

For Those Covered by All HPEC Board Sponsored Benefits
Benefits as of October 1, 2010 to October 1, 2011

The High Plains Educational Cooperative Board of Directors is pleased to provide the benefits summarized herein. These benefits consist of Group Term Life, Accidental Death and Dismemberment Insurance, Short Term Disability, Medical and Dental and Combined Prescription Drug and Vision Coverage. Eligible employees and waiting periods are as defined in each of the separate Plan Documents. Dependents may also be included as determined by the documents. Generally, dependents coverage is available to your dependent spouse and children until age 26. The Board currently pays the entire cost of the employee coverage. Dependent Medical and Dental is contributory. If you enroll dependents for medical, the cost is \$477.00 per month, from \$434.00. Dependent Dental coverage will be \$39.00, from \$35.25. Wise usage of the benefits has meant no adjustment in contributions since October 1, 2006.

Should you have a question regarding eligibility you may wish to contact the HPEC Treasurer. Claim forms for each plan are available in the Treasurer's office. The medical/dental claim form is also available at: <http://www.highplainsed.com/pdfs/HPECMedicalClaimForm.pdf> If you have a question regarding benefits you should refer to the respective plan document. Should you have input or comments regarding the benefit plans you should contact a member of the Benefits Committee which recommends changes to the Board of Directors.

Group Term Life Insurance Principal Sum is \$10,000
Accidental Death and Dismemberment Principal Sum is \$10,000

The group term life will pay a covered person's beneficiary the full amount of benefit (\$10,000) for death due to any cause. The Accidental Death and Dismemberment pays your beneficiary in the event of accidental death or you in the event of dismemberment (see how this is covered in your certificate). The coverage is currently fully insured by The Lincoln National Life Insurance Company. This benefit is for defined employees only.

Short Term Disability Coverage Description follows
The benefit is 60% of the contracted weekly pay rate subject to the individual maximum of \$650 per week. Once you are covered, benefits are immediate for disability due to accident and on the eighth consecutive day due to a sickness. The maximum benefit period is twenty-six weeks for any period of disability. The Board of Directors has imposed a maximum aggregate benefit of \$30,000. This means the total to be paid to all employees cannot exceed \$30,000 per year. This benefit is fully self-funded and administered. This benefit is for defined employees only.

Combined Prescription Drug and Vision Care Plan Description follows
This plan reimburses up to 90% of your expense for covered prescription drugs for you and members of your family. It also reimburses you for up to 90% of usual, customary and reasonable expenses for a vision examination and also 90% for corrective eyeglasses or contact lenses. The plan is subject to a \$800 Maximum Annual Benefit per covered employee. Participation in this plan is contingent on enrollment in the Group Medical Coverage. The plan is funded by excess reserves from the Group Medical Plan and not reinsured. A reimbursement discount prescription drug benefit is incorporated on the ID card through an arrangement with LDI integrated pharmacy services. The plan is administered by EBMS of Billings, Montana.

Group Medical Coverage

Description follows

Plan	PPO - Preferred Provider Plan (using listed ProviDRs Care Network providers)	Non - PPO
Deductible per Year:		
Single	You pay 1 st \$400	You pay 1 st \$800
Family	You pay 1 st \$800	You pay 1 st \$1,600
Deductible Exception: Up to \$300 payable for 2 nd or 3 rd surgical opinion		
Your payments per Year AFTER the Deductible:		
Single	You pay 30% of next \$4,000 (up to \$1,200)	You pay 60% of next \$4,000 (up to \$2,400)
Family	You pay 30% of next \$8,000 (up to \$2,400)	You pay 60% of next \$8,000 (up to \$4,800)
The amounts you pay for PPO and Non-PPO services accumulate together with each amount counting toward the other maximum payment. This accumulation feature applies to both the Deductible and Coinsurance levels.		
Normal Plan payments:		
Single	Plan pays 70% of next \$4,000; then pays 100% for remainder of calendar year.	Plan pays 40% of next \$4,000 Then pays 100% for remainder of calendar year.
Family	Plan pays 70% of next \$8,000 Then pays 100% for remainder of calendar year.	Plan pays 40% of next \$8,000 Then pays 100% for remainder of calendar year.
Maximum Benefits: Scheduled maximum benefit is unlimited per covered person for all covered items and eligible expenses while covered under this plan. However, limit for some benefits to a maximum number of days may be applicable as contained within the plan document and any amendments.		
NOTE: Special Provisions apply to Mental/Nervous disorders and Alcohol/Substance Abuse treatments. Please see your medical plan document dated October 1, 2005, pages 4, 24 and 25 and any further amendments thereto for details regarding benefit maximums. It is important to remember that High Plains has exercised the right to opt out of the federal regulation regarding mental health benefits.		

Important note regarding PPO plan payments: The payments that ProviDRs Care Network has negotiated with preferred providers are substantially less than would otherwise be payable. For instance, if the whole charge would ordinarily be \$10,000, it is possible that the negotiated payment would only be \$6,000. Because of deductibles and copayment differentials, the PPO plan would require your payment to be \$1,600. (\$400 deductible and \$4,000 at 30% - plan pays \$4,400). The non PPO plan would require you to pay \$3,200 (\$800 in deductible and \$4,000 at 60% - the plan pays \$6,800). This means that if you are able to use the PPO vendor in this example **your savings would be \$1,600 in this example.** Further, if you are using a PPO provider all claims should be filed by that provider and you should not pay or be charged any amount exceeding the reasonable levels.

The above medical benefits are partially self funded and are available to only eligible employees and their participating dependents. The claims are administered by EBMS of Billings, Montana.

Dental Coverage

Description follows

Deductible	
Single	\$25
Family	Three individual deductibles
Deductible Exception	Deductible does not apply to Class I (Preventive) benefits (see booklet)
Class I Payments	Plan pays all
Class II Payments	You pay 15% / Plan pays 85%
Class III Payments	You pay 50% / Plan pays 50%
Maximum Benefits	\$1,500 per calendar year per person TMJ limited to \$1,000 Lifetime

Examples of Dental "Classes"

Class I - Preventive

Oral exams; panoramic x-rays; other x-rays; dental prophylaxis; flouride treatments and sealants.

Class II - Basic

Stainless steel crowns; scaling and root planing; gingivectomy; periodontal appliances; root canal therapy; periodontal prophylaxis; re-cement crowns, bridges and inlays; amalgam restorations; pin retention restorations; plastic and silicate restorations.

Class III - Major

Gold and porcelain restorations; crown build ups; full dentures; partial dentures; repairs to dentures, bridges, crowns and inlays; denture adjustments and fixed bridges.

Class IV - Orthodontia is not covered.

This is only a partial list and many conditions are applicable to receiving benefits. It is highly recommended that you ask your dentist to presubmit any procedures which are going to exceed \$300 so that you will know in advance how much will be covered.

The Dental Benefits are fully self funded by the High Plains Educational Cooperative and are available to defined employees and participating dependents. EBMS of Billings, Montana is the claims administrator.

Except as noted otherwise in your plan documents for the medical and dental plans, claim charges which exceed "reasonable" levels will not be covered. This summary is necessarily brief. All benefits and provisions are as determined within each respective plan document and amendments thereto.