

## 2008 BENEFITS AT-A-GLANCE

## Benefits for Your Personal, Professional, and Financial Well-Being

## Medical Benefits – PPO

Plan	Description	
<p><b>Preferred Provider Organization (PPO)</b></p> <p><b>Plan Administrator</b> Empire BlueCross BlueShield</p> <p><b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4) and eligible dependents; no hour requirement.</p> <p><b>Waiting Period</b> When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.</p>	Annual Deductible	In-network: \$500/individual, \$1,500/family Out-of-network: \$1,000/individual, \$3,000/family
	Annual Out-of-Pocket Maximum	In-network: \$5,000/individual Out-of-network: \$10,000/individual
	Lifetime Maximum	\$1 million/individual
	Doctor Office Visit (primary and specialist)	In-network: \$20 per visit, then 100% Out-of-network: 60% after deductible
	Preventive Care (routine physical exams, well-baby care, GYN exams, immunizations)	In-network: \$20 per visit Out-of-Network: Covered at 60% after deductible
	Hospital	
	<ul style="list-style-type: none"> <li>Inpatient (includes maternity admissions)</li> </ul>	In-network: 70% after deductible, precertification required Out-of-network: 60% after deductible, precertification required
	<ul style="list-style-type: none"> <li>Outpatient Surgery</li> </ul>	In-network: 70% after deductible, precertification required Out-of-network: 60% after deductible, precertification required
	Maternity (pre- and postnatal office visits)	In-network: \$20 initial visit, then 100% Out-of-network: 60% after deductible
	Emergency Care	
	<ul style="list-style-type: none"> <li>In Area (when not followed by admission)</li> <li>Out of Area (when not followed by admission)</li> </ul>	\$75 per ER visit, then 70% after deductible  \$75 per ER visit, then 70% after deductible
	Prescription Drug – Retail (30-day supply unless otherwise noted)	\$10 (generic), \$20 plus 10% coinsurance (brand name), or \$35 plus 10% coinsurance (non-formulary brand name) per prescription. Mail order available. Formulary applies. Mandatory generics.
Mental Health		
<ul style="list-style-type: none"> <li>Inpatient</li> </ul>	In-network: \$500 deductible, then 70% Out-of-network: Covered at 60% after deductible Limit 30 days per plan year. Lifetime limit 60 days. Combined with Inpatient Substance Abuse. In/Out-of-network services combined.	
<ul style="list-style-type: none"> <li>Outpatient</li> </ul>	In-network: \$20 per visit. Out-of-network: Covered at 60% after deductible. Limit 30 visits per plan year. Lifetime limit 200 visits. Combined with Outpatient Substance Abuse. In/Out-of-network services combined.	



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#### Medical Benefits – Definity Health

Plan	Description	
<p><b>Definity Health (Consumer Driven Plan)</b></p> <p><b>Plan Administrator</b> Definity Health</p> <p><b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4) and eligible dependents; no hour requirement.</p> <p><b>Waiting Period</b> When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.</p>	Health Reimbursement Account (HRA) Annual Funding by Sodexo	\$750 employee only, \$1,175 Employee+1, \$1,500 family. Rollover available.
	Member Responsibility	\$1,250 employee only, \$1,825 employee+1, \$2,500 family. Only applies if you exhaust HRA.
	Plan Year Deductible (Combination of HRA and Member Responsibility)	\$2,000 employee only, \$3,000 employee+1, \$4,000 family
	Annual Out-of-Pocket Maximum	In-network: \$3,000 employee only, \$6,000 employee+1, \$10,000 family Out-of-network: \$9,000 employee only, \$18,000 employee+1, \$30,000 family
	Doctor Office Visit (primary and specialist)	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Preventive Care (routine physical exams, well-baby care, GYN exams, immunizations)	In/Out-of-network: 100% coverage. \$250 annual cap per member.
	Hospital <ul style="list-style-type: none"> <li>Inpatient (includes maternity admissions)</li> <li>Outpatient Surgery</li> </ul>	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Maternity (pre- and postnatal office visits)	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Emergency Care <ul style="list-style-type: none"> <li>In Area (when not followed by admission)</li> <li>Out of Area (when not followed by admission)</li> </ul>	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Prescription Drug – Retail (30-day supply unless otherwise noted)	In-network: HRA pays 100%, then 80% after deductible. Home delivery available. No formulary.



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Medical Benefits – Basic Net		
Plans	Description	
<p><b>Basic Net (Limited Medical Benefit Plan)</b></p> <p><b>Plan Administrator</b> Strategic Resource Company – An Aetna Company</p> <p><b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4) and eligible dependents; no hour requirement.</p> <p><b>Waiting Period</b> When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.</p> <p><b>Note</b> Pre-existing condition limitation applies to this plan.</p>	Annual Deductible	Varies by service. See specific service for more information.
	Annual Out-of-Pocket Maximum	None
	Doctor Office Visit (primary and specialist)	In-network: \$10 per visit, then 100%. Out-of-network: \$10 deductible per visit, then 80%.  Annual limit 5 visits in- or out-of-network per individual.
	Preventive Care (routine physical exams, well-baby care, GYN exams, immunizations)	In-network: \$15 per visit, then 100%. Out-of-network: Covered at 50%  \$100 annual maximum in-or out-of-network per individual.
	Hospital <ul style="list-style-type: none"> <li>Inpatient (includes maternity admissions)</li> </ul>	In-network: \$250 deductible per individual, then 80%. Out-of-network: \$250 deductible per individual, then 65%.  \$2,000 annual maximum in- or out-of-network.
	<ul style="list-style-type: none"> <li>Outpatient Surgery</li> </ul>	Covers surgery and diagnostic services. In-network: \$15 per service, then 100%. Out-of-network: \$15 deductible per service, then 80%. Five services maximum or \$400 annual maximum in- or out-of-network per individual.
	Maternity (pre- and postnatal office visits)	Counts toward doctor office visit maximum.
	Emergency Care <ul style="list-style-type: none"> <li>In Area (when not followed by admission)</li> </ul>	In-network: \$15 per ER visit, then 100%. Out-of-network: \$15 deductible per ER visit, then 100%.  \$50 maximum per visit in- or out-of-network; 3 visits maximum in- or out-of-network per individual per year.
	<ul style="list-style-type: none"> <li>Out of Area (when not followed by admission)</li> </ul>	Same as Emergency Use
	Prescription Drug – Retail (30-day supply unless otherwise noted)	\$10 deductible per prescription, then 100%. Discount if using in-network pharmacy.  Annual maximum \$200 per individual. Home delivery available.
Mental Health (inpatient or outpatient)	Covered under above services and applied toward annual maximums.	
Substance Abuse (inpatient or outpatient)	Covered under above services and applied toward annual maximums.	
Vision/Hearing	Not covered.	

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Medical Benefits – HMO	
Plans	Description
For Health Maintenance Organization (HMO) information call Dexter 1-877-6DEXTER (selection is based on your home ZIP code). Plan designs vary by HMO.	

## Dental

Plans	Description		
<p><b>Dental (Preferred Dentist Program - PDP)</b></p> <p><u>Plan Administrator</u> Metropolitan Life (MetLife)</p> <p><u>Eligibility</u> All full-time non-temporary salaried employees (class code 1-4) and eligible dependents; no hour requirement.</p> <p><u>Waiting Period</u> When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.</p>		<b>PDP Service Provider</b>	<b>Non-PDP Service Provider</b>
	Annual Deductible	\$50	\$50
	Plan Pays		
	• Preventive Care	Plan pays 100%, no deductible	Plan pays 80%*, no deductible
	• Basic Services	Plan pays 80%, after deductible	Plan pays 80%*, after deductible
	• Major Services	Plan pays 50%, after deductible	Plan pays 50%*, after deductible
	• Periodontics	Plan pays 80%, after deductible	Plan pays 80%*, after deductible
• Orthodontic Services	Plan pays 50%, after deductible	Plan pays 50%*, after deductible	
		*Subject to reasonable and customary fee (R&C) limits. All charges over R&C fees are paid by you.	
Annual Plan Maximum	\$1,500		
Lifetime Maximum	<ul style="list-style-type: none"> <li>• Orthodontia</li> </ul> \$1,500 per person for dependents under age 19; does not count toward annual limit		

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#### Vision Plans

Plans	Description		
<p><b>EyeMed Select Vision Care Plan</b></p> <p><b>Plan Administrator</b> EyeMed Vision Care</p> <p><b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4) and eligible dependents; no hour requirement.</p> <p><b>Waiting Period</b> When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.</p>		In-Network Benefit	Out-of-Network Reimbursement
	<p>Eye Exams</p> <ul style="list-style-type: none"> <li>• Eyeglasses</li> <li>• Contact Lens Exam</li> <li>• Contacts Fit and Follow-up Visits (Standard)</li> <li>• Contacts Fit and Follow-up Visits (Premium)</li> </ul>	<p>\$15 copay</p> <p>\$15 copay, then covered in full</p> <p>\$10 copay, includes 2 follow-up visits</p> <p>\$10 copay, 10% off retail, \$30 allowance</p>	<p>Up to \$32</p> <p>Up to \$32</p> <p>Up to \$32</p> <p>Up to \$32</p>
	Frames	\$130 allowance, then 20% off balance over \$130	Up to \$58
	Lenses (standard uncoated plastic), Single, Bifocal, Trifocal, Lenticular	\$0 copay, then covered in full	<p>Up to \$28 - Single vision</p> <p>Up to \$44 - Bifocal</p> <p>Up to \$72 - Trifocal</p> <p>Up to \$72 - Lenticular</p>
	Progressive (standard)	\$65 copay	Up to \$44 - Progressive
	Contact Lenses		
	<ul style="list-style-type: none"> <li>• Conventional</li> <li>• Disposable</li> </ul>	<p>\$130 allowance, then 15% off balance over \$130</p> <p>\$130 allowance</p>	<p>Up to \$104</p> <p>Up to \$104</p>
	Contact Lenses – medically necessary	\$0 copay, then covered in full	Up to \$200
Other	<ul style="list-style-type: none"> <li>• Laser Vision Correction Program</li> <li>• Mail Order Contact Lens Replacement Program</li> <li>• EyeMed Vision Care Discount Program</li> </ul>		

## 2008 BENEFITS AT-A-GLANCE

### Benefits for Your Personal, Professional, and Financial Well-Being

#### Vision Plans continued

Plans	Description	
<p><b>EyeMed Vision Care Discount Program</b></p> <p>Free Discount Program - no enrollment</p> <p><u>Eligibility</u> All employees and their family members are automatically enrolled at no cost.</p> <p><u>Waiting Period</u> None</p>	<p>Eye Exams</p> <ul style="list-style-type: none"> <li>Glasses</li> <li>Contact Lenses</li> </ul>	<p>\$5 off routine exam \$10 off contact lens exam</p>
	<p>Frames (retail price)</p>	<p>40% off retail</p>
	<p>Lenses (standard uncoated plastic)</p> <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> </ul>	<p>\$50 \$70 \$105</p>
	<p>Lens Options (add to lens price)</p> <ul style="list-style-type: none"> <li>Polycarbonate (includes scratch coating)</li> <li>Scratch Resistant Coating</li> <li>Ultra-Violet Coating</li> <li>Anti-Reflective Coating</li> <li>Progressive (add-on to Bifocal)</li> <li>Tint (solid or gradient)</li> </ul>	<p>\$40 \$15 \$15 \$45 \$65 \$15</p>
	<p>Other Add-ons, Accessories, and Services</p>	<p>20% discount</p>
	<p>Contact Lenses</p>	<p>15% discount on non-disposable contacts; no discount on disposable contacts</p>
	<p>Other</p>	<ul style="list-style-type: none"> <li>Laser Vision Correction Program</li> <li>Mail Order Contact Lens Replacement Program</li> </ul>

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## Disability

Plans	Description	
<b>Disability Plus</b>  <u>Plan Administrator</u> Liberty Mutual  <u>Eligibility</u> Salaried employees (class code 1-4) enrolled in Long Term Disability	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit 50% of salary
	Maximum Weekly Benefit	\$2,885
	Benefit Begins	At the beginning of the 8th day
	Maximum Benefit Payment Duration	23 days or until you are no longer disabled.
Plans	Description	
<b>Long Term Disability (LTD)</b>  <u>Plan Administrator</u> Liberty Mutual  <u>Eligibility</u> All full-time non-temporary salaried employees (class code 1-4); no hour requirement.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit 60% of base salary
	Maximum Monthly Benefit	\$15,000
	Benefit Begins	At the beginning of the 31 <sup>st</sup> day
	Maximum Benefit Payment Duration	Generally to age 65 or until you are no longer disabled

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## Life Insurance

Plans	Description	
<b>Free Basic Life Insurance (FBL)</b>  <b>Plan Administrator</b> CIGNA  <b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4), no hour requirement	Waiting Period	Saturday following hire – enrollment is automatic or when you become newly eligible.
	Plan Benefit	Tax-free benefit 1 times annual salary; \$50,000 maximum (reduced at age 65)
Plans	Description	
<b>Group Term Life Insurance (GTL)</b>  <b>Plan Administrator</b> Aetna  <b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4); no hour requirement.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.
	Plan Benefit <ul style="list-style-type: none"> <li>• Employee</li> <li>• Spouse/Domestic Partner</li> <li>• Child</li> </ul>	1-4 times pay, within certain maximums  50% of employee's coverage up to \$100,000  None
Plans	Description	
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>  <b>Plan Administrator</b> AIG Insurance Company  <b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4); no hour requirement.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.
	Plan Benefit <ul style="list-style-type: none"> <li>• Employee</li> <li>• Spouse/Domestic Partner</li> <li>• Child/Domestic Partner's Child</li> </ul>	\$25,000 increments up to \$350,000 (up to \$250,000 if salary is less than \$30,000)  50 – 60% of employee amount  15 – 20% of employee amount

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#### Life Insurance continued

Plans	Description	
<b>Business Travel Accident (BTA)</b>  <u>Plan Administrator</u> AIG Insurance Company  <u>Eligibility</u> All full-time non-temporary salaried employees (class code 1-4)	Waiting Period	None, enrollment is automatic.
	Plan Benefit	\$100,000 - \$1 million
Plans	Description	
<b>Survivor Income Protection (SIP)</b>  <u>Plan Administrator</u> AIG Insurance Company  <u>Eligibility</u> All full-time non-temporary salaried employees (class code 1-4)	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.
	Plan Benefit	1 - 3 times pay up to certain maximums. Pre-existing conditions apply.

## 2008 BENEFITS AT-A-GLANCE

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## Paid Time Off

Plans	Description	
<b>Sick Leave</b>	Waiting Period	6 months before taking a paid sick day
	Annual Accrual Rates	7 days
	Carryover	Up to 50 days
	Cashout	No
<b>Eligibility</b> All salaried employees; no hour requirement		
Plans	Description	
<b>Vacation</b>	Vacation Days	<b>Senior Salaried</b> 0 - 1 year - 3 weeks 2 - 25 years - 4 weeks 25+ years - 5 weeks  <b>Salaried</b> 1 - 10 years - 3 weeks 11 - 25 years - 4 weeks 26+ years - 5 weeks
	Carryover	None
	Vesting	First day of each plan year
	<b>Eligibility</b> All full-time non-temporary salaried employees (class code 1-4); no hour requirement  <b>California</b> If in the state of CA, please contact your HR representative for additional details.	
Plans	Description	
<b>Other Time Off</b>	Holidays	8 days
	Personal Days	2 days

## 401(k) Savings Plan

Plans	Description	
<b>401(k) Savings Plan</b>	Contributions	1-25% (combined pre- and post-tax contributions)  Quarterly match - 50% of first 6% of employee contributions - may vary by year
	<ul style="list-style-type: none"> <li>• Employee</li> <li>• Employer</li> </ul>	
	Vesting	50% after 2 years 75% after 3 years 100% after 4 years
	Investment Options	15 investment options
	Loan Feature	Available
<b>Plan Administrator</b> CitiStreet		
<b>Eligibility</b> Age 21 and completion of 1,000 hours of service within one 12-month period		

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#### Employee Stock Purchase Plan

Plans	Description	
<p><b>Employee Stock Purchase Plan (ESPP)</b></p> <p><u>Plan Administrator</u> SG Vestia</p> <p><u>Eligibility</u> Non-temporary, full and part-time employees employed on the first day of the enrollment period - August 1</p>	Enrollment Period	August 1 - August 31 each year.
	Contributions	After-tax payroll deductions of 1-8%.
	Plan Benefit	Own a piece of the company by purchasing shares of Sodexo at a 10% discount.

## 2008 BENEFITS AT-A-GLANCE

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## Other Benefits

Plans	Description	
Other Benefits	Adoption	FMLA guidelines. Contact your HR Representative for more information.
	Credit Union	Yes
	Direct Deposit	Yes
	Education Assistance <ul style="list-style-type: none"> <li>Eligibility</li> <li>Reimbursement Percentage</li> </ul>	All employees regularly working 30 hours per week with one year of service before the first class meeting.  100% for minimum "C" grade; \$2,500 annual maximum; pre-approval required; job-related courses
	Employee Assistance Program	Yes
	Family Medical Leave Act (FMLA), FMLA-like, or Military Leave	Yes
	Flexible Spending Accounts <ul style="list-style-type: none"> <li>Health Care</li> <li>Family Care</li> </ul>	Yes
	Savings Bonds	Purchase Series I and EE U.S. Savings Bonds through convenient paycheck deductions
	Service Awards	Yes