

Employee Benefits At A Glance

A quick reference to CCG-sponsored and voluntary benefits



Use this overview for quick reference. Refer to official plan materials for complete provisions, limitations, and exclusions.

MEDICAL BENEFITS

ANTHEM | BLUE OPEN ACCESS POS

SILVER PLAN

GOLD PLAN

MEDICAL BENEFITS	In- Network	In- Network
Calendar Year Deductible Per Individual / Family Aggregate	\$2,000 / \$4,000	\$1,000 / \$2,000
Out-of-Pocket Maximum (includes Deductible) Per Individual / Family Aggregate	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance (% the member pays)	20%	10%
Preventive Services	\$0	\$0
Office Visits Primary Care / Specialist (<i>in-person or virtual</i>)	\$40 / \$50	\$30 / \$40
Telemedicine Sydney Health App	\$0	\$0
Urgent Care	\$60	\$60
Emergency Room	\$200 + 20% Coinsurance	\$150 + 10% Coinsurance
Inpatient Hospital	Deductible & 20% Coinsurance	Deductible & 10% Coinsurance
PRESCRIPTION BENEFITS		
Retail		
Generic	\$15	\$15
Preferred Brand	\$40	\$40
Non-Preferred Brand	\$60	\$60
Preferred Non-Preferred Specialty	\$150	\$150
	50%	50%
Mail Order (90-day supply)		
Generic	\$40	\$40
Preferred Brand	\$80	\$80
Non-Preferred Brand	\$120	\$120

PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network eligible well care visits, screenings and immunizations at no cost for you and your covered family members.

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DENTAL BENEFITS

ANTHEM | ESSENTIAL CHOICE
& COMPLETE NETWORK

	BASE PLAN (MAC)	BUY-UP PLAN (80 th % UCR)
In-Network Only		
Calendar Year Deductible For Individual / Family	\$50 / \$150	\$50 / \$150
Diagnostic & Preventive (Type A) Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
Basic Services (Type B) Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	70%	80%
Major Services (Type C) Inlays, onlays, crowns, bridges and implants	40%	50%
Orthodontic Services (Type D)	N/A	50%
Lifetime Orthodontia Max	N/A	\$1,500
Annual Benefit Maximum	\$1,000	\$1,500

VISION BENEFITS

ANTHEM | BLUE VIEW VISION

	VISION PLAN
In-Network Only	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$10 copay Standard: \$55 allowance Premium: 10% off retail
Frames <i>Benefits may be redeemed every 24 months</i>	\$250 allowance
Lens Standard / Single Vision Bifocal / Trifocal Lenticular Standard Progressive	\$10 Copay \$65 Copay
Contacts Elective / Medically Necessary <i>Benefits may be redeemed every 12 months</i>	\$250 allowance / covered in full

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BENEFIT	DETAILS
Basic Life & AD&D <i>Aflac</i>	CCG provides eligible employees coverage equal to 1.5 times base annual earnings, up to \$250,000, at no cost.
Supplemental Life & AD&D <i>Aflac</i>	Purchase additional coverage in \$10,000 increments, up to \$500,000. New hires may elect up to \$200,000 without evidence of insurability; higher amounts require approval.
Dependent Life & AD&D <i>Aflac</i>	Spouse coverage: up to \$100,000 in \$10,000 increments; health questions may apply. Child coverage: \$5,000 or \$10,000. Employee Supplemental Life enrollment is required.
Flexible Spending Accounts <i>Medcom</i>	Set aside pre-tax dollars for eligible healthcare, dental, and vision expenses. 2027 Healthcare FSA maximum: \$2,800. Includes a 2.5-month grace period, no rollover, and debit card access. Dependent Care FSA also available.
Employee Assistance Program <i>Pastoral Institute</i>	Confidential counseling, information, and personalized referrals are available to employees and eligible family members at no cost.
Telemedicine <i>New Benefits Teladoc</i>	24/7 phone or video access to a board-certified physician anywhere in the U.S., with no copay. Services may include diagnosis, treatment recommendations, and prescriptions when appropriate.
Whole Life Insurance <i>Aflac</i>	Coverage available up to \$100,000 for employees, \$50,000 for spouses, and \$25,000 for children.
Critical Illness Insurance <i>Aflac</i>	Lump-sum benefit following diagnosis of a covered critical illness. Up to \$50,000 for employees and \$25,000 for spouses. Eligible children are automatically covered at 25% of the employee amount.
Hospital Indemnity Insurance <i>Aflac</i>	Provides financial benefits for covered hospital services based on the plan's applicable schedule of benefits.

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CONTRIBUTION RATES*	SILVER PLAN BI-WEEKLY PREMIUMS (NON- WELLNESS)	SILVER PLAN BI-WEEKLY PREMIUMS (WELLNESS)	GOLD PLAN BI-WEEKLY PREMIUMS (NON- WELLNESS)	GOLD PLAN BI-WEEKLY PREMIUMS (WELLNESS)	PRE-65 RETIREES SILVER PLAN MONTHLY PREMIUMS	PRE-65 RETIREES GOLD PLAN MONTHLY PREMIUMS
Employee Only	\$96.42	\$75.21	\$143.15	\$111.66	\$334.26	\$435.50
Employee & Spouse	\$181.27	\$141.39	\$275.45	\$214.85	\$1,069.58	\$1,273.64
Employee & Child(ren)	\$168.76	\$131.63	\$256.42	\$200.01	\$961.19	\$1,151.12
Employee & Family	\$267.00	\$208.26	\$406.19	\$316.83	\$1,812.57	\$2,114.15

DENTAL BENEFITS

CONTRIBUTION RATES	BASE PLAN BI-WEEKLY PREMIUMS	BUY-UP PLAN BI-WEEKLY PREMIUMS
Employee Only	\$9.18	\$14.13
Employee & Spouse	\$18.37	\$31.31
Employee & Child(ren)	\$17.45	\$32.51
Employee & Family	\$27.57	\$50.18

VISION BENEFITS

CONTRIBUTION RATES	VISION BI-WEEKLY PREMIUMS
Employee Only	\$3.88
Employee & Spouse	\$6.77
Employee & Child(ren)	\$7.35
Employee & Family	\$11.22

TOBACCO SURCHARGE

A tobacco surcharge of **\$75.00 per month** or **\$34.62 biweekly surcharge** above the premium rate will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form.

- Employees can avoid the surcharge by completing the program and providing Human Resources with a certificate of completion.
- Within one month of providing your certificate of completion to Human Resources, any surcharge premiums you have been deducted since January 1, 2027, will be refunded.
- Please visit the Benefit Resource Center to obtain the Tobacco Attestation Form and to access important information regarding the Tobacco Cessation Program:
https://digital.nfp.com/vlp/CCG_BRC.

2027 WELLNESS INCENTIVE

Employees will have the opportunity to participate in the Wellness Incentive to avoid the increase to payroll deductions for medical coverage.

- To complete participation in the Wellness Program, eligible employees must complete a Personal Health Assessment (PHA) and attend coaching sessions (if required).
- Your need for participation in the health coaching sessions will be determined by the results of your PHA. If you are found to have moderate to high-risk health factors based on the results of your PHA, then you will be required to attend health coaching sessions and remain compliant, as deemed by your health coach, for your participation in the Wellness Incentive to be considered complete.
- If you do not require health coaching, your participation in the Wellness Incentive will automatically be considered completed.
- The deadline for completion of the PHA is September 11, 2026.**

***SPOUSAL SURCHARGE:** Columbus Consolidated Government will impose a **\$356.98 per month** or **\$164.76 biweekly** surcharge above the premium rate for all active employee and Pre-65 retiree premium plans including the Silver and Gold Plans. This surcharge is subject to change annually.