



**Employee Enrollment
&
U.S Benefits Guide
2023**

The logo for CIEE, featuring the letters 'c', 'i', 'e', 'e' in a blue, lowercase, sans-serif font. A small orange arc is positioned above the 'i'.

Medical | Dental | Vision | Life | Disability | & More

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2023 Benefit Guide

*This overview is published for employees of CIEE, and is only a highlight of your benefits. Official plan and insurance documents actually govern your rights and benefits under each plan. If any discrepancy exists between this summary and any of the official plan documents, the official plan documents will prevail

CIEE's Employee Benefits Guide is a one-stop source for all benefits available to you as an employee. This guide is designed to offer as much information and education as possible, so that it can serve as a trusted resource for Open Enrollment and throughout the benefit year. Information contained in this guide is for full-time US-based employees.

An active enrollment will occur for medical, dental and vision insurance during this Open Enrollment period. This means that all employees will need to visit ADP to enroll in any coverage they wish to have for the 2023 plan year. No current enrollments will automatically be carried over into the 2023 plan year. As always you are required to re-enroll every year to participate in flexible spending account (FSA) benefits.

Our benefits for 2023 represent CIEE's deep commitment to continue providing you and your family with the best health care options.

Who is Eligible?

CIEE is pleased to offer benefits to all full-time employees working 29 hours per week or more. If you have questions regarding your eligibility for benefits, please contact HRBenefits@ciee.org.

Enrolling for Benefits

Your benefits program has been designed to help meet the ongoing needs of you and your family. You have the opportunity to enroll in your benefit options when you are first eligible and during the annual open enrollment period. During open enrollment you can enroll, change benefit plans or add/drop dependents. The elections you make will remain in effect from January 1, 2023, through December 31, 2023, unless you have a qualified life event.

Qualified Life Events

If you have an eligible qualifying event during the plan year, you may make certain changes to your benefit coverage **as long as you notify Human Resources within 30 days of the status change**. Eligible changes in status include but are not limited to the following:

- Changes in your legal marital status including marriage, death of your spouse, divorce, legal separation or annulment.
- Employment status changes including the start or end of employment or a change in work hours for you, your spouse or your dependent.
- Your dependent satisfying or no longer satisfying the eligibility requirements due to age, or other circumstances.

Educate

This Enrollment Guide is designed to provide the basic information necessary to make your benefit elections. Read through this guide and review it with your family and make sure you contact the HR Benefits Team with any questions. Please also take note of some important information regarding your annual enrollment:

- Open enrollment will be active this year and will require all employees to login to ADP and enroll in any benefits they wish to have for the 2023 plan year, include any Flexible Spending Accounts enrollments.
- If you are eligible for benefits and do not enroll, you can't enroll until the next Open Enrollment period for 2023 (for benefits effective January 1st of each year), unless you experience a qualified life event.

Changes for 2023

CIEE is proud to announce the following benefit enhancements for the 2023 plan year:

- Addition of a new consumer-directed health plan (CDHP) as a second option for medical coverage
- Addition of a Health Savings Account for those enrolled in the CDHP plan
- Addition of a Limited Purpose FSA for those enrolled in the HSA plan for 2023 but who have FSA rollover money from 2022
- Increase to the 2023 maximum limits for medical FSA of \$3,050 for contributions and \$610 for roll over
- Addition of adult orthodontia benefits to our current dental plan
- Addition of an annual rollover maximum of \$250 on our current dental plan that enables employees to carry unused portions of their annual dental allowance to the following plan year
- Addition of voluntary benefits including accident, critical illness, ID theft, and pet insurance

Disclaimer

This document summarizes the features of the benefit plans offered to eligible employees of CIEE. Every effort has been made to ensure that the information is clear and accurate. However, you should refer to the contracts and official Plan documents for more detailed information about the benefits. In the event of any conflict between the information in this document and the contracts or official Plan documents, the contracts official Plan documents will govern. The Plan Sponsor or Plan Administrator reserves the right to change or discontinue these benefits, in whole or in part, at any time. You will be notified if a program is changed or discontinued. This document does not constitute an employment agreement between you and CIEE.

Use the checklist below to consider the options for you and your family, and determine any elections you want to make during Open Enrollment:

- Review** the Cigna medical plan information. Your previous 2022 elections will not carry over to 2023.
- Review** the Delta Dental plan information. Your previous 2022 elections will not carry over to 2023.
- Review** the Ameritas vision plan information. Your previous 2022 elections will not carry over to 2023.
- Decide** how much you want to contribute to either the Medical and/or the Dependent Care Flexible Spending Accounts (FSA) and enroll. Per IRS guidelines, all employees are required to go online and re-elect FSA coverage each year. Your previous 2022 elections will not carry over to 2023.
- Review** dependent coverage to ensure you are only covering eligible dependents as detailed below.

Verifying Dependent Coverage

It is important that any dependents covered by our plans meet the plan eligibility requirements. If you are enrolling dependents during this Open Enrollment, you will be required to provide documents that verify their eligibility. Examples of documentation include marriage certificates, birth certificates or tax forms listing dependents.

Eligible Family Members

- Legal spouse
- Domestic Partner
- Children up to age 26
- Disabled children age 26 and over
- Children of your domestic partner



Medical Plan - OAP



OAP stands for Open Access Plus which is the broadest national network CIGNA offers allowing for access to in and out of network providers without needing a Primary Care Physician to coordinate care.



CIEE offers an OAP medical plan through Cigna. Below is a brief description of the benefits provided. Please refer to the Plan Document for complete details.

CIGNA OAP Plan		
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible – Individual	\$500	\$1,000
Deductible - Family	\$1,500	\$3,000
Out-of-Pocket – Med – Individual	\$2,250	\$6,000
Out-of-Pocket – Med – Family	\$4,500	\$11,000
Out-of-Pocket – RX – Individual	\$3,000	Not Covered
Out-of-Pocket – RX – Family	\$9,000	Not Covered
PCP (Tiered) Office Visit	\$5 copay	Not Covered
PCP (Non-Tiered) Office Visit	\$25 Copay	You pay 40%^
Specialist (Tiered) Visit	\$20 Copay	Not Covered
Specialist (Non-Tiered) Visit	\$40 Copay	You pay 40%^
Telemedicine	\$25 Copay	Not Covered
Routine Physicals	Covered at 100%	Covered at 100%
Diagnostic Lab/ Xray	You pay 20%^	You pay 40%^
CT, MRI, PET	You pay 20%^	You pay 40%^
Inpatient Hospital	You pay 20%^	You pay 40%^
Outpatient Hospital	You pay 20%^	You pay 40%^
Urgent Care	\$50 Copay	\$50 Copay
Emergency Room	\$150 Copay	\$150 Copay
CIGNA MEDICAL PLAN	BI-WEEKLY COST	MONTHLY COST
Employee Only	\$52.92	\$114.65
Employee + Spouse	\$189.67	\$410.96
Employee + Child(ren)	\$189.67	\$410.96
Employee + Family	\$256.31	\$555.35

NOTE: If a member sees an out-of-network provider they are responsible for any difference between the allowance for out-of-network providers and the provider's actual charge.

Pharmacy Plan - OAP



CIEE offers Pharmacy Benefits through CVS Caremark. These benefits are included with your medical premiums. Below is a brief description of the benefits provided. Please refer to the Plan Document for complete details.



RETAIL (30-DAY SUPPLY)

	In Network	Out of Network
Generic	\$10	N/A
Preferred Brand	\$30	N/A
Non-Preferred Brands	\$50	N/A
Specialty Brands	\$150	N/A

HOME DELIVERY (90-DAY SUPPLY)

	In Network	Out of Network
Generic	\$20	N/A
Preferred Brands	\$40	N/A
Non-Preferred Brands	\$100	N/A
Specialty Brands	\$300	N/A

RX BENEFITS

	In-Network	Out-of-Network
Out-of-Pocket - Rx - Individual	\$3,000	N/A
Out-of-Pocket - RX - Family	\$9,000	N/A

CIGNA'S TIERED BENEFIT SOLUTION

When it comes to health care, employees want affordable choices they can trust. Cigna's tiered benefit solution allows employees to choose providers from our large, national network with the opportunity to save on out-of-pocket costs through benefit incentives when they see Tier 1 providers. Tier 1 providers include our Accountable Care Program providers who continuously work with Cigna to deliver coordinated, quality, and affordable care; as well as other providers who meet Cigna's criteria for quality and cost-efficiency.

Key benefits of Cigna's tiered benefit plan solution:

- Encourages employees to choose higher-performing providers.
- Financial incentive for employees who see Tier 1 providers.
- Can help guide you on a pathway to locally-focused network solutions.
- Maintains employee choice of providers while still having access to a large, national network.

Better health. Better costs.

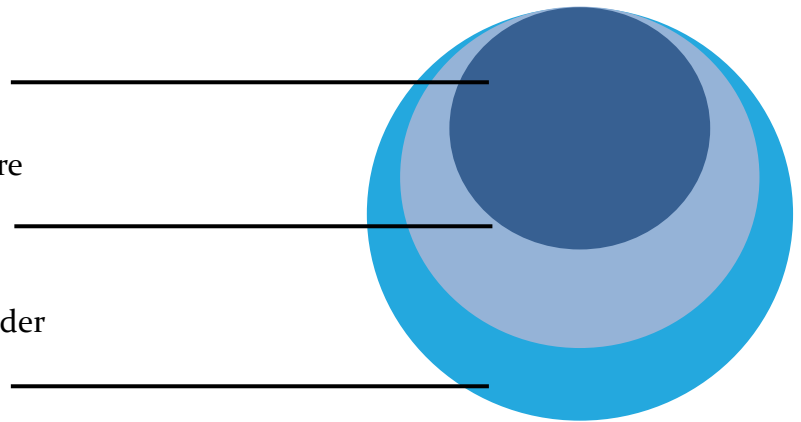
Tier 1 – In-Network

Higher-performing physicians – 21 specialties including three primary care

Open Access Plus

88.5% of Cigna's Open Access Plus customers have access to a Tier 1 provider

Out-of-Network



Now it's easier to find and use higher-performing providers

Tier 1 providers are clearly indicated in the online provider directories as “Cigna Care Network – Tier 1 Provider.” You can compare costs and quality information from one provider to the next.

The tiered benefit solution is available in 35 states covering 74 markets.

Medical Plan - CDHP



CIEE offers a CDHP medical plan through Cigna. Below is a brief description of the benefits provided. Please refer to the Plan Document for complete details.

CIGNA CDHP Plan		
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible – Individual	\$1,500	\$3,000
Deductible - Family	\$3,000	\$6,000
Out-of-Pocket – Med & Rx – Individual	\$6,150	\$12,300
Out-of-Pocket – Med & Rx – Family	\$13,500	\$27,000
PCP Office Visit	20% Copay	40% Copay [^]
Specialist Visit	20% Copay	40% Copay
Telemedicine	20% Copay	Not Covered
Routine Physicals	Covered at 100%	Covered at 100%
Diagnostic Lab/ Xray	20% Copay [^]	40% Copay [^]
CT, MRI, PET	20% Copay [^]	40% Copay [^]
Inpatient Hospital	20% Copay [^]	40% Copay [^]
Outpatient Hospital	20% Copay [^]	40% Copay [^]
Urgent Care	20% Copay	40% Copay [^]
Emergency Room	20% Copay	20% Copay
CIGNA MEDICAL PLAN	BI-WEEKLY COST	MONTHLY COST
Employee Only	\$42.33	\$91.72
Employee + Spouse	\$151.74	\$328.76
Employee + Child(ren)	\$151.74	\$328.76
Employee + Family	\$205.05	\$444.28

NOTE: If a member sees an out-of-network provider they are responsible for any difference between the allowance for out-of-network providers and the provider's actual charge.

Pharmacy Plan - CDHP



CIEE offers Pharmacy Benefits through CVS Caremark. These benefits are included with your medical premiums. Below is a brief description of the benefits provided. Please refer to the Plan Document for complete details.



RETAIL (30-DAY SUPPLY)

	In Network	Out of Network
Generic	20% Copay	40% Copay
Preferred Brand	20% Copay	40% Copay
Non-Preferred Brands	20% Copay	40% Copay
Specialty Brands	20% Copay	40% Copay

HOME DELIVERY (90-DAY SUPPLY)

	In Network	Out of Network
Generic	20% Copay	40% Copay
Preferred Brands	20% Copay	40% Copay
Non-Preferred Brands	20% Copay	40% Copay
Specialty Brands	20% Copay	40% Copay

RX BENEFITS

	In-Network	Out-of-Network
Out-of-Pocket - Rx - Individual	Included with Medical	Included with Medical
Out-of-Pocket - RX - Family	Included with Medical	Included with Medical

NOTE: Pharmacy co-insurance is after deductible. Some maintenance medications do not count toward the deductible.

Cigna now provides access to **two** telehealth services as part of your medical plan – **Amwell** and **MDLIVE**

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

All of the following (and more!) can be address during a telehealth visit:

- Sore throat
- Fever
- Allergies
- Rash
- Acne
- Cold and flu
- Headache
- Stomach
- UTI's



Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: Amwell or MDLIVE doctors.

Telemedicine Cost:
\$25 Copay

We encourage you to register for one or both services so they're ready when and if you need care.

Or Call

- Amwell at 1-855-667-9722
- MDLIVE at 1-888-726-3171

Visit the websites

- AmwellforCigna.com
- MDLIVEforCigna.com

Amwell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna** network of providers.

- Go to myCigna.com to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna network providers cost the same as an in-office visit.

THERE ARE NOW MORE WAYS TO GET HELP

You can now see a counselor or psychiatrist through MDLIVE or Cigna's Behavioral Health network.

MDLIVE medical services have expanded to include behavior health services.

Consult with a counselor or psychiatrist from your home, office, or on-the-go.

- Schedule an online appointment to talk with a licensed counselor or psychiatrist by phone or video.
- Get most prescriptions at your nearest pharmacy (if medically necessary).

You can also receive care through Cigna's network of behavioral health providers.

In addition to MDLIVE Behavioral, Cigna Behavioral Health at myCigna.com also provides access to video based counseling through its own network of providers. If you are seeing a therapist or psychiatrist through Cigna's Behavioral Health Network, you can continue to receive care there.

- Visit myCigna.com and go to "Find Care & Costs" and enter "Virtual counselor" under doctor by type.
- Call the number on the back of your Cigna card 24/7.

To help with most nonemergency conditions, MDLIVE providers can diagnose, treat, and prescribe most medications for:

- Addictions
- Bipolar disorders
- Child/adolescent issues
- Depression
- Eating disorders
- Grief/loss
- Life changes
- Men's and women's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship/marriage issues
- Stress
- Trauma/PTSD
- And more!

SCHEDULE AN APPOINTMENT

Call or schedule a time online that works for both you and your therapist.

myCigna.com
MDLIVEforCigna.com
888-726-3172



Dental Plan



CIEE offers a dental plan through Delta Dental. Below is a brief description of the benefits provided. Please refer to the Plan Document for complete details.



COVERAGE TYPE	IN-NETWORK	OUT-OF-NETWORK
Type A - Diagnostic/Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum		
Per Individual	\$1,500	\$1,500
Rollover Maximum		
Per Individual	\$250	\$250
Orthodontia		
Lifetime Maximum (All ages)	\$1,500	\$1,500
DENTAL PLAN	BI-WEEKLY COST	MONTHLY COST
Employee Only	\$6.32	\$13.69
Employee + Spouse	\$16.68	\$36.15
Employee + Child(ren)	\$16.68	\$36.15
Employee + Family	\$22.94	\$49.70

NOTE: If a member sees an out-of-network provider they are responsible for any difference between the allowance for out-of-network providers and the provider's actual charge.

Vision Plan



CIEE offers Vision Benefits through Ameritas allowing employees the opportunity to choose either the **VSP** or **EyeMed Dual Network**. Below is a brief description of the benefits provided. Please refer to the Plan Document for complete details.



SERVICE	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Exam With Dilation as Necessary	Covered in Full	Up to \$45
Frames	\$250 allowance	Up to \$70
<i>Single Vision</i>	Covered in Full	Up to \$30
<i>Bifocal</i>	Covered in Full	Up to \$50
<i>Trifocal</i>	Covered in Full	Up to \$65
<i>Progressive</i>	Covered in Full	Up to \$50
<i>Lenticular</i>	Covered in Full	Up to \$100
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$16	N/A
Tint (Solid and Gradient)	\$16	N/A
Standard Plastic Scratch Coating	\$17-\$33	N/A
Standard Polycarbonate	\$33	N/A
Standard Polycarbonate (Kids under 19)	Covered in Full	N/A
Standard Anti-Reflective Coating	\$43-\$85	N/A
Contact Lens Fit and Follow-Up		
Standard Contact Lens Fit & Follow-Up	Up to \$60	N/A
Contact Lenses		
Conventional	\$200 allowance	Up to \$145
Disposable	\$200 allowance	Up to \$145
Medically Necessary	Covered in Full	Up to \$210
Frequency		
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
VISION PLAN	BI-WEEKLY COST	MONTHLY COST
Employee only	\$0.92	\$2.00
Employee + Spouse	\$2.77	\$6.00
Employee + Child(ren)	\$2.77	\$6.00
Employee + Family	\$3.58	\$7.75

CIEE offers you Health Care and Dependent Care Flexible Spending Accounts (FSAs) through Discovery Benefits which allow you to set aside pre-tax dollars to pay for a wide variety of health and/or dependent care expenses that are not covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withdrawn. Due to IRS rules, if you would like to participate in the Health Care and/or Dependent Care FSA plan, you MUST enroll every year.

Health Care FSA

Health care expenses for yourself and your dependents are eligible for reimbursement from your Health Care FSA. Due to the Affordable Care Act, the maximum annual contribution into a Health Care FSA is \$3,050. We also offer a convenient prepaid Health Care FSA debit card which simplifies the reimbursement process by allowing you to use the FSA debit card instead of cash to pay for eligible health care expenses.

Up to \$610 of any unused 2022 Health Care FSA funds will be automatically rolled over into your 2023 Health FSA account. If you wish to enroll in additional funds, you must elect those during the enrollment period. Any 2022 funds over the \$610 rollover limit will be forfeited as of December 31, 2022.

Dependent Care FSA

Expenses for dependent care services for children under age 13, a disabled spouse/child, or incapacitated parent are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full time. You can elect up to \$5,000 per year between you and your spouse. While Dependent Care flexible spending accounts are treated as pre-tax from a federal perspective, there are select states that do not treat your FSA contributions as pre-tax. Please check with your financial advisor for additional details.

Be mindful when making your annual Dependent Care FSA election that any unused funds at the end of the plan year will be forfeited. There is no rollover option for Dependent Care FSA.

Rules & Regulations

Plan your annual Health FSA contribution amounts carefully; the election you make when you enroll will remain in effect for the entire plan year (January 1st to December 31st) unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs. FSA participants can visit www.discoverybenefits.com to view a complete list of eligible health and/or dependent care expenses or to use the handy expense estimator tool.

Go to www.irs.gov/publications/p502/ for a full listing of eligible expenses from the IRS.

Limited Purpose FSA

If you are choosing to enroll in an HSA plan, and if you will have rollover funds from your 2022 medical FSA plan, you can enroll in a limited purpose FSA. This plan functions in the same way as traditional FSA but can only be used for dental and vision expenses. It cannot be used for medical expenses that will be covered by the HSA.

Health Savings Accounts



CIEE offers a Health Savings Account (HSA) for those employees enrolled in the CDHP medical plan. The HSA will be administered by HSA Bank, a preferred CIGNA carrier.

What is an HSA?

A HSA is an account that you can use in combination with a high deductible health plan to pay medical expenses. You as the employee own the account but both you and CIEE can contribute funds. Money will be contributed pre-tax, funds accrue in the account tax-free, and when money is withdrawn for the purpose of covering eligible medical expense, the money will be withdrawn tax-free. HSA funds roll over each year and the money in your HSA can be used to save tax-free money for retirement.

Who is Eligible for an HSA?

Employees who meet the following criteria are eligible to enroll in the HSA plan:

- Enrolled in the CDHP medical plan
- Not enrolled in Medicare
- Not covered under another medical plan
- Not listed as another person's dependent on their medical plan

HSA Contributions

Each year, the IRS set limits on how much individuals and families can contribute to their HSA plans. These limits are for the total funds contributed, including company contributions, your contributions, and any other contributions. The 2023 contributions limits are as follows:

- \$3,850 for individual coverage
- \$7,750 for family coverage

Individuals 55 and older are also eligible for \$1,000 in catch-up contributions for 2023.

CIEE contributions will be made bi-annually and will be pro-rated for employees hired during the year.

CIEE will contribute \$500 in HSA contributions for employees enrolled in individual coverage and \$1,000 for those enrolled in family coverage.

Qualified Medical Expenses for HSA Use

Examples of qualified medical expenses include:

- Most medical care that is subject to your deductible (copays, coinsurance, doctor visits, inpatient or outpatient treatment, etc.)
- Prescription drugs
- Insulin (with or without a prescription)
- Dental and vision care
- Select insurance premiums

Human Resources can provide you with a full list of eligible expenses upon request.

Additional Benefits - Accident



Accident insurance provides payment for treatments and services resulting from an accidental injury, such as treatment for fractures, dislocations, lacerations, as well as emergency room, ambulance, and hospitalization related to the accident.

Please see the coverage certificate for a complete list of covered services and benefit details.

BENEFIT EXAMPLES		BENEFIT	
Ambulance		\$100 Ground, \$500 Air	
Chiropractic Services (per visit)		\$25 per session, 6 session maximum	
Coma		\$5,000	
Concussion		\$100	
Diagnostic Exams		\$100 per CT/MRI scan	
Initial Hospital Admission		\$500	
ICU Hospital Admission		\$1,000	
Hospital Confinement (per day)		\$200, 365 day maximum	
ICU Confinement (per day)		\$400, 30 day maximum	
Lacerations		Up to \$400	
Physical Therapy (per session)		\$25, 6 session maximum	
Physician Visit		\$50 initial, \$50 follow-up	
Rehab Facility Confinement (per day)		\$50, 30 day maximum	
X-Rays		\$25	
Wellness (health screening)		\$50	
	BI-WEEKLY COST	MONTHLY COST	
Employee Only	\$4.74	\$10.27	
Employee + Spouse	\$7.38	\$15.99	
Employee + Child(ren)	\$8.17	\$17.70	
Employee + Family	\$11.07	\$23.99	

Additional Benefits – Critical Illness



Critical Illness insurance provides benefits to help pay for expenses arising from critical illnesses that are not normally covered by health insurance. Typical expenses due to critical illness include loss of work (for yourself or your spouse), transportation, lodging, etc. Rates vary by age and benefit elected.

Please see the coverage certificate for a complete list of covered services and benefit details.

DIAGNOSIS (ADULT)	BENEFIT	DIAGNOSIS (ADULT)	BENEFIT		
Alzheimer's Disease	100%	Major Organ Failure	100%		
Carcinoma In Situ	25%	Multiple Sclerosis	100%		
Coma	100%	Paralysis	100%		
Heart Attack	100%	Parkinson's Disease	100%		
Life Threatening Cancer	100%	Severe Brain Damage	100%		
Loss of Hearing	100%	Skin Cancer	5%		
Loss of Sight	100%	Stroke	100%		
DIAGNOSIS (CHILD)	BENEFIT	DIAGNOSIS (CHILD)	BENEFIT		
Cerebral Palsy	100%	Muscular Dystrophy	100%		
Cystic Fibrosis	100%	Spina Bifida	100%		
Downs' Syndrome	100%	Type 1 Diabetes	100%		
BENEFIT AMOUNT		GUARANTEED ISSUE			
Employee	\$5,000 - \$30,000 in \$1,000 increments	\$30,000			
Spouse	\$5,000 - \$30,000 in \$1,000 increments, not to exceed employee enrollment	\$30,000			
Child(ren)	25% of approved employee amount up to a maximum of \$7,500	\$7,500			
MONTHLY RATE FOR EMPLOYEES & SPOUSE PER \$1,000 OF COVERAGE					
AGE	RATE	AGE	RATE	AGE	RATE
0-29	\$0.46	45-49	\$1.97	65-69	\$8.60
30-34	\$0.73	50-54	\$2.78	70-74	\$14.12
35-39	\$0.92	55-59	\$3.87	75-79	\$23.80
40-44	\$1.30	60-64	\$5.76	80-84	\$32.94

Monthly rate per \$1,000 of coverage for children is \$1.34, regardless of age of children and number of children covered on the plan.

Additional Benefits – Pet Insurance



Caring for your pets can be expensive. CIEE employees are eligible for a 10% discount on pet insurance for one pet through ASPCA. If more than one pet is added to the policy, all additional pets will be covered with a 20% discounted cost to the employee. Employees can enroll or change their plan at any time by visiting www.aspcapetinsurance.com/ciee.

Simple to Use

Just pay your vet bill, submit claims, and get reimbursed for covered expenses! You're free to visit any licensed vet, specialist, or emergency clinic you want, and you can choose to receive reimbursement by direct deposit or mail.

Customizable Options

Annual limit

The total amount you can be reimbursed over one 12-month policy period. This limit resets whenever a new policy period begins.

\$3k \$4k \$5k \$7k \$10k

Annual deductible

The amount you must satisfy for covered veterinary expenses before you can start being reimbursed.

\$500 \$250 \$100

Reimbursement percentage

The percentage of covered costs paid back to you after your deductible is satisfied.

70% 80% 90%

What's covered:



Accidents



Illnesses



Behavioral Issues



Dental Disease

Accident-Only or Preventative Care Coverage

If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes care for accidents. With Preventive Care Coverage, you will get reimbursed schedule amounts for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings.

Visit www.aspcapetinsurance.com/CIEE and save with your discount!

Additional Benefits – ID Theft



CIEE provides you the support of a comprehensive Identity Theft Protection program through Norton and LifeLock. It provides: 24x7 telephone support and step-by-step guidance by anti-fraud experts, a case worker assigned to you to help you notify the credit bureaus and file paperwork to correct your credit reports, help canceling stolen cards and reissuing new cards, and help notifying financial institutions and government agencies.



See the coverage certificate for a complete list of covered services and benefit details.

BENEFIT SOLUTIONS		BENEFIT ESSENTIAL	BENEFIT PREMIER
24/7 Live Member Support		X	X
Bank Account Takeover Alerts			X
Checking & Savings Account Application Alerts			X
Cloud Backup		X	X
Court Records Scanning			X
Credit, Bank & Utility Account Freezes		X	X
Dark Web Monitoring		X	X
Home Title Monitoring			X
Identity Lock		X	X
Investment Account Activity Alerts		X	X
LifeLock Identity Alert System		X	X
Mobile App		X	X
Parental Control		X	X
Password Manager		X	X
Secure VPN		X	X
Social Media Monitoring		X	X
Stolen Wallet Protection		X	X
BENEFIT ESSENTIAL		BI-WEEKLY COST	MONTHLY COST
Employee Only		\$3.69	\$7.99
Employee + Family		\$7.38	\$15.98
BENEFIT PREMIER		BI-WEEKLY COST	MONTHLY COST
Employee Only		\$5.30	\$11.49
Employee + Family		\$10.14	\$21.98

Additional Benefits



BENEFIT	BENEFIT DESCRIPTION ADDITIONAL INFORMATION						
<p>Holiday and Floating Friday Schedule</p>	<p>CIEE observes the following holidays each year:</p> <ul style="list-style-type: none"> ▪ New Year's Day ▪ Martin Luther King Jr. Day ▪ Presidents Day ▪ Memorial Day ▪ Juneteenth ▪ Independence Day ▪ Labor Day ▪ Indigenous Peoples Day ▪ Thanksgiving (Wednesday thru Friday) ▪ December Holiday – typically five days <p>In addition to these holidays regular full-time employees are eligible for floating Fridays as follows:</p> <ul style="list-style-type: none"> ▪ 2 Winter Fridays taken between January 1 and May 31st ▪ 4 Summer Fridays taken between May 15th and September 15th 						
<p>Paid Time Off (PTO) and Day of Service</p>	<p>Regular full-time employees are eligible to accrue PTO to be used for vacation, illness, or other personal reasons. PTO is accrued bi-weekly based on the following schedule for regular full-time employees:</p> <p><i>Annualized Vacation Time</i></p> <table border="0"> <tr> <td>0 - 2 years:</td> <td>10 days/year</td> </tr> <tr> <td>3 - 5 years:</td> <td>15 days/year</td> </tr> <tr> <td>5+ years:</td> <td>20 days/year</td> </tr> </table> <p><i>Annualized Personal/Sick Time</i></p> <p>7 days per year</p> <p>The day of service is available to eligible staff immediately upon hire for one day off per calendar year to perform a volunteer day of service of their choosing.</p>	0 - 2 years:	10 days/year	3 - 5 years:	15 days/year	5+ years:	20 days/year
0 - 2 years:	10 days/year						
3 - 5 years:	15 days/year						
5+ years:	20 days/year						
<p>Life & Accident Disability</p>	<p>In the event of your death, Life Insurance will provide your designated beneficiaries with financial protection and security. If your death is a result of an accident or if you become dismembered, your Accidental Death and Dismemberment (AD&D) coverage may apply. CIEE partners with Reliance Standard to help protect you and your family from financial hardship in the event of death or disability.</p> <p>Should you experience a non-work-related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation. Consult your tax advisor for additional taxation information.</p>						

Additional Benefits



BENEFIT	BENEFIT DESCRIPTION ADDITIONAL INFORMATION
403(b)	All US-based employees are eligible to make pre-tax or post tax contributions to CIEE's retirement plan which is administered through Voya. After 2 years of service employees are eligible for a discretionary company contribution of 2.5%. Following 3 years of service the employer contribution increases to 5%.
International Travel Assistance	Regular full-time employees are enrolled in international travel insurance coverage which is provided by iNext.

BENEFIT	WHO PAYS	BENEFIT	WHO PAYS
Life and AD&D	CIEE	Accident	You
International Travel Assistance	CIEE	Critical Illness	You
		Pet Insurance	You
403(b)	You & CIEE	ID Theft	You



Part of the CIEE family

2023 Benefit Guide

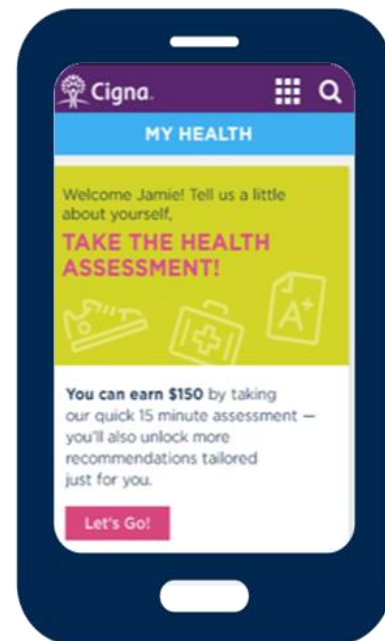
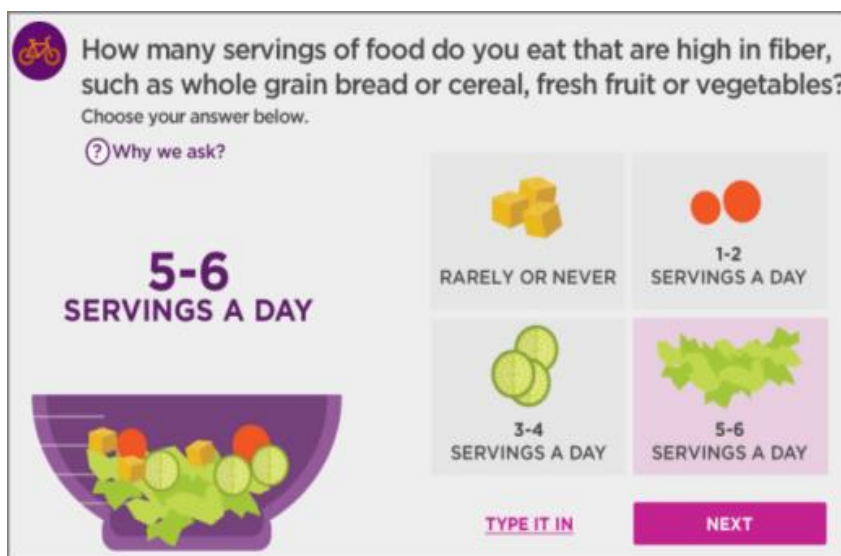
Cigna Health Assessment

The health assessment is an easy-to-use confidential questionnaire about your health and wellbeing, which takes about 15 to 30 minutes to complete. The health assessment then analyzes your answers and produces a personal health report with details about your most important health issues. Employees and spouses can complete the health assessment at www.mycigna.com.



New CIGNA Medical Insurance participants enrolling for the first time may need to wait two to three weeks to complete the Health Risk Assessment while Cigna establishes the participant record at www.mycigna.com.

Members are encouraged to call and discuss the results of their Health Risk Assessment with a Cigna Health Coach at 1-855-246-1873.



Employee Assistance Program



CIEE offers a FREE and CONFIDENTIAL Employee Assistance Program (EAP) through ACI Specialty that can assist you and your family members to address any concern(s) that is a barrier to your health and wellbeing.

This program is a benefit provided by your employer to help you and your household members deal with a wide range of issues in your personal and work lives. We can provide assistance on everything from family crises and workplace challenges to day care and legal issues. Through your EAP, you have free access to confidential counseling, consultations, research and referrals. We encourage you to use our services whenever a need arises.

The EAP provides short-term counseling, information, resources, and referrals related to:

- Depression, anxiety & other mental health concerns
- Substance abuse and addiction
- Stress management
- Child care and elder care
- Legal and financial issues
- Career assessment
- Nutrition consultation
- And many other work-life issues

Contact ACI Specialty for live and confidential assistance 24 hours a day, 7 days a week.

1-800-932-0034 or

<https://acispecialtybenefits.com/program/eap/>

It is our goal to understand your needs and help you find solutions.

All employees are automatically enrolled in this program at no cost to you.

Contact Information



BENEFIT	CARRIER	CONTACT INFORMATION
Health Insurance	CIGNA	www.cigna.com 1-800-244-6224
Pharmacy/RX	CVS Caremark	www.caremark.com 1-800-552-8159 Download the App!
Telehealth	CIGNA	Amwell: 1-855-667-9722 or www.AmwellforCigna.com MDLIVE: 1-888-726-3171 or www.MDLIVEforCigna.com
Dental Insurance	Delta Dental	www.nedelta.com 1-800-537-1715
Vision	Ameritas (VSP or EyeMed Network)	www.ameritas.com 1-800-659-2223
FSA	Discovery Benefits	https://benefitslogin.wexhealth.com 866-451-3399
HSA	HSA Bank	https://mycigna.hsabank.com/ 800-244-6224
Employee Assistance Program	ACI Specialty	www.acispecialtybenefits.com 800-932-0034
Life and Disability, Accident, Critical Illness	Reliance Standard	www.reliancestandard.com 800-435-7775
403(b)	Voya	www.voyaretirementplans.com 1-800-584-6001

For additional questions during Open Enrollment or throughout the year contact HR Benefits at HRBenefits@ciee.org or visit the CIEE Intranet site.

HIPAA Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI).

Healthcare providers (medical professionals) and health plans, including CIEE health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and healthcare operations and as required by national public health activities. Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and healthcare spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

Protected Health Information

PHI includes information that could be used to identify you as an individual in electronic, printed or spoken forms that relates to (1) past, present or future health, physical or mental condition, (2) provision of healthcare, or (3) past, present or future payment for the provision of healthcare.

HIPAA gives you the right to:

- Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI;
- Obtain access to your own PHI;
- Amend your PHI;
- Request restriction of the uses and disclosures of your PHI;
- Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request; and
- Receive communications by an alternative means or at an alternate location upon request.

For more information regarding the HIPAA privacy rules, refer to your Summary Plan Description.

HIPAA Privacy Notice Update

HIPAA requires CIEE to notify you that a Privacy Notice is available from the Benefits Department. To request a copy of CIEE's Privacy Notice or for additional information, please contact your HR Operations Team.

Newborns and Mothers Health Protection Act Rights

Under federal law, group health plans offering group health coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that you, your physician, or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceeded 48 hours (or 96 hours). For information on pre-certification, please refer to your Summary Plan Description.

Women's Health and Cancer Rights Act

CIEE's medical plans cover mastectomy-related services. In the case of a participant or beneficiary who receives benefits in connection with a mastectomy, coverage will be provided in a manner determined by the attending physician and the patient for:

All stages of reconstruction of the breast on which the mastectomy was performed;

- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis and treatment of physical complications of the mastectomy, including lymphedema.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents' lose eligibility for that other coverage or if the employer stops contributing towards you or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment within 31 days after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Effective April 1, 2009— CIEE group health plan will allow an employee or dependent who is eligible, but not enrolled, for coverage to enroll for coverage if either of the following events occur:

1. **TERMINATION OF MEDICAID OR CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) COVERAGE**— If the employee or dependent is covered under a Medicaid plan or under a State child health plan and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

2. **ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP**— If the employee or dependent becomes eligible for premium assistance under Medicaid or a State child health plan, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP or the date your or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact the Operation Team Department.

Summary Plan Description (SPD) Access

This is only a summary of your benefits. Certain restrictions apply. For exact terms and conditions, please refer to your Summary Plan Description (SPD) or Certificate of Coverage. If information in this summary differs from the legal contract, the legal contract is the ruling document. SPDs or Certificates of Coverage are available from your HR Operations Team.

Individual Coverage Mandate

Effective January 1, 2015, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in CIEE's health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area.

Important Notices



Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact your local state Medicaid or CHIP office for more information.

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	INDIANA – Medicaid Website: http://www.in.gov/fssa Phone: 1-800-889-9949
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/pr-grams/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-221-3943	KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268	LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447
GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741
IDAHO – Medicaid and CHIP Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
	MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629

MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	PENNSYLVANIA – Medicaid Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
MONTANA – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084	RHODE ISLAND – Medicaid Website: www.ohhs.ri.gov Phone: 401-462-5300
NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278	SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	TEXAS – Medicaid Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561	UTAH – Medicaid and CHIP Website: http://health.utah.gov/upp Phone: 1-866-435-7414
NEW YORK – Medicaid Website: http://www.nyhealth.gov/health-care/medicaid/ Phone: 1-800-541-2831	VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	WASHINGTON – Medicaid Website: http://hrsa.dshs.wa.gov/premi-umpymt/Apply.shtml Phone: 1-800-562-3022 ext. 15473
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
OREGON – Medicaid and CHIP Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-877-314-5678	WISCONSIN – Medicaid Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
	WYOMING – Medicaid Website: http://health.wyo.gov/healthcare-fin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security
 Administration www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human
 Services Centers for Medicare & Medicaid
 Services www.cms.hhs.gov
 1-877-267-2323, Ext. 61565

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