

**Exhibit 1**

**City of Des Moines Health plan  
CIPEC**

<b>Benefit</b>	<b>2012 Option 1 CIPEC</b>	<b>2012 Option 2 CIPEC</b>
<b>Annual Deductible</b>		
Individual	\$250	\$500
Family	\$500	\$1,000
<b>Coinsurance</b>	Level 1 & 2 10% Level 3 30%	Level 1 & 2 10% Level 3 30%
<b>Annual Out-of-Pocket</b>		
Individual	\$750	\$1,000
Family	\$1,500	\$2,000
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited
<b>Covered Services</b>		
<b>Office Visit Services</b>	Level 1 & 2 \$10	Level 1 & 2 \$25
<b>Preventive Office Services</b>	Level 1 & 2 \$10	Copay waived (except routine vision exams)
<b>Eye Exams-One per benefit period</b>	Office level 2 Copay \$10	Office Level 2 Copay \$25
<b>Inpatient Physician Services</b>	Coinsurance after deductible	Coinsurance after deductible
<b>Inpatient Hospital Services</b>	Covered at 100%	Covered at 100%
<b>Outpatient Hospital Charges</b>	Coinsurance after deductible	Coinsurance after deductible
<b>Outpatient Physician Services</b>	Coinsurance after deductible	Coinsurance after deductible
<b>Emergency Room</b>	\$50 Copay	\$50 Copay
<b>Skilled Nursing (limited to 90 days per benefit Period)</b>	Coinsurance after deductible	Coinsurance after deductible
<b>Hospice Care (limited to 15 days inpatient/15 days outpatient)</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Morbid Obesity (surgical and non surgical)</b>	Coinsurance after deductible	Coinsurance after deductible
<b>Inpatient Mental health &amp; Substance Abuse</b>	Covered 100%	Covered 100%
<b>Outpatient Mental health &amp; Substance Abuse</b>	Coinsurance after deductible	Coinsurance after deductible
<b>Office Mental Health &amp; Substance Abuse</b>	\$10 Copay	\$25 Copay
<b>Prescription Drugs</b>	\$5/\$15	\$5/\$25/\$50

**DENTAL EXPENSE COVERAGE**

	<b>Deductible</b>	<b>Benefit Percent</b>
Routine Oral Examinations	\$0	100%
Restorative Oral Surgery & Prosthetics	\$25	80%
Major Oral Surgery & Prosthetics	\$25	50%
Orthodontia	\$25	50%
Calendar year maximum benefit	\$1000	