Eligibility: 1st of the month after 30 days of service for those who average 30 or more hours worked per week

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| **Medical****BC/BS Anthem**  | * Two plan options: 1) Point-of-Service (POS) – within WI and 2) Preferred Provider Organization (PPO) for those outside of WI.
* $20 primary office visit / $60 specialist.
* Deductible: $500 Single/$1000 Family
* Out-of-Pocket max: $3,000/$6,000
* Emergency room $500 (waiver provision); Urgent Care $100.
* Prescript Drug: Tier1 = $10 copay/Tier2 = $50 copay/Tier3 = $80 copay/Tier4 = $400.
* Continental contributes 81% of the premium (EE) and 66% (EE+).
* Premiums can be deducted from employee paychecks pre-tax.
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| **Dental****Delta Dental** | * Deductible: $25 single/$75 family (in-network); $50 single/$150 family (out-of-network)
* In-network (PPO): preventative paid at 100%; basic/major service at 80%/50% with annual maximum at $1,500; orthodontic at 70% with a $1,500 lifetime maximum.
* Out-of-Network (Premier): preventative paid at 80%; basic/major service at 50%/40% with annual maximum at $1,000; orthodontic at 50% with $1,000 lifetime maximum.
* This is a voluntary plan and employees pay 100% of the premium. Premiums can be deducted from employee’s paychecks pre-tax.
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| **Vision****Superior** | * Vision PPO network.
* $10 annual co-pay (exam); $10 annual co-pay (materials); $30 annual co-pay (contacts); $150 annual (frames/contacts) allowance.
* Discounts offered for out-of-network coverage.
* This is a voluntary plan and employees pay 100% of the premium. Premiums can be deducted from employee’s paychecks pre-tax.
 |
| **Basic Life / AD&D****Mutual of Omaha** | * Continental provides $50,000 of employee base life coverage; $5,000 for spouse; and $2,500 for each child.
* Accidental death and dismemberment benefit will pay survivor an additional amount upon death if applicable.
* Benefit premium is paid in full by Continental.
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| **Short-Term Disability** **Mutual of Omaha** | * Coverage at 60% of base weekly rate (up to $1,000 per week) for up to 12 weeks following 7-day elimination period.
* Benefit premium is paid in full by Continental.
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| **Long-Term Disability** **Mutual of Omaha** | * This benefit takes effect after 12 weeks of short-term disability. Coverage at 60% of your base pre-disability monthly compensation.
* Benefit premium is paid in full by Continental.
* The premium for this benefit is waived while you are receiving benefits.
 |
| **Flexible Spending****iSolved Benefits** | Employees may deduct a portion of their pay on a pre-tax basis for payment of medical/dental/vision and other IRS eligible expenses not covered by insurance, as well as dependent care expenses. The annual maximum amount the IRS has designated that can be set aside for the medical flex benefit is $3,300 and the annual maximum amount for dependent care benefit is $5,000 ($2,500 if married and filing separately). CPC also provides a $660 carryover feature. |
| **Voluntary Benefits****Mutual of Omaha** | Employees may purchase additional benefits through payroll deduction. The voluntary benefit choices include supplemental life insurance for employee (up to $150,000 guaranteed coverage), spouse and children, hospital indemnity, accident coverage, and critical illness coverage. See the individual summaries for detailed coverage information. |
| **Pet Insurance****Nationwide** | This voluntary benefit is a reimbursement indemnity plan (Nationwide reimburses for a portion of eligible veterinary expenses related to accidents, injuries of illnesses). * Deductible levels: $250 / $500 / $1,000 Maximum annual benefit: $7,500
* Reimbursement levels: $50% / 70% / 80%
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| **401K****Transamerica**[**www.transamerica.com**](http://www.transamerica.com) | Employees may contribute to the plan with either/or a pre-tax 401k or after-tax Roth 401k option. Employees may contribute on a tax-deferred basis the amount subject to IRS total dollar maximums. The company offers immediate vesting on all matching funds and earnings. The current match is 100% on the first 4% combined for both 401k and Roth 401k contributions. Employees can immediately rollover any eligible retirement funds into CPC’s plan. A 4% auto-enrollment feature is in place.  |
| **PTO** | Regular employees (who work at least an average of 20 hours per week) are eligible for PTO based on the years of continuous service, as follows:

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| --- | --- | --- |
| **Years of Credited Service** | **Tier** | **PTO Hours Per Year** |
| Less than 3 years3 through 6 years7 through 10 years11 through 18 years 19 years or more | 12345 | 104 hours128 hours160 hours192 hours224 hours |

* PTO begins accruing on the first hour of work.
 |
| **Holidays** | Nine paid holidays in the calendar year. They are: New Year’s Day / Memorial Day / Independence Day / Labor Day / Thanksgiving Day / Day after Thanksgiving / Christmas Eve Day / Christmas Day / New Year’s Eve Day |
| **Profit Sharing Plan** | This benefit allows the potential for a discretionary contribution to be made annually. Employees become eligible after their first year from date of hire and are subject to a 6-year vesting schedule.  |
| **Employee Assistance Program (EAP)** **Mutual of Omaha** | * Network of licensed counselors; accessible 24 hours a day and 7 days a week.
* Assistance with marital and relationship issues, child, and elder care issues, financial, workplace issues; pre-retirement issues; legal and identity theft, stress, depression and anxiety, health and wellness and other life events.
* Benefit is strictly CONFIDENTIAL and provided in full by CPC.
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| **Other Benefits** | * Company functions and activities throughout the year
* $600 employee referral program
* 8 paid hours (annually) for voluntary community service
* $20 per week Maintenance tool allowance program
* Financial planning services through Alera Investment Advisors (CPC Paid)
* Hearing Discount Program (Mutual of Omaha)
* Travel Assistance (Mutual of Omaha)
* Will Preparation Services (Mutual of Omaha)
* Safety footwear and eyewear reimbursement
* Service recognition program
* Payment for required continuing education credits to maintain certifications
* Payment for approved professional memberships, subscriptions, or activity fees
 |

**\* This is not a complete description of benefits, exclusions, or limitations; benefit documents dictate levels of coverages, etc.**