

### Employee Eligibility

First of the month following 90 day probationary period.

### Plan terminations

Upon an Employee's termination of employment (voluntary or involuntary) or other qualifying event (reduction in work hours, divorce, separation, death, loss of dependent child status), all insurance coverages will be terminated on:

**Last day of the Month of the date of the qualifying event or termination.**

### Cobra Benefits

COBRA benefits are available for those Employees who are enrolled in the program PRIOR to the date of the Employee's qualifying event. Notifications will be administered in accordance with Federal Rules & Regulations.

Employee Benefits Broker

### **Garry L. Johnson & Associates**

3850 E. Baseline Rd. Ste 121  
Mesa, AZ 85206  
(480) 892-8826 phone  
(480) 892-0927 fax  
outside of local area  
1-800-892-8826

### Helpful contacts

#### Garry L. Johnson & Associates

Eric Johnson	Agent
Steve Fort	Outside Service Rep
Samantha Nelson	In-Office Service Rep
Online Help	<a href="http://www.gljinsurance.com">www.gljinsurance.com</a>
User Name	Pinal Gila
Password	5207235321
<b>BCBS</b>	
Customer Service/Claims	1-800-232-2345
Online	<a href="http://www.azblue.com">www.azblue.com</a>
<b>MetLife</b>	
Customer Service/Claims	1-800-942-0854
Online	<a href="http://www.metlife.com">www.metlife.com</a>
<b>Avesis-Vision</b>	
Customer Service/Claims	1-800-828-9341
Online	<a href="http://www.avesis.com">www.avesis.com</a>
<b>Aflac</b>	
Cory Echols	602-316-0321
David Hatch (In Office Rep)	480-892-8826
<b>John Hancock</b>	
Customer Service	1-800-395-1113
Online	<a href="http://www.jhpensions.com">www.jhpensions.com</a>
<b>Hartford</b>	
Customer Service	1-800-243-5860
Online	<a href="http://www.hartford.com">www.hartford.com</a>



**Garry L. Johnson**  
& Associates, Inc.  
FINANCIAL SERVICES & EMPLOYEE BENEFITS



### Employee Benefits

For plan year

September 1, 2008  
to  
August 31, 2009

Medical, Dental,  
Life, Vision, 401K and  
Supplemental Benefits

For Online Benefits and Help Go To:

[www.gljinsurance.com](http://www.gljinsurance.com)

Username: Pinal Gila Password: 5207235321

### Medical Benefits

#### BCBS (PPO)

Plan Features	In Network	Out of Network
<b>Deductible</b>		
Per Person	\$250	\$500
Family	\$500	\$1,000
Coinsurance	10%	50%
Primary Dr. Visits	\$15	Ded + 50%
Preventive Care	\$15	n/a
Lab	Ded + 10%*	Ded + 50%
Xray/CT/MRI/Ultra	Ded + 10%	Ded + 50%
Inpatient Hospital	Ded + 10%	Ded + 50%
Outpatient Hospital	Ded + 10%	Ded + 50%
Prescriptions	\$10/\$25/\$40	\$10/\$25/\$40**
Emergency Room	\$150 + Ded + 10%	
Ambulance	20%	
Urgent Care	\$50	Ded + 50%
Out of Pocket Max		
Individual	\$2,500	\$4,000
Family	\$5,000	\$8,000
<b>Cost You Pay Per Pay Period</b>		
Employee	\$1.00 (one time amount)	
Family	\$391.96	

\*Freestanding Facility.

\*\*Plus difference between allowed & billed amount.

### Life Benefits

#### MetLife

Employee Life and AD&D
\$50,000

### Supplemental Benefits

Aflac

Group #G1352

Short Term Disability, Accident Insurance, Term Life, Cancer Policy, Intensive Care, and Personal Sickness

### Medical Benefits

#### BCBS (HSA)

Plan Features	In Network	Out of Network
<b>Deductible</b>		
Per Person	\$2,200	\$4,400
Family	\$4,400	\$8,800
Coinsurance	0%	50%
Primary Dr. Visits	Ded	Ded + 50%
Preventive Care	\$0	50%***
Lab	Ded	Ded + 50%
Xray/CT/MRI/Ultra	Ded	Ded + 50%
Inpatient Hospital	Ded	Ded + 50%
Outpatient Hospital	Ded	Ded + 50%
Prescriptions	Ded	Ded + 50%
Emergency Room	\$150 + Ded	
Ambulance	Ded + 20%	
Urgent Care	Ded	Ded + 50%
Out of Pocket Max	<i>Deductible is Embedded</i>	
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
<b>Cost You Pay Per Pay Period</b>		
Employee	\$1.00 (one time amount)	
Family	\$292.25	

\*\*\*Mammogram only.

### 401K Plan Benefits

#### John Hancock

PGCCS will match .50 cents on the dollar up to the first 4% of your salary.

#### Vesting Schedule

Years	You Retain % of PGCCS Contr.
<2	0%
>2	20%
3	40%
4	60%
5	80%
6	100%

### Dental Benefits

#### Metlife

Plan Features	In Network
Calendar Year Ded	\$50
Family Ded	\$150
Calendar Year Max	\$1,000
<b>Coinsurance</b>	
Preventive	100%
Basic	80%
Major	50%
<b>Cost You Pay Per Pay Period</b>	
Employee	\$3.33
Family	\$17.37

### Vision Benefits

#### Avesis

Group #10790-145

Plan Features	In Network	Out of Network
Vision Exam	\$10	\$35 Reimburs.
Single Lenses	No Charge	\$25 Reimburs.
Bifocal Lenses	No Charge	\$40 Reimburs.
Trifocal Lenses	No Charge	\$50 Reimburs.
Lenticular Lenses	No Charge	\$80 Reimburs.
Frame	\$10 w/Allow.	\$45 Reimburs.
Elective Contact Lenses	\$130 Allowance	\$130 Reimbursement
<b>Cost You Pay Per Pay Period</b>		
Employee	\$0.00	
Family	\$6.78	

**Disclaimer** - These benefit descriptions are only outline of coverage. Please refer to your Coverage Booklet for specific benefits, limitations, exclusions, and requirements.