



Community Medical Centers

BENEFITS	ELIGIBILITY	WHAT YOU RECEIVE/SHARE OF COST																																				
<p>Medical Insurance</p> <p>Kaiser www.kp.org HMO & HSA Member Services 1-800-464-4000</p> <p>POS Member 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. Share of Cost:</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 83.67/mo</td> <td>\$ 38.62/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$345.74/mo</td> <td>\$159.57/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$269.59/mo</td> <td>\$124.43/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$596.01/mo</td> <td>\$275.10/pp</td> </tr> </table> <p>Kaiser HSA - \$1500/\$3000 deductible must be met prior to any services, other than Preventive. After Deductible is met, all covered services are covered at 100% Share of Cost</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$ 8.71/mo</td> <td>\$ 4.02/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$167.33/mo</td> <td>\$ 77.23/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$111.43/mo</td> <td>\$ 51.43/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$350.94/mo</td> <td>\$161.97/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. Share of Cost</p> <table border="0"> <tr> <td>Employee Only</td> <td>\$268.25/mo</td> <td>\$123.81/pp</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$744.25/mo</td> <td>\$343.50/pp</td> </tr> <tr> <td>Employee + Children</td> <td>\$683.96/mo</td> <td>\$315.67/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$1,267.47/mo</td> <td>\$584.99/pp</td> </tr> </table>	Employee Only	\$ 83.67/mo	\$ 38.62/pp	Employee + Spouse	\$345.74/mo	\$159.57/pp	Employee + Children	\$269.59/mo	\$124.43/pp	Employee + Family	\$596.01/mo	\$275.10/pp	Employee Only	\$ 8.71/mo	\$ 4.02/pp	Employee + Spouse	\$167.33/mo	\$ 77.23/pp	Employee + Children	\$111.43/mo	\$ 51.43/pp	Employee + Family	\$350.94/mo	\$161.97/pp	Employee Only	\$268.25/mo	\$123.81/pp	Employee + Spouse	\$744.25/mo	\$343.50/pp	Employee + Children	\$683.96/mo	\$315.67/pp	Employee + Family	\$1,267.47/mo	\$584.99/pp
Employee Only	\$ 83.67/mo	\$ 38.62/pp																																				
Employee + Spouse	\$345.74/mo	\$159.57/pp																																				
Employee + Children	\$269.59/mo	\$124.43/pp																																				
Employee + Family	\$596.01/mo	\$275.10/pp																																				
Employee Only	\$ 8.71/mo	\$ 4.02/pp																																				
Employee + Spouse	\$167.33/mo	\$ 77.23/pp																																				
Employee + Children	\$111.43/mo	\$ 51.43/pp																																				
Employee + Family	\$350.94/mo	\$161.97/pp																																				
Employee Only	\$268.25/mo	\$123.81/pp																																				
Employee + Spouse	\$744.25/mo	\$343.50/pp																																				
Employee + Children	\$683.96/mo	\$315.67/pp																																				
Employee + Family	\$1,267.47/mo	\$584.99/pp																																				
<p>Dental Insurance</p> <p>ASI www.asibenefits.com Mbr Services 1-866-777-1320</p> <p>MetLife www.Metlife.com Mbr Services 1-800-942-0854</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. San Joaquin Valley Dental Group – No deductible, 100% preventive, Basic, Endo, Periodontal, extractions and fillings; 80% of Major. \$1500 maximum. 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. San Joaquin Valley Dental Group: No deductible, 100% preventive, 80% Basic, Endo, Periodontal, extractions and fillings & Major. \$500 maximum. 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>\$ 7.38/pp</td> </tr> <tr> <td>Employee + Family</td> <td>\$39.00/mo</td> <td>\$18.00/pp</td> </tr> </table> <p>MetLife Dental HMO: Must be seen by MetLife DMO dentists. Unlimited benefits. Low co-pays on periodontics, oral surgery, etc 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	\$ 7.38/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	\$ 7.38/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. 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. 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																																				
Employee + Spouse	\$ 4.00/mo	\$1.85/pp																																				
Employee + Children	\$ 4.00/mo	\$1.85/pp																																				
Employee + Family	\$10.00/mo	\$4.62/pp																																				

BENEFITS

ELIGIBILITY

WHAT YOU RECEIVE/SHARE OF COST

<p>Life & AD&D, Long Term Disability and Employee Assistance</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. . 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. Lincoln Financial Group - Employee Assistance Program (EAP): Unlimited telephonic consultations and 4 face to face visits with a counselor for issues such as stress, depression, family & marital, drug/alcohol, workplace concerns, legal and financial questions. All calls are confidential. Call 1-877-757-7587 or www.eapadvantage.com (password: Connect)</p>
<p>Flexible Benefits Plan</p> <p>Davey Administration www.daveyfresno.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. Dependent Care Account: Can contribute \$5,000/yr before taxes for payment of child care. Health Care Reimbursement: Can contribute \$2,400/yr before taxes for reimbursement of health care expenses not covered by insurance. If you participate in the HSA medical plan, the Health Care Reimbursement account is limited to Dental and Vision expenses only.</p>
<p>Health Savings Acct</p> <p>Five Star Bank www.fivestarbanc.com (916) 851-5440</p>	<p>Any time but must be enrolled in the Kaiser HSA plan.</p>	<p>Health Savings Account: If you are enrolled in the HSA medical plan, you can open up an HSA checking account to reimburse yourself for eligible health care expenses not covered by the Insurance plan (such as deductible). Contributions to this account can be made on a Pre-tax basis. This is a portable account which you can reimburse yourself for eligible expenses throughout your lifetime. The 2011 annual contribution limits are \$3050 for Individual, \$6150 for Family and an extra \$1000 catch up contribution for those over age 55.</p>
<p>Voluntary 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.securitybenefit.com Peter Wierzbicki 1-888-839-9468</p>	<p>1st day of hire</p>	<p>Security Benefit Group 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>PTO accruals begin on the 1st date of hire. PTO is prorated based on hours worked.</p>	<p>Accruals: 1st date of employment – 3 years 15.5 days/yr 3+ – 6 years 20.0 days/yr 6 + years 26.0 days/yr</p>
<p>Birthday</p>	<p>Immediately Birthday accrual is prorated based on hours worked.</p>	<p>8 hours/year – Accrues with PTO</p>
<p>PTO incentive</p>	<p>PTO incentive amount is prorated based on hours worked.</p>	<p>Employees can earn an additional 4 hours of PTO time by not taking unscheduled PTO and/or not taking EIB unscheduled personal time off for more than 4 hours during the designated incentive quarter.</p>
<p>Holidays</p>	<p>Immediately</p>	<p>8 days/year</p>
<p>Extended Illness Bank</p>	<p>EIB accruals begin on the 1st date of hire. EIB is prorated based on hours worked.</p>	<p>Employees can use EIB for Illness, medical and dental appointments. Accrual: 7.0 days/yr</p>
<p>Continued Education</p>	<p>After six months of employment</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>