

# Health Dental Benefits

Benefit	JCMH Pays	Employee Pays	Effective Date	Coverage	Deductibles	Coverage Ends	Comment
<b>Major Medical Health Ins.</b>	N/A	<p><b>PLAN B:</b>  EMP = 69.89MO/32.26 PAYDAY  EMP/1= 198.20 MO/91.48 PAYDAY  FAM =243.94MO/112.59 PAYDAY</p>	<p>1st payday following date of hire.   <b>After open enrollment "Evidence of Health" Needed</b></p>	<p>COVERAGE:  <b>1.ALTUS AREA</b>  <b>2.OHN NETWORK</b>  <b>3.OUT OF NETWORK AREAS</b></p>	<p><b>PLAN B:</b>  <b>ALTUS 550.00 INDIVIDUAL</b>  <b>1650.00 FAMILY</b>  <b>OHN 1100.00 INDIVIDUAL</b>  <b>3300.00FAMILY</b>  <b>Out Of Network: 1100.00 IND</b>  <b>3300.00 FAM</b></p>	<p>Coverage will end on the last day of the pay period that you work.   <b>"COBRA" is not available.</b>   <b>"CONVERSION" Rights will be given.</b></p>	<p><b>NOTE:</b> If you have the Medical insurance you will also have a Prescription plan under Script Care.  <b>Deductible:</b> \$100.00 single \$200.00 Family  <b>Co-Pays:</b> \$15.00 Generic  \$35.00 FORMULARY  \$50.00 NON-FORMULARY  <b>Maximum Limit Per Family Per Year:</b>  \$3,000.00  <b>Catastrophic Coverage:</b> \$3,000.00 Max per family, the next \$1,000.00 member pays 100% of drug cost, then plan pays 100% for family for the rest of the year.</p>
<b>DENTAL INSURANCE</b>	N/A	<p><b>PRO-1</b>  EMP = \$10.60MO/4.89 PAYDAY  EMP/1 = \$19.78 MO/9.13 PAYDAY  FAM = \$34.60MO/15.97 PAYDAY  <b>PRO-3</b>  EMP = \$17.96 MO/8.29 PAYDAY  EMP/1 = \$33.00 MO/15.23 PAYDAY  FAM = \$49.78 MO/22.98 PAYDAY</p>	<p>1st payday following Date of hire.   <b>Thereafter</b>   Open Enrollment January 1st.   <b>Open Enrollment will begin with Cafeteria Sign Up each year in Nov.</b></p>	<p>Coverage available with any Dentist you choose.</p>	<p><b>Pro - 1</b> \$50.00 ded. Each member for Type 2 Services/then pays 80%  <b>Pro - 3</b> \$50.00 ded. Each member for Type 2 &amp; 3 services.Type 3 service pays:  50% = Of Claims after the deductible</p>	<p>Coverage will end on the last day of the pay period that you work.</p>	
<b>VISION PLAN</b>	N/A	<p><b>HIGH OPTION 1 :</b>  EMP = \$8.89 MO/4.10PP  EMP&amp; SP = \$14.15 MO/6.53 PP  EMP&amp; CH= \$14.96MO/6.90 PP  EMP&amp; FAM = \$24.09MO/11.12PP   <b>HIGH OPTION 2:</b>  EMP=\$11.19 MO/5.16PP  EMP&amp;SP=\$17.84MO/8.23PP  EMP&amp;CH=\$18.23MO/8.41PP  EMP&amp;FAM=\$29.26MO/13.50PP</p>	<p>1st payday following date of hire.  <b>Thereafter</b>  Open Enrollment January 1st.  <b>Open Enrollment will begin with Cafeteria Sign Up each year in Nov.</b></p>	<p>Coverage available with any VSP Provider</p>	<p><b>Exam every 12 mo.</b>  <b>Prescription glasses every 12 mo.</b>  <b>Frames every 12 mo.</b>  <b>OR</b>  <b>Contacts every 12 mo.</b>  <b>20% discounts on out-of pocket costs</b></p>	<p>Coverage will end on the last pay period that you work</p>	
<b>CAFETERIA PLAN Tax Sheltered Plan</b>	N/A	<p><b>Premium Payments</b> for Health Ins. And Dental will be run thru the Plan.  <b>Medical Spenddown</b> or Flex account, you choose the amount you and your family will spend each year.  <b>Child Care Spenddown</b> is determined by you according to your child care needs for the year.  <b>MEDICAL LIMIT TO SHELTER - \$3,000.00 YR</b>  <b>CHILD CARE LIMIT TO SHELTER - \$5,000.00 YR</b></p>	<p>1st payday following date of hire  <b>OR</b>  1st payday following a status change causing open enrollment.  <b>OR</b>  Open enrollment each year in Nov.</p>	<p><b>Medical Spenddown</b>  Starting Jan. 1st you may begin to use the monies that you have chosen on services that you or your family member have incurred. There are no limits on the amount that you receive as long as it is no more than what you chose for the year.  <b>Child Care</b>  You may begin to send in your receipts for your child care beginning Jan. 1st.. You will only be allowed to claim the amount that is in your account at that time.</p>	<p>Your Cafeteria Plan begins on Jan. 1st and ends Dec. 31st each year.  If you terminate employment, then your plan ends on the last day of the payday that you term.</p>	<p>You are locked into the plan for the whole year unless you have a qualifying event such as marriage, divorce, birth of a child.  You have until March 31st of the following year to send in claims incurred for the prior years plan.  If you term employment you have 60 days to claim your monies, but services have to be incurred prior to your term date.</p>	

# Other Benefits

Benefit	Eligible Employees	Benefit Begins	Benefit Ends	Description	Comments
<b>PTO</b>	Full Time Part Time Relief	3-Months from Hire Date <b>or</b> The Payday you begin benefit status after your 3 - month anniversary.	At the end of your employment or if you begin non-benefit status. (Per-Diem) <b>Your balance of PTO'S will be paid out on your last paycheck or the payday you become non-benefit</b>	3mo waiting = 4.30hrs 4mo. - 5yrs = 7.76 hrs 6 yrs - 10 yrs = 9.65 hrs 11 yrs - 15 yrs = 10.44 hrs over 15 yrs = 11.63 hrs <b>PTO is accrued on hours worked.</b> <b>MAXIMUM hours allowed in bank 1040.</b>	
<b>TUITION ASSISTANCE</b>	Full Time Part Time	6-Months from Hire Date. <b>You must apply at the beginning of the semester, all paperwork must be turned in and signed at the time you enroll in the class.</b>	When you become non-benefit status. <b>YOU MUST</b> still be benefit status at the end of each semester	<b>HOSP. WILL PAY</b> 75% of Tuition Cost 25% of Fee Cost <b>Limit per year \$500.00</b>	You must be attending an accredited College or Institution such as a Vocational Center.
<b>EMPLOYEE Assistance EAP</b>	All Employees	You may contact the Counseling Center anytime. <b>PH# (580) 482-4095 (580) 482-4097</b>	You and Your Counselor will Decide	This service is available for you and your dependents. If you have the Hospital Ins. Your deductible is waived for the JCMH counseling center Counselors and your co-insurance payment will cost you approx. \$8.00 a visit. Payroll deduction is available to make payments. If you do not have our insurance you may pay on a fee schedule.	There are many times in everyones life when you need someone to talk to. All sessions are kept in a highly confidential manner. You could be referred if your Department Head feels that you need assistance. If you are referred the only information given is that you have attended.
<b>CONSUMER CREDIT COUNSELING</b>	All Employees	You may contact CCS anytime. <b>PH# (800) 364-2227</b>	You and Your Counselor will Decide	This service is available for you anytime. CCS will assist you with your financial needs. This service is " <b>Free</b> ", JCMH pays for these services.	CCS will teach you how to budget your money. They will work with creditors and make arrangements for payments that you can afford. You could be referred if your financial difficulties are interfering with your job.

# Life Insurance Benefits

Benefit	JCM H Pays	Empl oye e Pays	Effective Date	Employee Coverage	Dependent Coverage	Beneficiary
Long Term Disability "UNUM"	100%	N/A	1 Year from Hire date added to Policy 6 mo. Waiting before receive Benefit	60% of Annual Salary Monthly \$5,000.00 Max Monthly	N/A	Primary - Spouse Contingent - Living children at home
UNUM Life (Hospital paid)	100%	N/A	1st payday following date of hire	(1) one times annual salary \$15,000.00 mim. \$50,000.00 Max 65 and over-reduction of coverage begins	N/A	Primary - Your choice Contingent - Your choice
Accidental Death & Dismemberment "UNUM" (OPTIONAL)	N/A	100%	<b>During open enrollment 1st payday following date of hire, Or</b> 1st payday following application .	\$10,000 up to \$250,000.00 Anything above \$150,000.00 based on (10) ten times Annual Salary	Spouse/No Children - 50% of Employee amount Spouse/with Children - 40% of Employee amount Children/with spouse - 10% of Employee amount Children/no spouse - 15% of Employee amount	Primary - Your choice Contingent - Your choice
UNUM Life (OPTIONAL) EMPLOYEE PAID	N/A	100%	<b>During open enrollment</b> 1st payday following date of Hire, <b>Or</b> 1st payday after Evidence of Health has been approved.	<b>DURING OPEN ENROLLMENT:</b> GUARANTEED ISSUE: 4X ANNUAL SALARY UP TO 275,000 Evidence of health needed for: 5X ANNUAL SALARY UP TO 550,000. <b>****NOTE BELOW****</b>	<b>DURING OPEN ENROLLMENT:</b> GUARANTEED ISSUE: Spouse = \$5,000 Increments up to \$30,000.00 Child rider = \$5,000.00 or \$10,000.00 Evidence of health needed for: Spouse = \$35,000.00 (5,000 increments) up to \$100,000.00 Child rider= \$5,000.00 or \$10,000.00	Primary - Your choice Contingent - Your choice
Leaders Life (OPTIONAL)	N/A	100%	<b>All Policies are reviewed by Leaders.</b> When approved policy will be put into effect the 1st of the month following approval	<b>Depending on age of applicant</b> You may purchase insurance ranging from \$4,640.00 up to \$500,000.00. Cost will depend on the amount of insurance being applied for.	You may purchase a "RIDER" policy <b>OR</b> You may purchase an individual policy for any legal dependent or grandchild.	Primary - Your choice Contingent - Your choice
****	<b>COVERAGE AMOUNT BASED ON ANNUAL SALARY AND STATUS, FULL-TIME OR PART-TIME. COVERAGE AMOUNT WILL BE ADJUSTED ACCORDINGLY THROUGH OUT THE YEAR FOR YOURSELF AND YOUR SPOUSE.</b>					
<b>BENEFITS CONTINUED NEXT PAGE</b>						

# INSURANCE BENEFITS CONTINUED

## AFLAC

Benefit	JCMH Employee Pays	Employee Pays	Effective Date	Coverage	Dependent Coverage	Beneficiary
<b>AFLAC ACCIDENT</b>	N/A	100%	<p>All Policies are reviewed by Aflac. When approved, policy will be put into effect the 1st of the month following approval.</p> <p style="text-align: center;">—————</p> <p style="text-align: center;"><b>COVERAGE ENDS AT AGE 70 FOR EMP/FAMILY</b></p>	<p>Help cover costs associated with unexpected bills from an accident such as:</p> <p style="text-align: center;"><b>Hospital Benefits Major Injuries Accidental Death &amp; Dismemberment Specific Injuries</b></p>	Your spouse & dependent children may be covered under this plan. Children up to age 26.	Primary - Your choice
<b>AFLAC CRITICAL ILLNESS</b>	N/A	100%	<p>All Policies are reviewed by Aflac. When approved, policy will be put into effect the 1st of the month following approval.</p> <p style="text-align: center;">—————</p> <p style="text-align: center;">Premium will be based on age/smoker or non-smoker.</p> <p style="text-align: center;">—————</p> <p style="text-align: center;"><b>COVERS HALF OF FACE VALUE AT AGE 70 EMP/SP</b></p>	<p>Help cover costs for battling specific critical illnesses such as:</p> <p style="text-align: center;"><b>Cancer Heart Attack Stroke Major Organ Transplant Renal Failure (end Stage) Carcinoma in SITU2 Coronary Artery Bypass Surgery</b></p>	<p>Your <b>spouse</b> may be covered for 1/2 the amount of the face value you choose for yourself. Premium will be based on age/smoker or non-smoker.</p> <p>Your <b>child/children</b> will be covered for 25% of the primary insured amount at no additional charge.</p>	Primary - Your choice