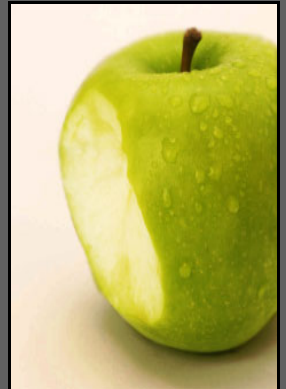


An overview of your company's employee benefits program



Plan Year 2009

With the ever increasing cost of insurance, your company prides itself in offering its employees the most competitive benefits package possible. This summary has been created for you and your families to give a more in depth understanding of what is available to you as an employee of our company.

Brought to you by:

SISK & CO.

Providing Client-Focused Insurance Solutions

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Medical Plan Benefits

Eligibility Requirements:

In order to be eligible for medical benefits, you must work at least 32 hours per week and satisfy a waiting period of 30 days. Your benefits will begin on the first of the month after you have met that specified waiting period.

Medical Plan Highlights:

Your medical benefits are through UnitedHealthcare which means that it is very important to verify that the provider you seek services from is in their PPO Choice Plus Network. It is also advised for you to register on www.myuhc.com for a detailed summary of the medical expenses you have paid for during the calendar year along with very helpful tools for finding doctors, estimating plan costs, looking up prescription drug information and much more!

Plan Information:

The group number for your company is (xxxxxx) and the customer service phone number for your medical carrier is 1-800-357-0978.

Insurance Company	UnitedHealthcare <i>Choice Plus Plan 7AB Split Copay</i>	
	In Network	Outside Network
Deductible		
Individual	\$1,000	\$2,000
Family	\$3,000	\$6,000
Out-of-Pocket Maximum		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Plan Benefits		
Coinsurance	80%	60%
Office Visit	\$25 PCP/\$50 Specialist	60% after deductible
Preventive	\$25 PCP/\$50 Specialist	State mandated benefits only
Lifetime Maximum	\$5,000,000	\$5,000,000
Urgent Care	\$75 copay	60% after deductible
Emergency Room	\$200 copay	\$200 copay
Inpatient Hospital	80% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	60% after deductible
Lab/X-ray	100%	60% after deductible
MRI/CT/PET	80% after deductible	60% after deductible
Prescriptions	\$10 Generic \$35 Brand \$60 Non-Preferred \$250 Injectables	

* Please note that this summary does not guarantee coverage; it is intended to be an informational overview for the employees of your company that qualify for insurance benefits.

Dental Plan Benefits

Eligibility Requirements:

In order to be eligible for dental benefits, you must work at least 32 hours per week and satisfy a waiting period of 30 days. Your benefits will begin on the first of the month after you have met that specified waiting period.

Dental Plan Highlights:

Your dental benefits are through Delta Dental and you have the Delta Dental PPO network. If you'd like to find a dentist in your area, please log onto www.deltadentalco.com and click on your network underneath the wording "Need a Dentist". From there you can search a specified radius based on any address you provide. You also have the option of registering on this site which allows you to look up current claims information along with a detailed listing of your benefits and eligibility.

Plan Information:

The group number for your company is (xxxxxx) and the customer service phone number for your dental carrier is 1-800-610-0201.

Insurance Company	Delta Dental <i>Dental PPO</i>	
	In Network	Outside Network
Deductible		
Single	\$50	\$50
Family	\$150	\$150
Plan Benefits		
Preventive	100%; Deductible waived	80%; Deductible waived
Basic	80%	50%
Major	50%	50%
Annual Maximum	\$1,000	\$1,000
Reimbursement	Negotiated fee	80% UCR
Orthodontia	Not included	Not included

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www.webmd.com



www.mayoclinic.com

Disability, Life and AD&D Plan Benefits

Eligibility Requirements:

In order to be eligible for Short-Term Disability, Long-Term Disability, Life and AD&D benefits, you must be an active full-time employee working at least 32 hours per week and satisfy a waiting period of 30 days.

Plan Information:

Your benefits are through The Hartford and the group number for your company is (xxxxxx). In case you have any questions the customer service phone number for The Hartford's Group Life and Disability office is 1-888-747-8819.

Benefit Level
Benefit Percentage
Maximum Weekly Benefit
Minimum Weekly Benefit
Day Injury Benefit Commences
Day Sickness Benefit Commences
Benefit Duration
Employer Contribution

Short-Term Disability
60%
\$2,000
\$15
1st day
8th day
90 days
100%

Benefit Level
Benefit Percentage
Maximum Monthly Benefit
Minimum Monthly Benefit
Benefit Waiting Period
Maximum Benefit Duration
Definition of Disability
Own Occupation Period
Pre-Existing Condition
Employer Contribution

Long-Term Disability
60%
\$8,000
\$100
90 days
Social security normal retirement age
Own occupation
24 months
6 months / 12 months
100%

Benefit Level
Basic Life and AD&D
Maximum Benefit
Guarantee Issue
Waiver of Premium
Accelerated Benefit
Age Reductions

Life and AD&D
\$50,000
\$50,000
\$50,000
Earlier of age 65 or retirement.
Pays up to 80% of the Life benefit to a maximum of \$120,000.
At age 65, reduce by 33%; age 70, reduce by another 33%.

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