

ABC Company

2010 Benefits Guide

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Special Point of Interest

This guide highlights your benefits. It is not a summary plan description (SPD). Official plan and insurance documents actually govern your rights and benefits, including covered expenses, exclusions, and limitations, please refer to the individual SPD's. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Highlights

ABC Company offers a comprehensive benefits program to help better prepare you for planned and unplanned life events. As we enter into 2010, we are happy to announce that your medical program will continue to be administered by United HealthCare. We will now offer two medical plans with improved benefits. See page 2 for more details.

You will continue to have expanded options for dental coverage in 2010. You will have access to the DHMO plan offered by CompBenefits/Humana, plus a DPPO plan. See page 2 to explore the details of these plans.

ABC Company is also pleased to continue three voluntary benefits from Colonial Life. Disability insurance is designed to provide partial income replacement to employees who become disabled and are unable to work due to illness or injury. Accident coverage helps your family pay for out-of-pocket expenses when an accident happens. Colonial's specified critical illness insurance offers coverage for a variety of serious illnesses, such as heart attack and stroke. See the Colonial representative for more details.

Eligibility

All regular full-time employees working 30+ hours per week will be eligible for benefits the first of the month following 90 days of continuous employment.

You may also elect coverage for your dependents including:

- Your legal spouse
- Your unmarried children who are:
 - Less than 19 years old
 - 19 years old, but less than 25 years, and enrolled in school as a full-time student and primarily dependent upon the employee

Enrollment Procedures

1. Carefully review the plan information in this benefit guide and all other plan materials included in your enrollment packet. The insurance carriers' websites also provide important information and tools that can help you make enrollment decisions.
2. Consider the needs of any dependents you may have. If you are married, review any coverage currently offered through your spouse's employer to avoid costly duplicate coverage.
3. Meet with the Colonial enrollers on January 21-22 to ask any questions about the coverage's and enroll.
4. Make any necessary updates to your beneficiary on file.

Section 125 and Benefit Election Changes

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax-free dollars. However, you must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual open enrollment period unless you experience an IRS approved qualifying change in status.

Qualifying change in status events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of spouse or other dependent
- Birth or adoption of a child
- A spouse's employment begins or ends
- A dependent's eligibility status changes due to age, student status, marital status, or employment
- You or your spouse experience a change in work hours that affect benefit eligibility
- Relocation into or outside of your plan's service area

All changes due to a qualifying event must be made within 31 days of the family status change.

Making the Most of Your Medical Plan

Excellent resources are available online through United HealthCare to help you make the most of your benefit plan. See what you can do at www.myuhc.com:

- Complete the health assessment
- Find a new doctor
- Check the status of your claims
- Print a temporary ID card or request a new one
- Review your benefits coverage
- Manage your Personal Health Record



Mail Order RX

Save money for your maintenance medications by using mail order! A 90 day supply will be mailed to your home for less than the 3-month retail price. For example, a 90-day supply of a generic medication costs \$25 instead of \$30 and it arrives at your door.

Additional Benefits

Employer Paid Life Insurance

ABC Company provides a life and accidental death and dismemberment (AD&D) benefit at no cost to you.

Voluntary Benefits Will Continue to Be Offered in 2010

This year, you also have the option to purchase additional voluntary coverage's for Individual Short Term Disability, Critical Illness and Accident Insurance. Representatives from Colonial Life will be available to answer questions on these valuable benefits.

Dental Benefits

Two Options to Fit Your Needs From CompBenefits/Humana

The DHMO plan offers an in-network dental option with predictable costs. You pay set copays for all services and there are no plan deductibles or plan maximums.

The PPO plan includes coverage for both in and out of network coverage. If you choose a participating dentist, your cost will be lower. The DPPO also includes orthodontia coverage for dependents to age 18. Preventive Services are covered at 100%; all other services are subject to a \$50 annual deductible per person.

Medical Benefits At A Glance

United Healthcare

		EBB (HMO)	7AB (POS)
Doctor Office Visits:	In-Network	\$25 PCP/\$50 Specialist Copay	\$25 PCP/\$50 Specialist Copay
	Out-of-Network	No Coverage	40% after CYD
Rx Drugs	In-Network	\$10 G/\$35 B/ \$60/ NF/\$100 S	\$10 G/ \$35 B/\$60 NF/\$100 S
	Out-of-Network	No Coverage	No Coverage
	Mail Order Copay	\$25/\$87.50/\$150	\$25/\$87.50/\$150
Emergency Room:	In-Network	\$200 Copay	\$200 Copay
	Out-of-Network	No Coverage	\$200 Copay
Urgent Care Center:	In-Network	\$75 Copay	\$75 Copay
	Out-of-Network	No Coverage	\$75 Copay
Preventive Lab, XRay	In-Network	100%, No Deductible	100%, No Deductible
	Out-of-Network	No Coverage	40% after CYD
Major Diagnostics	In-Network	\$200 Copay	20% after CYD
	Out-of-Network	No Coverage	40% after CYD
Outpatient Facility:	In-Network	20% after CYD	20% after CYD
	Out-of-Network	No Coverage	40% after CYD
Inpatient Hospital:	In-Network	20% after CYD	20% after CYD
	Out-of-Network	No Coverage	40% after CYD
Calendar Yr Deduct: <i>Individual/Family</i>	In-Network	\$1,000/\$3,000	\$1,000/\$3,000
	Out-of-Network	No Coverage	\$2,000/\$6,000
Co-Insurance:	In-Network	20%	20%
	Out-of-Network	No Coverage	40%
Out-of-Pocket Max: <i>Individual/Family</i>	In-Network	\$3,500/\$7,000	\$3,500/\$7,000
	Out-of-Network	No Coverage	\$7,000/\$14,000

Medical — Employee Weekly Cost (Pre-Tax Deductions)

	EBB Plan—HMO	7AB Plan—Point of Service
Employee	\$27.14	\$31.86
Employee + Spouse	\$51.32	\$61.44
Employee + Child(ren)	\$45.12	\$54.55
Family	\$82.47	\$96.74

Glossary

- **Coinsurance**– The portion of the bill that the insurance company pays after the deductible has been met.
- **Co-payment**– The dollar amount required to be paid by an employee to a provider when services are rendered.
- **Calendar Year Deductible (CYD)**- The amount each employee or family member must pay before the insurance company and the employee begin paying their portion.
- **Network**– The group of physicians/providers who are approved for services and are available for treatment under the carrier's contract.
- **Primary Care Physician (PCP)**- A PCP is the Physician who provides medical services to employees enrolled in the health plan. The PCP can refer to specialists but it is not a requirement under the plan.
- **Provider**– Any facility, person or entity recognized for payment by the carrier.

Dental Benefits at a Glance CompBenefits/Humana

	DHMO	DPPO
Preventive Services		
In-Network	\$5 Office Visit Copay	100%
Out-of-Network*	No Coverage	100%*
Basic Services		
In-Network	See Copay Schedule	90% after CYD
Out-of-Network*	No Coverage	80% after CYD*
Major Services		
In-Network	See Copay Schedule	60% after CYD
Out-of-Network*	No Coverage	50% after CYD*
Orthodontia <i>For Children to age 18</i>		
In-Network	25% Discount	50% after CYD to Max \$500
Out-of-Network	No Coverage	50% after CYD to Max \$500
Calendar Year Maximums <i>Excluding Orthodontics</i>		
In-Network	Unlimited	\$1000
Out-of-Network	No Coverage	\$1000
Lifetime Maximums <i>Excluding Orthodontics</i>		
In-Network	Unlimited	Unlimited
Out-of-Network	No Coverage	Unlimited
Lifetime Max—Ortho		
In-Network	25% Discount, No Limit	\$1500
Out-of-Network	No Coverage	\$1500

Dental — Employee Weekly Cost

	DHMO	DPPO
Employee	\$3.34	\$6.06
Employee + 1	\$6.35	\$12.01
Employee + Family	\$8.66	\$21.88

* Out of Network reimbursement based on the 90% of Usual and Customary. You can be balanced billed.

Two Great Dental Options from CompBenefits

With the DHMO, you must select a primary care dentist within the CompBenefits network. Log on to www.combenefits.com to view dentists near you. You may change dentists throughout the year by notifying CompBenefits before the 15th of the month for the change to be effective the first of the following month.

If you enroll in the DPPO, you do not need to choose a dentist. You will receive a personalized ID card for use at office visits. No ID cards are necessary with the DHMO.

The DPPO has a 12-month waiting period for major services and orthodontia for new hires only with no prior coverage. It is waived for all current employees.



Insurance Carrier Contacts

Medical: United Health Care	Member Services	866-633-2446	www.myuhc.com
Dental: CompBenefits	Member Services	800-342-5209	www.combenefits.com