pay or a specific (or flat) dollar amount to the 401(k) Profit Sharing Plan.
- > Deferrals to the plan are taken from your paycheck before federal and most state and local taxes are calculated (pre-tax).
- > The maximum amount you can defer is limited by the IRS.
- > Catch-Up Deferrals: You may defer an additional amount to the plan if you are age 50 or older and have reached the annual IRS contribution limit.
- > The money you defer into the 401(k) Retirement Plan is immediately 100% vested. This means you automatically own all of the deferrals you make to the plan.

## Company Matching Contributions

For full-time employees, CTDI will make company matching contributions to your 401(k) Profit Sharing Plan account. The company match is currently 10% of your deferral up to the first 5% of your compensation that you contribute to the plan effective the first of the quarter following three months of service.

## Rollovers

CTDI allows money from other eligible retirement plans to be rolled into the 401(k) Profit Sharing Plan. If you would like to "roll over" your retirement savings from another plan, please contact Empower Retirement at **1-844-465-4455** or visit [www.empowermyretirement.com](http://www.empowermyretirement.com).

## Investment Options

There are a variety of investment options available under the 401(k) Profit Sharing Plan, and you can contribute on a pre-tax or post-tax (Roth) basis. Please contact Empower at **844-465-4455** for additional information.

The information presented above only highlights the benefits available to you through the 401(k) Profit Sharing Plan. If there is any discrepancy between the information presented above and official Plan Documents, the language of the official Plan Documents shall prevail as accurate.

# Enrolling In Benefits



## How To Enroll

Once you have reviewed all of your benefit options, you may log on to **www.CTDIbenefits.com** to elect your benefits. You have access to the online enrollment system 24 hours a day, 7 days a week from any computer that has internet access. This gives you the opportunity to discuss your benefit options with your family members during the enrollment process.

Once you log in, you will find a library of helpful information, detailed information about each plan, and payroll contributions you can expect for each benefit listed in this guidebook.

### Here's how it works:

- > Visit **www.CTDIbenefits.com**
- > To log in, enter your 6-digit Employee ID Number (including any leading zeros).
- > Your default password is the last six digits of your Social Security Number (without dashes or spaces).
- > Before you begin the enrollment process, have the *Social Security Number, Date of Birth, and any appropriate documentation* ready for yourself and any dependent(s) that you are newly enrolling and/or beneficiary(ies) that you are adding.



## Need Help Enrolling

If you need assistance submitting your benefit elections or have general benefit questions, please call the Employee Benefits Service Center and speak with a Benefits Specialist.

## When should you call the Employee Benefits Service Center?

### Call a Benefits Specialist to:

- > Find out if particular services are covered under a benefit plan you are considering.
- > Receive help with your online enrollment.
- > Learn more about CTDI's benefit bundles.
- > Get answers to general benefit questions and assistance with claim issues.
- > Update or change your life insurance beneficiary designation.

To reach a benefits specialist, call the Employee Benefits Service Center at **1-800-307-0230**, Monday–Friday 8:30 AM – 5:30 PM (ET).

# Contact Chart

Questions Regarding	Call	Phone/Fax Number	Online and/or Mailing Address	Group/Policy #
General eligibility, enrollment, deductions, plan options, life event changes, important forms, general benefits information, COBRA	The Employee Benefits Service Center	1-800-307-0230 (p) 1-866-406-6946 (f)	<a href="http://www.CTDIbenefits.com">www.CTDIbenefits.com</a> 1200 Abington Executive Park, Clarks Summit, PA 18411	N/A
Medical Benefits Vision Benefits	Independence Blue Cross / Davis Vision	1-215-557-7577 (SE PA)* 1-800-275-2583 (out-of-area)	<a href="http://www.ibx.com">www.ibx.com</a>	<b>In-Area (SE PA)*</b> <b>Select:</b> 10042750 <b>Choice:</b> 10371633  <b>Out-of-Area</b> <b>Select:</b> 10042751 <b>Choice:</b> 10371634
Prescription Benefits	CVS Caremark	1-844-203-6997	<a href="http://www.caremark.com">www.caremark.com</a>	RxBIN: 004336 RxPCN: ADV
Health Savings Account	Optum	1-866-234-8913	<a href="http://www.optumbank.com">www.optumbank.com</a>	N/A
Dental Benefits	United Concordia	1-800-332-0366	<a href="http://www.ucci.com">www.ucci.com</a>	252697-000 252697-001
Basic Life/AD&D Insurance	The Hartford	855-764-9233	<a href="http://abilityadvantage.thehartford.com">abilityadvantage.thehartford.com</a>	681766
Voluntary Life and AD&D Insurance	The Hartford	855-764-9233	<a href="http://abilityadvantage.thehartford.com">abilityadvantage.thehartford.com</a>	681766
Short-Term Disability	The Hartford	855-764-9233	<a href="http://abilityadvantage.thehartford.com">abilityadvantage.thehartford.com</a>	697717
Salary Continuation	CTDI Corporate Human Resources	610-436-5203	<a href="mailto:benefits@ctdi.com">benefits@ctdi.com</a>	N/A
Voluntary Long-Term Disability	The Hartford	855-764-9233	<a href="http://abilityadvantage.thehartford.com">abilityadvantage.thehartford.com</a>	681766
Dependent Care Financial Assistance Plan	CTDI Corporate Human Resources	610-436-5203	<a href="mailto:benefits@ctdi.com">benefits@ctdi.com</a>	N/A
Voluntary Critical Illness & Accident Insurance	Allstate	1-800-521-3535	<a href="http://allstatebenefits.com/mybenefits">allstatebenefits.com/mybenefits</a>	N/A
Identity Theft Insurance	InfoArmor	1-800-789-2720	<a href="http://www.myprivacyarmor.com">www.myprivacyarmor.com</a>	N/A
Voluntary Personal Auto and Home Insurance	Liberty Mutual	1-610-548-7150 (DE, NJ, PA) 1-800-524-9400 (out-of-area)	<a href="http://www.libertymutual.com/CTDI">www.libertymutual.com/CTDI</a>	122031
Voluntary Pet Insurance	Nationwide	1-888-899-4874	<a href="http://www.PetsNationwide.com">www.PetsNationwide.com</a>	N/A
Qualified Transportation Plan (QTP)	Baker Tilly Vantagen	1-800-307-0230 (p) 1-866-406-0946 (f)	<a href="http://www.myFlexDollars.com">www.myFlexDollars.com</a>	N/A
401(k) Profit Sharing Plan	Empower Retirement®	1-844-465-4455	<a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>	92079-01
Employee Assistance Program	Magellan Behavioral Health	1-800-523-5668	<a href="https://member.magellanhealthcare.com/">https://member.magellanhealthcare.com/</a>	N/A

\*SE PA refers to employees residing within the following counties in Pennsylvania: Bucks, Chester, Delaware, Montgomery and Philadelphia. SE PA medical plan participants utilize the Personal Choice network. Anyone living outside of these counties is considered to be "out-of-area" and utilizes the national BlueCard PPO network.

#### **ABOUT THIS BENEFITS SUMMARY**

This Benefits Guidebook describes the highlights of the CTDI Employee Benefits Program in non-technical language. It is meant to assist you in making your benefit elections and is not meant to take the place of the official plan documents. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Guidebook. If there is any discrepancy between the descriptions of the program elements as contained within this Benefits Guidebook or other benefits enrollment materials you receive and the official plan documents, the language of the official plan documents will govern. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all parts of the CTDI Employee Benefits Program may be changed in the future to meet Department of Labor regulations, Department of Health and Human Services guidelines, Internal Revenue Service rules or otherwise as determined by the plan trustees and their sponsor, CTDI.

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