2026 Benefits-at-a-Glance

Nine Month Employees

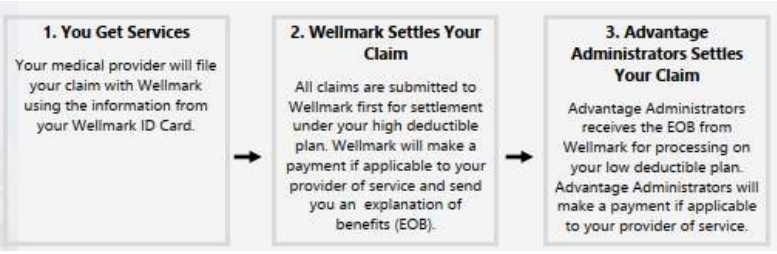
Medical Plans with Health Savings Account

Community Action of Eastern Iowa (CAEI) is proud to offer you a choice of two medical plans through Wellmark. Coverage under both plans include comprehensive medical care and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Both plans have an extra component due to CAEI pays for part of your insurance expenses after you have hit your portion of the deductible!

Benefits	Blue HMO $1,000	Alliance PPO Select $1,000 In-Network	Alliance PPO Select $1,000 Out of Network
Annual Deductible (combined with Rx)	$1,000 Single/ $2,000 Family	$1,000 Single / $2,000 Family	$15,000 Single/ $30,000 Family
Out-of-Pocket Max (combined with Rx)	$2,500 Single / $5,000 Family	$2,500 Single/ $5,000 Family	$15,000 Single/ $30,000 Family
Preventive Care	Plan Pays 100%	Plan Pays 100%	Deductible
Office Visits: • PCP • Specialist	$30 Copay Designated PCP / $35 other PCP $70/visit	$35 Copay $70 copay	$105 Copay $210 Copay
Emergency Services: • Urgent Care • Emergency Room	$35 Copay $350 Copay	$35 Copay $350 Copay	Deductible $350 Copay
Labs and Testing	Deductible	Deductible	Deductible
Hospitalization	Deductible	Deductible	Deductible

Medical Partial Employer Funding Explained

***Be sure to log on to the Advantage Administrators portal (www.advantageadmin.com) to view your claims information!**



For detailed information on plans please go to:
https://flimp.live/caei

Dental Plans

The Dental PPO Plan, offered through MetLife, allows you the freedom to visit any dentist, without referrals, for all your dental care. If you receive care from one of MetLife's participating dentists, you'll pay less for your care. If you choose an out-of-network dentist, your share of costs will generally be higher. General information regarding in-network benefits is provided below.

Benefits	PPO
Annual Maximum (per person per calendar year	$1,250
Deductible (applies to Type B&C)	$25 Single / $75 Family
Preventive Care (oral exams, cleanings, x-rays)	100%
Basic (fillings, root canal, extractions)	80%
Major (dentures, bridges, crowns, implants)	50%
Orthodontia (to age 19) – Lifetime max/person	$1,000

Vision Plan - Vision benefits are offered through MetLife. General information regarding in-network benefits is provided below.

Benefits	In-Network
Exam(s) Copays	$20 copay
Frames	$130 allowance
Spectacle Lenses	$20 copay
Contact Lenses (in lieu of eyeglasses)	Medically necessary contacts covered in full after eye wear copay

Life and AD&D Insurance - All eligible employees are automatically covered by the group life insurance and accidental death and dismemberment (AD&D) insurance plans. This coverage is provided by CAEI at NO COST to you. Your Life and AD&D Insurance benefits are provided through MetLife.

Basic Life and AD&D Insurance - Your company-paid Basic Life and AD&D insurance benefit is equal to 1 times your annual salary, up to a maximum of $50,000.

Voluntary Life and AD&D - The Voluntary Life insurance plan lets you buy coverage in addition to the life insurance provided by CAEI. If you purchase coverage for yourself, you may also purchase coverage for your family members.

Disability Insurance -To ensure your income will continue if you are unable to work due to a non-job-related disability, The Company provides long-term disability (LTD) through MetLife at NO COST to you. **Also available is voluntary short-term disability (STD) at the employee's cost, see Page 3 for more details.**

EAP - To ensure our employees have appropriate resources in times of need, CAEI has provided services available to employees 24/7/365 through Personal Assistance Services (PAS).

Worksite Benefits

Accident (Off-the-Job) and Critical Illness

Accident Off-the-Job - The Accident Off-the-Job plan lets you buy coverage in addition to the other insurance benefits provided by CAEI. If you purchase coverage for yourself, you may also purchase coverage for your family members. This plan provides protection 24 hours a day while on or off the job. Please see Benefit Summary for more information about this benefit.

Coverage Options	Low Plan
Employee	$10.06
Employee & Spouse	$19.99
Employee & Child(ren)	$24.00
Employee & Spouse/Child(ren)	$28.39

Critical Illness - The Critical Illness plan lets you buy coverage in addition to the other insurance benefits provided by CAEI. If you purchase coverage for yourself, you may also purchase coverage for your family members. Please see Benefit Summary for more information about this benefit and cost.

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	**$10,000, $20,000 or $30,000.**	Coverage is guaranteed provided you are actively at work. [1]
Spouse/Domestic Partner[2]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]
Dependent Child(ren)[3]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]

Please reference Benefit Summaries for additional information about each benefit.

Visit your group benefits website to learn more https://flimp.live/caei

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Voluntary Short-Term Disability

Voluntary Short-Term Disability – The Voluntary Short-Term Disability plan lets you buy coverage in addition to the other insurance benefits provided by CAEI. This coverage is only for employees only. Please see Benefit Summary for more information about this benefit and cost.

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The elimination period is as follows:

For Injury: 14 days.

For Sickness (includes pregnancy): 14 days.

Benefits continue for as long as you are disabled up to a maximum duration of 11 weeks of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Short Term Disability	Rate per $10 Of Covered Weekly Benefit
STD	
Less than 30	$0.688
30-34	$0.724
35-39	$0.660
40-44	$0.706
45-49	$0.860
50-54	$1.068
55-59	$1.312
60-64	$1.556
65+	$1.864

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Per Pay Period (18 Annually) Benefit Costs

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Medical Plan 1- HMO	$98.00	$438.20	$407.40	$659.40
Medical Plan 2 – PPO	$177.80	$623.00	$571.20	$890.40
Dental Plan	$23.39	$46.76	$53.75	$78.30
Vision Plan	$4.79	$9.61	$8.14	$13.43
Basic Life	100% Paid for by CAEI			
Long-Term Disability	100% Paid for by CAEI			
Voluntary Life Plans	Please see Employee Navigator for Rates (Rates based on Age and Coverage Amount Elected)			
Voluntary Short-Term Disability	Please see Employee Navigator for Rates (Rates based on Age and Coverage Amount Elected)			

BENEFIT CONTACTS FOR QUESTIONS

	Phone Number	Website/Email
CAEI Human Resources	DeAnna Coulter (563) 484-4522 Jessica Bousselot (563) 484-4529	dcoulter@caeiowa.org Jbousselot@caeiowa.org
Benefit Consultant	Kristine Merschman (563) 823-7058	kristine.merschman@assuredpartners.com
Health – Wellmark	(800) 524-9242	www.wellmark.com
(HRA) Advantage Administrators	(800) 383-1623	www.advantageadmin.com
Dental – MetLife	(800) 275-4638	www.metlife.com
Vision – MetLife	(855) 638-3931	www.metlife.com
Life & Disability – MetLife	(866) 492-4983	www.metlife.com

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