



CHILD DEVELOPMENT SERVICES

Annual Benefit Renewal

JULY 1, 2009

Health, Dental, Life, Supplemental Life, Long-Term Disability, Medical and Dependent Care Reimbursement Accounts.

Presented by:



HELPFUL HINTS

When Is Open Enrollment?

- Annual enrollment is June 1st thru 30th. Benefits are effective July 1st and contributions are in effect until 6/30/10.

Am I Eligible For Benefits?

- Benefits are available to employees working 20 hours or more per week.
- Employees are eligible for benefits on the first of the month following date of hire

Who else is eligible for benefits?

- Your Spouse or Domestic Partner is eligible for Health Benefits. The premiums for Domestic Partners are not eligible for pre-tax deductions.
- Your children are eligible for coverage to age 19 or to age 25 if a full-time student and verification of full-time student status is provided.

When can I change my benefit elections again?

- Election changes may be made if a Qualifying Event occurs such as: marriage, divorce, legal separation, change in employment status for yourself or your spouse, birth or adoption of a child or a significant change in coverage or cost of your spouse's plan.
- Changes must be requested within 30 days of the Qualifying Event.

What forms do I have to fill out?

- One Enrollment form must be completed for the Health, Life, Disability benefits, and the Medical/Dependent Care Accounts; a separate Ameritas dental form is also required.

How do I get into MyBenergy to look up my benefits?

- **Log on to MyBenergy.com**
User Name is: cdsemployee
Password is: benefits

Note: This is not a contract, it is a summary of benefits, if there are discrepancies between this summary and your certificates of coverage, the Certificates will govern.

HEALTH

Third Party Administrator: Health Plans, Inc.

Group#: 001AE1

Member Services Tel No: 800-343-7674

Type of Plan: PPO

Brief Description of Highlighted Benefits:,

Deductible: Shared \$2,500/\$5,000 (\$500/\$1000 employee and \$2,000/\$4,000 family)

Coinsurance: 30%/Member/70%/Plan, in network

Maximum Out-of-Pocket: \$4,500 Individual

\$ 9,000 Family

Office Visit Copay: \$10 Primary Care Physician

\$20 Specialist

Emergency Room Copay: \$75

Routine Eye Exam: \$10 (1 every 2 years)

Prescription Drug Copay at a retail pharmacy per 30 day fill: Generic: \$15, Preferred Brand \$20, Non-preferred Brand \$35

Mail Order available per 90 day fill:

Generic: \$30, Preferred Brand \$40, NPB \$70

Please see your Employee HPI Health Benefit Booklet for more details.

CONTRIBUTIONS PER PAY PERIOD (24)

Hours per week:	<u>40*</u>	<u>25 <40</u>	<u>20 < 25</u>
Employee:	\$ 0.00	\$ 74.50	\$148.99
EE & Spouse:	\$375.23	\$449.73	\$524.22
EE & Child(ren):	\$231.76	\$306.26	\$380.75
Family:	\$522.38	\$596.88	\$671.37

Note: Domestic Partner contributions are deducted on a post-tax basis.

***If you were hired prior to 12/17/2008 and working at least 32 hours per week, these rates will apply.**

Networks: Harvard Pilgrim Network in New England; secondary would be MedNet in Maine; outside of New England, CCN.

DENTAL

Carrier: Ameritas Group#: 10-29828

Deductible: Individual: \$ 50.00

Family: \$150.00

Calendar Year Benefit Maximum: \$1,000

Lifetime Maximum for Orthodontia: \$1,000

Preventive: 100%

Waiting Period **late entrant:** 12 months, except for cleanings, exams, fluoride

Basic: 80/90/100%

Waiting Period **late entrant:** 12 months

Major: 50%

Waiting Period **late entrant:** 12 months

Orthodontia (child only): 50%

Waiting Period **late entrant:** 12 months

INCLUDES REWARDS PROGRAM

CONTRIBUTIONS PER PAY PERIOD (24)

Hours per week:	<u>40*</u>	<u>25 < 40</u>	<u>20 < 25</u>
Employee:	\$ 0.00	\$ 4.78	\$9.56
EE & 1 Dep:	\$18.48	\$23.19	\$27.97
Family:	\$45.66	\$ 50.32	\$55.10

Note: Domestic Partner contributions are deducted on a post-tax basis.

***If you were hired prior to 12/17/2008, and working at least 32 hours per week, these rates will apply.**

SECTION 125 FLEXIBLE SPENDING ACCTS available to eligible Full-Time and Part-Time Employees

Health:

Maximum Annual Contribution: \$2,000

Minimum Annual Contribution: \$ 240

Note: Most over the counter medicines are reimbursable.

Dependent Care:

Maximum Annual Contribution -

Single Parent: \$5,000

Married filing jointly: \$5,000

Note: Reimbursements will be through HPI

CORE LIFE and AD&D

Carrier: Unum

Group#: 134629

This benefit is available to all employees who work at least 20 hours each week and is paid 100% by CDS.

Benefit is 1x annual earnings to the next higher \$1,000. Maximum benefit is \$50,000

Plan Features

- ~ 24 AD&D coverage
- ~ Special AD&D benefit for Seat Belt and Air Bag
- ~ Accelerated Benefit -100% to \$250,000 max
- ~ Waiver of Premium
- ~ Emergency Travel Assistance
- ~ Portability and Conversion

LIFESTYLE

LIFE and AD&D

Carrier: Unum

Group#: 135739

This benefit is available to all employees who work at least 20 hours each week and is paid 100% by the employee. May be purchased in increments of \$10,000 to a maximum of the lesser of \$500,000 or 5x annual earnings. Maximum Guaranteed Issue amount is \$150,000 when first eligible. For amounts exceeding \$150,000 you will need to show Proof of Good Health.

Plan Features:

- ~ 24 hr AD&D coverage for employees
- ~ Accelerated Benefit
- ~ Waiver of Premium
- ~ Conversion and Portability

DEPENDENT LIFE

Carrier: Unum

Group#: 135739

100% Employee paid. Spouse coverage may be purchased in increments of \$5,000 to a maximum of the lesser of 100% of the Employee amount or \$500,000; guarantee issue is \$50,000. Spouse coverage terminates at age 70.

Child(ren) amounts in increments of \$2,000 to max of \$10,000 (to age 19, or 23 if full-time student). The cost is \$0.12 per \$2,000 of coverage.

LONG-TERM DISABILITY:

Carrier: Unum

Group#: 134629

This benefit is available to all employees who work at least 20 hours each week. It is an optional benefit and is paid 100% by the individual employee.

Benefit pays 60% of Pre-Disability Earnings to a maximum of \$5,000 per month.

Benefits begin after a 90 day elimination period.

Definition of Total Disability : First 2 years: unable to perform the duties of one's own occupation and not working. Thereafter to age 65: unable to perform the duties of any occupation.

Employee Assistance Program Included

Integration offset: Full Family

Limitations: Mental Health and Self-reported Illnesses - 2 years; Alcohol and Drug - None

Pre-Existing Limitation: 3/12

The cost is \$0.25 per \$100 of monthly earnings (per pay period).

This is a Non-Taxable Benefit paid with After Tax dollars.



NOTE: Proof of Good Health may be required for Supp Life and LTD if previously refused.

Employee Life and AD&D Rates Per Pay Period (24)-Guarantee Issue is \$150,000

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
to 24	\$0.32	\$0.63	\$0.95	\$1.26	\$1.58
25 - 29	\$0.37	\$0.73	\$1.10	\$1.46	\$1.83
30 - 34	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08
35 - 39	\$0.47	\$0.93	\$1.40	\$1.86	\$2.33
40 - 44	\$0.52	\$1.03	\$1.55	\$2.06	\$2.58
45 - 49	\$0.67	\$1.33	\$2.00	\$2.66	\$3.33
50 - 54	\$1.02	\$2.03	\$3.05	\$4.06	\$5.08
55 - 59	\$1.77	\$3.53	\$5.30	\$7.06	\$8.83
60 - 64	\$2.82	\$5.23	\$7.85	\$10.46	\$13.08
65 - 69	\$4.92	\$9.83	\$14.75	\$19.66	\$24.58
70 - 74	\$7.92	\$15.83	\$23.75	\$31.66	\$39.58

Age	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
to 24	\$1.89	\$2.21	\$2.52	\$2.84	\$3.15
25 - 29	\$2.19	\$2.56	\$2.92	\$3.29	\$3.65
30 - 34	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
35 - 39	\$2.79	\$3.26	\$3.72	\$4.19	\$4.65
40 - 44	\$3.09	\$3.61	\$4.12	\$4.64	\$5.15
45 - 49	\$3.99	\$4.66	\$5.32	\$5.99	\$6.65
50 - 54	\$6.09	\$7.11	\$8.12	\$9.14	\$10.15
55 - 59	\$10.59	\$12.36	\$14.12	\$15.89	\$17.65
60 - 64	\$15.69	\$18.31	\$20.92	\$23.54	\$26.15
65 - 69	\$29.49	\$34.41	\$39.32	\$44.24	\$49.15
70 - 74	\$47.49	\$55.41	\$63.32	\$71.24	\$79.15

Spouse Life Rates Per Pay Period (24)

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	Guarantee Issue
to 24	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00	
25 - 29	\$0.13	\$0.25	\$0.38	\$0.50	\$0.63	\$0.75	\$0.88	\$1.00	\$1.13	\$1.25	
30 - 34	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50	
35 - 39	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75	
40 - 44	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00	
45 - 49	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75	
50 - 54	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50	
55 - 59	\$0.83	\$1.65	\$2.48	\$3.30	\$4.13	\$4.95	\$5.78	\$6.60	\$7.43	\$8.25	
60 - 64	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50	
65 - 69	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00	

Spouse benefit terminates at age 70