



# *Employee Benefits Plan Summary Plan Year 2008*

## **ALL PREMIUMS ARE PAID SEMI-MONTHLY**

*(First and Second Checks of the month only)*

### **MHMRA Retirement Plan (401a): Wells Fargo**

Participants receive an Agency contribution to their account equal to 7% of their compensation once a year provided the participant is employed >75% FTE, completes 1,560 working hours and is employed through December 31<sup>st</sup> of the current plan year. Participants may not make contributions to the Plan.

Account balance is invested in funds selected by participants from a listing of funds offered by Wells Fargo Bank. If a participant does not select investment funds the account balance will be invested in the default plan, regardless of vesting status. Participants must contact Wells Fargo Investments Benefits Hot Line at (888) 245-9798 and select the fund(s) they wish to have their contribution directed to. Funds can be moved more than once during the year, but contact the Benefits Hot Line for further details.

| <u>Completed Years of Service</u> | <u>Amount Vested</u> |
|-----------------------------------|----------------------|
| Less than five years              | 0%                   |
| Five years or more                | 100%                 |

### **Individual Retirement Account (403b): Various Providers**

All employees may contribute pre-tax earnings to the 403(b) plan via payroll deductions subject to the current IRS regulations and limitations. Please refer to the Blue handout in your new hire packet of information.

### **Basic Employee Life Insurance – CIGNA Life Insurance:**

Upon death of employee, pays beneficiary 2X of employee's annual MHMRA salary, to a maximum of \$350,000. Includes a Terminal Illness provision. **AGENCY PAID BENEFIT.**

### **Voluntary Life – CIGNA Life Insurance:**

Employee: Additional coverage at 1X, 2X, 3X, or 4X of employee's annual base salary to a maximum of \$500,000. 3X or 4X requires Evidence of Insurability. (See HR)

Spouse: 1X employee's annual base salary to a maximum of \$50,000.

Child(ren): 20% of employee's annual base salary to a maximum of \$10,000.

**EMPLOYEE PAYS ALL PREMIUM COST.**

### **Basic Accidental Death & Dismemberment (AD&D) – CIGNA Life Insurance:**

Upon accidental death of employee, pays beneficiary 3X the employee's annual MHMRA salary, to a maximum of \$350,000. Upon loss of limb, sight, hearing, speech, etc., pays employee a percentage of benefit. **AGENCY PAID BENEFIT.**

### **Voluntary Accidental Death & Dismemberment (AD&D) – CIGNA Life Insurance:**

Employee may elect coverage in increments of \$25,000 to a maximum of \$250,000.

Spouse only coverage is 60% of employee elected amount.

Child(ren) only coverage at 20% of employee elected amount to a max of \$30,000.

Family coverage is spouse covered at 50% and each child at 10% to a max of \$30,000.

**EMPLOYEE PAYS ALL PREMIUM COST.**

### **Long-Term Disability (LTD) – Cigna Life Insurance:**

If employee becomes disabled, and is away from work for more than 90 days. This benefit pays 60% of employee's salary beginning the 91<sup>st</sup> day of illness or disability. Maximum 5 year benefit period or Social Security Normal Retirement Age, which ever comes first. The minimum monthly benefits are \$50 and the maximum is \$7,500. **AGENCY PAID BENEFIT.**

### **Voluntary Short Term Disability (STD) – Cigna Life Insurance:**

Employee may elect coverage that is 60% of their annual salary with a maximum of \$2000 weekly benefit. If employee elects coverage after being out of work for 7 days for an accident or 14 days for an illness benefits can begin. There is a maximum 90 day benefit and a return to work with duty restriction benefit with a max of 24 month payout.

**EMPLOYEE PAYS ALL PREMIUM COST.**

**Employee Assistance Program – Cigna Behavioral Health**

Life event referrals, community services and legal services. 24 hour telephonic assistance from licensed counselors. Up to 5 free face-to-face counseling sessions per person, per issue. 1-888-371-1125 **AGENCY PAID BENEFIT.**

**Vision – EyeMed:**

- Free annual vision exam.
- Frames covered up to \$110
- Lenses covered in full for standard coated.
- Additional costs for lens options
- Individual Coverage: **EMPLOYEE PAYS \$4.34**
- Individual +1 Coverage: **EMPLOYEE PAYS \$8.24**
- Family Coverage: **EMPLOYEE PAYS \$11.92**

**Dental – National Pacific Dental/UnitedHealth Care:**

***DMO: EMPLOYEE MUST SELECT PRIMARY CARE PROVIDER TO RECEIVE BENEFITS  
PLEASE CALL 1-800-232-0990 FOR ASSISTANCE***

- Individual Deductible: No deductible for this plan.
- Family Deductible: No deductible for this plan.
- Preventative: cleaning, x-ray, fluoride No Copay, maximum of 2 per calendar year
- Orthodontics: For children only, see packet for Plan Copay
- Other services: Copays vary by service from \$5 to \$350
- Individual Coverage: **EMPLOYEE PAYS \$4.51**
- Individual +1 Coverage: **EMPLOYEE PAYS \$7.43**
- Family Coverage: **EMPLOYEE PAYS \$11.00**

***PPO: EMPLOYEE CAN SEE ANY DENTIST – 12 month waiting period for Major Services Benefit***

- Individual Deductible: \$50 per calendar year
- Family Deductible: \$150 per calendar year
- Preventive Care: Cleanings, X-Rays – 100% paid, no deductible applies
- Basic Services: Filings, extractions – 80% paid after deductible is paid.
- Major Services: Crowns, dentures, bridges – 50% paid after deductible is paid.
- Maximum Benefit: \$1,000 per cover individual per calendar year.
- Individual Coverage: **EMPLOYEE PAYS \$13.67**
- Individual +1 Coverage: **EMPLOYEE PAYS \$27.42**
- Family Coverage: **EMPLOYEE PAYS \$39.07**

**Medical – Cigna**

***Open Access Plus:***

- Deductible: For Individual: In-Network \$1,500 & Out of Network \$2,500 per calendar year.  
For Family: In-Network \$4,500 & Out of Network \$7,500 per calendar year.
- Annual Out-of-Pocket Max: For Individual: In-Network \$4,000 & Out of Network \$6,000 per calendar year.  
For Family: In-Network \$8,000 & Out of Network \$12,000 per calendar year.
- Annual Out of Pocket Maximum excludes Plan Deductible.*
- Office Visit Co-pay: In-Network \$25, \$50 Specialist, & Out of Network 70%.
- Urgent Care Co-Pay: \$75.00 Copay
- Emergency Room: \$150.00 Copay + 20% Coinsurance
- Outpatient Facility: In-Network 80% after deductible & Out-of-Network details in packet.
- Inpatient Facility: In-Network 80% after deductible & Out-of-Network details in packet.
- Prescriptions: Retail Pharmacy: Generic \$15, Brand Name \$40, Non-Preferred \$60  
All copayments are based on a 30 day supply.  
Tel-Drug Mail Order: Generic \$30, Brand Name \$80, Non-Preferred \$120.  
All copayments are based on a 90 day supply. \*Saving 1 month of copay.

Individual Coverage : **EMPLOYEE PAYS: NON TOBACCO W/ HRA \$13.88, NO HRA \$76.58  
TOBACCO USER W/HRA \$51.38, NO HRA \$114.08**

Family Coverage: **EMPLOYEE PAYS: NON TOBACCO W/HRA \$156.50, NO HRA \$252.20  
TOBACCO USER W/HRA \$194.00, NO HRA \$289.70**

**HMO: EMPLOYEE MUST SELECT PRIMARY CARE PROVIDER TO RECEIVE BENEFITS**

Deductible: For Individual: No deductible for HMO Plan.  
For Family: No deductible for HMO Plan.  
Annual Out-of-Pocket Max: For Individual: \$2,500 per calendar year.  
For Family: \$5,000 per calendar year.  
Office Visit Co-pay: \$25 Primary Care \$50 Specialist (after referral from Primary Care Doctor.)  
Urgent Care Clinic: \$125 Copay  
Emergency Room: \$250 Copay  
Outpatient Facility: \$500 Inpatient Facility: \$1,000 Copay

Prescriptions: Retail Pharmacy: Generic \$15, Brand Name \$40, Non-Preferred \$60  
All copayments are based on a 30 day supply.  
Tel-Drug Mail Order: Generic \$30, Brand Name \$80, Non-Preferred \$120.  
All copayments are based on a 90 day supply. \*Saving 1 month of copay

Individual Coverage: **EMPLOYEE PAYS: NON TOBACCO USER W/HRA \$94.24, NO HRA \$147.04**  
**TOBACCO USER W/HRA \$131.74, NO HRA \$184.54**

Family Coverage: **EMPLOYEE PAYS: NON TOBACCO W/HRA \$311.77, NO HRA \$392.62**  
**TOBACCO USER W/HRA \$349.27, NO HRA \$430.12**

**NON TOBACCO USER – tobacco use is less than one time per month for at least 12 months.**

**TOBACCO USER – tobacco use is more than one time per month.**

**Colonial Policies:**

**Medical Bridge/Hospital (NEW PLAN):**

This provides first day benefits for hospital confinement and outpatient surgery to help offset the gaps caused by co-payments and deductibles that are not covered by most major medical plans. This benefit will pay you up to \$2,000 per hospital confinement and \$500 for out-patient surgery. There are 5 levels of coverage. *Annual wellness benefit.*

**Accident Expense:**

This is coverage if you are in an off-job accident anywhere in the world. It will cover the initial Doctor's visit, emergency room treatment, fractures, dislocations, lacerations, ruptured disc, surgery, blood, hospital admission and confinement, etc. Accidental death benefit and catastrophic benefit included. *Annual wellness benefit.*

**Intensive Care:**

This will pay for sickness or accidents up to 31 days, if you are admitted to an intensive care unit. Benefits start on the 1<sup>st</sup> day of confinement.

**Cancer Expense:**

This will cover an annual cancer screening exam, hospital confinement, radiation/chemotherapy, experimental therapy, reconstructive surgery and artificial limb/prosthesis, and will help with transportation costs if you or a family member have to travel over 50 miles for treatment. There are 4 Levels from which to choose. *Annual wellness benefit.*

**Critical Illness:**

This will cover heart attacks, strokes, major organ transplants, end-stage renal failure, and bypass coronary surgery. You can choose to receive a check for \$5,000.00 to \$50,000.00. Up to \$30,000 for your spouse. *Annual wellness benefit.*

**YOU ARE ELIGIBLE FOR BENEFITS THE FIRST DAY OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT.**

**TO ENROLL FOR BENEFITS USE ANY COMPUTER WITH INTERNET ACCESS,**

**[WWW.ENROLLFORBENEFITS.COM](http://WWW.ENROLLFORBENEFITS.COM)** If you elect to enroll dependents **YOU MUST** provide **DEPENDENT DOCUMENTATION** to the HR Department during the first 30 days of employment. The elections YOU make are for the entire calendar year.

**Dependent Documentation** is a Certified Copy of your Marriage License to enroll your spouse. To enroll your children – Certified Copy of the child's Birth Certificate.

**Benefits Help Line 1-888-336-7463**