



**COLLEGE FOOTBALL  
PLAYOFF**

**EMPLOYEE BENEFITS GUIDE**

Plan Year: 2025-2026

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## COLLEGE FOOTBALL PLAYOFF

This guide is an overview of your health benefits and does not provide a complete description of all the benefit provisions. Please refer to the summary plan descriptions for more detailed information.

The information provided by the carriers supersedes the contents of this booklet provided by Endeavor Risk Advisors.

# Welcome to Open Enrollment

Dear Employee:

We are committed to supporting the health and wellness of our team of employees. Our annual employee benefits insurance is renewing effective 07/01/2025 and will be effective through 6/30/2026.

This benefits guide is designed to help you understand the available benefit options so you can make the best benefit elections for you and your family. It provides a comprehensive overview of your benefits package, including eligibility, election periods, and costs. In addition, the guide offers descriptions and detailed explanations of each medical plan design.

We are excited to announce that we are continuing to provide employees and their families with Medical, Dental, Vision, Basic Life and AD&D insurance at no cost to them.

We are also continuing to offer Voluntary Life Insurance for employees to take advantage of as it fits their individual family needs.

Our goal is to, as a group, be efficient consumers of healthcare. This will help keep you from wasting money when consuming services and help make the process more efficient as well.

If you have any questions about any of the benefits mentioned in this guide or need assistance please reach out to our benefits consultant, Lisa Burkham with Endeavor Risk Advisors, at [lisa@endeavorrisk.com](mailto:lisa@endeavorrisk.com).

Sincerely,

Your Benefits Team

# Eligibility and Mid-Year Changes

## Who is Eligible?

All regular full-time employees working at least 30 hours per week in an active payroll status are eligible for the benefits listed. The following family members are also eligible for coverage:

- Your spouse (the person to whom you are legally married under state law)
- Your children under age 26 unless incapacitated due to a disability and primarily dependent on you for support

## Who is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to)

- Parents, grandparents, siblings
- Employees who work fewer than 30 hours per week, temporary employees, contract employees, or employees residing outside of the United States

## When does Coverage Begin for New Hires?

The date you are eligible to participate in these health benefits is the **first of the month after date of hire**. Employees must make elections during the first 30 days of employment to ensure you receive your ID cards in a timely manner.

## Enrollment Periods

After your initial hire date, Open Enrollment is the only time during the year employees can make changes to their benefit elections without a qualifying event.

## How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Notify Human Resources within 30 days if you experience one of the following qualifying events and would like to make changes to your coverage.

Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

## Employer Contributions

College Football Playoff pays 100% of the cost of the medical, dental, and vision and Basic Life AD&D benefits for employees and dependents.

# Contacts



972-559-0461

[clientservice@endeavorrisk.com](mailto:clientservice@endeavorrisk.com)

Enrollment Questions: Lisa Burkham, Benefits Consultant

[lisa@endeavorrisk.com](mailto:lisa@endeavorrisk.com)

	Carrier / TPA	Contact	Policy Number
Medical	Blue Cross Blue Shield	800-521-2227	TBD
HRA	ABY Benefits LLC	<a href="http://www.abybenefits.com">www.abybenefits.com</a>	76143114
Dental	MetLife	855-638-3931	#05972845
Vision	MetLife	855-638-3931	#05972845
Voluntary Life	MetLife	855-638-3931	#05972845
Group Life & Long Term Disability	UNUM	866-679-3054	426837

# Medical Plan



Plan Features	ATBCP591 PPO Plan	
	In-Network	Out-of-Network*
<b>Deductible</b> (per calendar year)	Individual: \$3,500 Family: \$10,500	Individual: \$7,000 Family: \$21,000
<b>Coinsurance</b>	100%	100%
<b>Out-Of-Pocket Max</b> (includes deductible, coinsurance, & copays)	Individual: \$3,500 Family: \$10,500	Individual: Unlimited Family: Unlimited
<b>Preventive Care</b>	\$0 Copay	Pay Full Cost
<b>Virtual Visits</b> (Call BCBSTX)	No more than \$45	100% after Deductible
<b>Primary Office Visit</b> (general practice, internal medicine, pediatrics, OB-GYN)	100% after Deductible	100% after Deductible
<b>Specialist Office Visit</b>	100% after Deductible	100% after Deductible
<b>Urgent Care Facility</b>	100% after Deductible	100% after Deductible
<b>Emergency Services</b>	100% after Deductible	100% after Deductible
<b>Diagnostic Lab &amp; X-rays</b>	100% after Deductible	100% after Deductible
<b>Hospitalization</b>	100% after Deductible	100% after Deductible
<b>Prescription Costs</b>		
Preferred Pharmacy Prescription Costs	100% after Deductible	100% after Deductible
Non-Preferred Pharmacy Prescription Costs	100% after Deductible	100% after Deductible

The above is a general overview of your In-Network benefits. Please refer to your Summary of Benefits for more details.

\* Out-of-Network providers can balance bill members for any services incurred out of the network. These costs are in addition to the benefits listed.

# Health Reimbursement Account

## ABY Benefits LLC Health Reimbursement Account

### Effective Date

Renewal is July 1, 2025, but HRA remains a Calendar Year plan.

### Who is eligible for the Healthcare Reimbursement Account?

All full-time employees *and their dependents* enrolled in the company sponsored health plan.

### HRA Benefits

The plan will reimburse for any out-of-pocket expenses that have been applied toward the integrated medical/prescription deductible, up to:

	<u>Employee Pays</u>	<u>Employer Pays</u>
Employees	First \$500	Next \$3,000
Employees and Spouse	First \$1,000 (\$500 x 2)	Next \$6,000 (\$3,000 x 2)
Family	First \$1,500 (\$500 x 3)	Next \$9,000 (\$3,000 x 3)

***Note: There is no carryover to the next Plan Year.***

### How Does It Work?

To submit a claim for reimbursement simply fax, email, or use the ABY web portal with a copy of your Explanation of Benefits (EOB) from the insurance carrier and a completed claim form to our Benefit Managers:

Claims Processing

Complete your claim detail on the ABY web portal at

[www.abybenefits.com](http://www.abybenefits.com)

or scan and email the claim to:

[claims@abybenefits.com](mailto:claims@abybenefits.com)

Fax to:

817-731-9029

***Reimbursements will be processed on Monday. Claims submitted to ABY by noon on Friday will be included in Monday's processing.***

Enrolled employees will be paid by electronic funds transfer (EFT) upon receipt of proper claim documentation and submission of completed Employee Direct Deposit Authorization form.

# 2025

## HEALTH REIMBURSEMENT ARRANGEMENT



### What Is It?

In addition to health insurance, your employer also provides a Health Reimbursement Arrangement (HRA).

An HRA is benefit designed to help pay a portion of your medical insurance deductible. Your employer offers money to your HRA account and you are reimbursed for eligible health care expenses.

### Who Can Use The HRA?

You and your spouse or dependents must be enrolled in your employer's group health plan to qualify for the HRA.

### What Is Eligible?

Your HRA will reimburse for qualified in-network deductible. After incurring an expense, submit your explanation of benefit (EOB) to ABY with a completed claims form. Once received, your request will be reviewed and entered for processing. You will then be reimbursed according to your plan design.

### What Is My Plan Year?

Regardless of when your health insurance renews, your insurance deductible accrues from January 1 to December 31. The HRA follows your deductible and is also based on a calendar year.

### How Do I Claim My Funds?

Submit your EOB online, through our app, by fax, email, or mail. You must have claims submitted by noon prior to your processing day. Reimbursements are processed **weekly on Monday**. You will have up to 60 days after December 31 to submit claims incurred during the previous year.

### How to Access My Account?

Visit our website at [www.abbybenefits.com](http://www.abbybenefits.com)

For first time users: Go to login → Click Register

Your temporary login ID will be Your SSN

Use the Employer Code **76143114**

Available **free** on the Apple Store and Google Play:





## How Does My HRA Reimburse?

Think of your HRA as two buckets of money. You must satisfy your portion **FIRST**. Then, you can claim funds to help you get to your deductible:

### Employee Only Coverage

Tier 1: \$0 to \$500 Employee Pays 100%

Tier 2: \$501 to \$3,500 HRA Reimburses 100%

*The HRA will reimburse up to a maximum of \$3,000 for Employee Only coverage*

### Employee + 1 Coverage (spouse or child)

#### First Participant:

Tier 1: \$0 to \$500 Employee Pays 100%

Tier 2: \$501 to \$3,500 HRA Reimburses 100%

#### Remaining Participant:

Tier 1: \$0 to \$500 Employee Pays 100%

Tier 2: \$501 to \$3,500 HRA Reimburses 100%

*The HRA will reimburse up to a maximum of \$6,000 for Employee + 1 coverage*

### Employee + Family Coverage (2 or more dependents)

#### First Participant:

Tier 1: \$0 to \$500 Employee Pays 100%

Tier 2: \$501 to \$3,500 HRA Reimburses 100%

#### Second Participant:

Tier 1: \$0 to \$500 Employee Pays 100%

Tier 2: \$501 to \$3,500 HRA Reimburses 100%

#### Remaining Participants:

Tier 1: \$0 to \$500 Employee Pays 100%

Tier 2: \$501 to \$3,500 HRA Reimburses 100%

*Once one family member's expenses satisfy Tier 1, the HRA will begin reimbursing that family member's expenses according to Tier 2. Then, the remaining participants collectively share the third "pot of gold" for a maximum total family reimbursement of \$9,000.*



# Virtual Visits



BlueCross BlueShield of Texas



## VIRTUAL VISITS:

Powered by  
**MDLIVE**

**Speak with a doctor —  
anytime, anywhere**

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. But with your virtual visits benefit, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home.

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

### With virtual visits, you get:

- 24/7 access to an independently contracted, board-certified doctor
- Access via online video, mobile app or telephone
- If necessary, e-prescription sent to your local pharmacy

### Virtual visits doctors can treat a variety of health conditions, including:

- Allergies
- Asthma
- Cold/flu
- Ear problems (age 12+)
- Fever (age 3+)
- Nausea
- Pink eye
- Rash
- Sinus infections

### Talk Therapy

Speak with a licensed counselor, therapist or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma and loss or relationship problems.

### *Activate your account or schedule a virtual visit*

- Go to Blue Access for Members<sup>SM</sup> or **MDLIVE.com/bcbstx**.
- Download the MDLIVE app from Apple's App Store<sup>SM</sup> or Google Play<sup>TM</sup>.
- Call MDLIVE at **(888) 680-8646**.
- Text **BCBSTX** to **635-483**. (MDLIVE's online assistant Sophie will help you activate your account.)



### Get connected today!

**To register, you'll need to provide your BCBSTX member ID number.**

Virtual visits may not be available on all plans. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation.

MDLIVE is a separate company that operates and administers the virtual visits program for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

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# Get to Know Your Plan

## Find out:

### What's Covered

- Check your plan when you schedule visits, tests or procedures

### Your Costs

- Deductibles
- Copays and/or coinsurance
- Out-of-pocket maximums
- Your bill and how to pay it

### Where to Go

- Go to the nearest emergency room (ER) for serious injuries, illnesses, and/or life-threatening symptoms
- Remember, you may save time and money by visiting a retail clinic or urgent care center when it's not an emergency



Visit [bcbstx.com](http://bcbstx.com) for more details about your Blue Cross and Blue Shield of Texas plan.

## Member Connection

Text<sup>1</sup> BCBSTXAPP to 33633 to download the BCBSTX App and register for Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>)<sup>2</sup> on your mobile device to:

- See your claims coverage and deductible information
- Find an in-network doctor, hospital or urgent care facility
- Access a temporary digital member ID card
- Chat live with a Customer Service representative
- Tell us how you want to get important health and benefits information — by email, text or mail

### Prefer desktop or PC?

Register for Blue Access for Members at [bcbstx.com](http://bcbstx.com) instead.

<sup>1</sup> Message and data rates may apply. Terms and conditions and privacy policy at [bcbstx.com/mobile/text-messaging](http://bcbstx.com/mobile/text-messaging).

<sup>2</sup> Note: BCBSTX makes no representation or warranty with respect to the accuracy or completeness of information on BAM. The information on BAM is based on information provided by you and claims received by BCBSTX. This information has not been independently verified.

## Your Member ID Card<sup>3</sup>

### See the card for your:

- 1 Member name
- 2 Member ID
- 3 Group number
- 4 Coverage effective date
- 5 Primary care physician
- 6 Plan network name
- 7 Copays and/or coinsurance (amounts you pay out of pocket for covered care and prescription drugs)

<sup>3</sup> Find your digital member ID card in the mobile app.

		<b>6</b> Sample Network Name	
<b>1</b> Member Name	SAMPLE CARD		
<b>2</b> Member ID	ABC123456789		
<b>3</b> Group No.	123456	BIN	123456
<b>4</b> Effective Date	MM/DD/YY	Rx PCN	STDR
<b>5</b> PCP: Joan Sample, MD		Rx Generic Co-Ins	10%/20%
		Rx Brand Co-Ins	30%/40%
		Rx Specialty Co-Ins	50%/60%
		Emergency Room	\$400
		PCP Visit Copay	\$30
		Specialist Copay	\$50

**Find contact information for questions on the back of your card.**

## Learn more about taking care of your health.



[facebook.com/BCBSTX](https://facebook.com/BCBSTX)

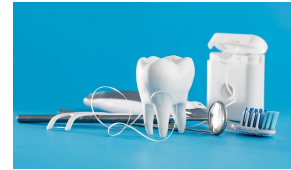


[youtube.com/bcbstx](https://youtube.com/bcbstx)



[connect.bcbstx.com](https://connect.bcbstx.com)

# Dental Plan



Calendar Year Deductible: \$50 Individual / \$150 Family		
Coverage	Network	Non-Network
<b>Diagnostic</b> <ul style="list-style-type: none"> <li>Periodic Oral Evaluation (2 per 12 months)</li> <li>Radiographs (1 series per calendar year)</li> <li>Lab and Other Diagnostic Tests</li> </ul>	100%	100%
<b>Preventive</b> <ul style="list-style-type: none"> <li>Cleanings (2 per 12 months)</li> <li>Fluoride Treatments (under age 16; 2 per 12 months)</li> <li>Sealants (under age 16; 1 per 36 months)</li> <li>Space Maintainers (under age 16; 1 per 60 months)</li> </ul>	100%	100%
<b>Basic</b> <ul style="list-style-type: none"> <li>Restorations</li> <li>General Services</li> <li>Simple Extractions (1 per lifetime)</li> <li>Oral Surgery</li> <li>Periodontics (1 quadrant per 36 months)</li> <li>Endodontics (1 per lifetime per tooth)</li> </ul>	80%	80%
<b>Major</b> <ul style="list-style-type: none"> <li>Inlays (1 per tooth per 60 months)</li> <li>Onlays (1 per tooth per 60 months)</li> <li>Crowns (1 per tooth per 60 months)</li> <li>Dentures and other Removable Prosthetics (1 per 60 months)</li> <li>Fixed Partial Dentures (1 per tooth per 60 months)</li> </ul>	50%	50%
<b>Calendar Year Maximum</b>	\$2,750 per covered person	
<b>Orthodontics Lifetime Maximum</b>	\$1,500 per covered person to age 19	

# Vision Plan

Covered Charges	Network	Non-Network
<b>Exams</b> (1 per 12 months)	\$10 Copay	Up to \$45
<b>Frames</b> (1 per 12 months)	\$130 Allowance + 20% Discount	Up to \$70
<b>Lenses</b> <ul style="list-style-type: none"> <li>○ Single</li> <li>○ Bifocal</li> <li>○ Trifocal</li> <li>○ Lenticular</li> </ul> (1 per 12 months)	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
<b>Contacts</b> (1 per 12 months)  *instead of frames and lenses	Up to \$130 Allowance if elective, covered in full if medically necessary	Up to \$105 Allowance if elective, \$210 allowance if medically necessary



# Basic Life Insurance and AD&D

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College Football Playoff provides each eligible employee with Basic Life and Accidental Death and Dismemberment Insurance at no cost to the employee through MetLife.

Eligible full-time employees automatically receive the Basic Life and AD&D Insurance of 5 times Salary up to \$300,000.

At age 70, benefits will reduce by 50% of the original amount. Benefits will terminate when you retire.

**Beneficiary Designation:** A beneficiary designation is the person named to receive Life Insurance benefits in the event of the employee's death. It is important to name at least one primary and at least one contingent beneficiary in the event you survive the primary beneficiary. It is important that you keep this beneficiary designation up to date.





# Voluntary Life Insurance and AD&D

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself or yourself and your dependents in this benefit, you pay the full cost through payroll deductions.

	Employee	Spouse & Child	
		Spouse	Child
<b>Life Coverage: provides a benefit in the event of death</b>	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
<b>Non-Medical Maximum</b>	\$50,000	\$25,000	\$10,000
<b>Overall Benefit Maximum</b>	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
<b>AD&amp;D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:</b>	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
<b>AD&amp;D Maximum</b>	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
<b>Employee Contribution</b>	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:							Dependent Child Coverage <sup>2</sup> Monthly Premium For:	
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000		\$1,000	\$0.29
<b>Under 30</b>	\$0.09	\$0.89	\$1.78	\$3.56	\$4.45	\$8.90		<b>\$2,000</b>	\$0.58
<b>30-34</b>	\$0.11	\$1.13	\$2.26	\$4.52	\$5.65	\$11.30		<b>\$4,000</b>	\$1.16
<b>35-39</b>	\$0.12	\$1.25	\$2.50	\$5.00	\$6.25	\$12.50		<b>\$5,000</b>	\$1.46
<b>40-44</b>	\$0.15	\$1.51	\$3.02	\$6.04	\$7.55	\$15.10		<b>\$10,000</b>	\$2.91
<b>45-49</b>	\$0.23	\$2.26	\$4.52	\$9.04	\$11.30	\$22.60			
<b>50-54</b>	\$0.35	\$3.54	\$7.08	\$14.16	\$17.70	\$35.40			
<b>55-59</b>	\$0.53	\$5.33	\$10.66	\$21.32	\$26.65	\$53.30			
<b>60-64</b>	\$0.81	\$8.10	\$16.20	\$32.40	\$40.50	\$81.00			
<b>65-69</b>	\$1.54	\$15.41	\$30.82	\$61.64	\$77.05	\$154.10			
<b>70+</b>	\$2.49	\$24.89	\$49.78	\$99.56	\$124.45	\$248.90			

Due to rounding, your actual payroll deduction amount may vary slightly.



# Voluntary Life - How to enroll:

To Request Coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the covered amount you are selecting on the chart above.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart above. Note: Premiums are based on your age not your spouse age.
4. Choose the amount of overage you want to buy for your dependent children from the chart above.
5. Notify HR of your choices.

# LONG TERM DISABILITY

This long-term disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled



## Disability Insurance



### LONG TERM DISABILITY INSURANCE (LTD)

CFP pays the full cost of the long-term disability insurance premium for full-time, salaried employees. You are automatically enrolled in this insurance and it is effective the first day of the month following your date of hire.

Benefits	
Maximum Monthly Benefit	Class 1: 60% to \$7,500 Class 2: 60% to \$5,000
Elimination Period	90 Days
Benefit Duration	To Age 67/ADEA

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*The insurance carrier and published plans take precedence as the correct information in the event of any conflicting information. Endeavor Risk Advisors is not responsible for any errors or omissions in this book.*

