SUMMARY OF BENEFITS FOR CONTRACT EMPLOYEES

Thank you for your interest in employment with Johnson Service Group, Inc. Our Company provides its contract employees with the following Affordable Care Act compliant benefits:

PORTABLE MAJOR MEDICAL HEALTH PLANS

All employees have the option of designing a portable health plan tailored to suit the individual’s specific healthcare needs. These medical benefit options can be accessed exclusively through the Healthcare Solutions Team, JSG’s partner in providing this benefit option. Healthcare Solutions Team provides access to world class benefits from the nation’s top rated insurance carriers including Assurant Healthcare and United Healthcare.

Employees may select from several benefit options. The options are comprised of benefits that are more traditional in nature, benefits that include a Health Savings Account component, short term major medical benefits, benefits that address high risk individuals (for those individuals with most pre-existing conditions), and guaranteed acceptance plans.

There is no waiting period to enroll and upon acceptance coverage can begin. An employee pays 100% of the premium cost, has the option to have the premiums deducted from their weekly paycheck, and can elect to have the premiums deducted on a pre-tax basis. These benefits are individually tailored to an employee’s personal circumstances and remain with the individual upon termination from JSG employment.

For more information, please go to www.jsghealthplans.com or contact the Healthcare Solutions Team directly at (866) 934-9013. There is also a link to this web site in the Employee Toolbox located on the JSG web site at www.jsginc.com.

LIMITED FIXED INDEMNITY GROUP BENEFITS PLAN, specific plan information attached

Enrollment for the voluntary health benefits through Century Healthcare (CHC) must be made within thirty days of an employee’s hire date. Employees must enroll through CHC’s telephonic enrollment center at (888)232-9431, Monday through Friday, from 7:30 AM to 5:30 PM CST. For claims and customer service please call (877)685-2432. Note: Please be sure to provide the password “Johnson” when enrolling.

If an employee wishes to enroll in these benefits after 30 days of employment, they will be allowed to enter into plans during the annual open enrollment period. Open enrollment periods will be communicated to employees as they become available. For qualifying life events, such as child birth, divorce, loss of coverage though the spouse’s employer, etc., changes to the employee’s health insurance benefits can be made at the time of the event, as long as the change is requested within 30 days. **Upon successful completion of a twelve month measurement period (as defined by the Affordable Care Act), where the employee has worked more than 1,560 hours, additional medical benefit options will be made available.**

This limited fixed indemnity insurance plan is not comprehensive major medical insurance. It is a package of services and fixed indemnity benefits that pays benefits for specified medical services and is designed to help take care of the basic medical care needs of insured employees and their families. This plan pays in addition to any other insurance in force and is not a Medicare Supplement plan. All premiums for benefits are deducted from paychecks on a weekly basis. Additional information, including brochures and prices, can be found in the Employee Toolbox on the JSG web site at www.jsginc.com.

PERSONAL ACCIDENT PLAN

Accident insurance can help an employee with the multiple costs of an unexpected accident. The plan pays a cash benefit to an employee for all types of off-the-job accidents. Coverage is available for employees, spouses, and dependent children. This 100% employee paid plan is offered through Aflac on a pre-tax and is portable after one month of participation should an employee leave JSG.
MAXIMUM DIFFERENCE - CANCER INDEMNITY INSURANCE
This plan offers protection in the event an employee or a family member is diagnosed with cancer. Even with major medical insurance, the financial obligation can be devastating to an employee's savings or future income in a cancer situation. The benefits in this policy pay cash directly to the employee for treatments such as an initial diagnosis, surgery, hospitalization, radiation and chemotherapy, and bone marrow transplant. Since 96% of all cancers are now treatable if diagnosed early, this plan also offers a benefit for cancer screening. The plan also has a specified disease rider covering thirty diseases. This rider pays directly to the employee for an initial diagnosis of one of the specified diseases and if the employee or a covered person is confined in a hospital for treatment of one of the specified diseases. Coverage is available for employees, spouses, and dependent children. This 100% employee paid plan is offered through Aflac on a pre-tax and is portable after one month of participation should an employee leave JSG.

SPECIFIED HEALTH EVENT INSURANCE
The Specified Health Event Protection Plan provides hospital intensive care coverage for sickness and injury, and provides specified health event coverage for critical illness. This plan offers protection should an employee or their spouse have a catastrophic event, such as a heart attack, stroke, kidney failure, major third degree burns, or coronary artery bypass surgery. The plan is to protect an employee against the financial burden created by these types of events. This 100% employee paid plan is also offered through Aflac on a pre-tax basis and is portable after one month of participation should an employee leave JSG.

SECTION 125 PREMIUM ONLY PLAN
All employees may take advantage of certain provisions permitted by Section 125 of the Internal Revenue Code. Under this program, employees may choose to pay for company sponsored benefits with a portion of their pay before federal or Social Security taxes are withheld. When an employee selects this program, their premium payment will be deducted from their gross income.

All employees must complete a Section 125 form indicating if they are electing or declining to have their voluntary health insurance benefits handled on a pre-tax basis. These forms are located on the JSG web site under the Employee Toolbox, and they are to be completed and sent to the Payroll Department with the other completed new hire forms.

401(K) RETIREMENT PLAN
Johnson Service Group, Inc. offers a 401(k) investment option through Transamerica Retirement Services to aid employees in planning and meeting the financial needs for their retirement years.

Participation in the plan is voluntary and available to all full-time employees any time on or after the first of the month after completing thirty days of service.

To have your information entered in the Transamerica database, please contact Johnson Service Group’s Human Resources Department at (630)655-3500 or at benefits@jsginc.com. Once your information has been entered into the Transamerica database, salary reduction contribution amounts may be changed, discontinued, and then resumed again at any time throughout the year. Also, participants may change their investment direction of their contributions at any time. Additional information is available on the JSG website at www.jsginc.com.

DIRECT DEPOSIT
Employees may elect to have their payroll checks directly deposited into their bank accounts. Once an employee has been set up for direct deposit, they have electronic access to their payroll information via www.my-estub.com.

Also, electronic pay advice information, FAQ, and electronic W-2 enrollment can also be found on the JSG website through the Employee Toolbox E-Pay Page.

Please note: Direct deposit may take up to 3 weeks to become active; in the interim you will receive a live check.
PREVENTIVE SERVICES
All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x-rays, and immunizations. Only covered at 100% through in-network providers.

DISCOUNT RX PROGRAM
Employees and their dependents pay the lesser of the pharmacy's usual and customary fee or the contract rate. Discounts are available on both generic and brand name drugs. Contraceptive drugs are included. Receive instant savings of up to 85% based on all FDA approved drugs (brand & generic) at the pharmacy filling the claim. No claim forms required. Prescriptions for 30-day supplies can be filled at more than 58,000 participating pharmacies nationwide including all of the national chains and over 90% of independent pharmacies. Your discount may also apply to certain over-the-counter medications, diabetic supplies that have an NDC (National Drug Code), and even for certain pet medications that have human equivalent medications. For additional savings, you may also utilize our mail order pharmacy for 90 day supplies. To learn more about the benefits or to locate a participating pharmacy call (844) 636-7506 or visit www.healthcarehighwaysrx.com.

PHCS PREVENTIVE ONLY NETWORK
Covered individuals need to obtain all preventive services through providers that participate in the PHCS Preventive Only Network in order for the services to be covered at 100%. To locate participating providers call (888) 371-7427 or visit www.multiplan.com/chcmec.

Please note that this plan only covers preventive services as required under the Affordable Care Act.

The preventive services will only be covered at 100% when utilizing in-network providers.

Century Healthcare’s Customer Service Department
(877) 685-2432
Monday-Friday; 7:00 AM – 7:00 PM CST

Century Healthcare’s Telephonic Enrollment Center
(888) 232-9431
Monday-Friday; 7:30 AM – 5:30 PM CST

Client Web Portal
(Access important plan documents, claim forms & temporary ID cards)
www.centuryhealthcare.com
Username: CHC5121
Password: johnson

WEEKLY COST

<p>| | |</p>
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<td>Employee + Family</td>
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MEC PLUS PLAN OPTIONS

Benefit Description

Preventive Services Covered at 100%
All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x-rays, and immunizations. Only Covered at 100% through in-network providers.

Doctor’s Office Visit
Benefits paid if a covered person visits a doctor’s office for medically necessary treatment, care or advice of an injury or sickness covered under the policy.

Outpatient Physical Therapy
Benefits paid if a covered person requires Outpatient Physical Therapy, as a result of an injury or sickness, for the treatment of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities, intended to restore or facilitate normal function or development. Physical Therapy does not include speech therapy or occupational therapy.

Outpatient Manipulative Therapy
Benefits paid if a Covered Person, while insured, requires Manipulative Therapy as an Outpatient as a result of Accident or Sickness.

Outpatient X-Ray & Lab
Benefits paid for outpatient laboratory tests and x-rays if a covered person is not confined in a hospital and the tests or x-rays are ordered by a doctor and performed by an appropriately licensed technician.

Advanced Studies
Limited to, CT scan, PET scan, MRI.

Emergency Room Benefit
Benefits paid for emergency room visits for a medical emergency for a sickness.

In-Patient/Out-Patient Surgery Benefits
Benefit paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a covered injury or sickness.

In-Patient/Out-Patient Anesthesia Benefits
Benefits paid at 25% of the surgery benefit for anesthesia services for pre-operative screening and the administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.

Outpatient Minor Surgical
Benefit paid if a covered person has a covered outpatient minor surgery as defined in the policy.

Ambulance
Benefits paid if a covered person requires transportation in an ambulance to the nearest hospital for treatment of an injury or sickness.

Hospital Confinement
Benefits paid if a covered person is confined as an inpatient in a hospital because of a covered injury or sickness.

Maternity
Benefits paid under the applicable provision for Doctor’s Office Visits, Outpatient X-ray & Lab, Surgery or Hospital Confinement for pregnancy-related expenses.

ICU/Confinement
Pays in lieu of the Hospital Confinement Benefit.

Substance Abuse Confinement
Benefits paid for confinement in a rehab facility for substance abuse.

Mental Illness Disorder Confinement
Benefits paid for confinement in a rehab facility for mental or nervous disorders.

Skilled Nursing Facility Confinement
Benefits paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.

Value | Select | Premier
---|---|---
Included See MEC Summary Page | Included See MEC Summary Page | Included See MEC Summary Page
Pays $75 per day (6 days) | Pays $80 per day (6 days) | Pays $90 per day (10 days)
Pays $50 per day (10 days) | Pays $50 per day (10 days) | Pays $100 per day (10 days)
Pays $50 per day (10 days) | Pays $50 per day (10 days) | Pays $100 per day (10 days)
Pays $100 per day (10 days) | Pays $100 per day (10 days) | Pays $125 per day (5 days)
Pays $1,000 per day (1 day) | Pays $1,000 per day (1 day) | Pays $1,000 per day (1 day)
Pays $250 per day (1 day) | Pays $250 per day (1 day) | Pays $500 per day (2 days)
In-Patient Pays $1,000 | In-Patient Pays $2,000 | In-Patient Pays $3,000
Out-Patient Pays $500 | Out-Patient Pays $1,000 | Out-Patient Pays $1,500
(1 IP or 1 OP surgery) | (1 IP or 1 OP surgery) | (1 IP or 1 OP surgery)
In-Patient Pays $250.00 | In-Patient Pays $500.00 | In-Patient Pays $750.00
Out-Patient Pays $125.00 | Out-Patient Pays $250.00 | Out-Patient Pays $375.00
Pays $75 per day (1 day) | Pays $80 per day (1 day) | Pays $90 per day (1 day)
Pays $500 per day (1 day) | Pays $500 per day (1 day) | Pays $500 per day (1 day)
Pays $500 per day (Maximum of 30 days) | Pays $1,000 per day (Maximum of 30 days) | Pays $1,500 per day (Maximum of 30 days)
Included | Included | Included
Pays $1,000 per day (Maximum of 30 days) | Pays $2,000 per day (Maximum of 30 days) | Pays $3,000 per day (Maximum of 30 days)
Pays $300 per day (Maximum of 30 days) | Pays $500 per day (Maximum of 30 days) | Pays $750 per day (Maximum of 30 days)
Pays $300 per day (Maximum of 30 days) | Pays $500 per day (Maximum of 30 days) | Pays $750 per day (Maximum of 30 days)
Pays $300 per day (Maximum of 30 days) | Pays $500 per day (Maximum of 30 days) | Pays $750 per day (Maximum of 30 days)

Important Contacts
Century Healthcare
(Customer Service and Claims)
(877) 685-2432
Monday through Friday
7:00 AM – 7:00 PM CST

Telephonic Enrollment Center
(888) 232-9431
Monday through Friday
7:30 AM – 5:30 PM CST

Member Web Portal
(Visit the member website to access account information)
www.centuryhealthcare.com

Username: CHC5121
Password: Johnson

PHCS Limited Benefit Plan
www.multriplan.com/che
(888) 371-7427

Healthcare Highways Rx
www.healthcarehighwaysrx.com
Customer Helpdesk (844) 636-7506
Mail Order Number: (866) 744-0621

Please Note: A separate claim form is needed for the AD&D, Accident Medical & Life benefits. You may access the claims form through the clientweb portal or call the Century Healthcare’s Customer Service Department.

All benefits except Accident Medical, AD&D, and Term Life are subject to Benefit Year Maximums as shown above. Benefit Year means the 12 consecutive months from the group’s original effective date. Please note that this is just a summary of the benefits and to know the full details of the policy the certificate of coverage needs to be reviewed once the policy is effective.

Benefits Effective 12/26/2016
All benefits except Accident Medical, AD&D, and Term Life are subject to Benefit Year Maximums as shown above. Benefit Year means the 12 consecutive months from the group’s original effective date.
Preventive Services are covered at 100% through participating providers. The following is a brief description of the preventive benefits available to members and is subject to change under the Affordable Care Act. To learn more visit www.healthcare.gov.

- Routine physical exam
- Well Woman exam (annual)
- Annual mammogram
- Annual pap smear and other routine lab work
- Breast thermography
- Bone density test
- Well baby/ well child care exam
- Routine immunizations
- Flu and pneumonia vaccines
- Routine lab, x-rays, diagnostic testing and other medical screenings including:
  - Blood pressure
  - Diabetes
  - Cholesterol tests
- Many cancer screenings including:
  - Cervical cancer
  - Breast cancer
  - Colorectal cancer

**IMPORTANT DETAILS**

**Network Providers:** Health plans are required to provide these preventive services only through an in-network provider.

Office visit fees: Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

**Coverage:** Coverage is provided for preventive services only. Once a diagnosis has been made, the services are not covered under the MEC.

**Talk to your health care provider:** To find out which covered preventive services are right for you — based on your age, gender, and health status — ask your health care provider.

For information on preventive practices, visit healthcare.gov.

**Questions:** If you have questions regarding your coverage, please call Customer Service at (877) 685-2432.

**Contraception (FDA):**
- Approved contraceptive methods
- Sterilization procedures
- Patient education and counseling

*Covered contraceptives do not include abortifacient drugs

**Counseling on topics such as:**
- Obesity & eating healthy
- Treating Depression
- Alcohol & drug abuse
- Smoking cessation
- Domestic & interpersonal violence
- Sexually transmitted diseases
What is a Limited Benefit Medical Plan (LBMP)?
A Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from covered accident (or sickness) events such as physician office visits, emergency room trips, hospitalization, diagnostic tests and even prescription drugs up to certain preset limited benefit levels. This program is not basic health insurance or major medical insurance; and is not designed to replace, provide or modify major medical insurance.

What is a Minimum Essential Coverage (MEC) Plus Plan?
A Minimum Essential Coverage Plus Plan consists of a Fully Insured or Self-Funded Limited Benefit Medical Plan and a Self-Funded 100% Preventive Care Plan. The Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from a covered accident (or sickness) such as physician office visits, emergency room trips, hospitalization, diagnostic lab and X-rays, surgeries and prescription drugs up to certain benefit levels. This program is not major medical insurance. The Self-Funded 100% Preventative Care plan is designed to be compliant with the Affordable Care Act by meeting the Minimum Essential Coverage requirements of Healthcare Reform. This plan satisfies the Individual Mandate. Self-Funded plans in the large group market are not required to cover all of the essential benefits. An employer can offer minimum essential coverage and avoid the 4980 H (a) “no offer” penalty/tax/assessment.

The Century Healthcare program is packaged with access to Limited Benefit Medical insurance, certain non-insured benefits and PPO savings. This program is not designed to cover the level of expenses found with treatment or care for rare diseases or catastrophic illness.

How do I use the program if I need care or treatment for an accident or sickness?

Network:
If you choose an in network provider, you are entitled to a discount on your services. This means that you are able to save out of pocket expenses. Century Healthcare discounts the bill and sends the provider the benefit payment along with an explanation of benefits. Please note that in order to receive 100% coverage for preventive services in an MEC Plus Plan the services must be received from an in-network provider.

Find a Provider:
To locate a participating PHCS Limited Benefit Network provider in your area, please call PHCS at (877) 796-7427 or visit www.multiplan.com/chc.

Schedule an Appointment:
Call your selected provider and set up an appointment to see your doctor. We recommend you confirm your provider’s continued participation in the PHCS Limited Benefit Network when you make your appointment.

Benefit Amounts:
The Plan pays based on a fixed schedule of benefits. If the plan states you are entitled to a $75 office visit benefit per day, the benefit you are entitled to is $75 even if you choose an out of network provider. This does not apply to the preventive services covered under the MEC plans; in order to obtain 100% coverage for preventive services under the MEC, the benefits need to be obtained through an in-network provider.

How to Use the Plan:
When a member goes in for service, the member simply has to show his/her Century Healthcare ID card. You do not need to pay anything at point of service, nor do you need to fill out a claim form. The provider will submit the claim to our third party administrator and the plan pays the provider directly. If the benefit amount is greater than the billed amount, the plan will pay the difference to the member. For example: Member goes to get an X-Ray which costs $100 and the benefit for outpatient diagnostic testing is $125; The plan will pay the $100 to the facility and then pay the remaining $25 to the member.

Assignment of Benefits:
Century Healthcare allows assignment of benefits. There are no deductibles or coinsurance. Only prescriptions are subject to co-pays.

Payment:
The provider will bill the plan directly. If the provider wishes you pay up front, have them call Century Healthcare customer service while you are at the provider’s office. If you elect to pay up front you can easily file for reimbursement by submitting the claim to the plan.

If you have questions about your benefits or the status of claims, please call CHC Customer Service at (877) 685-2432 from 7:00 a.m. to 7:00 p.m. CDT/CST. WebTPA pays the claims for Century Healthcare.
Benefit Description

Preventive Care Services
All preventive care services as specified by the Affordable Care Act such as immunizations, mammograms and pap smears. Paid at 100% of eligible charges.

Office Visit Copay
$25 Copay / 50% Coinsurance

Deductible
$0 / $500

Coinsurance
100% / 50%

Out of Pocket Maximum
$1,850 / $3,700 per individual
Family limit for out of pocket max is 2x individual limit

Outpatient Laboratory & Diagnostics including X-rays
$50 Copay / 50% Coinsurance

Complex Imaging
$400 Copay / 50% Coinsurance

Emergency Room Services
$400 Copay* / 50% Coinsurance

Outpatient Prescription Drugs
$10 Generic
$30 Preferred Brand
$75 Non-Preferred Brand
Tier IV Specialty Drugs Not Covered

Pregnancy as any other illness
Physician Visits and Diagnostic Charges Included

Provider Network
PHCS

Weekly Cost

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<tr>
<th>Plan Type</th>
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<tr>
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<td>Employee + Spouse</td>
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<td>Employee + Child(ren)</td>
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<td>Employee + Family</td>
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# MEC Enhanced Plan Information

## Calendar Year and Life Time Maximum Benefit: Unlimited

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<tr>
<th>Service Category</th>
<th>What Is Covered?</th>
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<tr>
<td>Preventive Care Services</td>
<td>All preventive care services as specified by the Affordable Care Act such as immunizations, mammograms and pap smears. Paid at 100% of eligible charges.</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>All services performed by a nurse or physician (primary care or specialist) while in a doctor’s office or clinic, including urgent care specialist while in a doctor’s office or clinic, including urgent care facility. Includes treatment for orthopedic manipulation (up to 20 visits per year) and allergy testing. Copay applies per visit.</td>
</tr>
<tr>
<td>All Other Physician Services</td>
<td>Any other service billed by a physician or physician’s office except for items specifically excluded below. Includes professional charges for outpatient surgery, outpatient laboratory or diagnostic services, outpatient imaging (such as X-Rays, MRIs, &amp; CT scans). Copay applies per visit.</td>
</tr>
<tr>
<td>Outpatient Laboratory &amp; Diagnostics including X-rays</td>
<td>All charges for outpatient laboratory and diagnostic services including facility charges for X-Rays. Copay applies per bill. Charges for interpretation, if billed separately, are covered under Other Physician Services and are subject to a separate copay.</td>
</tr>
<tr>
<td>Complex Imaging</td>
<td>Facility charges for complex imaging services such as MRIs, CT Scans and PET Scans. Copay applies per bill. Charges for interpretation, if billed separately, are covered under Other Physician Services and are subject to a separate copay.</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>All services for life threatening situations performed in an emergency room including physician charges, laboratory or diagnostic services and surgery. Includes charges for ground ambulance charges to the emergency room. Only charges for services conducted in the emergency room are covered. If the member is admitted on an inpatient basis or transferred to an ambulatory surgical area those charges are not covered. Air ambulance charges are not covered. Copay applies per emergency visit.</td>
</tr>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>All outpatient prescription drugs except tier IV specialty drugs are covered. Each prescription is subject to a copay according to the formulary classification of the drug. Copay is per prescription fill.</td>
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### Excluded Services:
The following services are not covered under the minimum value plan. In addition to these services, the Plan includes additional exclusions and limitations (see SPD for details).

- Inpatient services – any charge for services that take place on an in-patient basis are not covered. This includes any facility, physician, laboratory, diagnostic or imaging charges regardless of cause or diagnosis including pregnancy.
- Facility charges for any outpatient surgery or treatment. This includes surgery center, dialysis, radiation treatment, chemo therapy and any other service not specifically listed above as included. Physician charges for outpatient surgery are covered under Other Physician Services.
- Specialty drugs – tier IV (specialty) outpatient prescription drugs and chemotherapy drugs are not covered.
- Any services for mental/behavioral health (inpatient or outpatient) including substance abuse/chemical dependency are not covered.
- Rehabilitative therapy including speech therapy, physical therapy, occupational therapy and cardiac rehabilitation are not covered.
- Skilled nursing, home health care and hospice are not covered.
- Infertility testing and treatment are not covered.
- Durable medical equipment, including hearing aids, orthotics and orthopedic devices, are not covered.
- Provider Choice Program Only: Charges in excess of the fee schedule are not allowed. The allowed fee schedule is based on the current Medicare fee schedule. Physician charges are paid at up to 125% of Medicare and facility charges are paid at up to 150% of Medicare.
METLIFE DENTAL PLAN

Class Description

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</table>

Type A – Preventive Services

80% 100%

Type B - Basic Services

80% 50%

Type C - Major Services

50% 50%

When Will I Receive My I.D. Cards?

Team members who enroll in the MetLife Dental Plan will not receive a separate I.D. Card since dentists are able to verify coverage eligibility electronically. Eligibility can also be verified telephonically by calling (800) 275-4638.

I.D. cards are not required for dental services but Team Members may download a personalized I.D. card by visiting http://mybenefits.metlife.com.

Send Dental Claims to:

Group Policy No.: KM05930189-G
MetLife Dental
P.O. Box 981282
El Paso, TX 79998-1282

Member Signature

When you choose to receive care from a preferred dentist participating in the MetLife Preferred Dentist Program (PDP), your out-of-pocket expense will generally be lower than when you visit a non-participating dentist.

To find dental providers in your neighborhood visit call 1-877-638-3379 or visit www.metlife.com/dental.

This card is the property of MetLife fraudulent use may result in termination of benefits. Possession of this card in itself confers no right to benefits or guarantee of coverage. Persons must be currently enrolled. Promptly notify us if card is lost or stolen.

Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10166
DAVIS VISION PLAN

BENEFIT DESCRIPTION

**Eye Examination**

- 12 Months

**Spectacle Lenses**

- 12 Months

**Frame**

- 24 Months

**Contact Lens Evaluation, Fitting & Follow-Up Care**

- (in lieu of eyeglasses)

- 12 Months

**Contact Lenses (in lieu of eyeglasses)**

- 12 Months

**EYEGLASS BENEFIT**

Frame Allowance (Retail):

- Up to $150

Plus a 20% discount on any overage

Davis Vision Frame Collection3 (in lieu of Allowance):

- Covered

- Covered

- Covered

Fashion level

Designer level

Premier level

Clear plastic single-vision, lined bifocal, trifocal or lenticular

Tinting of Plastic Lenses

Scratch-Resistant Coating

Polycarbonate Lenses (Children / Adults)

Ultraviolet Coating

Anti-Reflective (AR) Coating (Standard / Premium / Ultra)

High-Index Lenses

Polarized Lenses

Plastic Photochromic Lenses

Progressive Lenses (Standard / Premium / Ultra)

Scratch Protection Plan: Single Vision / Multifocal Lenses

One-year eyeglass breakage warranty

**CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES)**

Contact Lens: Materials Allowance

- Up to $150

- Plus a 15% discount on any overage

Evaluation, Fitting & Follow-Up Care — Standard & Specialty

Lens Types

Collection Contact Lenses (in lieu of Allowance):

- Disposable

- Planned Replacement

- Evaluation, Fitting & Follow-up Care

Visually Required Contact Lenses (with prior approval)

Materials, Evaluation, Fitting & Follow-Up Care

Out-of-Network Reimbursement

Eye Examination: $50

Single Vision Lenses: $50

Trifocal Lenses: $100

Frame: $70

Bifocal/Progressive Lenses: $75

Lenticular Lenses: $100

Elective Contact Lenses: $105

Visually Required CL: $225

Visit [www.davisvision.com](http://www.davisvision.com) to find a provider and benefit details.

**WEEKLY COST**

<table>
<thead>
<tr>
<th></th>
<th>Weekly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.32</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$3.79</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$3.78</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$6.10</td>
</tr>
</tbody>
</table>
The Optional Life Insurance Benefit is offered through The Standard to help provide peace of mind in the event of an eligible employee’s covered death by promising to pay a pre-determined benefit amount. Additionally, employees may select Dependent Life to provide life insurance for eligible dependents. Please note that the Dependent Life benefit can only be selected in conjunction with the Employee Life benefit. Dependent Life cannot exceed the amount of Optional Life elected by the employee.

### Optional Life

<table>
<thead>
<tr>
<th>Benefit Option</th>
<th>Benefit Schedule</th>
<th>Age Based Benefit Reduction</th>
<th>Guaranteed Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees are able to select coverage in increments of $25,000 up to $100,000</td>
<td>To 65% at age 65-69&lt;br&gt;To 50% at age 70-74&lt;br&gt;To 35% at age 75-79&lt;br&gt;To 25% at age 80-84&lt;br&gt;To 20% at age 85-89&lt;br&gt;To 15% at age 90-94&lt;br&gt;To 10% at age 95+</td>
<td>All Amounts</td>
<td></td>
</tr>
</tbody>
</table>

### Optional Life Monthly Cost per Benefit Amount & Age (Weekly Cost)

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>$25,000</th>
<th>$50,000</th>
<th>$75,000</th>
<th>$100,000</th>
<th>$125,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 45</td>
<td>$1.04</td>
<td>$2.08</td>
<td>$3.12</td>
<td>$4.15</td>
<td>$5.19</td>
</tr>
<tr>
<td>45-59</td>
<td>$4.10</td>
<td>$8.19</td>
<td>$12.29</td>
<td>$16.38</td>
<td>$20.48</td>
</tr>
<tr>
<td>60+</td>
<td>$19.50</td>
<td>$39.00</td>
<td>$58.50</td>
<td>$78.00</td>
<td>$97.50</td>
</tr>
</tbody>
</table>

### Optional Life Monthly Cost per Benefit Amount & Age (Weekly Cost)

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>$150,000</th>
<th>$175,000</th>
<th>$200,000</th>
<th>$225,000</th>
<th>$250,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 45</td>
<td>$6.23</td>
<td>$7.27</td>
<td>$8.31</td>
<td>$9.35</td>
<td>$10.39</td>
</tr>
<tr>
<td>45-59</td>
<td>$24.58</td>
<td>$28.67</td>
<td>$32.77</td>
<td>$36.87</td>
<td>$40.96</td>
</tr>
<tr>
<td>60+</td>
<td>$117.00</td>
<td>$136.50</td>
<td>$156.00</td>
<td>$175.50</td>
<td>$195.00</td>
</tr>
</tbody>
</table>

### Dependent Life

<table>
<thead>
<tr>
<th>Dependent Life</th>
<th>Benefit Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$25,000</td>
</tr>
<tr>
<td>Weekly Cost</td>
<td>$3.05</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$10,000</td>
</tr>
<tr>
<td>Weekly Cost</td>
<td>$0.42</td>
</tr>
<tr>
<td>Guaranteed Issue</td>
<td>All Amounts</td>
</tr>
</tbody>
</table>

* Child(ren)’s benefit is in family units, therefore the cost remains the same regardless of the number of children in the family.

Definition of a dependent child:
- Unmarried child from live birth through age 20 or 24 if a registered full time student at an accredited institution
- Your unmarried child who meets either of the following requirements:
  - The child is insured under the group policy and, on and after the date on which insurance would otherwise end because of child’s age, is continuously disabled.
  - The child was insured under the prior plan on the day before the effective date of your employer’s coverage under the group policy and was disabled on that day, and is continuously disabled thereafter.
- Child includes any of the following, if they otherwise meet the definition of child:
  - Your adopted child or stepchild living in your home
The Short-Term Disability benefit is provided through The Standard and offers the possibility of financial protection for eligible employees in the event of a covered disability by promising to pay a percentage of weekly earnings for a pre-determined period of time.

**BENEFIT OPTION**

- **Weekly Benefit**: 50%
- **Weekly Pre-disability Earnings**: $500
- **Weekly Benefit Maximum**: $250
- **Accident Benefits begin on day**: 15
- **Sickness Benefits begin on Day**: 15
- **Maximum Benefit Period**: 13 weeks
- **Weekly Cost**: $4.62