

ABC CLIENT, INC

EMPLOYEE BENEFIT SUMMARY FOR JULY 2005 TO JUNE 2006

AS A VALUED EMPLOYEE OF, YOU HAVE AN EXCELLENT OPPORTUNITY TO PARTICIPATE IN A COMPREHENSIVE BENEFITS PACKAGE. **ABC CLIENT, INC** GENEROUSLY CONTRIBUTES TOWARDS THE COST OF THE BENEFITS AVAILABLE TO YOU. IF YOU ARE NEWLY HIRED OR NEWLY ELIGIBLE FOR BENEFITS, YOU SHOULD REQUEST COVERAGE PRIOR TO THIS DATE TO ENSURE YOUR OPPORTUNITY TO PARTICIPATE IN THE BENEFITS AVAILABLE TO YOU. PLEASE BE PREPARED TO MAKE IMPORTANT DECISIONS ABOUT THE BENEFITS AVAILABLE TO YOU, AS YOU WILL BE REQUIRED TO **COMPLETE AND RETURN**: A SECTION 125/ENROLLMENT SUMMARY FORM AND ANY APPLICATIONS FOR **EACH** BENEFIT/COVERAGE **APPLIED OR PROVIDED FOR**. IF YOU DO NOT WANT ANY OF THE BENEFITS, OTHER THAN THOSE **PROVIDED** TO YOU, IF APPLICABLE, YOU MUST COMPLETE A WAIVER, AS NOTED, DECLINING COVERAGE HEALTH PLAN AND SECTION 125/SUMMARY ENROLLMENT FORM. A SECTION 125/SUMMARY ENROLLMENT FORM MUST BE COMPLETED FOR EACH ELIGIBLE EMPLOYEE. FAILURE TO RETURN THE FORMS, IN A TIMELY MANNER, MAY SUBJECT YOU TO DENIAL OF OR DELAY IN COVERAGE. LATE APPLICANTS OR ENTRANTS MAY BE SUBJECT TO PRE-EXISTING CONDITION EXCLUSIONS OR DENIAL OF COVERAGE. YOU HAVE THE OPPORTUNITY TO MAKE BENEFIT PLAN ELECTIONS, CHANGES OR ADDITIONS ONLY DURING OPEN ENROLLMENT, **JUNE** OF EACH YEAR, OR WITHIN 30 DAYS PRIOR TO BECOMING NEWLY ELIGIBLE. YOU ARE NEWLY ELIGIBLE AFTER SATISFACTORY COMPLETING A **90 DAY** PROBATIONARY PERIOD OF CONTINUOUS FULL TIME EMPLOYMENT. SPECIAL UNDERWRITING CONCESSIONS APPLY **ONLY** TO NEWLY ELIGIBLE EMPLOYEES. **SOME** OF THE BENEFITS AVAILABLE MAY BE APPLIED UNDER SECTION 125, A PRE-TAX PLAN APPROVED BY THE IRS. PLEASE SEE ENCLOSED "MAKING THE MOST OF YOUR PAYCHECK," WHICH INCLUDES INFORMATION REGARDING BENEFIT ENROLLMENT, ELIGIBILITY, THE ADVANTAGES AND RESTRICTIONS OF PARTICIPATING IN SECTION 125. ALL BENEFITS MAY BE ADMINISTERED UNDER THE GUIDELINES OF SECTION 125.

PLEASE REFER TO EACH BENEFIT'S SUMMARY DESCRIPTION FOR MORE DETAILS REGARDING BENEFITS, COVERAGE OPTIONS.

AVAILABLE BENEFITS AND CONTACT INFORMATION AT A GLANCE...

Benefit Available	Carrier/Provider	Customer Service	Website
<i>Health (HMO, POS)</i>	<i>Coventry</i>	<i>800-395-2545</i>	<i>www.chcga.com</i>
<i>Dental (Indemnity)</i>	<i>Ameritas</i>	<i>800-659-2223</i>	<i>www.dentalgroup.com</i>
<i>Voluntary Term Life</i>	<i>Jefferson Pilot</i>	<i>800- 423-2765</i>	<i>www.jpfinanial.com</i>

COST OF BENEFITS AT A GLANCE...

Benefit	Available tiers	Employee Cost per Pay Period	
		Monthly	Bi- Weekly
HMO Prem 20/40/500 Health Maint. Org Coventry	Employee	\$21.67	\$10.00
	Employee & Spouse	\$105.82	\$48.84
	Employee & Children	\$110.03	\$50.78
	Employee & Family	\$199.23	\$91.95
POS Prem Plus 20/40/500 Point of Service Coventry	Employee	\$29.01	\$13.39
	Employee & Spouse	\$120.50	\$55.62
	Employee & Children	\$125.07	\$57.72
	Employee & Family	\$222.05	\$102.48
Dental Indemnity Amertias	Employee	\$0.00	\$0.00
	Employee & Spouse	\$24.34	\$11.23
	Employee & Children	\$20.86	\$9.63
	Employee & Family	\$50.84	\$23.46
Term Life	Benefit is age rated see enclosed rate sheets		

Questions about your benefits? **Call** our Employee Benefits Broker, **GROUP ACCESS @ 770-692-0020**