



Community Medical Centers

BENEFITS

ELIGIBILITY

WHAT YOU RECEIVE/SHARE OF COST

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------|-------------|-------------|-------------------|-------------|-------------|---------------------|-------------|-------------|-------------------|-------------|-------------|---------------|-------------|-------------|-------------------|-------------|-------------|---------------------|-------------|-------------|-------------------|---------------|-------------|---------------|------------|------------|-------------------|-------------|------------|---------------------|------------|------------|-------------------|------------|------------|
| <p>Medical Insurance</p> <p>Kaiser www.kp.org HMO Mbr Services 1-800-464-4000</p> <p>POS Mbr Services 1-800-778-0710</p> | <p>1st of the month following 30 days of employment</p> | <p>Kaiser HMO – Office Visit co-pay \$15, 100% Inpatient, Rx: \$10/\$20.</p> <p>Share of Cost:</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 80.28/mo</td> <td>\$ 37.05/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$331.72/mo</td> <td>\$153.10/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$258.66/mo</td> <td>\$119.38/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$571.89/mo</td> <td>\$263.95/pp</td> </tr> </table> <p>Kaiser POS - \$500 deductible with 20% co-pay up to a max of \$1500/person-\$4500/family. Rx co-pay: \$20/\$40/\$50.</p> <p>Share of Cost</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$255.72/mo</td> <td>\$118.02/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$713.11/mo</td> <td>\$329.13/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$652.00/mo</td> <td>\$300.92/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$1,208.26/mo</td> <td>\$557.66/pp</td> </tr> </table> | Employee Only | \$ 80.28/mo | \$ 37.05/pp | Employee + Spouse | \$331.72/mo | \$153.10/pp | Employee + Children | \$258.66/mo | \$119.38/pp | Employee + Family | \$571.89/mo | \$263.95/pp | Employee Only | \$255.72/mo | \$118.02/pp | Employee + Spouse | \$713.11/mo | \$329.13/pp | Employee + Children | \$652.00/mo | \$300.92/pp | Employee + Family | \$1,208.26/mo | \$557.66/pp | | | | | | | | | | | | |
| Employee Only | \$ 80.28/mo | \$ 37.05/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Spouse | \$331.72/mo | \$153.10/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Children | \$258.66/mo | \$119.38/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Family | \$571.89/mo | \$263.95/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$255.72/mo | \$118.02/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Spouse | \$713.11/mo | \$329.13/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Children | \$652.00/mo | \$300.92/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Family | \$1,208.26/mo | \$557.66/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Dental Insurance</p> <p>ASI www.asibenefits.com Mbr Services 1-866-777-1320</p> <p>SafeGuard/MetLife www.SafeGuard.net Mbr Services 1-800-880-1800</p> | <p>1st of the month following 30 days of employment</p> | <p>Administrative Solutions, Inc. Administrators – HIGH OPTION: Any dentist, reimbursement based on UCR. 100% preventive; 80% of Basic and 50% Major work with \$50/\$150 deductible. 50% Child Only Ortho. \$1500 maximum.</p> <p>San Joaquin Valley Dental Group – No deductible, 100% preventive, Basic, Endo, Periodontal, extractions and fillings; 80% of Major. \$1500 maximum.</p> <p>Share of Cost:</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 10.00/mo</td> <td>\$ 4.62/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$ 46.00/mo</td> <td>\$21.23/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$ 41.00/mo</td> <td>\$18.92/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$ 61.00/mo</td> <td>\$28.15/pp</td> </tr> </table> <p>Administrative Solutions, Inc. Administrators – LOW OPTION: Any dentist, reimbursement based on UCR. 100% preventive, 70% Basic, 50% Endo, Periodontal & Major with \$50/\$150 deductible. \$500 maximum.</p> <p>San Joaquin Valley Dental Group: No deductible, 100% preventive, 80% Basic, Endo, Periodontal, extractions and fillings & Major. \$500 maximum.</p> <p>Share of Cost:</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 4.00/mo</td> <td>\$ 1.85/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$ 22.00/mo</td> <td>\$ 10.15/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$16.00/mo</td> <td>\$ 7.39/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$39.00/mo</td> <td>\$18.00/pp</td> </tr> </table> <p>Safeguard Dental HMO: Must be seen by Safeguard dentists. Unlimited benefits. Low co-pays on periodontics, oral surgery, etc</p> <p>Share of Cost:</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 5.94/mo</td> <td>\$ 2.74/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$ 25.48/mo</td> <td>\$11.76/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$19.68/mo</td> <td>\$ 9.08/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$44.43/mo</td> <td>\$20.51/pp</td> </tr> </table> | Employee Only | \$ 10.00/mo | \$ 4.62/pp | Employee + Spouse | \$ 46.00/mo | \$21.23/pp | Employee + Children | \$ 41.00/mo | \$18.92/pp | Employee + Family | \$ 61.00/mo | \$28.15/pp | Employee Only | \$ 4.00/mo | \$ 1.85/pp | Employee + Spouse | \$ 22.00/mo | \$ 10.15/pp | Employee + Children | \$16.00/mo | \$ 7.39/pp | Employee + Family | \$39.00/mo | \$18.00/pp | Employee Only | \$ 5.94/mo | \$ 2.74/pp | Employee + Spouse | \$ 25.48/mo | \$11.76/pp | Employee + Children | \$19.68/mo | \$ 9.08/pp | Employee + Family | \$44.43/mo | \$20.51/pp |
| Employee Only | \$ 10.00/mo | \$ 4.62/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Spouse | \$ 46.00/mo | \$21.23/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Children | \$ 41.00/mo | \$18.92/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Family | \$ 61.00/mo | \$28.15/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$ 4.00/mo | \$ 1.85/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Spouse | \$ 22.00/mo | \$ 10.15/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Children | \$16.00/mo | \$ 7.39/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Family | \$39.00/mo | \$18.00/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$ 5.94/mo | \$ 2.74/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Spouse | \$ 25.48/mo | \$11.76/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Children | \$19.68/mo | \$ 9.08/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Family | \$44.43/mo | \$20.51/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Vision Insurance</p> <p>ASI www.asibenefits.com Mbr Services 1-866-777-1320</p> | <p>1st of the month following 30 days of employment</p> | <p>Administrative Solutions, Inc. Administrators – HIGH OPTION. Any optometrist or ophthalmologist. Exam every 12 months, frames every 24 months, lenses every 24 months, contacts every 12 months. Fixed benefits.</p> <p>Share of Cost:</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 4.00/mo</td> <td>\$ 1.85/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$11.00/mo</td> <td>\$ 5.08/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$11.00/mo</td> <td>\$ 5.08/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$21.00/mo</td> <td>\$ 9.69/pp</td> </tr> </table> <p>Administrative Solutions, Inc. Administrators – LOW OPTION. Any optometrist or ophthalmologist. Exam every 12 months, frames every 24 months, lenses every 24 months, single vision only. Contact lenses not covered. Fixed benefits.</p> <p>Share of Cost:</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 0.00/mo</td> <td>\$0.00/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$ 4.00/mo</td> <td>\$1.85/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$ 4.00/mo</td> <td>\$1.85/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$10.00/mo</td> <td>\$4.62/pp</td> </tr> </table> | Employee Only | \$ 4.00/mo | \$ 1.85/pp | Employee + Spouse | \$11.00/mo | \$ 5.08/pp | Employee + Children | \$11.00/mo | \$ 5.08/pp | Employee + Family | \$21.00/mo | \$ 9.69/pp | Employee Only | \$ 0.00/mo | \$0.00/pp | Employee + Spouse | \$ 4.00/mo | \$1.85/pp | Employee + Children | \$ 4.00/mo | \$1.85/pp | Employee + Family | \$10.00/mo | \$4.62/pp | | | | | | | | | | | | |
| Employee Only | \$ 4.00/mo | \$ 1.85/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Spouse | \$11.00/mo | \$ 5.08/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Children | \$11.00/mo | \$ 5.08/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + Family | \$21.00/mo | \$ 9.69/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$ 0.00/mo | \$0.00/pp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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BENEFITS

ELIGIBILITY

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| | | |
|---|---|---|
| <p>Life & AD&D And Long Term Disability Insurance</p> <p>Lincoln Financial www.jpfc.com Mbr Services 1-800-423-2765</p> | <p>1st of the month following 30 days of employment</p> | <p>Lincoln Financial Group – Life and ADD: Face value 1-1/2 time annual salary to a max of \$300,000. Premium Paid 100% by CMC. Employee may purchase dependent life insurance on spouse, \$5,000, and children age 14 days to 6 mo - \$500; over age 6 mo - \$2,000. \$1.00/month. .</p> <p>Lincoln Financial Group – Long Term Disability: 90-day waiting period. 66-2/3% of pre-disability earnings to maximum of \$5,000/mo. Minimum benefit is \$100.00/mo. Premium Paid 100% by CMC.</p> |
| <p>Flexible Benefits Plan</p> <p>Davey Administration www.davevfresno.com www.eflexonline.com Claims 1-877-458-8888</p> | <p>1st of the month following 30 days of employment</p> | <p>Davey Administration—Insurance Premiums: Contributions by Employee are on a pre-tax basis.</p> <p>Dependent Care Account: Can contribute \$5,000/yr before taxes for payment of child care.</p> <p>Health Care Reimbursement: Can contribute \$2,400/yr before taxes for reimbursement of health care expenses not covered by insurance.</p> |
| <p>Voluntary Supplemental Benefits</p> <p>Allstate www.Allstate.com Claims # 1-800-255-7828</p> | <p>Eligible to enroll at any time</p> | <p>Allstate—Supplemental cancer care, accident insurance, and life insurance policies offered through Allstate at employee’s own expense.</p> |
| <p>403(b) Retirement Plan</p> <p>www.principal.com Peter Wierzbicki 1-888-839-9468</p> | <p>1st day of hire</p> | <p>Principal Financial Insurance Company Various Investment Choices All contributions before taxes. Clinic contribution: 25% of the 1st 6% of your contribution. Vesting: 20% after 1 year; 60% after 2 years; 100% after 3 years.</p> |
| <p>Credit Union</p> | <p>Immediately</p> | <p>Financial Center Credit Union. Minimum deposit \$25.00.</p> |
| <p>Personal Time off (PTO)</p> | <p>1st of the month following date of hire. PTO is pro- rated based on hours worked.</p> | <p>Accruals: 1st of the month – 3 years 15.5 days/yr 4 – 6 years 20 days/yr 7 + years 26.0 days/yr</p> |
| <p>Birthday</p> | <p>Immediately Birthday Birthday accrual is pro- rated based on hours worked.</p> | <p>8 hours/year – Accrues with PTO</p> |
| <p>PTO incentive</p> | <p>Do not use PTO for 1st day of illness. PTO incentive is prorated based on hours worked.</p> | <p>4 hours of PTO each 3 months. (Two additional days per year if no illness for 12 months).</p> |
| <p>Holidays</p> | <p>Immediately</p> | <p>8 days/year</p> |
| <p>Extended Illness Bank</p> | <p>1st of the month following date of hire. EIB is prorated based on hours worked.</p> | <p>Can use for illness if time off 50% or less of regularly scheduled work day, medical and dental appointments if time off 50% or less of regularly scheduled work day. Can use for illness after 1 full day of PTO sick taken. Accrual: 7.0 days/yr</p> |
| <p>Continued Education</p> | <p>After six months of em- ployment</p> | <p>Time off and expenses. Full-time physicians, dentists, mid-levels, LCSW, and pharmacists: \$1,500.00 + 5 days; full-time RN, LVN, Clinical Laboratory Scientists, Registered Dietitians, RDA, Pharmacy Techs, Certified Laboratory Assistants and X-ray Technicians: \$600 + 3 days; part-time (20 hrs/week but < 30 hrs/week) physicians, dentists, mid-levels, LCSW, and pharmacists: \$750.00 + 3 days; part-time (20hrs/week but < 30 hrs/week) RN, LVN, Clinical Laboratory Scientists, Registered Dietitians, , RDA, Pharmacy Techs, Certified Laboratory Assistants and X-ray Technicians: \$300.00 + 12 hours. Please see Personnel Manual for more details.</p> |