

Benefits That Are Simple to Add. Backed by the Support You Need.

cbia health connections

Non-medical benefits help attract and retain talent while giving employees financial protection for everyday and unexpected expenses. With CBIA Health Connections, you can expect:

- Flexible benefit options tailored to your workforce
- Minimal participation requirements
- One bill and simplified plan administration
- Dedicated support for employers and employees
- Exclusive CBIA member resources and savings

Complete Your Employee Benefits Package

Life Insurance
Financial protection to support employees' families after a loss.

Accident Insurance
Cash benefits to help cover out-of-pocket costs from accidental injuries.

Dental Insurance
Coverage for routine and major care to support long-term oral health.

Disability Insurance
Income protection when employees can't work due to illness or injury.

Vision Insurance
Coverage for exams, glasses, and contacts to support eye health.

Hospital Indemnity Insurance
Fixed cash payments to help offset hospital stay costs.

Critical Illness Insurance
Lump-sum cash benefit for serious diagnoses to help cover unexpected expenses.

Identity Theft Protection
Protects personal information and helps resolve identity theft issues.

CBIA Health Connections | 350 Church St. Hartford, CT | 860.525.2242 | HCSales@cbia.com



VOLUNTARY DENTAL PLANS
FOR COMPANIES WITH 2-50 EMPLOYEES

cbia health connections DENTAL

powered by: Ameritas fulfilling life.

Give employees access to affordable dental coverage through convenient payroll deductions. Ameritas voluntary dental plans help employers manage benefit costs while offering employees group-rate coverage. No participation requirements apply, and plans are available with or without orthodontic coverage.

	PASSIVE PPO 100%/80%/0%-$750	PASSIVE PPO 100%/50%/50%-$750	ACTIVE PPO 100%/80%/50%-$1,000	PASSIVE PPO 100%/80%/50%-$1,000	PASSIVE PPO 100%/80%/50%-$1,500 with Ortho
Coinsurance					
Type 1—Preventive Services	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
Type 2—Basic Services	80%	50%	In-network: 80% Out-of-network: 60%	80%	80%
Type 3—Major Services	0%	50%	In-network: 50% Out-of-network: 50%	50%	50%
Annual Deductible (calendar year)	$50/$150 Individual/Family	$50/$150 Individual/Family	$50/$150 Individual/Family	$50/$150 Individual/Family	$50/$150 Individual/Family
Calendar Year Maximum (per person)	$750	$750	$1,000	$1,000	$1,500
Out-of-Network Allowance U&C = Usual & Customary	90th U&C	90th U&C	In-network: Contracted fee Out-of-network: 90th U&C	90th U&C	90th U&C
Orthodontia	Not covered	Not covered	Not covered	Not covered	Covered 50% to $1,000 lifetime max., subject to U&C. No waiting period.
Monthly Rates					
Employee	$33.96	$36.88	$40.64	$49.64	$58.44
Employee & Spouse	$64.08	$70.16	$77.44	$94.68	$111.20
Employee & Children	$88.00	$86.12	$92.96	$116.00	$141.24
Family	$118.12	$119.48	$129.80	$161.04	$194.00



GROUP DENTAL PLANS
FOR COMPANIES WITH 2-50 EMPLOYEES

Offer valuable dental benefits that support employee wellness while helping your business stay competitive. Ameritas group dental plans provide affordable coverage options, including plans with and without orthodontic benefits, and require only 40% participation.

cbia health connections DENTAL

powered by: Ameritas fulfilling life.

	ACTIVE PPO 100%/100%/ 60%-$700	PASSIVE PPO 100%/80%/ 50%-$1,250	PASSIVE PPO 100%/80%/ 50%-$1,250 with Ortho	PASSIVE PPO 100%/80%/ 0%-$1,000	PASSIVE PPO 100%/80%/ 50%-$1,000	PASSIVE PPO 100%/80%/ 50%-$1,000 with Ortho	PASSIVE PPO 100%/80%/ 50%-$1,500	PASSIVE PPO 100%/80%/ 50%-$1,500 with Ortho	PASSIVE PPO 100%/80%/ 50%-$2,000	PASSIVE PPO 100%/80%/ 50%-$2,000 with Ortho
Coinsurance										
Type 1—Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Type 2—Basic Services	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Type 3—Major Services	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
Annual Deductible (calendar year)	$5 copay	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family
Calendar Year Maximum (per person)	$700	$1,250	$1,250	$1,000	$1,500	$1,000	$1,500	$1,500	$2,000	$2,000
Out-of-Network Allowance U&C = Usual & Customary	50/50/50	Claims are paid at the network fee level	Claims are paid at the network fee level	80th U&C	80th U&C	80th U&C	80th U&C	80th U&C	80th U&C	80th U&C
Orthodontia	None	None	50% to $1,000 lifetime max	None	None	50% to $1,000 lifetime max	None	50% to $1,000 lifetime max	None	50% to $1,000 lifetime max
Monthly Rates										
Employee	$19.84	$29.68	$29.68	$34.16	$37.36	$37.36	$43.88	$43.88	$50.04	$50.04
Employee & Spouse	$40.08	$60.04	$60.04	$68.36	$75.48	$75.48	$88.52	$88.52	$100.76	$100.76
Employee & Children	$43.80	$64.72	$70.84	$83.80	$87.12	$93.12	$98.76	$104.72	$111.40	$117.56
Family	$64.04	$95.08	$101.16	$118.00	$125.24	$131.24	$143.40	$149.36	$162.08	$168.32



VOLUNTARY DENTAL PLANS
FOR COMPANIES WITH 51+ EMPLOYEES

cbia health connections DENTAL

powered by: Ameritas fulfilling life.

Provide employees with access to quality dental coverage without increasing employer benefit costs. Ameritas voluntary dental plans are employee-paid through payroll deductions, require no minimum participation, and offer flexible options with or without orthodontic coverage.

	PASSIVE PPO 100%/80%/0%-$750	PASSIVE PPO 100%/50%/50%-$750	ACTIVE PPO 100%/80%/50%-$1,000	PASSIVE PPO 100%/80%/50%-$1,000	PASSIVE PPO 100%/80%/50%-$1,500 with Ortho
Coinsurance					
Type 1—Preventive Services	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
Type 2—Basic Services	80%	50%	In-network: 80% Out-of-network: 60%	80%	80%
Type 3—Major Services	0%	50%	In-network: 50% Out-of-network: 50%	50%	50%
Annual Deductible (calendar year)	$50/$150 Individual/Family	$50/$150 Individual/Family	$50/$150 Individual/Family	$50/$150 Individual/Family	$50/$150 Individual/Family
Calendar Year Maximum (per person)	$750	$750	$1,000	$1,000	$1,500
Out-of-Network Allowance U&C = Usual & Customary	90th U&C	90th U&C	In-network: Contracted fee Out-of-network: 90th U&C	90th U&C	90th U&C
Orthodontia	Not covered	Not covered	Not covered	Not covered	Covered 50% to $1,000 lifetime max., subject to U&C. No waiting period.
Monthly Rates					
Employee	$33.96	$36.88	$40.64	$49.64	$58.44
Employee & Spouse	$64.08	$70.16	$77.44	$94.68	$111.20
Employee & Children	$88.00	$86.12	$92.96	$116.00	$141.24
Family	$118.12	$119.48	$129.80	$161.04	$194.00



GROUP DENTAL PLANS
FOR COMPANIES WITH 51+ EMPLOYEES

cbia health connections DENTAL

powered by: Ameritas fulfilling life.

Deliver comprehensive dental benefits that help attract and retain talent while meeting the needs of a larger workforce. Ameritas group dental plans offer a variety of affordable coverage options, including plans with and without orthodontic benefits, with just 40% employee participation required.

	ACTIVE PPO 100%/100%/ 60%-$700	PASSIVE PPO 100%/80%/ 50%-$1,250	PASSIVE PPO 100%/80%/ 50%-$1,250 with Ortho	PASSIVE PPO 100%/80%/ 0%-$1,000	PASSIVE PPO 100%/80%/ 50%-$1,000	PASSIVE PPO 100%/80%/ 50%-$1,000 with Ortho	PASSIVE PPO 100%/80%/ 50%-$1,500	PASSIVE PPO 100%/80%/ 50%-$1,500 with Ortho	PASSIVE PPO 100%/80%/ 50%-$2,000	PASSIVE PPO 100%/80%/ 50%-$2,000 with Ortho
Coinsurance										
Type 1—Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Type 2—Basic Services	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Type 3—Major Services	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
Annual Deductible (calendar year)	$5 copay	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family	$50/$150 Individual/ Family
Calendar Year Maximum (per person)	$700	$1,250	$1,250	$1,000	$1,500	$1,000	$1,500	$1,500	$2,000	$2,000
Out-of-Network Allowance U&C = Usual & Customary	50/50/50	Claims are paid at the network fee level	Claims are paid at the network fee level	80th U&C	80th U&C	80th U&C	80th U&C	80th U&C	80th U&C	80th U&C
Orthodontia	None	None	50% to $1,000 lifetime max	None	None	50% to $1,000 lifetime max	None	50% to $1,000 lifetime max	None	50% to $1,000 lifetime max
Monthly Rates										
Employee	$18.78	$28.07	$28.07	$32.31	$35.31	$35.31	$41.48	$41.48	$47.31	$47.31
Employee & Spouse	$37.90	$56.75	$56.75	$64.62	$71.33	$71.33	$83.67	$83.67	$95.24	$95.24
Employee & Children	$41.41	$61.19	$66.97	$79.19	$82.35	$88.03	$93.34	$98.97	$105.29	$111.12
Family	$60.54	$89.87	$95.61	$111.55	$118.37	$124.03	$135.53	$141.16	$153.18	$159.08



VOLUNTARY VISION PLANS

Offer employees flexible vision coverage that fits their needs and budget. These plans include annual exams and lenses, with frame coverage every 12 or 24 months. Employees benefit from a broad provider network and easy payroll deductions, with no participation requirements for employers.

cbia health connections VISION

powered by: UHC

UNITEDHEALTHCARE 12/12/12

	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Vision Exam	$15 co-pay	Up to $40
Materials: Eyeglass Lenses/Eyeglass Frames or Contact Lenses	$30 copay	
Frequencies: Based on last date of service	Exam: Once every 12 months Lenses: Once every 12 months Frames: Once every 12 months	
Pair of Lenses (for Eyewear) - Standard Lenses	Covered in full after applicable copay	Up to $80
Frames	$130 Retail Frame Allowance (after applicable copay)	Up to $45
Contact Lenses - Non-selection contacts	Up to $105 (material copay is waived)	Up to $105
Monthly Rates		
Employee	$5.49	
Employee & Spouse	$11.54	
Employee & Children	$13.57	
Family	$19.99	

UNITEDHEALTHCARE 12/12/24

	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Vision Exam	$15 co-pay	Up to $40
Materials: Eyeglass Lenses/Eyeglass Frames or Contact Lenses	$30 copay	
Frequencies: Based on last date of service	Exam: Once every 12 months Lenses: Once every 12 months Frames: Once every 24 months	
Pair of Lenses (for Eyewear) - Standard Lenses	Covered in full after applicable copay	Up to $80
Frames	$130 Retail Frame Allowance (after applicable copay)	Up to $45
Contact Lenses - Non-selection contacts	Up to $105 (material copay is waived)	Up to $105
Monthly Rates		
Employee	$5.10	
Employee & Spouse	$9.69	
Employee & Children	$11.33	
Family	$15.97	



VOLUNTARY ACCIDENT & ILLNESS BENEFITS

cbia health connections
ACCIDENT + ILLNESS

CBIA Health Connections Voluntary Accident & Illness Benefits from The Hartford are the perfect complement to your medical insurance. They will help ease your out-of-pocket financial burden so you can focus on what's most important—getting better.

These affordable products are easy to enroll in and paid for with payroll deduction. They are offered to you and your family members regardless of your health status*, age, or gender. You may choose one, two, or all three products.

Critical Illness Insurance

Critical Illness Insurance provides a cash benefit upon the diagnosis of a covered condition, such as cancer, heart attack, or stroke, helping provide financial support when it's needed most.

Accident Insurance

Accident Insurance provides a cash benefit for covered injuries and related services, helping offset unexpected expenses from accidents such as fractures, concussions, and lacerations, so you can focus on recovery.

Hospital Indemnity Insurance

Hospital Indemnity Insurance helps reduce the financial impact of an unexpected hospital stay. If you're hospitalized for a covered illness or injury, you'll receive a cash benefit that can be used to help cover medical expenses, deductibles, travel, meals, lodging, or other costs.

Help when you need it most to pay for:

- ☑ Deductibles and coinsurance
- ☑ Caregiver expenses
- ☑ Travel to/from treatment centers
- ☑ Rehabilitation
- ☑ Rent or mortgage
- ☑ Groceries
- ☑ Child care
- ☑ Utility bills



ACCIDENT INSURANCE
PLANS & COSTS

cbia health connections
ACCIDENT + ILLNESS

Coverage Type	24 Hour (on and off job)
Portability	Your coverage stays with you if you change jobs
Health Screening Benefit/Accident Prevention	$100 per covered person

EMERGENCY, HOSPITAL & TREATMENT CARE BENEFITS

Includes benefits for each covered person for: Initial care, diagnostic and emergency services; Hospital admission and confinement; Follow-up care and more.

	COVERAGE TIME FRAME	PLAN A	PLAN B
Emergency Room	Once/accident within 72 hours	$150	$250
Urgent Care	Once/accident within 72 hours	$100	$250
Initial Physician Office Visit	Once/accident within 90 days	$50	$250
Accident Follow Up	Up to 3 treatments/accident within 90 days	$75	$200
Ambulance - Air/ Ground	1 each accident within 72 hours/1 each accident within 90 days	100%/ 100%	100%/ 100%
X-Ray	Once/accident within 90 days	$100	$200
Diagnostic Exam	Once/accident within 90 days	$200	$500
Hospital Admission	Once/accident within 90 days	$500	$2,500
Physical/ Occ Therapy	Up to 10 visits/accident within 90 days	$25	$125
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	$50	$600
Chiropractic Care	Up to 10 visits/accident within 365 days	$25	$100
Acupuncture	Up to 10 visits/accident within 365 days	$25	$100
Blood/ Plasma/ Platelets	Once/accident within 90 days	$150	$500
Emergency Dental - Crown	Highest benefit once/accident within 90 days	$150	$900
Emergency Dental - Extraction	Highest benefit once/accident within 90 days	$50	$450
Medical Appliance	Once/accident within 90 days	$50	$450
Child Care	Up to 30 days/accident while insured is confined	$25	$100
Lodging	Up to 30 nights/lifetime	$100	$175
Transportation	Up to 3 trips/accident	$200	$800
Ingestion Of Controlled Drug		$500	$500
Daily Hospital Confinement		$100/day	$750/day
Daily ICU Confinement		$300/day	$1,000/day

MONTHLY RATES

Valid through Dec. 31, 2026

	PLAN A	PLAN B
Employee	$6.29	$14.78
Employee & Spouse	$9.88	$23.21
Employee & Child(ren)	$10.08	$24.33
Family	$16.03	$38.37

Mike's Story

While traveling to pick up his children after soccer practice, Mike was in a car accident and broke his leg. He was taken to the hospital, where he received various services.

Luckily, Mike had Accident Insurance in addition to his medical insurance, which helped him pay for expenses such as ambulance transportation, diagnostic exams, X-rays, follow-up physician visits, and other covered services.



INJURY & SURGERY BENEFITS

Includes benefits for each covered person for: Dislocations and fractures; Burns, lacerations and concussions; Surgery and more.

	COVERAGE TIME FRAME	PLAN A	PLAN B
Burn	Once/accident	≤$5,000	$20,000
Concussion	Up to 3 concussions/year within 72 hours	$100	$400
Dislocations	Once/joint/lifetime (open or closed)	$1,000	$7,500
Fractures	Once/bone/accident within 90 days	$1,000	$12,000
Eye – Debris Removal/Surgical	Highest benefit once/ accident within 90 days	$100/$300	$600/$1,000
Joint Replacement	Once/accident within 90 days	$1,500	$7,500
Lacerations	Once/accident within 72 Hours	≤$400	$1,500

CATASTROPHIC BENEFITS

Includes benefits for each covered person for: Death and dismemberment; Coma and paralysis; Prosthesis and more.

	COVERAGE TIME FRAME	PLAN A	PLAN B
Accidental Death Employee	Within 90 days of accident	$20,000	$100,000
Accidental Death Spouse	Within 90 days of accident	50% of employee benefit	50% of employee benefit
Accidental Death Child(ren)	Within 90 days of accident	25% of employee benefit	25% of employee benefit
Common Carrier Death	Within 90 days of accident	3 times death benefit	3 times death benefit
Coma	Once/accident within 90 days	$5,000	$20,000
Dismemberment/Paralysis	Once/accident within 90 days	≤$20,000	≤$50,000
Home Health Care	Up to 30 days/accident	$50	$125
Prosthesis	Highest benefit once/ accident within 365 days	≤$1,000	$5,000



CRITICAL ILLNESS INSURANCE
PLANS & COSTS

cbia health connections
ACCIDENT + ILLNESS

Coverage Amounts	**Plan A** Employee: $10,000 | Spouse: $5,000 | Child(ren): $5,000	**Plan B** Employee: $20,000 | Spouse: $10,000 | Child(ren): $5,000
Benefit Amount	Lump sum benefit for a covered person diagnosed with any of the following covered illnesses while insurance is in effect, subject to any pre-existing condition limitation	
Covered Illnesses % of coverage noted next to each illness	**Cancer** Invasive Cancer (100%) Non-Invasive Cancer (100%) Benign Brain Tumor (100%) Skin Cancer ($500) **Vascular** Heart Attack (100%) Heart Transplant (100%) Coronary Artery Bypass (100%) Angioplasty/Stent (25%) Stroke (100%) Aneurysm (100%)	**Other** Major Organ Transplant (100%) End Stage Renal Failure (100%) Bone Marrow Transplant (100%) Coma (100%) Paralysis (100%) Loss of Vision (100%) Loss of Hearing (100%) Loss of Speech (100%) Advanced Parkinson's (100%) Amyotrophic Lateral Sclerosis (ALS or "Lou Gehrig's") (100%) Advanced Multiple Sclerosis (MS) (100%) Alzheimers (100%)
		Child Specified Cerebral Palsy (100%) Congenital Heart Disease (100%) Cystic Fibrosis (CF) (100%) Muscular Dystrophy (100%) Spina Bifida (100%)
Benefit Separation Period	Different/Non-related illness – None | Related Illness - 30 Days	
Coverage Maximum	Employee/Spouse: 500%; Child(ren): 300%	
Recurrence Benefit	100%; 12 months separation period	
Health Screening Benefit	$100 once per year for each covered person	
Pre-Existing Conditions Limitation	6 months lookback/6 months continuously insured	
Portability	Your coverage stays with you if you change jobs	
Transitional Care Package		
Travel Package		

Rachel's Story

Rachel is a working mom who was diagnosed with colon cancer. Her health insurance paid for most of her medical expenses, but she was responsible for several thousand dollars in copayments and deductibles.

Fortunately, Rachel had enrolled in Critical Illness insurance. The cash payout covered her outstanding medical expenses, as well as child care and other living expenses she incurred during her recovery period.



MONTHLY RATES

Valid through Dec. 31, 2026

PLAN A - $10,000 COVERAGE AMOUNT

AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD	FAMILY
18-24	$6.23	$10.11	$12.52	$17.44
25-29	$7.56	$12.12	$13.36	$18.87
30-34	$8.43	$13.45	$13.36	$19.19
35-39	$10.59	$16.68	$15.03	$21.85
40-44	$14.61	$22.88	$18.60	$27.53
45-49	$22.33	$34.85	$26.22	$39.39
50-54	$30.80	$47.99	$34.56	$52.38
55-59	$41.78	$65.09	$45.52	$69.45
60-64	$58.53	$91.05	$62.23	$95.35
65-69	$79.70	$123.31	$83.39	$127.61
70-74	$105.40	$162.73	$109.09	$167.03
75-79	$137.22	$211.05	$140.91	$215.36
80+	$156.85	$241.29	$160.54	$245.60

PLAN B - $20,000 COVERAGE AMOUNT

AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD	FAMILY
18-24	$10.83	$17.03	$17.12	$24.36
25-29	$13.38	$20.82	$19.18	$27.57
30-34	$15.07	$23.36	$19.99	$29.10
35-39	$19.35	$29.78	$23.79	$34.95
40-44	$27.28	$41.90	$31.27	$46.55
45-49	$42.61	$65.61	$46.50	$70.14
50-54	$59.52	$91.85	$63.29	$96.24
55-59	$81.48	$126.01	$85.22	$130.37
60-64	$114.98	$177.94	$118.67	$182.24
65-69	$157.32	$242.45	$161.01	$246.76
70-74	$208.72	$321.29	$212.41	$325.59
75-79	$272.36	$417.94	$276.05	$422.24
80+	$311.60	$478.42	$315.29	$482.72



HOSPITAL INDEMNITY INSURANCE
PLANS & COSTS

cbia health connections
ACCIDENT + ILLNESS

powered by: THE HARTFORD

Coverage Type, Covered Events & Benefit Accrual Period	• 24-hour coverage (on and off-job) • Illness & Injury • Pregnancy covered
Plan Type	HSA Compatible Benefits*

INJURY & SURGERY BENEFITS

Includes benefits for each covered person for: Dislocations and fractures; Burns, lacerations and concussions; Surgery and more.

	PLAN A	PLAN B
First Day Hospital Confinement	$500; Once/year	$2,000; Once/year
Daily Hospital Confinement	$100; Up to 90 days/year	$200; Up to 90 days/year
First Day ICU Confinement	$1,000; Once/year	$4,000; Once/year
Daily ICU Confinement	$200; Up to 30 days/year	$400; Up to 30 days/year
Continuity of Coverage from a Prior Plan	Included	
Continuation of Coverage	Included	
Portability	Your coverage stays with you if you change jobs.	

MONTHLY RATES

Valid through Dec. 31, 2026

	PLAN A	PLAN B
Employee	$11.30	$35.52
Employee & Spouse	$23.36	$73.59
Employee & Child(ren)	$21.58	$67.21
Family	$35.20	$110.00

John's Story

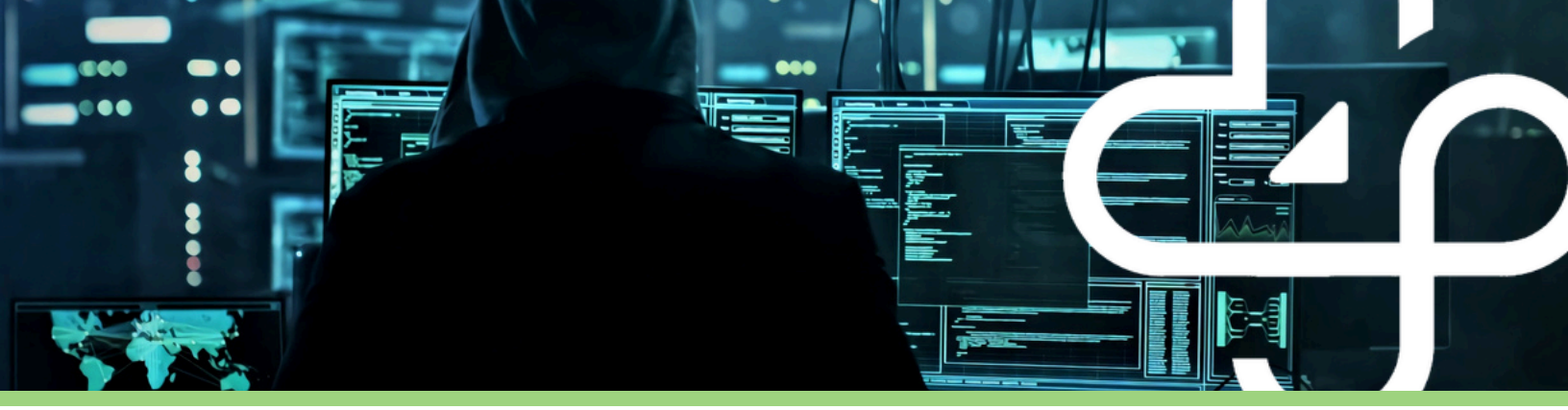
John was playing ice hockey when he began to experience severe chest pain. He was rushed to the hospital, where he was diagnosed with a heart attack. After being admitted, he underwent emergency surgery and then spent two days in the ICU, followed by another seven days in a regular hospital room.

Because his hospital stay was covered by his Hospital Indemnity plan, he received a cash payment for each day spent in the hospital. This helped him cover his $3,000 medical plan deductible and supplement his income while he was unable to work.



* HSA Compatibility – The IRS limits the types of supplemental insurance that individuals who participate in a Health Savings Account (HSA) may have while maintaining the tax-exempt status of HSA contributions. The Hartford offers plan designs that are intended to be HSA compatible. However, employees who participate in an HSA should consult a tax and/or legal advisor to determine which supplemental insurance products may be appropriate for their situation. Plan designs that are intended to be HSA compatible are indicated above.

The services described in this brochure are only an overview of the entire benefit package. For a more detailed description of benefits and terms, including any limitations and exclusions, refer to the carrier documents that will be provided upon enrollment.



IDENTITY THEFT PROTECTION

cbia health connections

powered by: defend-id "Peace of Mind with a Place to Turn"

Identity theft can create stress and financial challenges for employees and their families. Through CBIA Health Connections, employers can offer affordable identity theft protection with expert support and recovery services, helping employees safeguard their personal information and gain peace of mind. Plans include:

Fully Managed Recovery
Expert support to help restore an employee's identity.

Credit Monitoring & Alerts
Alerts for key credit and identity changes within 24 hours.

Detailed Credit Reports
Access complete credit history reports instantly.

Credit Score Tracker
Monthly credit score updates and tracking.

Identity Monitoring
Monitors databases and public records for suspicious activity.

Dark Web Monitoring
Scans the dark web for compromised personal information.

Credential Vault & Lost Document Replacement
Securely store sensitive information and replace lost documents.

Up to $1 Million Expense Reimbursement Insurance
Reimbursement for eligible identity recovery expenses.

	GOLD	PLATINUM
Fully Managed ID Theft Recovery Services	X	X
Credit Report with Scores		
Annual TransUnion credit report	X	-
Annual credit report from three credit bureaus	-	X
Credit Monitoring		
One bureau credit monitoring with daily alerts	X	-
Three bureau credit monitoring with daily alerts	-	X
Score Tracker		
Non-Credit Monitoring		
Dark Web Monitoring	X	X
Social Security Number Monitoring	X	X
Criminal Data Monitoring	X	X
Address Change Monitoring	X	X
Lost Document Replacement	X	X
Credential Vault	X	X
Expense Reimbursement		
$25,000 with UEFT	X	-
$1 million with UEFT	-	X

EMPLOYER-PAID

GOLD PLAN		PLATINUM PLAN	
Individual	Family	Individual	Family
$3.59	$5.39	$5.63	$7.43

EMPLOYEE-PAID

GOLD PLAN		PLATINUM PLAN	
Individual	Family	Individual	Family
$8.09	$13.49	$9.89	$17.09