



SAMPLE COMPANY

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Welcome

Sample Company takes pride in offering a comprehensive and competitive benefits package to its employees. Sample Company, through all of its employee benefits partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best suited for you and your family.

It is important that you take the time to review all of the plan options available to you. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year; open enrollment medical and dental benefit choices are binding through June 30th of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

- **Marriage**
- **Birth & Adoption**
- **Divorce**
- **Loss of spouse's job where coverage is maintained through a spouse's plan**
- **Death of spouse or dependent**
- **Loss of dependent status**

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Human Resources Department within 30 days of the event to avoid a lapse in coverage. All other changes are deferred to open enrollment.



BENEFIT QUESTIONS? CALL THE EMPLOYEE BENEFITS CENTER – 800-332-5465



PLAN OVERVIEW

Medical Benefits

Your medical options are designed to provide you and your family with access to quality, affordable health care. In the tri-state area,

three plan options are available through Independence Blue Cross—the Keystone HMO Plan, the Keystone POS Direct Plan and the IBC Personal Choice PPO Plan. All of your medical options cover a broad range of health care services and supplies, including prescriptions, office visits and hospitalization. The plans differ when it comes to how they share costs with you and how they provide access to care. Please refer to the summary below for specific details on each medical plan option.

Employees living outside the Tri-State area must enroll only in the Personal Choice Plan. Through the National Blue Card PPO program, you can access in-network doctors, specialists and hospitals. You can find a participating provider by going to ibx.com.

- Click on “Find a Provider”
- Search under the National Blue Card PPO
- Follow the instructions for finding a provider

Employees who choose to waive medical coverage will receive an additional \$70.00 in their bi-weekly pay (equals \$1,820 per year). In order to receive this credit employees must submit proof of alternative coverage to Sample Company's Human Resource Department. This amount is subject to change at Sample Company's discretion.

Sample Company's considers employees their most valuable asset and it is for this reason that employees are automatically enrolled in the Employee Assistance Program (EAP). The EAP helps employees resolve personal issues (financial/legal assistance, work/family issues, substance abuse, etc.) that affect their life and job performance by providing free, confidential assistance.

If you need EAP assistance, you may contact Health Management Systems of America (HMSA) at

800-767-5320 or on the web at www.my-life-resource.com

Benefit Description	KEYSTONE HMO Flex Series C2-F1	KEYSTONE POS DIRECT* Flex Series C1-F1-01		IBC Personal Choice 10 – PPO	
	In Network Only	In Network	Out-of-Network	In Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	\$1 million	Unlimited	\$1 million
Annual Deductible					
Individual	None	None	\$500	None	\$250
Family	None	None	\$1,500	None	\$500
Out of Pocket Maximum					
Individual	\$1,000	\$1,000	\$3,000	None	\$1,000
Family	\$2,000	\$2,000	\$9,000	None	\$2,000
Coinsurance	100%	100%	70%	100%	80%
Primary Care Office Visit					
Office Visit	\$15 copay	\$10 copay	70% after deductible	\$10 copay	80% after deductible
Specialty Care	\$30 copay	\$20 copay	70% after deductible	\$10 copay	80% after deductible
Emergency Room	\$100 copay (ER copay not waived if admitted)	\$100 copay (ER copay not waived if admitted)	\$100 copay (ER copay not waived if admitted)	\$25 copay (ER copay waived if admitted)	\$25 copay (ER copay waived if admitted)
Laboratory Services	100%	100%	70% after deductible	100%	80% after deductible
X-Ray Services					
Routine Radiology/Diagnostic	\$30 copay	\$20 copay	70% after deductible	100%	80% after deductible
MRI-MRA-CT Scans-PET Scans	\$60 copay	\$40 copay	70% after deductible	100%	80% after deductible
Hospitalization	100%	100%	70% after deductible	100%	80% after deductible
Inpatient Hospital Days	Unlimited	Unlimited	70 days	365 days	70 days
Outpatient Surgery	100%	100%	70% after deductible	100%	80% after deductible
Routine STD Exam	\$15 copay	\$10 copay	70% after deductible	100%	80% after deductible
Routine Mammography	100%	100%	70% after deductible	100%	80% after deductible
Maternity Services					
First OB Visit	\$15 copay	\$10 copay	70% after deductible	\$10 copay	80% after deductible
Hospital	100%	100%	70% after deductible	100%	80% after deductible
Prescription Drug <i>(includes oral contraceptives)</i>					
Generic-Formulary	\$10 copay	\$10 copay	Prescription Drug Coverage is an In-Network Benefit Only	\$10 copay	Prescription Drug Coverage is an In-Network Benefit Only
Generic-Non-Formulary	\$35 copay	\$35 copay			
Brand-Formulary	\$20 copay	\$20 copay			
Brand-Non-Formulary	\$35 copay	\$35 copay			
Durable Medical Equipment	70%	70%	50% after deductible; \$2,500 Max benefit per year	100%	80% after deductible

*You must select a primary care physician but can access most care in-network or out-of-network without a referral. Referrals are required for x-rays, laboratory, podiatry, spinal manipulations and physical/occupational therapy.
** Should there be a discrepancies between the above summary and the actual plan contract(s), the Plan contract(s) supercedes this summary.

SAMPLE COMPANY

Dental Benefits

Good Dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. The Met Life PPO Dental Plan provides affordable coverage based on the type of services obtained – Preventive, Basic or Major – whether or not you obtain services from a network or non-network provider.

Under this plan, you may obtain covered services from any dentist. However, if a non-network provider is used, reimbursement is based on usual, customary and reasonable (UCR) charges.

Employees who use dentists or dental specialists that are part of the MetLife Provider Network will see reduced or eliminated out-of-pocket expenses. A complete provider directory can be accessed online at www.metlife.com

Met Life Dental Plan		
Benefit Description	In-Network	Out-of-Network
Deductible <i>(waived for Preventative Care)</i>		
Single	\$50	\$50
Family	\$150	\$150
Preventive Services Oral Exams, Full Mouth X-Rays, Fluoride Treatments, Lab Work & Tests, Teeth Cleaning, Periodontal Maintenance	100% of PDP Fee	100% of UCR Charges
Basic Services Fillings, Endodontics-Root Canal, Periodontics, Oral Surgery, General Anesthesia, Pulp Capping	100% of PDP Fee	80% of UCR Charges
Major Services Inlays & Onlays, Crowns, Dentures, Bridges	60% of PDP Fee	50% of UCR Charges
Annual Maximum	\$1,500 per year	\$1,000 per year

Vision Benefits

Vision coverage is provided by VSP, the nation's leading vision service provider. Participating (in-network) providers can be located online at www.vsp.com or by calling 1-800-877-7195.

VSP Vision Plan		
Benefit Description	In-Network	Out-of-Network
Service Intervals		
Exam	Every 12 Months	Every 12 Months
Lenses	Every 12 Months	Every 12 Months
Frames	Every 12 Months	Every 12 Months
Contact Lenses <i>(in lieu of lenses & frames)</i>	Every 12 Months	Every 12 Months
Eye Exam	\$10 copay	Up to \$45
Lenses (per pair)		
Single	\$25 copay	Up to \$45
Bifocal	\$25 copay	Up to \$65
Trifocal	\$25 copay	Up to \$85
Frames	Covered up to Plan Allowance of \$120 after \$25 copay	Up to \$47
Elective Contact Lenses <i>(in lieu of lenses & frames)</i>	Up to \$120 – No copay	Up to \$105

Basic Life and Accidental Death & Dismemberment Insurance

Eligible employees receive Basic Life Insurance in an amount that equals your annual base salary to a maximum of \$250,000 and a minimum of \$50,000. Accidental Death and Dismemberment Insurance pays a benefit that varies with the type of loss or accident. These benefits are paid for by Sample Company and provided by

Reliance Standard Life Insurance Company.



Voluntary Group Term Life Insurance

In addition, eligible employees may purchase (in \$10,000 increments) Voluntary Group Term Life insurance coverage in amounts up to a maximum of \$500,000. Rates are based on your age. Please refer to the cost chart below. There is a minimum guarantee issue amount of \$50,000 under the age of 60 if you apply when you are first eligible.

Spouse Life Insurance

Coverage for your spouse may be purchased (in \$10,000 increments) to a maximum of \$500,000. Rates are based on your

Reliance Standard Insurance Company		
Age	Rates Per \$10,000 Per Month	
	Employee	Spouse
<30	\$0.81	\$0.81
30-34	\$0.73	\$0.73
35-39	\$0.99	\$0.99
40-44	\$1.58	\$1.58
45-49	\$2.59	\$2.59
50-54	\$4.08	\$4.08
55-59	\$6.99	\$6.99
60-64	\$8.74	\$8.74
65-69	\$13.40	\$13.40
70+	\$26.50	\$26.50

spouses's age. Please refer to the cost chart below. There is a minimum guarantee amount of \$10,000 under the age of 60.

Dependent Child(ren) Life Insurance

Coverage for your unmarried, dependent child(ren) age 6 months to 20 years (26 if full-time student) can be purchased in amounts of \$2,500, \$5,000, \$7,500 and \$10,000. The cost for this coverage is the same regardless of the number of children being covered.

Disability

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. Sample Company provides Short-Term and Long-Term Disability Benefits to all eligible employees at no cost to the employee.

Short-Term Disability

Your Short-Term Disability benefit equals 66 2/3% of your weekly base earnings to a maximum benefit of \$2,500 per week. This benefit takes effect on the 8th day of absence due to accident, illness or injury. The benefit duration is 12 weeks.

Long-Term Disability

Your Long-Term Disability benefit equals 60% of your monthly base earnings to a maximum benefit of \$10,000 per month. This benefit takes effect when your Short-Term Disability coverage ends- after 90 days of continuous disability. The benefit duration while disabled is to age 65.

FSA (Flexible Spending Accounts)

Sample Company allows you to defer a portion of your pay through payroll deduction into Flexible Spending Accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before Federal and Social Security taxes are calculated. Because you do not pay income taxes on the money that goes into your FSA, you decrease your taxable income.

It is important that you estimate carefully. If you do not use all of the money in your accounts by the end of the plan year, Federal law requires you to forfeit any unused balances. You have up to six months after the plan year ends to submit qualified expenses for reimbursement incurred during the prior year.

Medical Flexible Spending Account

You may deposit up to **\$2,000** per plan year into your Medical Flexible Spending Account to cover you and your dependents for unreimbursed health care expenses that are not covered by insurance. Eligible expenses include, but are not limited to, deductibles, copayments and coinsurance payments, over-the-counter drug costs, routine physicals, uninsured dental expenses, vision care expenses and hearing expenses.

Dependent Care Flexible Spending Account

You may deposit up to **\$5,000** per plan year into your Dependent Care Flexible Spending Account. Eligible expenses include payments to day care centers, preschool costs, after school care and elderly care.

Retirement Plan

Sample Company's 401(k) Plan is available to all eligible employees and provides one of the best methods available to save money for retirement. You may contribute up to 50% of your pay to a maximum of \$15,500 for 2007. If you are age 50 or older, you are entitled to contribute an additional "catch up" contribution amount of \$5,000 for 2007. 401(k) contribution limits are governed by the IRS and are subject to change.

Taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your taxable income.

Company Match

Sample Company will match \$.50 for every \$1.00 (up to 6% of your pay) that you contribute to this plan, subject to a maximum match per year.

If you need assistance or would like to customize your investments, contact at :www.netbenefits.com

Additional Benefits Provided

Paid Time Off & Holiday Pay

Sample Company provides Paid Time Off (PTO) for all regular full-time employees. PTO is based on a calendar year and is accrued each month based upon years of service. PTO can be used as vacation hours, sick hours, or personal time off. Eight holidays are observed each year.

Educational Assistance Program

Sample Company offers assistance towards the cost of tuition in an effort to promote educational goals. Classes must be directly related to the present job and approved by management. Maximum reimbursement is \$X,000 per employee per fiscal year.

Employee Referral Program

Employees who refer someone that is hired within 60 days by Sample Company are eligible for a payroll bonus.

Fitness Club Reimbursement

Sample Company will pay up to \$150 per year towards employee fitness club costs after the employee has paid at least \$150 in membership dues for that year. Employees can also receive additional fitness club reimbursement from Independence Blue Cross subject to insurance provisions.

Credit Union Membership

Employees have the option of joining an affiliated credit union.

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary.

If there is any discrepancy between the description of the programs as contained in the materials and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Neoware.

— EMPLOYEE SERVICE CENTER —

Sample Company's Employee Benefits Service Team:
Corporate Benefits Alliance, Inc.
1-800-332-5465

Call if you need assistance enrolling and/or any questions regarding the benefit plan options.