

OVERVIEW OF CPES EMPLOYEE LIMITED BENEFIT PROGRAM

New Hires & Employees Transferred to Full Time

PANAMED

Eligible the first month following hire date through 6 months of employment for full time employees

FEATURES	BENEFITS PAID	MAX PER CALENDAR YEAR
Office Visit	\$50	\$300
Outpatient Diagnostic Lab & X-ray	\$20/\$70	\$1,200
Daily Hospital Confinement	\$200 per day	\$12,000
- Intensive Care (30 days/yr)	\$400 per day	\$12,000
- Substance Abuse (30 days/yr)	\$100 per day	\$3,000
- Skilled Nursing (60 days/yr)	\$100 per day	\$6,000
- Mental Illness (60 days/yr)	\$100 per day	\$6,000
Surgical - Inpatient/Outpatient	See schedule of operations	\$500
Anesthesia	25% of surgical benefit	\$125
Wellness	\$75 per visit	\$150
Emergency Room	\$75 per visit	\$300
Group Medical Accident		
- Accident Benefit	Up to \$2,500 per occurrence	n/a
- Deductible	\$100 per accident, per insured	n/a
- Acc Death and Dismemberment	Up to \$5,000	n/a
Prescription	Employee pays \$10 (co-pay)	Employee pays \$300 per month

EMPLOYEE COST PER PAY PERIOD

Employee Only	\$ 35.15
Employee + Spouse	\$ 65.65
Employee + Child(ren)	\$ 59.19
Employee + Family	\$ 89.29

See PanaMed Summary Plan Description for coverage details and services provided. This plan is to be used during the first 6 months of employment or the first 6 months after a transfer to full time, before employees are eligible for the CPES full benefit plan.

Benefit amounts listed above are what the plan will pay towards service and max per month, not what the employee pays.

Example: Doctor visit costs \$100.

Plan will pay \$50, and employee will pay \$50.

For questions or for a complete list of benefit features see CPES K Drive (Benefits folder) or contact CPES Benefit Specialist at 520-884-7954

OVERVIEW OF CPES EMPLOYEE FULL BENEFITS PROGRAM

Effective 01/01/11 - 12/31/11

MEDICAL BENEFIT PLAN

Eligible after 6 months of full time (30 hours or more) employment

FEATURES	UHC SILVER PLAN (Base Plan/HRA)	UHC GOLD PLAN (Buy-Up Plan)
Office Visit	\$25/\$75	\$15/\$50
Deductible (ind/fam)	\$5,750/\$11,500	\$1,500/\$3,000
Coinsurance	90%	85%
Out of pocket Max	\$7,750/\$15,500	\$4,500/\$9,000
Emergency	\$350 per visit	\$200 per visit
Urgent Care	\$57.50 per visit	\$75 per visit
Prescription	\$10/35/60/100	\$10/30/50
Maximum benefit	Unlimited	Unlimited
Amounts listed above are amounts that employee will pay.		

EMPLOYEE COST PER PAY PERIOD

	SILVER	GOLD
Employee Only	\$ 24.23	\$ 115.59
Employee + Spouse	\$ 163.98	\$ 357.80
Employee + Child(ren)	\$ 151.38	\$ 335.97
Employee + Family	\$ 302.44	\$ 599.77

- Employees who elect medical coverage will automatically have \$10,000 life insurance coverage
- Silver plan (HRA) details: employee pays the first \$1,500 toward deductible
 - CPES pays next \$500/\$750 (Individual/Family, group)
 - Employee pays remaining portion of the deductible

DENTAL BENEFIT PLAN

Eligible after 6 months of full time (30 hours or more) employment

FEATURES	UHC DENTAL - LOW PLAN	UHC DENTAL - HIGH PLAN
Office Visit	n/a	n/a
Deductible (ind/fam)	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,000.00	\$1,500
Diagnostic & Preventative Exams, cleanings, sealants	100% no deductible	100% no deductible
Basic Restorative Services Fillings, stainless crowns	80% after deductible	80% after deductible
Major Services Crowns, Inlays, Outlays, Bridges and Dentures	50% after deductible	50% after deductible
Orthodontics (appliances)	50% no deductible	50% no deductible
Lifetime Maximum	\$1,000.00	\$1,000.00
Age Limitation	Child to age 19	Child to age 19
Amounts listed above are amounts that employee will pay.		

EMPLOYEE COST PER PAY PERIOD

	LOW	HIGH
Employee Only	\$ 6.85	\$ 13.16
Employee + Spouse	n/a	n/a
Employee + Child(ren)	n/a	n/a
Employee + Family	\$ 21.05	\$ 36.19

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VISION PLAN

Eligible after 6 months of full time (30 hours or more) employment

FEATURES	UHC VISION PLAN
Frequency of Benefits Exams/Lenses/Frames	12/12/24
Vision Exam Co-pay	\$20
Materials Co-Pay	\$20
Frames	\$20 copay, retail up to \$130
Single Vision Lenses	Paid in full
Bifocal Lenses	Paid in full
Trifocal Lenses	Paid in full
Lenticular Lenses	Paid in full
Contact Lenses	Up to \$210
Medically necessary	Some at 100%
Elective	Others up to \$125

EMPLOYEE COST PER PAY PERIOD

Employee Only	\$ 2.37
Employee + Spouse	\$ 4.67
Employee + Child(ren)	\$ 4.89
Employee + Family	\$ 6.87

LIFE INSURANCE

Eligible after 6 months of full time (30 hours or more) employment

FEATURES	UHC LIFE INSURANCE PLAN
Overall Life Maximum	\$500,000.00
Employee	\$10,000 increments up to 5X base annual income or \$500,000
Spouse	\$250,000
Child	\$2,000 increments up to \$10,000
Guarantee Issues	
Employee	3X BAE not to exceed \$100,000
Spouse	\$50,000
Child	\$10,000

This life insurance program is voluntary; the employee pays the entire portion of the premium. Rates are variable, based on age and health.

For the specific rates contact CPES Benefit Specialist at 520-884-7954

AFLAC - SUPPLEMENTAL AND VOLUNTARY

Eligible after 6 months of full time (30 hours or more) employment

Hospital Protection Plan	Personal Sickness Indemnity	Cancer Indemnity
Personal Short-term Disability	Accident Indemnity Advantage	AFLAC Dental (supplemental)

Contact Patty Margraf at 520-730-7571 to enroll or for information regarding AFLAC benefits.

401k

Eligible after 90 days of employment and must be 19 years of age

For 401k information or questions contact Jon Stetzel at 520-884-7954

GENERAL INFORMATION

For questions or for a full list of benefit features see CPES K Drive (Benefits folder) or contact

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