

# 2026

## Employee Benefits Guide



CATHOLIC COMMUNITY SERVICES  
ARCHDIOCESAN HOUSING AUTHORITY  
CATHOLIC CHARITIES FOUNDATION  
OF WESTERN WASHINGTON

**Full and Part-Time Regular Employees**

Benefits Effective January 1, 2026 - December 31, 2026

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# Welcome

## To our Valued Employees of Catholic Community Services

We are pleased to present this overview of your employee benefits! Catholic Community Services offers a variety of benefits to help you protect your health, your family, and your way of life. As a valued employee, we want you to have the best benefits possible which is why we've carefully reviewed our benefits to ensure affordability, quality, and ease of use for 2026.

Some of the benefits we offer are paid for in full by Catholic Community Services. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at Catholic Community Services. Please take the time to review and evaluate all the options available to you and your family.

Kind regards,

Tim Smith



**CATHOLIC COMMUNITY SERVICES**  

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**CATHOLIC HOUSING SERVICES**  
OF WESTERN WASHINGTON

# Eligibility

## Who is Eligible?

- A Regular employee working **20** or more hours per week (**30 hours for Medical**).

## Your dependents are eligible if they are:

- Your legal spouse /ABR (additional benefit recipient)
- Your child(ren)<sup>†</sup> up to age 26 and your disabled children up to any age (pursuant to plan documents and state law, please see Human Resources for more information)

<sup>†</sup> Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

## Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

## Qualifying Life Event

### Change in Marital Status

- Marriage
- Divorce
- Death of your spouse

### Change in Dependents

- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your covered dependent
- Gain or loss of Medicare or Medicaid during the year

### Change in Employment

- Change in you or your spouse’s work status that affects benefits eligibility
- Your spouse’s Open Enrollment differs from yours
- Relocation if the move impacts eligibility for the plan

# Your Coverage

## When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the **first of the month following date of hire.**

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

## Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end on the last day of the month.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

### Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event



## A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Catholic Community Services' medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at [www.healthcare.gov](http://www.healthcare.gov).

# Enrollment

## When Can I Enroll in Benefits?

### You can enroll in benefits:

- When you are initially eligible for coverage; you have a certain number of days from the date you are eligible for coverage to submit your enrollment.
- During the annual Open Enrollment period.
- During the plan year, if you experience a Qualifying Life Event.

## How Do I Enroll?

Please complete the online form at this link: [CCS 2026 Open Enrollment Form](#).

Fillable PDFs and paper forms are available upon request.

## Your Benefits... where you are

You are being provided an online Employee Benefit Center from our broker, Alera Group, which will give you an efficient way to obtain information and answers to your questions about your employee benefits.

Go to: <https://ccsww.touchpointsonline.com>

## Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect January 1st.





Scan to view  
[Glossary of Health Coverage and Medical Terms](#)

# How a Health Plan Works

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## Evidence of Insurability (EOI)

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

## Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

# Medical Overview

**We offer two medical plans (PPO and HSA) through Regence Group Administrators and one medical plan (HMO) through Kaiser with the following features:**

- All medical plans include prescription drug coverage
- If you enroll in the HSA plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA section for more information)
  - Rocky Mountain Reserve (RMR) is the new HSA administrator, (888) 722-1223, [www.RockyMountainReserve.com](http://www.RockyMountainReserve.com)
- If you enroll in the Kaiser HMO plan, there is no coverage outside the Kaiser network
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies

## Medical Provider Finder for **Regence Plans**

To search for in-network medical providers:

Log onto [accessrga.com](http://accessrga.com)

Network: Blue Card

Access care from your home through Telehealth Services through MDLive. Log onto [accessrga.com](http://accessrga.com). Select WA and create an account.

Download the Mobile App Today!



## Medical Provider Finder for **Kaiser Plan**

To search for in-network medical providers:

Log onto [Kaiser Provider](#)

Network: Kaiser Permanente

Access care from your home through Telehealth Services.

Log onto [Kaiser Telehealth](#)

Download the Mobile App Today!



# Medical – Regence Group

## Administrator Plans

Only In-Network benefits are shown as a summary of your medical plan benefits offered to you. Cost shares shown are what you pay. For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

	PPO Plan	HSA Plan
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)
<b>Deductible</b>	\$600/1,200	\$1,750/\$3,500
<b>Coinsurance</b>	20%	20%
<b>Out-of-Pocket Maximums</b>	\$3,000/\$6,000	\$3,500/\$7,000
Coinsurance/Copays		
<b>Preventive Care</b>	Covered in Full	Covered in Full
<b>Primary Care</b>	\$30 copay, dw*	20% after deductible
<b>Telemedicine</b>	Covered as any other condition	20%, after deductible
<b>Specialist Care</b>	\$50 copay, dw	20%, after deductible
<b>Urgent Care</b>	\$40 copay, dw	20%, after deductible
<b>Emergency Room Care</b>	20%, after \$50 copay, dw	20%, after deductible
<b>Outpatient Surgery</b>	20%, after deductible	20%, after deductible
<b>Inpatient Hospitalization</b>	20%, after deductible	20%, after deductible
Pharmacy Retail RX (only 30-day supply shown)		
<b>Prescription Deductible</b>	None	Shared with Medical
<b>Generic</b> (Tier 1)	\$10 copay	20%, after deductible
<b>Preferred Brand</b> (Tier 2)	\$50 copay	20%, after deductible
<b>Non-Preferred Brand</b> (Tier 3)	\$100 copay	20%, after deductible
<b>Specialty</b> (Tier 4)	Coinsurance, up to \$250	20%, after deductible

\*dw means deductible is waived

# Medical – Kaiser Plan

Only In-Network benefits are shown as a summary of your medical plan benefits offered to you. Note, there is no coverage outside the Kaiser network. Cost shares shown are what you pay. For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

HMO Plan	
You Pay In-Network	In-Network (Individual / Family)
<b>Deductible</b>	\$500/\$1,500
<b>Coinsurance</b>	20%
<b>Out-of-Pocket Maximums</b>	\$3,000/\$9,000
Coinsurance/Copays	
<b>Preventive Care</b>	Covered in Full
<b>Primary Care</b>	\$20 copay, dw*
<b>Telemedicine</b>	Covered in Full
<b>Specialist Care</b>	\$30 copay, dw
<b>Urgent Care</b>	\$20 copay, dw
<b>Emergency Room Care</b>	20%, after deductible
<b>Outpatient Surgery</b>	20%, after deductible
<b>Inpatient Hospitalization</b>	20%, after deductible
Pharmacy Retail RX (only 30-day supply shown)	
<b>Prescription Deductible</b>	None
<b>Generic</b> (Tier 1)	\$15 copay
<b>Preferred Brand</b> (Tier 2)	\$40 copay
<b>Non-Preferred Brand</b> (Tier 3)	\$60 copay
<b>Specialty</b> (Tier 4)	\$250 copay

\*dw means deductible waived

# Prescription Drugs

Get the most from your prescription coverage.

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through CVS for Regence Group Administrator plans and Kaiser for the HMO plan. For a list of approved drugs, log onto [accessrga.com](https://accessrga.com) or [Kaiser Formulary](#) and search for formulary information.

- If you take a maintenance medication, you can save money by enrolling in mail order RX
- Not all medications can be filled via mail order
- Specialty medications must be filled at the approved RX Vendor specialty pharmacy
  - PrudentRx for Regence Group Administrators
  - Kaiser Member Team at (206) 630-0029
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name
- Compare pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits



# Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, shots, lab tests, and screenings
- Routine visits will only be covered under preventive care when using an in-network provider
- Full list: [healthcare.gov/what-are-my-preventive-care-benefits](https://healthcare.gov/what-are-my-preventive-care-benefits)

# Dental

Dental insurance is offered through **Delta Dental**. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, **Delta Dental** will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.

Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.



**A Buy-Up option with enhanced benefits is available. Employees will cover the additional cost for the Buy-Up plan.**

You pay (In-Network)	DELTA DENTAL CORE PLAN	DELTA DENTAL BUY-UP PLAN
Benefit Maximum Per Person		
<b>Calendar Year Annual Max</b>	\$1,000	\$2,000
<b>Orthodontia Lifetime Max</b>		\$1,000
Deductible (applies only to Basic & Major Services)		
<b>Individual</b>	\$50	\$25
<b>Family</b>	\$150	\$75
Benefit	You Pay	You Pay
<b>Preventive Services</b>	30%	0%
<b>Basic Services</b>	30%	20%
<b>Major Services</b>	50%	50%
<b>Orthodontia (Children Only)</b>	50%	50%

# Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **Vision Service Plan (VSP)** vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use **VSP Signature network** providers. Refer to plan summary for out-of-network benefits and limitations.



**A Buy-Up option with enhanced benefits is available. Employees will cover the additional cost for the Buy-Up plan.**

In addition to discounts on contacts, and frames, additional discounts through participating providers include:

- Anti-Reflective Coating - Covered after a \$40 copay.
- Glasses & Sunglasses- 30% savings on unlimited pairs.
- LASIK Surgery - Average of 15% off regular price at contracted facilities.

## Here is what you'll pay in-network:

		CORE PLAN		BUY-UP PLAN	
BASED ON LAST DATE OF SERVICE		COPAY	FREQUENCY	COPAY	FREQUENCY
<b>Exams</b>	<ul style="list-style-type: none"> <li>▪ Focuses on your eyes and overall wellness</li> </ul>	\$25	Every 12 months	\$10	Every 12 months
<b>Frames</b>	<ul style="list-style-type: none"> <li>▪ \$150 Featured Frame Brands allowance</li> <li>▪ \$130 frame allowance</li> <li>▪ 20% savings on amount over allowance</li> <li>▪ \$70 Walmart/Sam's Club/ Costco frame allowance</li> </ul>	\$50	Every 24 months	\$25	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>▪ Single vision, lined bifocal, and lined trifocal lenses</li> <li>▪ Impact-resistant lenses for dependent children</li> <li>▪ \$40 co-pay anti-reflective coating</li> </ul>	Included in Prescription Glasses	Every 24 months	Included in Prescription Glasses	Every 12 months
<b>Contacts</b> (instead of glasses)	<ul style="list-style-type: none"> <li>▪ \$130 allowance for contacts; copay does not apply</li> </ul>	Amount over allowances	Every 24 months	Amount over allowances	Every 12 months

# Flexible Spending Accounts (FSA)

An FSA (or flexible spending account) allows you to set aside money annually to cover the cost of qualified medical expenses. It's a lot like a savings account but used for qualified health-related costs. FSAs work on an annual plan year basis and are funded through regular payroll deductions on a pre-tax basis. Contribution toward the cost of coverage for your Domestic Partner's expenses under the FSA are generally not considered qualifying medical expenses.

IRS Contribution Limits	Healthcare FSA	Dependent Care FSA <sup>†</sup>
	\$3,400/year	\$7,500/annually (\$3,750 if married and filing separately)
	<h3>Healthcare FSA</h3> <ul style="list-style-type: none"> <li>• Use for medical, dental and vision expenses</li> <li>• Healthcare FSA funds are available in full on day one</li> <li>• You have the option to roll over up to \$680 of unused FSA dollars to the following plan year               <ul style="list-style-type: none"> <li>– These roll over funds will not count against your future FSA election / contribution limit</li> <li>– Any unused balances more than \$680 at the end of the plan year will be forfeited</li> </ul> </li> </ul> <p><sup>†</sup> Not available to HSA plan participants</p>	<h3>Dependent Care FSA<sup>†</sup></h3> <ul style="list-style-type: none"> <li>• Use to pay for costs of dependent care for:               <ul style="list-style-type: none"> <li>– Children under age 13</li> <li>– Older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and that live with you more than ½ of the year</li> </ul> </li> <li>• Dependent Care FSA funds are contributed to your account as they are taken from your paycheck</li> <li>• Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare</li> <li>• Kindergarten or higher education expenses do not qualify</li> </ul>

Limited Purpose FSA <sup>†</sup>
<ul style="list-style-type: none"> <li>• Use for only dental &amp; vision expenses</li> <li>• Same annual contribution limit as the Healthcare FSA</li> </ul>

<sup>†</sup>Available to part time & employees on an HSA medical plan

Register your account online through **Navia Benefit Solutions**. Please refer to your FSA plan documents regarding filing claims, debit cards, and roll over funds. [Click here](#) to learn about FSA/DCFSA, Debit cards, FSA eligible expenses and more!

# Life and AD&D Insurance

## Basic Life/AD&D

A 1 times annual salary up to \$150,000 Basic Life insurance policy is provided to you at no cost through **Unum**. You are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

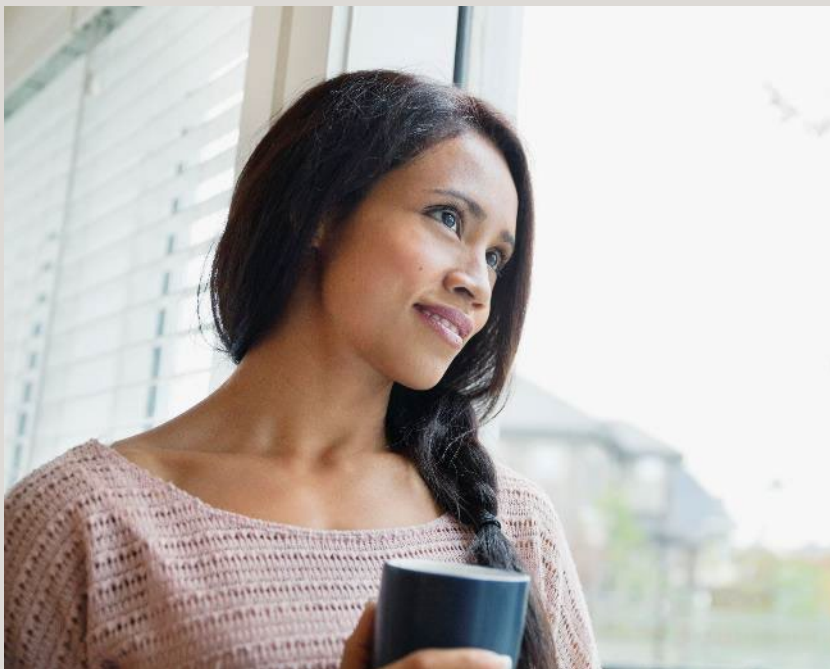
As a bonus, we also provide basic life insurance to your spouse and dependent children at no cost.

- Spouse Life benefit: \$2,000
- Dependent Children Life benefit: \$1,000 (from 6 months to age 19, or age 26 if full-time student)

According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Catholic Community Services for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.

## What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs - the average funeral cost is \$10,000



## Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Voluntary Life Insurance

## Voluntary Life and AD&D

You can purchase Voluntary Life insurance through **Unum** for you, your legal spouse and dependent children. Please refer to the benefit summary for details.

### Voluntary Life and AD&D

Employee	\$10,000 increments to \$500,000 up to 5 times your earnings. Guaranteed issue†: \$200,000
Spouse	\$5,000 increments to a maximum of \$200,000 (cannot exceed 100% of EE's coverage) Guaranteed issue†: \$20,000
Children	\$2,000 increments to a maximum of \$10,000 Guaranteed issue†: \$10,000

*Medical review (often referred to as evidence of insurability or EOI) is completed via the enrollment site.*

*† Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. If you previously purchased coverage, you may increase up to \$200,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.*



## Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Disability Insurance

**Unum** administers our Disability insurance benefit plan. You are automatically enrolled in this benefit. **Employees will cover the additional cost if they choose to enroll in the Buy-Up LTD option.**



## Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

**When do the benefits start?**

After 90 days of qualified disability

**How much would the benefit pay?**

**Core Benefit Amount:**

50% of basic monthly earnings up to \$2,000 per month

**Buy-Up Option:**

60% of basic monthly earnings up to \$3,000 per month

**Are there any pre-existing exclusions?**

3 prior / 12 exclusion

**How long will the benefit pay?**

Social Security Normal Retirement Age (SSNRA)

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

# Washington Paid Family Medical Leave

Paid Family and Medical Leave (PFML) is a benefit for Washington workers. It's here for you when a serious health condition prevents you from working or when you need time to care for a family member, bond with a new child or spend time with a family member preparing for military service overseas.

Paid Family and Medical Leave lets you take paid time off when you need it most, offering stability and peace of mind so you can focus on what matters. This benefit provides paid leave for an employee's serious health condition or for a member of their family.

Coverage is paid by Washington State's Employment Security Department (WA ESD), which is funded through premiums paid by both the employee and the employer.

Learn more about WA PFML by visiting <https://paidleave.wa.gov/>



## Washington Paid Family Medical Leave

<b>Elimination Period</b> <sup>1</sup>	1 week
<b>Maximum Benefit Duration</b> <sup>2</sup>	Up to 12 weeks per year
<b>Benefit Percentage</b>	Varies based upon income
<b>Maximum Weekly Benefit</b>	Up to \$1,647 per week

<sup>1</sup> Elimination period is waived for parental bonding leave, medical leave taken during the "post-natal period", and military exigency.

<sup>2</sup> An additional 2-4 weeks is available for those taking a combination of medical and family leave within the same claim year. An additional 6 weeks is available for those who experience a condition in pregnancy that results in incapacity.

# Oregon Paid Family Medical Leave

Paid Leave Oregon is a benefit for Oregon workers. It's here for you when a serious health condition prevents you from working or when you need time for family leave, medical leave or safe leave.

Paid leave protects an employee's job and role if they've worked for the same employer for at least 90 consecutive days.

Large employers pay 40% of the 1% contribution rate (the amount you pay into the program), and employees pay 60% of the 1% total contribution rate.

Learn more about Paid Leave Oregon online by visiting <https://paidleave.oregon.gov/>.



## Oregon Paid Family Medical Leave

<b>Elimination Period</b>	None
<b>Maximum Benefit Duration</b> <sup>1</sup>	Up to 12 weeks per year (52 or 53 weeks)
<b>Benefit Percentage</b>	100% of the employee's average weekly wage up to 65% of the statewide average weekly wage, plus 50% of the employee's average weekly wage in excess of 65% of the statewide average weekly wage
<b>Maximum Weekly Benefit</b>	120% of the statewide average weekly wage
<b>Pre-Existing Condition Limitation</b>	None

<sup>1</sup> An additional 2 weeks is available for a serious health condition resulting in incapacitation that occurs during pregnancy.

# Supplemental Health Benefits

Additional voluntary benefit plans through **Unum** and **Colonial Life**. These plans are not medical insurance and do not replace your medical coverage but rather pay cash directly to you in addition to any benefits you receive from your health plan.

## Voluntary Accident Insurance

Offered through **Unum**

Accident insurance **pays a cash benefit** when you or your covered family members suffer injuries sustained in an accident. Covered injuries include fractures, burns, concussions, tears, lacerations, broken teeth and eye injuries. Additional benefits may be paid, including ambulance, emergency care, testing and therapy.

## Voluntary Critical Illness

Offered through **Unum**

This insurance **pays a lump-sum cash benefit** directly to the insured following the diagnosis of a covered critical illness or event, including (but not limited to) Alzheimer's disease, invasive cancer, heart attack, kidney failure, stroke and major organ transplants.

The plan also provides an annual cash benefit of \$50 (per calendar year) for eligible health screenings and prevention measures. Since these screenings are often paid at 100% under the medical plan, you could walk away with cash in your pocket for practicing good preventive care.



## What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

## Medical Bridge Insurance

Offered through **Colonial Life**

Medical Bridge insurance can help with medical costs that your health insurance may not cover such as hospital confinement, emergency room visits, diagnostic procedures and outpatient surgical procedures. These benefits are available for you, your spouse and eligible dependent children.

The plan also provides an annual cash benefit of \$50 (per calendar year) for eligible wellness visit/health screening.



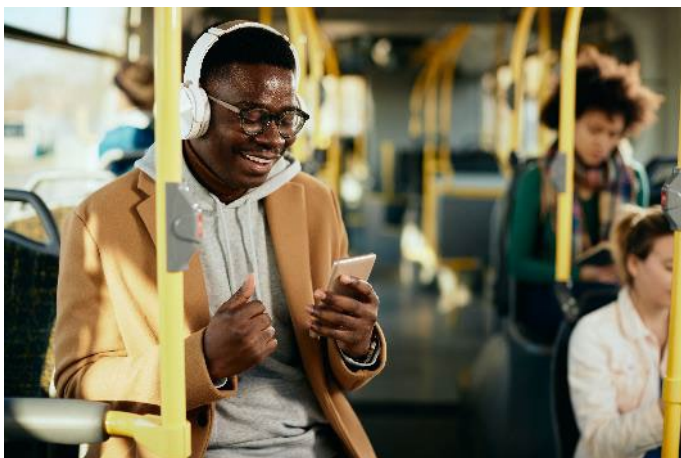


# Commuter Spending Accounts

Contributions to the **Navia Benefit Solutions** Commuter Spending Account plans are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can then pay for qualified transportation and/or parking expenses with your benefits debit card or submit your receipts to Navia Benefit Solutions for reimbursement.

Transit FSA	Parking FSA
<p>Mass transit expenses that allow you to travel to and from work, including:</p> <ul style="list-style-type: none"> <li>• Transit passes</li> <li>• Tokens</li> <li>• Fare Cards</li> <li>• Vouchers</li> </ul> <p>The mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry.</p>	<p>Parking expenses incurred at or near your work location or a location from which you continue your commute to work by:</p> <ul style="list-style-type: none"> <li>• Carpool</li> <li>• Van-pool</li> <li>• Mass Transit</li> </ul> <p>Out of pocket parking fees for parking meters, garages, and lots qualify. Parking at or near your home is not an eligible expense.</p>
<p><b>Up to \$340 per month</b></p>	<p><b>Up to \$340 per month</b></p>

After your employment with Catholic Community Services ends, you have up to 30 days to submit your expenses to Navia Benefit Solutions for reimbursement. Eligible expenses must have been incurred during your time of employment, to qualify.



Register your online account through Navia Benefit Solutions  
Please refer to your plan documents regarding filing claims, debit cards, and grace periods.

# Retirement Savings Plan \*

IRS Elective Deferral Limit	2026*
Maximum Deferral Limit	\$23,500
Catch Up Contributions (Ages 50+)	\$7,500
Catch Up Contributions (Ages 60-63)	\$11,250

\*Amounts pending IRS approval changes

## You Choose When to Pay Taxes

Making contributions to the 403(b) plan offers tax benefits. The type of contributions you make – pre-tax, Roth (after-tax) or a combination of the two – will determine when you pay taxes on your contributions. You can:

**Pay taxes later.** If you make **pre-tax contributions** to the 403(b) plan, you will lower your taxes today. The money you contribute, and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.

**Pay taxes now.** If you make **Roth contributions** to the 403(b) plan, you will pay income taxes on the contributions today. You can withdraw your **Roth contributions**, and any earnings are tax-free once you have had the account for at least five years and have reached age 59½.

[NWPS Web Access \[Login\]](#)  
[\(yourplanaccess.net\)](#)

## 403(b) Retirement Savings Plan

Allows employees to save for retirement through convenient payroll deductions. Employees who are at least 18 years of age become eligible to participate in the Plan upon their date of hire. The Plan, administered by Northwest Plan Services, is designed with the following features:

- You can contribute up to 80% of your pay to your account (see IRS Elective Deferral Limits box).
- CCS/AHA does not make any contributions to the 403(b) plan. All CCS/AHA contributions are made in the Money Purchase Pension Plan (see below).
- Employees are immediately vested in 100% of their contributions.

## Money Purchase Pension Plan

Contributions made by the company to employees. Employees who are at least 18 years of age and complete one Year of Service (completion of 1,000 hours as defined in the Plan Document) are eligible to participate in the Plan immediately following the entry dates of January 1 and July 1. The Plan, administered by Northwest Plan Services, is designed with the following features:

- Contributions are based on Length of Credit Service (Years):
  - Less than 6 years (1-6) 4%
  - At least 6 but less than 15 years (6-15) 6%
  - At least 15 but less than 19 years (15-19) 8%
  - 19 years or more (19+) 12%
- Employees will be vested in the CCS/AHA contributions based on years of service
  - Less than 2 years 0%
  - 2 years 20%
  - 3 years 40%
  - 4 years 60%
  - 5 years 80%
  - 6 years or more 100%

# Welcome to your discount marketplace provided at no cost by Catholic Community Services!



A platform with exclusive discounts in **every category** you can think of!

- \$0 Cost to you
- Find exclusive discounts on all the brands you love
- Find big savings at any time, wherever you are
- Access thousands of discounts and Cash Back offers on travel, electronics, events, and more, whether you're at home or on the road



## How to Access

- ① Download the app through Google Play Store/Apple App Store by searching Benefit Hub
- ② Complete your registration by entering your email address, choosing **"CCSWW"** from the organization drop down menu and then entering your password.

Company Domain: [ccsww.benefithub.com](https://ccsww.benefithub.com)



Questions regarding your registration, please call **866.664.4621** or email [customercare@benefithub.com](mailto:customercare@benefithub.com)

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# Cost of Coverage

Contributions are made monthly from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

## Dental Contributions

PER MONTH	DELTA DENTAL PLAN CORE PLAN	DELTA DENTAL PLAN BUY-UP PLAN
	EMPLOYEE PAYS	EMPLOYEE PAYS
<b>Employee Only</b>	\$0.00	\$15.02
<b>Employee + Spouse</b>	\$31.32	\$60.64
<b>Employee + Child(ren)</b>	\$46.55	\$82.76
<b>Employee + Family</b>	\$77.89	\$128.40

## Vision Contributions

PER MONTH	VISION SERVICE PLAN CORE PLAN	VISION SERVICE PLAN BUY-UP PLAN
	EMPLOYEE PAYS	EMPLOYEE PAYS
<b>Employee Only</b>	\$0.00	\$3.48
<b>Employee + 1 Dependent</b>	\$2.18	\$8.98
<b>Employee + 2 or more Dependents</b>	\$7.67	\$22.88

Group Life/AD&D, Base LTD and EAP premiums are paid at 100% by CCS/AHA

# Locate a Provider

Utilizing in-network providers ensure that you receive the highest level of coverage while also reducing your overall out-of-pocket cost. Follow the steps outlined below to locate an in-network provider near you.



## Medical Plans

To search for in-network medical providers login to your portal or visit:

### Regence

Website: [accessrga.com](https://accessrga.com)

Network: Blue Card

### Kaiser

Website: [Kaiser Provider](#)

Network: Kaiser Permanente



Delta Dental of Washington

## Dental Plans

To search for in-network dental providers login to your portal or visit:

Website: [deltadentalwa.com/fad/search](https://deltadentalwa.com/fad/search)

Network: Delta Dental PPO



## Vision Plans

To search for in-network vision providers login to your portal or visit:

Website: [vsp.com/eye-doctor](https://vsp.com/eye-doctor)

Network: Signature



# Contact Information

BENEFIT	PARTNER	WEBSITE / PHONE
<b>Medical</b>	Regence BlueShield	<a href="http://Regence.com">Regence.com</a> 888-675-6570
<b>Medical</b>	Kaiser Permanente	<a href="http://Healthy.kaiserpermanente.org">Healthy.kaiserpermanente.org</a> 888-901-4636
<b>Dental</b>	Delta Dental of WA	<a href="http://deltadentalwa.com">deltadentalwa.com</a> 800-554-1907
<b>Vision</b>	Vision Service Plan (VSP)	<a href="http://vsp.com">vsp.com</a> 800-877-7195
<b>Voluntary Medical Bridge</b>	Colonial Life Contact Judy Bucholtz	<a href="http://coloniallife.com">coloniallife.com</a> <a href="mailto:judy.bucholtz@coloniallifesales.com">judy.bucholtz@coloniallifesales.com</a> 253-208-1752
<b>Basic Life/AD&amp;D LTD</b>	Unum	<a href="http://unum.com">unum.com</a> 800-421-0344
<b>Voluntary Critical Illness Voluntary Accident</b>	Unum	<a href="http://unum.com">unum.com</a> 800-635-5597
<b>EAP</b>	First Choice EAP	<a href="http://fchn.com/eap">fchn.com/eap</a> Username: ccs 800-777-4114
<b>FSA Transportation</b>	Navia Benefit Solutions	<a href="http://naviabenefits.com">naviabenefits.com</a> 800-669-3539
<b>403(b) &amp; Pension</b>	NWPS	<a href="#">NWPS Web Access Login</a> 206-933-1500
<b>CCS/AHA HR Contact</b>	SW/LTC/FBH: Zuchi Swofford NW: Mary Spurgeon KC//WW: Timothy Smith AHA: Andrea Munoz-Diaz	<a href="mailto:zuchis@ccsww.org">zuchis@ccsww.org</a> <a href="mailto:maryg@ccsww.org">maryg@ccsww.org</a> <a href="mailto:timothys@ccsww.org">timothys@ccsww.org</a> <a href="mailto:AMunozDiaz@ccsww.org">AMunozDiaz@ccsww.org</a>



**CATHOLIC COMMUNITY SERVICES**  
**CATHOLIC HOUSING SERVICES**  
OF WESTERN WASHINGTON

## Benefits Effective January 1, 2026 - December 31, 2026

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# Employee Notices