

## 2018-2019 **BPICS** Benefits

### Full-Time Employees

Benefits	Purpose of Plan	Who is Covered?	When do Benefits begin?	Benefit Details	Monthly Payroll Contributions (see chart)
<b>MEDICAL BENEFITS</b>					
<b>BCBSM Simply Blue PPO - 1000</b>	To provide you and your dependents coverage for illness and injury. Prescription drug coverage included with medical plan.	Employee, plus any eligible dependents enrolled.	Coverage starts on the first of the month following 30 days of consecutive employment.	<p><b><u>In Network Deductible:</u></b>  <b>Single</b> \$1,000  <b>Family of 2+</b> \$2,000</p> <p><b><u>Coinsurance:</u></b>                      In Network 20% of approved amount after deductible                      Out of Network 40% of approved amount after deductible</p> <p><b><u>In-Network Coinsurance Max:</u></b>                      \$2,000 Individual \$4,000 Family</p> <p><b><u>In-Network Out-of-Pocket Max:</u></b>                      \$6,600 Individual \$13,200 Family</p> <p><b><u>In Network Office Visits:</u></b> \$20.00  <b><u>In Network Specialist Visits:</u></b> \$40.00</p> <p><b><u>Preventive Services:</u></b>                      Covered at 100% with no deductible</p> <p><b><u>Prescription Coverage: see summary</u></b>                      Generic \$15 copay                      Preferred Brand \$50 copay                      Non-preferred Brand \$70 copay                      Specialty drugs \$70 copay</p>	<p>Employee Only: age-rated                      Employee + Spouse: age-rated                      Employee + 1 Child: age-rated                      Family: age-rated                      (the pre-tax amounts will be 50% of your total cost and are all inclusive for medical, prescription, dental, vision and core life)</p> <p>Medical/Rx Only:                      Employee Only: age-rated                      Employee + Spouse: age-rated                      Employee + 1 Child: age-rated                      Family: age-rated</p>
<b>BCBSM Simply Blue PPO- H S A</b>	To provide you and your dependents with a consumer driven, high deductible medical plan. An optional Health Savings Account (H S A) is available. Prescription drug coverage included with medical plan and is applied towards the medical deductible.	Employee, plus any eligible dependents enrolled.	Coverage starts on the first of the month following 30 days of consecutive employment.	<p><b><u>In Network Deductible:</u></b>  <b>Single</b> \$2,700  <b>Family of 2+</b> \$5,400</p> <p><b><u>Coinsurance</u></b>                      In Network 0% after deductible                      Out of Network 20% after deductible</p> <p><b><u>In-Network Out-of-Pocket Max:</u></b>                      \$5,000 Individual, \$10,000 Family</p> <p><b><u>In Network Office Visits:</u></b> Subject to deductible and co-insurance.</p> <p><b><u>Preventive Benefit:</u></b>                      See Benefit Summary</p> <p><b><u>Prescription Coverage: see summary – after deductible</u></b>                      Generic \$15 copay                      Preferred Brand \$50 copay                      Non-preferred Brand \$70 copay                      Specialty drugs \$70 copay</p>	<p>Employee Only: age-rated                      Employee + Spouse: age-rated                      Employee + 1 Child: age-rated                      Family: age-rated                      (the pre-tax amounts will be 50% of your total cost and are all inclusive for medical, prescription, dental, vision and core life)</p> <p>Medical/Rx Only:                      Employee Only: age-rated                      Employee + Spouse: age-rated                      Employee + 1 Child: age-rated                      Family: age-rated</p>

## 2018-2019 **BPACS** Benefits

### Full-Time Employees

Benefits	Purpose of Plan	Who is Covered?	When do Benefits begin?	Benefit Details	Monthly Payroll Contributions (see chart)
<b>Health Savings Account (HSA) Optum Bank</b>	Provides a tax-free method of paying for many expenses not covered by medical and dental insurance; Contributions are participant owned and roll forward if not used in plan year or for retirement savings.	Must be a current participant in the HDHP plan	Coverage starts on the first of the month following 30 days of consecutive service	Single: Up to \$3,450 annually Family: Up to \$6,900 annually (Catch up amount is \$1,000 additional annually if 55 years of age or older)  For 2019: single is \$3,500 Family is \$7,000	Pre-Tax 100% employee contributed based on annual limits and employee's selection. (deposited directly to the employee's H S A account with Optum Bank)
<b>DENTAL BENEFITS</b>					
<b>Basic Dental – DHMO Network Plan Principal Insurance</b>	To provide a dental plan offering coverage.	Employee, plus any eligible dependents enrolled	Coverage starts on the first of the month following 30 days of consecutive service	Covers 100% of Preventive, 80% of Basic, 50% of Major (up to \$1,000) No coverage out-of-network.	Employee Only: \$23.23 Employee + Spouse: \$47.75 Employee + Child(ren): \$56.63 Family: \$88.55 The above costs are for stand-alone coverage for dental only.
<b>Buy-up Dental – PPO Principal Insurance</b>	To provide a dental plan offering coverage for routine, major and orthodontic care	Employee, plus any eligible dependents enrolled	Coverage starts on the first of the month following 30 days of consecutive service	Covers 100% of Preventive, 80% of Routine, 50% of Major (up to \$1,000), and 50% of Orthodontics expenses (up to \$1,000)	Employee Only: \$41.02 Employee + Spouse: \$84.49 Employee + Child(ren): \$114.33 Family: \$173.60 The above costs are for stand-alone coverage for dental only.
<b>VISION BENEFITS</b>					
<b>Vision Principal Insurance</b>	Provides basic vision coverage to employees and their eligible dependents.	Employee, plus any eligible dependents enrolled.	Coverage starts on the first of the month following 30 days of consecutive service	<b><u>In Network:</u></b> <b><u>Examination:</u></b> \$10 copay <b><u>Materials Allowance:</u></b> <b><u>Frames:</u></b> \$25 copay <b><u>Frames or Contacts allowance:</u></b> \$130 Exam every 12 months Lenses every 12 months Frames every 24 months	Employee Only: \$7.24 Employee + Spouse: \$14.22 Employee + Child(ren): \$14.95 Family: \$23.88 The above pre-tax costs are for stand-alone coverage for vision only.
<b>LIFE INSURANCE</b>					
<b>Basic Life Insurance</b>	Provides your beneficiary with a benefit payment in the event of your death	Full-time Employee	Coverage starts on the first of the month following 30 days of consecutive service	This benefit is equal to \$45,000	Employee Only: \$7.70 The above pre- tax costs are for stand-alone coverage for basic life only.

## 2018-2019 **DPMCS** Benefits

### Full-Time Employees

Benefits	Purpose of Plan	Who is Covered?	When do Benefits begin?	Benefit Details	Monthly Payroll Contributions (see chart)
<b>Basic AD&amp;D (Accidental Death and Dismemberment)</b>	Provides you or your beneficiary with a benefit payment in the event of an accident	Full-time Employee	Coverage starts on the first of the month following 30 days of consecutive service	This benefit pays \$45,000	Included in the cost of stand-alone the core/basic life.
<b>Supplemental Life Insurance</b>	Provides access to additional life insurance coverage	Full-time Employee	Coverage starts on the first of the month following 30 days of consecutive service	Purchase additional life insurance benefits: \$25,000, \$50,000, \$75,000 or \$100,000	Based on age and salary (after-tax costs)
<b>Dependent Life Insurance</b>	Provides you with a benefit payment in the event of your spouse or child's death	Eligible dependents as detailed in policy	Coverage starts on the first of the month following 30 days of consecutive service	Spouse – 50% employee coverage up to \$50,000, or increments of \$5,000 up to the \$50,000 max limit  Child - 10% of employee's coverage  Restrictions apply.	Spouse – Premium based on age and elected amount  Child – Premium based on the elected amount  (after-tax costs)
<b>DISABILITY INSURANCE</b>					
<b>Short-Term Disability</b>	Provides continuation of income if you are unable to work due to short-term illness or non-job related injury	Full-time Employee	Coverage starts on the first of the month following 30 days of consecutive service	First week may be unpaid. Next 12 weeks paid at 60% of salary up to \$1,000 total benefit per week based on salary.	After-tax costs are for up to \$1000 per week Short-Term Disability coverage. After-tax costs and benefits are determined by the employee's salary.
<b>Long-Term Disability Insurance</b>	Provides continued income in case your disability becomes long term	Full-time Employee	Coverage starts on the first of the month following 30 days of consecutive service	Elect coverage for a maximum benefit of up to \$5,000 per month	Based on age and salary
<b>401(k) PLAN</b>					
<b>Captrust/Freedom 401</b>	A retirement savings plan that allows contributions on a tax-deferred basis through payroll deductions, with funds professionally managed.	Employee who is at least age 21 and has obtained 3 months of employment. Quarterly enrollments.	After 3 months of employment, employees will receive enrollment information for the next quarterly enrollment. Enroll by internet. The plan has an auto-enroll feature.	You can elect to contribute from 1% to 80% of your compensation. Employee contributions are 100% vested. Currently, DPMCS does not match 401(k) contributions. Changes are adjusted once received by DPMCS with the next available payroll.	Election amount (as a %) Can be adjusted as employee chooses, (i.e., quarterly, monthly, each payroll).

## 2018-2019 **DPMCS** Benefits

### Full-Time Employees

Benefits	Purpose of Plan	Who is Covered?	When do Benefits begin?	Benefit Details	Monthly Payroll Contributions (see chart)
<b>Employee Assistance Program – Principal</b>	Provides professional and confidential assistance in coping with difficult life challenges	Full-time Employee, plus any eligible dependents	Coverage starts on the first of the month following 30 days of consecutive service	Professional counseling services either over the phone or in-person.  Some limits apply.	No cost for this benefit
<b>Referral Bonus – Eligible for a referral bonus of \$1,000 for an employee referred that is hired and completes 90 days of active continuous service with DPMCS.</b>	Our employees are our best source for referral of quality professionals.				
<b>Payroll/Direct Deposit- Semi-monthly payroll (paid the 15<sup>th</sup> and end of the month), with the option to elect direct deposit of your check and online access to your paystub.</b>					
<b>Additional Benefits - Please contact DPMCS Human Resources Department.</b>  (248) 740-8735					

*This is a brief summary of our standard benefits package, please refer to the specific Summary Plan Descriptions and the DPMCS Website at [www.dpmcs.com](http://www.dpmcs.com); Employee Information Tab; Human Resources Board Link; for the full terms and conditions of coverage.*

*User ID is: dpmuser, and the password is: future50.*

*In the event of any conflicts, please refer to the Summary Plan Descriptions.*

Effective as of September 1, 2018 through August 31, 2019