

TOTAL REMUNERATION INDEX

ABC COMPANY

US REPORT

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Introduction

The *Total Remuneration Index* (TRI) is a custom, comparative, benchmarking report of your benefit plans' values and features to those of your selected peer organizations.

The TRI allows you to analyze how your benefit plans compare to the peer group in degrees of increasing specificity—by all plans together, by plan groupings (i.e., Retirement/Savings, Health/Group, and Time Loss), and by individual plans.

For each degree of specificity noted above, the TRI displays the values and comparative results for each employee profile and a composite workforce.

The TRI is organized into eight sections:

- Overview: Provides an overview of the report purpose.
- Participant List: Provides the names of the organizations whose plans have been valued and make up the peer group.
- Executive Summary: Provides a high-level overview of your competitive position within the peer group.
- Market Comparison: Quantitative benchmarking of your benefits against the median of your peer group via ranges using graphical representations.

- Plan Value Comparisons: Illustrate the quantitative benefits information consisting of calculations and statistics for the national composite workforce. Your plans' values are shown relative to the peer group.
- Employee Profile Comparisons: Illustrate how your plans' values are affected by varying demographics. Results are shown based on each employee profile you submitted. Your plans' values are shown relative to the peer group.
- Summary of Plan Statistics: Provides a statistical breakdown of benefit plan features offered by the peer group.
- Methodology: Details the methods used to value the benefit plans included in the Plan Value Comparisons and Employee Profile Comparisons sections.

If You Have Questions

If you have any questions about this report, please call our customer service line for assistance.

Customer Service Line: 800 333 3070

About the Report

Primary Function

The TRI is a tool designed to allow you to assess the competitiveness of your benefit package, as a whole and by plan. Its results measure value to employees; *i.e.*, the estimated amount of pretax pay an employee would need in order to replace the employer-provided benefit. It does not show you what a benefit plan or provision costs to administer or support.

Benefit Plans

The report illustrates competitive information and assessment for each of the following benefit categories: Retirement/Savings: Includes defined benefit, defined contribution, and stock purchase plans. Health/Group: Includes medical, dental, life insurance, flexible spending accounts, and post-retirement medical plans. Time Loss: Includes vacation, holiday, personal leave, PTO banks, sick leave, and short- and long-term disability plans.

Objective Comparisons

The focus of TRI value calculations is on plan design. Other factors such as geographic differentials, claims experience, and negotiating power that can affect the cost or the perceived value of benefit plans are removed. As a result, the TRI lets you make objective comparisons of overall plan design.

Calculations and Statistics

The following key values and statistics are displayed: **Benefit values:** The estimated dollar value of pretax pay an employee would need in order to replace the employer-provided benefit. **Rankings:** The position of your plan values relative to the plan values of the peer group. **Index:** The percentage relationship of your values to the median values of the peer group — 100 represents the median.

Benchmark Employees

The TRI calculations show you how plan values, rankings, and indices are influenced by each employee profile. These demographic factors are: Salary, Family/Marital Status, Age, and Service. For your organization's benefit plans and the plans of each TRI participant, values, rankings, and indices are calculated for each employee profile. The profiles are defined in the Employee Profile Comparisons section.

National Composite Workforce

In addition to the employee profiles, the TRI also values, ranks, and compares your benefit plans with those of your peer group based on a composite workforce. The composite workforce is made up of the 19 positions as well as the incumbent weighting. The workforce consists of 1,491 incumbents distributed over 19 employee positions. Associated with each employee profile are number of incumbents, age, service, annual salary, target bonus, gender, and family status..

Modeling

As you review the results of this report and evaluate the implications of change, you may commission Mercer to model changes to plan provisions and measure the effect on plan values. When you change a plan's provisions in the modeling process, the results will reflect the net difference in total value of the plan affected by the change.

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PEER PARTICIPANTS

- Peer 1
- Peer 2
- Peer 3
- Peer 4
- Peer 5
- Peer 6
- Peer 7
- Peer 8
- Peer 9
- Peer 10

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EXECUTIVE SUMMARY

INTRODUCTION

When writing the executive summary, the focus is on the workforce average. The same workforce is used for all employers, so the effect of different employee demographics is removed from the value comparison. This allows for benefit plans designs to be compared on a pay-neutral basis.

The values represent the amount of pre-tax pay the employee would need to duplicate in the marketplace the employer provided benefits if he or she left the employer. Please see section 8 of this report - 'Methodology' - for a complete description of how values are assessed for all benefit areas.

Throughout this summary, position is discussed in terms of the index and ranking. The index, which is the relationship of benefit values to the median value of the peer group, is equal to 100. A competitive position is defined as having an index between 95 and 105, unfavorable is 94 and below, and favorable is 106 and above. A rank of 1 signifies the highest value. The median value is determined by finding the median dollar amount for the values generated by the peer group. By pinpointing the plan details which fall at or near that median, we are able to show how your plans compare. A full description of all plan provisions is provided in Section 7 of this report in the Summary of Plan Features.

RETIREMENT/SAVINGS

The Retirement/Savings area includes Defined Benefit, Defined Contribution and Stock Purchase plans. ABC Company's index is 132 and ranks 5 out of 13 organizations.

ABC Company, Inc.'s position results from being the only organization providing a defined benefit plan, offset by an unfavorable comparison in the defined contribution area combined with the lack of a stock purchase plan.

DEFINED BENEFIT

A Defined Benefit plan is only offered by ABC Company. None of the peers provide a defined benefit plan for current employees.

DEFINED CONTRIBUTION

All organizations reported offering a Defined Contribution plan. The primary driver of value in defined contribution plans is the level of employer funding. Two peers in this survey provide an employer matching contribution in addition to a fixed or discretionary non-matching contribution. The remaining peers provide a fixed non-matching or a fixed matching contribution only. Six of the eight participating organizations, including ABC Company, contain annual bonus in the definition of salary.

The plan closest to the median value provides a 100% match on the first 5% using base pay. ABC Company's overall employer contribution of 4% is below the median employer contribution for the peer group.

STOCK PURCHASE

Four peers reported offering a Stock Purchase plan, although one of these peers does not provide a match or discount. All three peers offer a discount, one provides a 5%, one provides a 10% and the last peer provides a 15% discount.

HEALTH/GROUP

The Health/Group area includes Medical, Dental, Life Insurance, Flexible Spending Accounts, and Post-retirement Medical. ABC Company's index is 89 and ranks 10 out of 13 organizations.

ABC Company, Inc.'s position results from an unfavorable comparison in the medical area combined with the lack of a post-retirement medical plan, offset by favorable comparisons in the dental and dependent care FSA areas combined with competitive comparisons in the life insurance and health care FSA areas.

MEDICAL

All of the participants in this study offer at least one medical plan to their employees. Most offer more than one, and when choosing which plan to value for comparison, we use the one with the highest participation rate noted.

When valuing a PPO or POS plan, it is assumed the majority of claims come from In-network facilities with a small number utilizing out-of-network services. For HMO and EPO plans, it is assumed there will be a small amount of claims outside the network which are unpaid. These values are then normalized to market rates. For more information on how Mercer assesses the value of a medical plan overall, please see page 8-14 of this report.

MEDICAL (CONTINUED)

ABC Company's index is 71 with a ranking of 12 out of 13 peer organizations. The unfavorable comparison in the medical plan area is a result of the assessed value of the overall plan provisions being under the peers in this group. As detailed below, ABC Company's deductibles are higher than the majority of the peer group, including those offering employer-funded HSA plans, out of pocket limits are on the higher end, and having a 20% copay after meeting the deductible for office visits brings them under the competitive margin of this peer group.

The plan valued for ABC Company is a PPO plan (with the highest participation rate of 64%). The plan includes an HSA element including an employer contribution of \$350/individual and \$700/family for participants in the Healthy Lifestyle Program. The plan has a deductible of \$2,000/individual and \$4000/family for in-network services and the out of pocket limit is \$4,500 for individual and \$6,750 for family. Most services have a 20% copay after the deductible is met. Employee cost share is 24% for all coverage levels.

The median value falls between two plans. The first is a EPO plan where the deductible/individual is \$600 and \$1,500/family. Out of pocket limits are \$3,000/\$6,000. Inpatient hospital is covered at 20% after a \$100 copay, and office visits are subject to a 20% coinsurance. Employee cost share ranges from 23% for employee only coverage to 23% for family.

The second plan at the median value is a PPO plan with a deductible of \$500 per individual and \$1,000 for family, an out of pocket limit of \$1,500/individual and \$3,000/family; inpatient hospital is covered at 20% after the deductible has been met, and office visits are also subject to 20% coinsurance. Employee cost share is based on salary ranges from 25%-26%.

MEDICAL (CONTINUED)

Of all the plans valued for the peer group, 12 are PPO/POS plans, four of which (including ABC Company) are higher deductible plans and are classified as CDHP plans. All of these CDHP plans offer employer contributions into an HRA account ranging from \$300-\$500 for employee only up to \$700-\$1,800 for family. One of these plans bases the employer funds on service hours; the higher the service, the more the employer contributes. The one organization that does not have a PPO/POS plan as the most prevalent plan, is organization B and their EPO plan is the most prevalent plan.

DENTAL

Dental benefits are valued using a standard insurance organization manual rating technique and the resulting values are then normalized to market rates. Employee contributions are assumed to be made on a pretax basis. The resulting amount is then grossed-up to recognize the tax-free status of benefits.

ABC Company has an index position of 119 and ranks 5 of 13. The median value falls between two plans. Both of the plans provide plan provisions that are slightly less rich than ABC Company combined with the employee cost share that is very similar.

ABC Company's plan provisions provide 100% coverage for Preventive services, 80% for Basic services and 50% for both Major and Orthodontia services. Basic / Major services and Orthodontia services have a maximum of \$2,000. There is a deductible of \$25 for individual and \$50 for family for Basic / Major services. Cost share is 47.5% for all employee levels.

The median value falls between two plans. The first provides 100% coverage for Preventive services, 80% for Basic, and 50% for Major and Orthodontia services. There is a combined deductible of \$50 per person/\$150 per family. The annual maximum for Basic / Major services is \$1,200 and the lifetime maximum for Orthodontia is \$2,000. Cost share is based on salary and ranges from 48%-49% for all coverage levels.

DENTAL (CONTINUED)

The second median valued plan provides 90% coverage for Preventive services, 80% for Basic, and 50% for Major and Orthodontia services. There is a separate deductible for Basic/Major of \$50 per person (\$150 assumed for family). The annual maximum for Basic / Major services is \$1,500 and the lifetime maximum for Orthodontia is \$1,250. Cost share is based on salary and ranges from 42%-44% for all levels of coverage.

LIFE INSURANCE

All members provide employer-paid life insurance. ABC Company's competitive comparison is the result of providing a benefit that is equal to 1 times an employee's base pay with no maximum. The median value is generated by a plan that pays a benefit of 1 times base pay up to \$2,000,000.

FLEXIBLE SPENDING ACCOUNTS

All organizations in this study reported the existence of both a dependent care and health care spending accounts. Only one member provides employer funding to the dependent care account. The employee contribution limits on these plans exceed the projected need such that all organizations offering the plans without employer contributions have the same value for all employee profiles.

POST RETIREMENT MEDICAL PLAN

Only one peer provides an active post-retirement medical plan for employees. This peer provides access to an indemnity plan through employer subsidy. The remaining organizations do not provide an access plan or any subsidies for post-retirement medical plan.

TIME LOSS

The Time Loss area includes Paid Time Off (PTO), Vacation, Holiday, Personal Leave, Sick Leave, STD and LTD. ABC Company's index is 114 and ranks 2 out of 13 organizations.

ABC Company, Inc.'s position results from a favorable comparison in the paid leave area combined with competitive comparisons in the STD and LTD areas. Paid leave includes paid time off, vacation, holidays, personal leave and sick leave.

PAID TIME OFF (PTO)

Six of the twelve peers, provide a paid time off plan. Paid Time Off plans can include vacation, holidays, personal leave and sick leave or any combination of the four benefits. One of the six peers that offer a paid time off plan includes holiday within the number of days off that are credited to each employee. One of the six peers offers a separate sick leave plan in addition to the paid time off plan. The plan closest to the median value provides a range of days from 14 after 0.5 years of service to 29 days after 15 years of service. Ultimately, only one of the six peers that provide a Paid Time Off plan provide more paid leave value than ABC Company.

VACATION

Seven organizations, including ABC Company, provide a traditional vacation plan. ABC Company's competitive comparison is a result of providing a number of days that is equal to or slightly higher than the organizations closest to the median value. Ultimately, only one of the six peers that provide a traditional vacation plan provide more paid leave value than ABC Company.

HOLIDAYS

All members provide separate paid annual holidays ranging from 6 days to 14.5 days (including floating holidays), with the median at 7 days. ABC Company's favorable position is a result of providing 11 paid holidays per year.

PERSONAL LEAVE

Only six organizations, including ABC Company, provide separate paid personal days; six peers include personal days within the PTO schedule. Two organizations, including ABC Company, combine sick leave and personal leave (two days were valued). ABC Company's competitive comparison is a result of providing 2 personal days per year which equals the median plan.

SICK LEAVE

Six of the thirteen organizations, including ABC Company, provide a separate policy for sick leave; two organizations combines sick leave with personal leave; five peers combine sick days within their PTO schedule. The median plan provides 7 days for corporate employees and 3 days for store associates. ABC Company's unfavorable comparison is the result of offering 3 days per year.

SHORT-TERM DISABILITY

STD benefit values are based on amounts payable in the first six months of disability; sick leave carryover and LTD commencing before six months of disability are included in STD if applicable.

Of all organizations, including ABC Company, only two do not provide an employer-paid STD plan to their employees. The median value is derived from a plan that requires a seven-day elimination period and pays benefits for up to 26 weeks of disability through STD and LTD. Pay replacement is 100% of base pay for 30 days and the remaining 22 weeks at 60% derived from the LTD plan. ABC Company's favorable comparison is the result of offering a benefit that is richer than that provided by the median plan, offset by allowing carryover of sick days for up to 15 days.

LONG-TERM DISABILITY

The value of the long-term disability benefit is the amount needed to purchase insurance to provide the long-term income replacement payable beginning after six months of disability.

We value the first six months of disability as short-term disability.

Ten of the thirteen organizations, including ABC Company, provide an employer-paid plan to their employees. The median provides a 60% pay replacement benefit with a maximum benefit of \$6,000/month. This plan offsets LTD by the family Social Security benefit. ABC Company's unfavorable comparison is a result of offering a plan that provides a 50% pay replacement but offset LTD by the individual Social Security benefit.

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MARKET COMPARISON

The Market Comparison enables you to assess the competitiveness of your benefit package by plan type for the workforce as a whole and for 11 sample employees.

BENEFIT PLANS

Competitive information and assessment are shown for each of the following benefit categories:

- § TIME LOSS: Includes vacation, holiday, personal leave, PTO banks, sick leave, and short- and long-term disability plans.
- § RETIREMENT/SAVINGS: Includes defined benefit, defined contribution, and stock purchase plans.
- § HEALTH/GROUP: Includes medical, dental, life insurance, flexible spending accounts, and post-retirement medical plans.

USING THE REPORT

Note that, if you do not offer a particular plan or if the plan is 100% paid by the employee, the plan will not have an employer-provided value and you will not have a competitive assessment shown for that plan category. (See example 1.)

Also note that the comparative results within a benefit category are not additive. As an example, an organization can provide defined benefit and defined contribution plans that are each below median and yet be at or above median in the total Retirement/Savings category. (See example 1.)

Example 1

		Salary Profiles	
		\$75K	
Retirement/Savings		é	
Defined Benefit		è	
Defined Contribution		è	
Stock Purchase			

Conversely, an organization can offer a defined contribution plan that is well above median and yet be below median in the Retirement/Savings category because it does not offer a defined benefit or stock purchase plan. (See example 2.)

Example 2

		Salary Profiles	
		\$25K	\$50K
Retirement/Savings		è	è
Defined Benefit			
Defined Contribution		éé	éé
Stock Purchase			

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MARKET COMPARISON (CONT.)

Each of the 11 sample employees represents one individual employee, while the workforce is based on a composite of over 30,000 salaried employees representing a cross section of industries – results are independent of each other. It is possible to have a plan where the 11 individual profile values are all at the median and the workforce value is above the median.

As in example 3, this would occur if an organization provides a median life insurance benefit to its non-executive employees and a very competitive life insurance benefit to its executives. None of the 11 sample employees would be eligible for the “executive” benefit, but the workforce value for life insurance would be above median because of the value provided to executives.

Example 3	Salary Profiles		Workforce Profile
	\$25K	\$100K	
Life Insurance	=	=	ε

EMPLOYEE JOB PROFILES	JOB NUMBER
Profile/Job 1	1
Profile/Job 2	2
Profile/Job 3	3
Profile/Job 4	4
Profile/Job 5	5
Profile/Job 6	6
Profile/Job 7	7
Profile/Job 8	8
Profile/Job 9	9
Profile/Job 10	10
Profile/Job 11	11
Profile/Job 12	12
Profile/Job 13	13
Profile/Job 14	14
Profile/Job 15	15
Profile/Job 16	16
Profile/Job 17	17
Profile/Job 18	18
Profile/Job 19	19

Benefit Values

Displayed below is the competitive relationship of your plans to those of a peer group consisting of organizations within your custom peer group from Mercer's national benefits database. The ratio of your plans' actuarial values to the median values of the peer group is denoted symbolically according to one of seven ranges:

- ééé Over 25% above median
- éé 15% to 25% above median
- é 5% to 15% above median
- = Median (+ or - 5%)
- ê 5% to 15% below median
- êê 15% to 25% below median
- êêê Over 25% below median

Benefit values will vary by employee depending on key demographic factors such as salary, family status, and age and service. Profiles have been defined to measure competitiveness for the individual job chosen by your company. The workforce profile results were calculated using a composite of your census.

	Salary Profiles										
	1	2	3	4	5	6	7	8	9	10	11
Time Loss	éé	ééé	ê	ééé	ééé	ééé	ééé	ééé	êê	=	=
Paid Leave	éé	ééé	ê	ééé	ééé	ééé	ééé	ééé	êê	é	=
Paid Time Off											
Vacation	=	éé	êê	éé	é	éé	ééé	éé	êêê	=	êê
Holiday	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé
Personal Leave	êêê	êê	êêê	êê	êê	êê	êê	êê	êêê	êêê	êêê
Sick Leave	êêê	êêê	êêê	êêê	êê	êêê	êêê	êêê	êêê	êêê	êê
Short-term Disability	é	é	êê	éé	ééé	éé	ééé	ééé	=	=	ééé
Long-term Disability	êê	=	êêê	êê	êêê	=	é	=	êêê	êê	ê
Retirement/Savings	éé	ééé	êê	ééé	ééé	ééé	ééé	ééé	é	é	ééé
Defined Benefit											
Defined Contribution	ê	=	êêê	é	=	=	éé	é	êê	êê	=
Stock Purchase											
Health/Group	ê	ê	êê	é	é	é	=	=	ê	ê	ê
Medical	êêê	êêê	êêê	êêê	êêê	êêê	êê	êê	êêê	êêê	êêê
Dental	éé	éé	é	éé	éé	éé	ééé	ééé	é	éé	é
Life Insurance	=	=	ê	é	é	é	éé	ééé	ê	=	é
Dependent Care FSA											ééé
Health Care FSA	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé
Post-retirement Medical											
Total Remuneration	=	éé	êê	éé	é	=	ééé	ééé	ê	=	=
Total Benefits	é	é	êê	éé	é	é	ééé	ééé	ê	=	ê

Profile Components	1	2	3	4	5	6	7	8	9	10	11
Salary	\$83,654	\$140,521	\$111,656	\$67,881	\$36,762	\$189,696	\$156,250	\$111,777	\$28,896	\$159,411	\$32,337
Age	49	36	56	38	55	36	37	37	51	56	52
Service	22	8	19	5	13	11	4	14	6	19	7
% Male	100%	0%	0%	67%	27%	0%	0%	0%	36%	100%	85%
% Married	33%	0%	50%	50%	40%	100%	100%	100%	43%	89%	15%
% With Children	33%	100%	0%	50%	26%	100%	0%	100%	26%	56%	15%

Benefit Values

Displayed below is the competitive relationship of your plans to those of a peer group consisting of organizations within your custom peer group from Mercer's national benefits database. The ratio of your plans' actuarial values to the median values of the peer group is denoted symbolically according to one of seven ranges:

- ééé Over 25% above median
- éé 15% to 25% above median
- é 5% to 15% above median
- = Median (+ or - 5%)
- ê 5% to 15% below median
- êê 15% to 25% below median
- êêê Over 25% below median

Benefit values will vary by employee depending on key demographic factors such as salary, family status, and age and service. Profiles have been defined to measure competitiveness for the individual job chosen by your company. The workforce profile results were calculated using a composite of your census.

Salary Profiles									
	12	13	14	15	16	17	18	19	WF
Time Loss	ééé	ééé	éé	éé	é	é	é	ééé	é
Paid Leave	ééé	ééé	éé	éé	é	é	é	ééé	é
Paid Time Off									
Vacation	ééé	ééé	ê	éé	é	é	ê	éé	=
Holiday	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé	ééé
Personal Leave	êêê	êê	êê	êê	êêê	êêê	êêê	êêê	êêê
Sick Leave	êêê	êêê	ê	êêê	êê	êêê	êêê	êêê	êê
Short-term Disability	é	éé	ééé	éé	éé	ê	=	ééé	éé
Long-term Disability	êêê	ê	ê	êê	êê	êê	êê	=	êê
Retirement/Savings	éé	ééé	ééé	ééé	ééé	=	=	ê	ééé
Defined Benefit									
Defined Contribution	ê	=	é	=	=	êê	êê	êêê	=
Stock Purchase									
Health/Group	ê	ê	ê	=	ê	ê	ê	ê	ê
Medical	êêê	êê	êêê	ê	êêê	êêê	êêê	êêê	êêê
Dental	éé	ééé	éé	éé	éé	é	é	é	éé
Life Insurance	=	é	éé	éé	é	=	ê	=	é
Dependent Care FSA					ééé	=	ê	ê	ééé
Health Care FSA	ééé	ééé		ééé		ééé	ééé	ééé	ééé
Post-retirement Medical									
Total Remuneration	=	é	éé	éé	é	=	ê	ê	é
Total Benefits	é	éé	é	éé	é	=	=	é	é

Profile Components									
Salary	\$58,110	\$83,298	\$34,082	\$98,571	\$23,626	\$134,328	\$83,047	\$325,000	\$32,248
Age	52	45	46	41	49	45	44	47	50
Service	18	6	4	7	4	11	5	14	6
% Male	100%	10%	38%	32%	37%	22%	0%	100%	36%
% Married	36%	30%	22%	36%	45%	33%	25%	100%	41%
% With Children	18%	50%	20%	39%	30%	45%	50%	100%	29%

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PLAN VALUE COMPARISONS

Plan Value Comparisons are a series of charts that show you how your benefit plans' market replacement value compares to the peer organizations in total, by plan grouping, and by plan based on a national composite workforce.

Market replacement value is the estimated amount of pretax salary an employee would need in order to replace the employer-provided benefits.

The national composite workforce is a set of generic employee profiles that represents a typical employee population. These profiles were developed from a national cross-section of representative organizations that vary by industry, size, and geography. The national composite workforce is described in greater detail in the Methodology section.

POINTS OF COMPARISON

To compare your competitive position relative to the peer group, the following Plan Value Comparison charts show where your organization leads and lags according to the following criteria:

- § Values: Shows the range of dollar values for all organizations in the peer group.
- § Rank: Identifies your organization's plan value position relative to the peer group values.
- § Quartile: Shows the distribution of the peer group's plan values by showing the 1st and 3rd quartiles and median dollar values.

§ Index: Illustrates the relationship of your benefit values to the median values of the peer group. For example, an index value of 105 indicates that your value is 5% above the median value.

PLANS COVERED

Benefit value comparisons are shown for the following plan groupings and individual plans:

Total Remuneration

- Total Cash Compensation
- Total Benefits

Total Benefits

- All benefit components

Retirement/Savings

- Defined Benefit
- Defined Contribution
- Stock Purchase

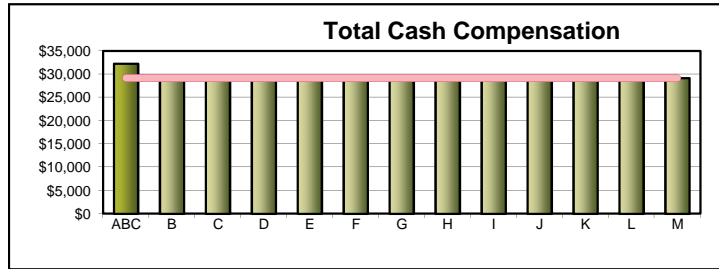
Health/Group

- Medical
- Dental
- Life Insurance
- Health Care Spending Accounts
- Dependent Care Spending Accounts
- Post-retirement Medical

Time Loss

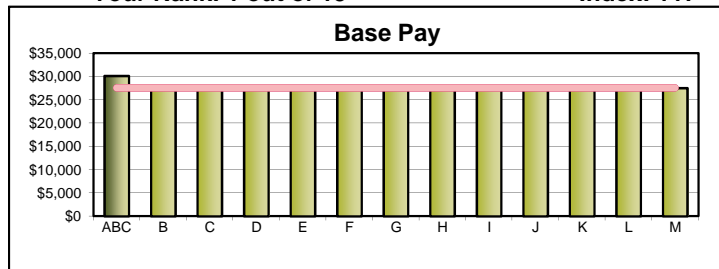
- Paid Time Off
- Vacation
- Holiday
- Personal Leave
- Sick Days
- Short-term Disability
- Long-term Disability

Plan Value Comparisons



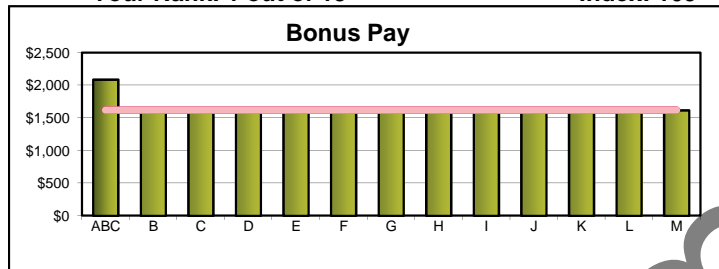
Your Rank: 1 out of 13

Index: 117



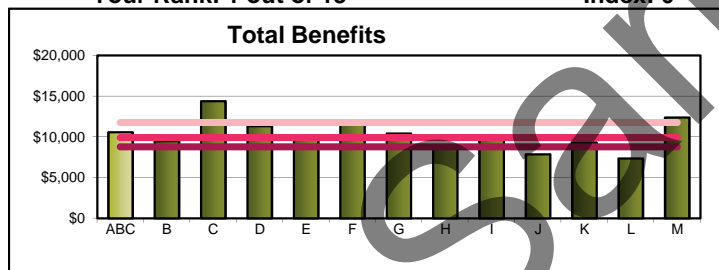
Your Rank: 1 out of 13

Index: 109



Your Rank: 1 out of 13

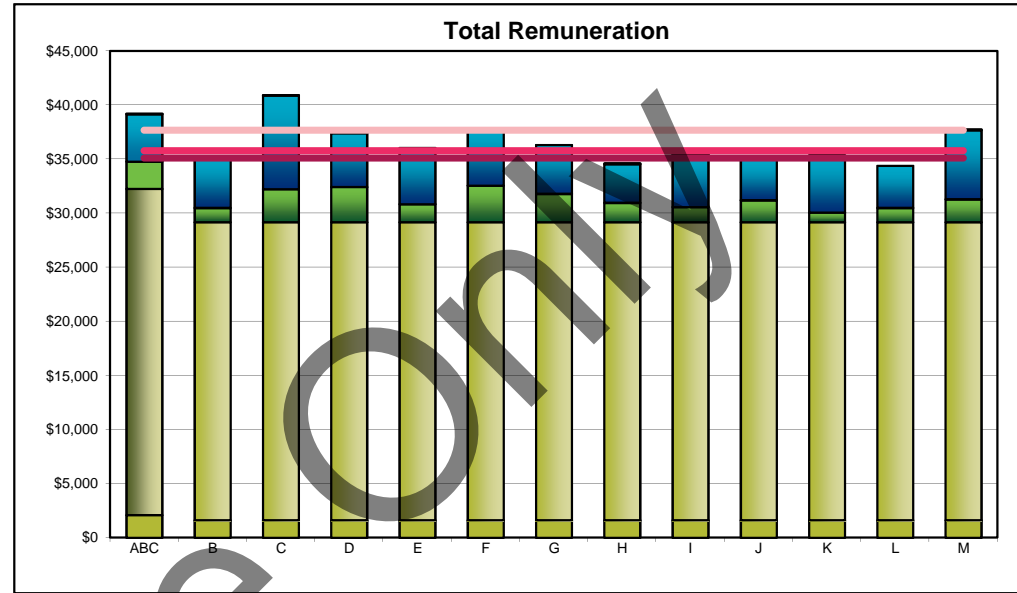
Index: 0



Your Rank: 5 out of 13

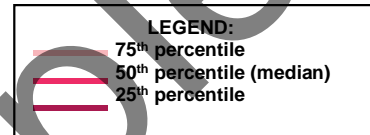
Index: 107

Benefit Plan Groupings



Your Rank: 2 out of 13

Index: 110



Rank: the numeric rank of your organization's value, where the highest value is ranked first.
Index: the percentage relationship between your value and the median; 100 equals the median.

Executive Summary

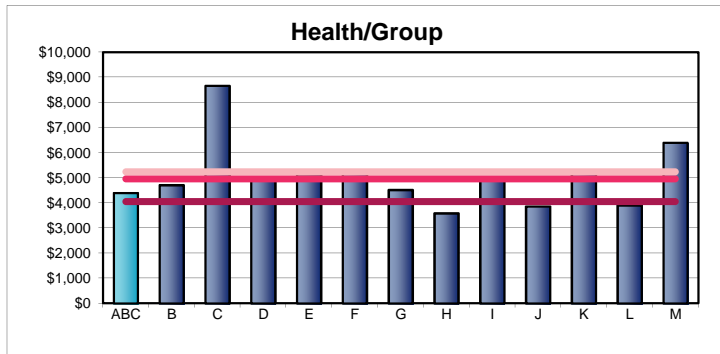
Total Remuneration value is a combination of total compensation plus retirement savings, health group and LTD. ABC Company's favorable comparison is a result of providing a higher total compensation combined with a favorable comparison in the retirement savings area, offset by unfavorable comparisons in the health group and LTD areas.

Plan Value Comparisons



Your Rank: 5 out of 13

Index: 132



Your Rank: 10 out of 13

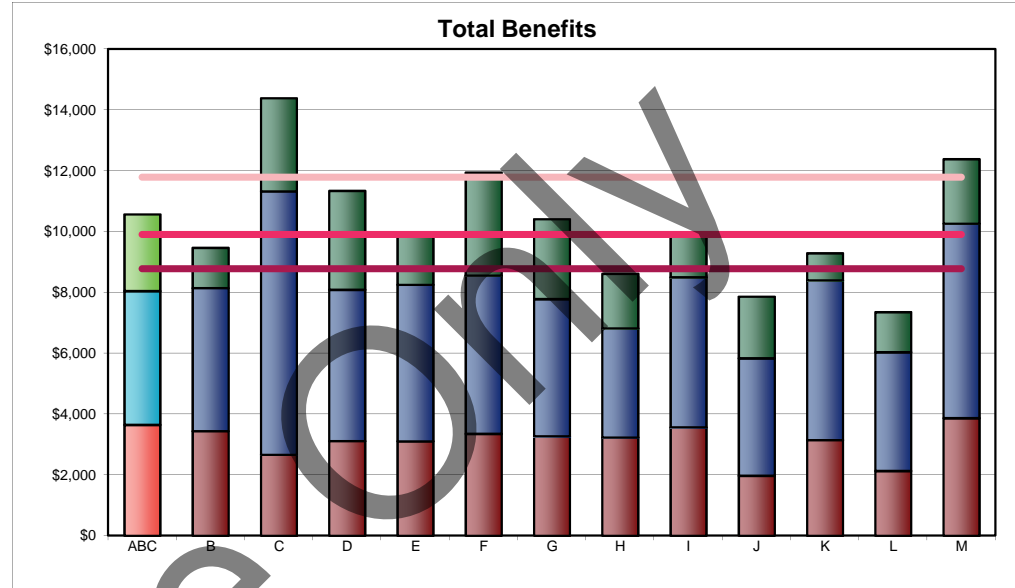
Index: 89



Your Rank: 2 out of 13

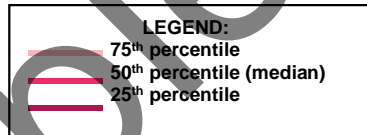
Index: 114

Benefit Plan Groupings



Your Rank: 5 out of 13

Index: 107

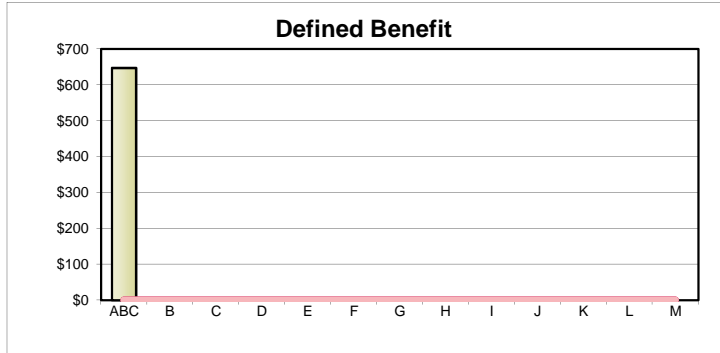


Rank: the numeric rank of your organization's value, where the highest value is ranked first.
Index: the percentage relationship between your value and the median; 100 equals the median.

Executive Summary

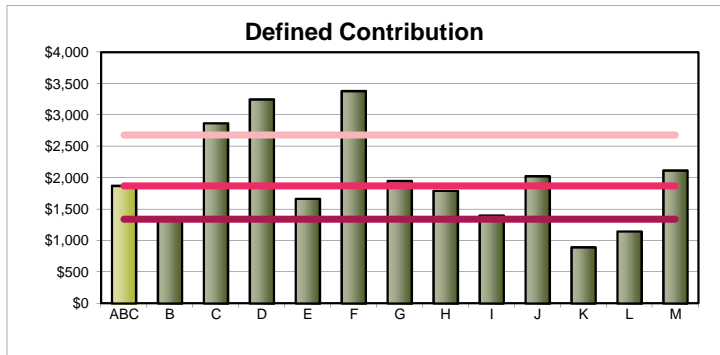
ABC Company's position results from favorable comparisons in the retirement/savings and time loss areas, offset by an unfavorable comparison in the health/group area.

Plan Value Comparisons



Your Rank: N/A

Index: N/A



Your Rank: 7 out of 13

Index: 100



Your Rank: N/A

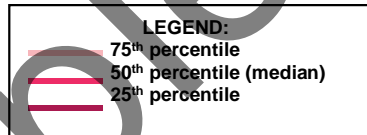
Index: N/A

Benefit Plan Groupings



Your Rank: 5 out of 13

Index: 132

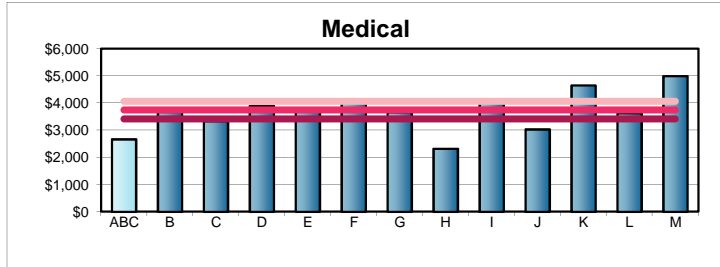


Rank: the numeric rank of your organization's value, where the highest value is ranked first.
Index: the percentage relationship between your value and the median; 100 equals the median.

Executive Summary

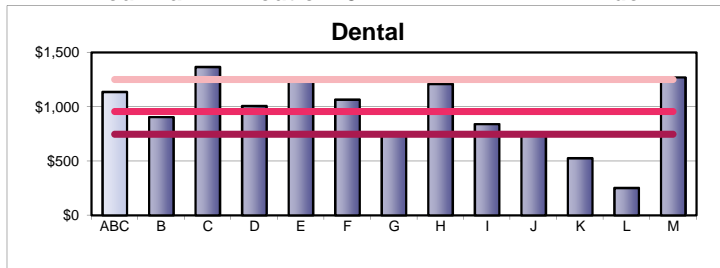
ABC Company's position results from being the only organization providing a defined benefit plan combined with a competitive comparison in the defined contribution area, offset by the lack of a stock purchase plan.

Plan Value Comparisons



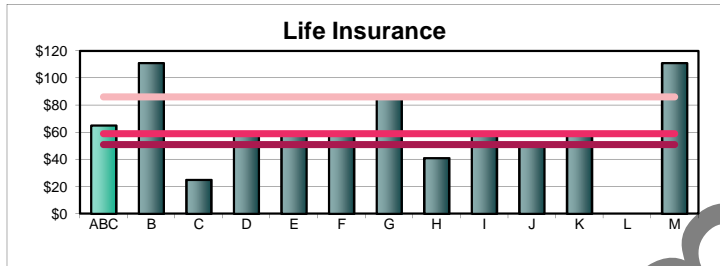
Your Rank: 12 out of 13

Index: 71



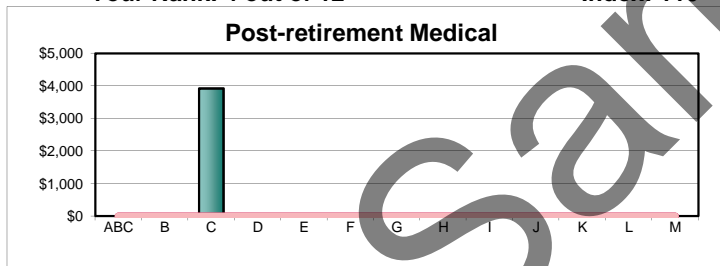
Your Rank: 5 out of 13

Index: 119



Your Rank: 4 out of 12

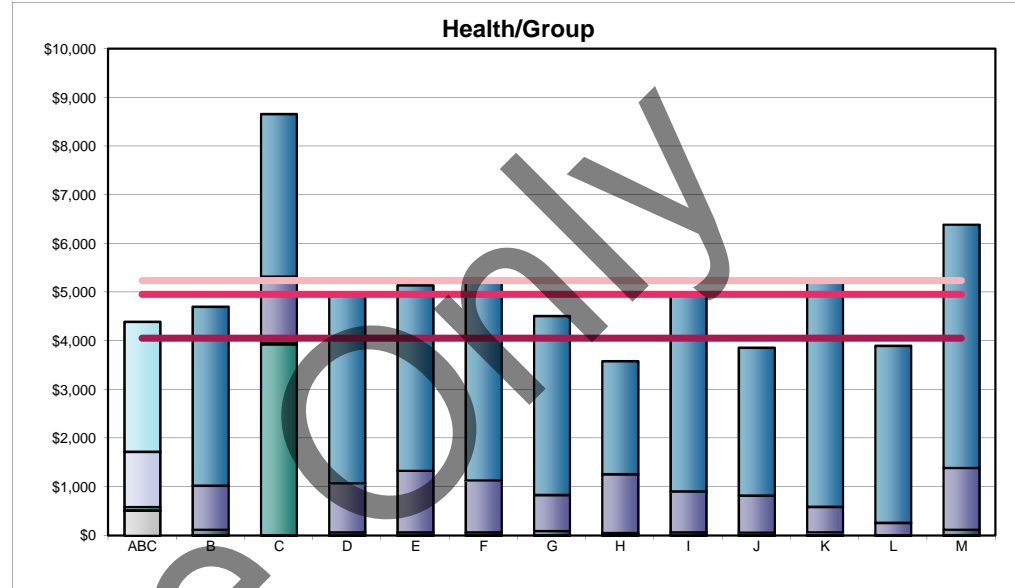
Index: 110



Your Rank: N/A

Index: N/A

Benefit Plan Groupings



Your Rank: 10 out of 13

Index: 89

LEGEND:

- 75th percentile
- 50th percentile (median)
- 25th percentile

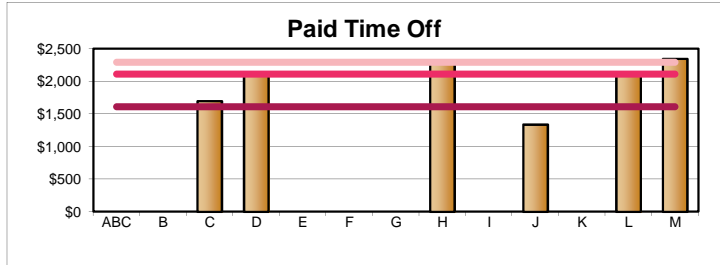
Rank: the numeric rank of your organization's value, where the highest value is ranked first.

Index: the percentage relationship between your value and the median; 100 equals the median.

Executive Summary

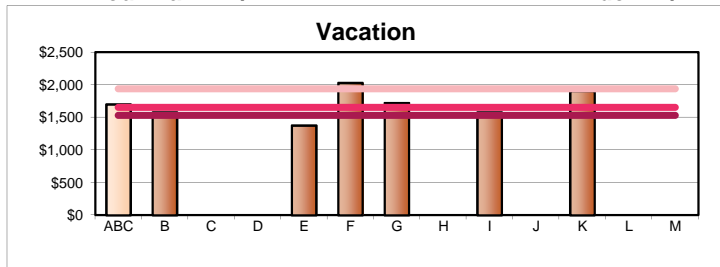
ABC Company's position results from an unfavorable comparison in the medical area combined with the lack of a post-retirement medical plan, offset by favorable comparisons in the dental and dependent care FSA areas combined with competitive comparisons in the life insurance and health care FSA areas.

Plan Value Comparisons



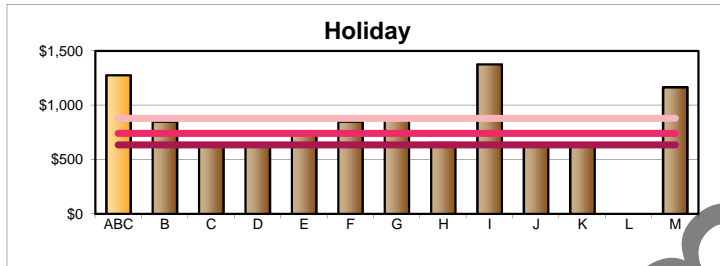
Your Rank: N/A

Index: N/A



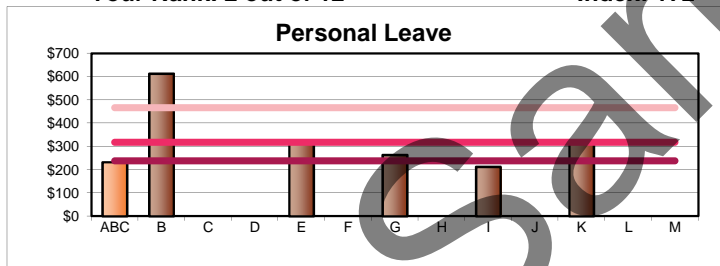
Your Rank: 4 out of 7

Index: 103



Your Rank: 2 out of 12

Index: 172



Your Rank: 5 out of 6

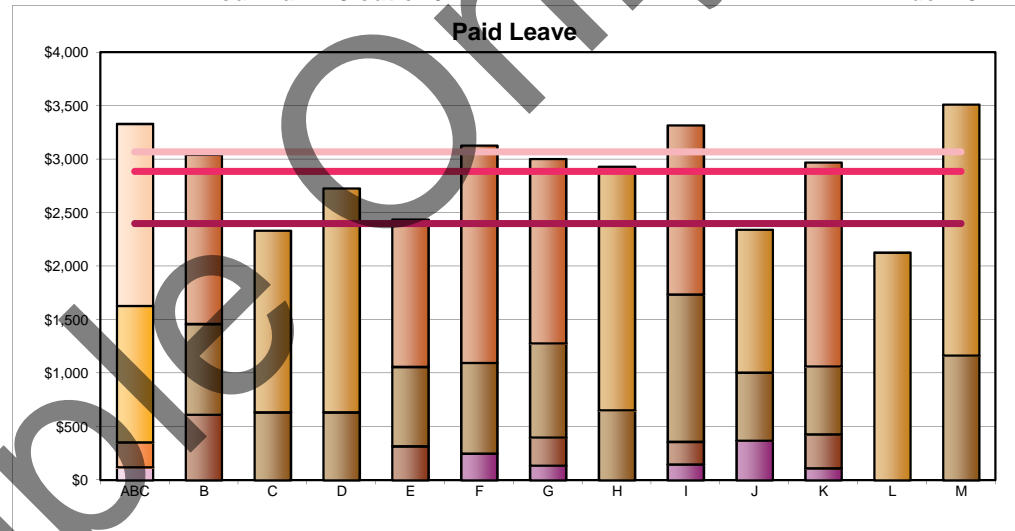
Index: 73

Benefit Plan Groupings



Your Rank: 5 out of 6

Index: 82



Your Rank: 2 out of 13

Index: 113

LEGEND:

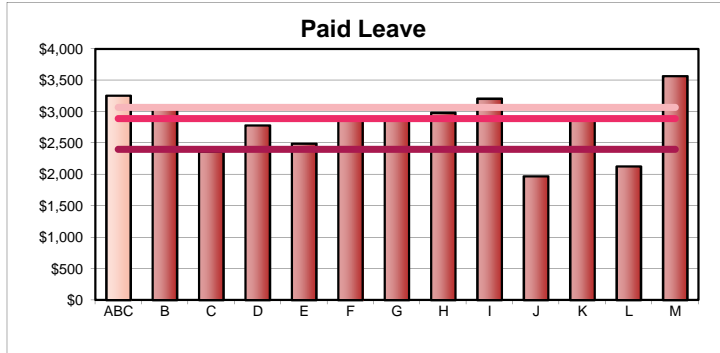
- 75th percentile
- 50th percentile (median)
- 25th percentile

Rank: the numeric rank of your organization's value, where the highest value is ranked first.
Index: the percentage relationship between your value and the median; 100 equals the median.

Executive Summary

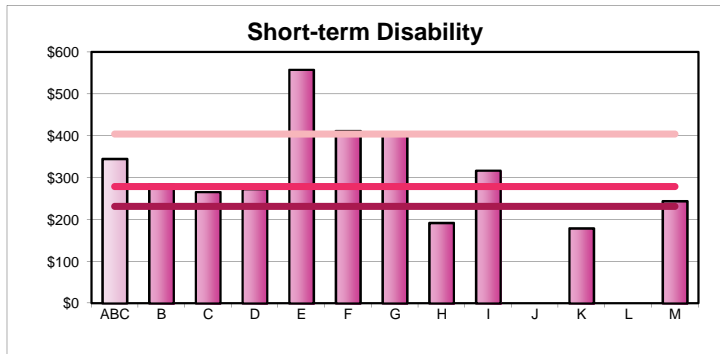
Paid leave includes paid time off, vacation, holidays, personal leave and sick leave. ABC Company's favorable comparison is combination of providing a higher overall base pay compared to the median pay for the same positions combined with providing more days off compared to the majority of the peers.

Plan Value Comparisons



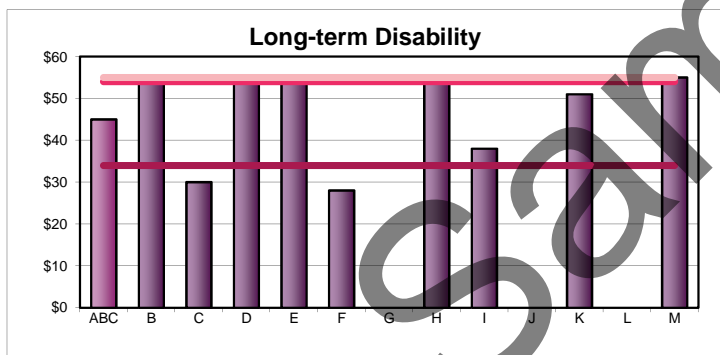
Your Rank: 2 out of 13

Index: 113



Your Rank: 4 out of 11

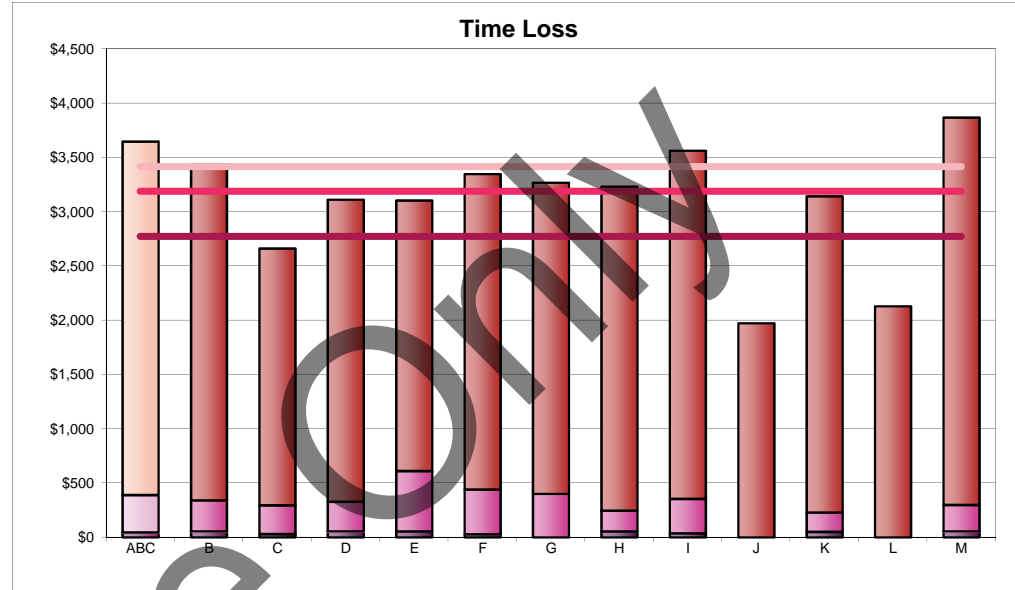
Index: 124



Your Rank: 7 out of 10

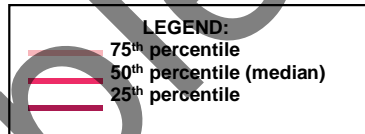
Index: 83

Benefit Plan Groupings



Your Rank: 2 out of 13

Index: 114



Rank: the numeric rank of your organization's value, where the highest value is ranked first.
Index: the percentage relationship between your value and the median; 100 equals the median.

Executive Summary

ABC Company's position results from favorable comparisons in the paid leave and STD areas, offset by an unfavorable position in the LTD area.

6

EMPLOYEE PROFILE COMPARISONS

In the previous section, Plan Value Comparisons, benefit plan values were compared for the workforce as a whole. This workforce comparison provided an overall view of the competitiveness of your program. However, the value of benefits to any one given employee is affected by his/her own individual situation, that is, as determined by factors of salary, age, years of service, and family status.

The following Employee Profile Comparisons present the plan values, rankings, and indices for your selected individual jobs. Consequently, you can assess the value and competitiveness of your organization's benefit plans more thoroughly.

How Values are Calculated

For each employer-provided benefit plan, a dollar value for each employee profile is calculated. These values are displayed in the Employee Profile Comparison tables. Each plan's dollar value represents the estimated pretax dollars the employee would need in order to replace the employer-provided portion of the plan benefit in the open market.

For example, consider the single Retirement/Savings plan feature — Employer contribution match rate in a 401(k) plan. For each organization having a 401(k) plan, the value of that feature is calculated for each employee profile. That dollar value is then included in the overall value of the employee profile's 401(k) plan, in the Retirement/Savings plans grouping, and in the Total Benefits grouping.

How Values are Shown

The plan values for benchmark employees are shown in a series of tables and charts which are expressed in pretax U.S. dollars. These tables and charts show comparisons for

- n *Total Remuneration: Cash Compensation, Retirement/Savings, Health/Group, and Long-term Disability.*
- n *Total Benefits: Retirement/Savings, Health Group, and Time Loss.*
- n *Plan Groupings: Cash Compensation, Retirement/Savings, Health/Group, and Time Loss.*
- n *Individual Plans*

The tables display the following data and statistics:

- n *Values: The dollar values determined for each employee profile.*
- n *Rank: Your organization's plan value position relative to the peer group values.*
- n *Quartile: The distribution of the peer group's plan values by showing the 1st and 3rd quartiles, median, and mean dollar values.*
- § *Index: The relationship of your benefit values to the median values of the peer group. For example, an index value of 105 indicates that your plan's value is 5% above the median value.*

TOTAL REMUNERATION INDEX

EMPLOYEE JOB PROFILES	JOB NUMBER
Profile/Job 1	1
Profile/Job 2	2
Profile/Job 3	3
Profile/Job 4	4
Profile/Job 5	5
Profile/Job 6	6
Profile/Job 7	7
Profile/Job 8	8
Profile/Job 9	9
Profile/Job 10	10
Profile/Job 11	11
Profile/Job 12	12
Profile/Job 13	13
Profile/Job 14	14
Profile/Job 15	15
Profile/Job 16	16
Profile/Job 17	17
Profile/Job 18	18
Profile/Job 19	19

Sample Only

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 1										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$83.7	1	103	107	85	12			\$81.0	
Base Pay	\$78.2	1	104	100	79	12			\$75.0	
Bonus	\$5.5	13	91	7	6	12			\$6.0	
Time Loss	\$11.2	4	116	14	11	12	\$8.2	\$9.6	\$9.6	\$11.1
Paid Leave	\$10.1	4	119	13	10	12	\$7.3	\$8.7	\$8.5	\$10.0
Paid Time Off						6	\$5.0	\$6.3	\$6.6	\$7.1
Vacation	\$6.0	3	104	8	6	6	\$5.8	\$6.1	\$5.8	\$6.3
Holiday	\$3.3	3	164	4	3	11	\$1.7	\$2.4	\$2.0	\$3.2
Personal Leave	\$0.6	3	69	1	1	3		\$0.8	\$0.9	
Sick Leave	\$0.3	5	45	0	0	5	\$0.4	\$0.7	\$0.7	\$1.0
Short-term Disability	\$0.9	5	111	1	1	10	\$0.6	\$0.9	\$0.8	\$1.1
Long-term Disability	\$0.2	7	77	0	0	9	\$0.1	\$0.2	\$0.2	\$0.2
Retirement/Savings	\$8.3	5	121	11	8	12	\$5.1	\$7.3	\$6.8	\$9.8
Defined Benefit	\$2.0			3	2					
Defined Contribution	\$6.3	9	92	8	6	12	\$5.1	\$7.0	\$6.8	\$9.2
Stock Purchase						4		\$0.8	\$0.4	
Health/Group	\$6.5	10	87	8	7	12	\$6.5	\$7.8	\$7.5	\$8.0
Medical	\$3.7	12	70	5	4	12	\$4.8	\$5.3	\$5.3	\$5.6
Dental	\$2.1	5	118	3	2	12	\$1.5	\$1.7	\$1.8	\$2.2
Life Insurance	\$0.2	4	104	0	0	11	\$0.2	\$0.2	\$0.2	\$0.2
Dependent Care FSA										
Health Care FSA	\$0.6	1	601	1	1	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$98.6	4	104	126	100	12	\$93.4	\$96.2	\$95.0	\$99.3
Total Benefits	\$26.0	6	106	33	26	12	\$21.3	\$24.7	\$24.6	\$28.9

Profile Definition		Terminology Definitions	
Salary:	\$83,654	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	49	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	22	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	100%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	33%	Note:	Quartile values are not additive within groupings.
% With Children	33%		
# Incumbents	3		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 2										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$140.5	1	116	114	86	12			\$120.7	
Base Pay	\$123.3	1	117	100	76	12			\$105.0	
Bonus	\$17.3	1	110	14	11	12			\$15.7	
Time Loss	\$17.7	1	129	14	11	12	\$12.9	\$13.6	\$13.8	\$15.5
Paid Leave	\$16.0	1	133	13	10	12	\$11.6	\$12.4	\$12.0	\$14.0
Paid Time Off						6	\$8.2	\$9.1	\$9.5	\$10.0
Vacation	\$9.5	2	117	8	6	6	\$8.1	\$8.5	\$8.1	\$8.9
Holiday	\$5.2	3	185	4	3	11	\$2.4	\$3.4	\$2.8	\$4.4
Personal Leave	\$0.9	3	78	1	1	3		\$1.1	\$1.2	
Sick Leave	\$0.5	5	50	0	0	5	\$0.5	\$1.0	\$1.0	\$1.4
Short-term Disability	\$1.5	5	106	1	1	10	\$0.9	\$1.2	\$1.4	\$1.5
Long-term Disability	\$0.3	7	97	0	0	9	\$0.3	\$0.3	\$0.3	\$0.3
Retirement/Savings	\$14.7	5	132	12	9	12	\$7.6	\$11.9	\$11.1	\$16.4
Defined Benefit	\$4.3			3	3					
Defined Contribution	\$10.4	7	97	8	6	12	\$7.6	\$11.5	\$10.7	\$16.4
Stock Purchase						4		\$1.2	\$0.5	
Health/Group	\$7.5	10	87	6	5	12	\$7.6	\$9.0	\$8.6	\$9.3
Medical	\$4.1	12	69	3	3	12	\$5.5	\$6.0	\$6.0	\$6.3
Dental	\$2.4	5	118	2	1	12	\$1.8	\$2.0	\$2.0	\$2.5
Life Insurance	\$0.3	5	105	0	0	11	\$0.2	\$0.2	\$0.2	\$0.3
Dependent Care FSA										
Health Care FSA	\$0.7	1	501	1	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$163.0	1	116	209	165	12	\$137.0	\$141.9	\$141.0	\$147.3
Total Benefits	\$39.9	5	111	32	24	12	\$28.3	\$34.5	\$35.9	\$40.3

Profile Definition		Terminology Definitions	
Salary:	\$140,521	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	36	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	8	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	0%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	0%	Note:	Quartile values are not additive within groupings.
% With Children	100%		
# Incumbents	1		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 3										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$111.7	13	74	111	86	12			\$150.0	
Base Pay	\$100.6	13	80	100	77	12			\$125.0	
Bonus	\$11.1	13	44	11	8	12			\$25.0	
Time Loss	\$14.4	11	88	14	11	12	\$15.2	\$16.2	\$16.4	\$18.5
Paid Leave	\$13.0	11	91	13	10	12	\$13.9	\$14.8	\$14.3	\$16.7
Paid Time Off						6	\$9.7	\$10.8	\$11.3	\$11.9
Vacation	\$7.7	7	80	8	6	6	\$9.6	\$10.1	\$9.6	\$10.6
Holiday	\$4.3	4	126	4	3	11	\$2.9	\$4.0	\$3.4	\$5.3
Personal Leave	\$0.8	4	54	1	1	3		\$1.3	\$1.4	
Sick Leave	\$0.4	6	34	0	0	5	\$0.6	\$1.1	\$1.2	\$1.7
Short-term Disability	\$1.2	8	78	1	1	10	\$1.1	\$1.4	\$1.5	\$1.8
Long-term Disability	\$0.2	9	56	0	0	9	\$0.3	\$0.4	\$0.4	\$0.4
Retirement/Savings	\$11.1	9	81	11	9	12	\$9.2	\$14.7	\$13.7	\$19.9
Defined Benefit	\$2.9			3	2					
Defined Contribution	\$8.2	11	62	8	6	12	\$9.2	\$14.2	\$13.2	\$19.9
Stock Purchase						4		\$1.3	\$0.6	
Health/Group	\$7.2	11	84	7	6	12	\$7.6	\$9.1	\$8.6	\$9.3
Medical	\$4.0	12	67	4	3	12	\$5.5	\$6.0	\$6.0	\$6.3
Dental	\$2.3	5	113	2	2	12	\$1.8	\$2.0	\$2.0	\$2.5
Life Insurance	\$0.2	11	91	0	0	11	\$0.3	\$0.3	\$0.3	\$0.3
Dependent Care FSA										
Health Care FSA	\$0.6	1	482	1	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$130.2	13	75	167	132	12	\$168.0	\$174.0	\$172.8	\$180.8
Total Benefits	\$32.8	10	79	33	25	12	\$32.1	\$40.0	\$41.5	\$47.6

Profile Definition		Terminology Definitions	
Salary:	\$111,656	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	56	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	19	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	0%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	50%	Note:	Quartile values are not additive within groupings.
% With Children	0%		
# Incumbents	2		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 4

	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$67.9	1	120	107	84	12			\$56.4	
Base Pay	\$63.4	1	118	100	79	12			\$53.7	
Bonus	\$4.4	1	165	7	6	12			\$2.7	
Time Loss	\$9.0	1	135	14	11	12	\$5.8	\$6.7	\$6.7	\$7.8
Paid Leave	\$8.2	1	137	13	10	12	\$5.1	\$6.1	\$6.0	\$7.1
Paid Time Off						6	\$3.6	\$4.5	\$4.8	\$5.1
Vacation	\$4.9	2	118	8	6	6	\$3.9	\$4.2	\$4.1	\$4.5
Holiday	\$2.7	2	186	4	3	11	\$1.2	\$1.7	\$1.4	\$2.3
Personal Leave	\$0.5	3	79	1	1	3		\$0.6	\$0.6	
Sick Leave	\$0.3	5	51	0	0	5	\$0.3	\$0.5	\$0.5	\$0.7
Short-term Disability	\$0.7	4	126	1	1	10	\$0.5	\$0.6	\$0.6	\$0.8
Long-term Disability	\$0.1	7	91	0	0	9	\$0.1	\$0.1	\$0.1	\$0.1
Retirement/Savings	\$6.4	4	145	10	8	12	\$3.3	\$4.7	\$4.4	\$6.4
Defined Benefit	\$1.6			2	2					
Defined Contribution	\$4.8	5	111	8	6	12	\$3.3	\$4.5	\$4.4	\$6.0
Stock Purchase						4		\$0.5	\$0.3	
Health/Group	\$6.1	10	87	10	8	12	\$6.0	\$7.4	\$7.1	\$7.5
Medical	\$3.5	12	70	6	4	12	\$4.6	\$5.1	\$5.0	\$5.3
Dental	\$2.0	5	119	3	2	12	\$1.4	\$1.6	\$1.6	\$2.0
Life Insurance	\$0.1	4	115	0	0	11	\$0.1	\$0.1	\$0.1	\$0.2
Dependent Care FSA										
Health Care FSA	\$0.5	1	1,106	1	1	12	\$0.0	\$0.0	\$0.0	\$0.0
Post-retirement Medical						1				
Total Remuneration	\$80.5	1	119	103	82	12	\$66.4	\$68.5	\$67.5	\$70.7
Total Benefits	\$21.6	3	118	34	27	12	\$16.5	\$18.8	\$18.3	\$21.5

Profile Definition		Terminology Definitions	
Salary:	\$67,881	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	38	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	5	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	67%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	50%	Note:	Quartile values are not additive within groupings.
% With Children	50%		
# Incumbents	3		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 5										
(Values displayed in \$000's)	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
Cash Compensation	\$36.8	1	112	105	82	12			\$32.8	
Base Pay	\$35.0	1	112	100	78	12			\$31.2	
Bonus	\$1.8	1	112	5	4	12			\$1.6	
Time Loss	\$4.9	2	127	14	11	12	\$3.4	\$3.9	\$3.9	\$4.5
Paid Leave	\$4.5	2	127	13	10	12	\$2.9	\$3.5	\$3.5	\$4.1
Paid Time Off						6	\$2.1	\$2.6	\$2.8	\$3.0
Vacation	\$2.7	1	112	8	6	6	\$2.3	\$2.3	\$2.4	\$2.4
Holiday	\$1.5	2	176	4	3	11	\$0.7	\$0.9	\$0.8	\$1.0
Personal Leave	\$0.3	5	75	1	1	5	\$0.3	\$0.4	\$0.4	\$0.6
Sick Leave	\$0.1	4	84	0	0	5	\$0.1	\$0.2	\$0.2	\$0.3
Short-term Disability	\$0.4	4	134	1	1	10	\$0.3	\$0.4	\$0.3	\$0.5
Long-term Disability	\$0.0	7	74	0	0	9	\$0.0	\$0.1	\$0.1	\$0.1
Retirement/Savings	\$2.8	5	138	8	6	12	\$1.5	\$2.2	\$2.0	\$3.1
Defined Benefit	\$0.7			2	2					
Defined Contribution	\$2.0	7	103	6	5	12	\$1.5	\$2.1	\$2.0	\$2.8
Stock Purchase						4		\$0.3	\$0.2	
Health/Group	\$5.1	10	87	15	11	12	\$4.9	\$6.1	\$5.9	\$6.2
Medical	\$3.0	12	69	9	7	12	\$3.9	\$4.3	\$4.4	\$4.6
Dental	\$1.6	5	119	5	4	12	\$1.0	\$1.3	\$1.3	\$1.7
Life Insurance	\$0.1	4	111	0	0	11	\$0.0	\$0.1	\$0.1	\$0.1
Dependent Care FSA										
Health Care FSA	\$0.4	1	8,420	1	1	12	\$0.0	\$0.0	\$0.0	\$0.0
Post-retirement Medical						1				
Total Remuneration	\$44.7	2	111	57	45	12	\$39.7	\$41.1	\$40.4	\$42.4
Total Benefits	\$12.9	5	109	37	29	12	\$10.4	\$12.1	\$11.8	\$13.6

Profile Definition		Terminology Definitions	
Salary:	\$36,762	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	55	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	13	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	27%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	40%	Note:	Quartile values are not additive within groupings.
% With Children	26%		
# Incumbents	311		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 6										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$189.7	1	119	120	87	12			\$159.9	
Base Pay	\$158.1	1	117	100	73	12			\$135.5	
Bonus	\$31.6	1	130	20	15	12			\$24.4	
Time Loss	\$22.9	1	128	14	11	12	\$16.4	\$17.6	\$17.8	\$20.0
Paid Leave	\$20.5	2	132	13	9	12	\$15.1	\$16.0	\$15.5	\$18.1
Paid Time Off						6	\$10.6	\$11.7	\$12.2	\$12.9
Vacation	\$12.2	2	117	8	6	6	\$10.4	\$10.9	\$10.4	\$11.5
Holiday	\$6.7	3	183	4	3	11	\$3.1	\$4.4	\$3.6	\$5.7
Personal Leave	\$1.2	3	78	1	1	3		\$1.4	\$1.6	
Sick Leave	\$0.6	5	50	0	0	5	\$0.6	\$1.2	\$1.3	\$1.8
Short-term Disability	\$1.9	5	117	1	1	10	\$1.1	\$1.5	\$1.6	\$2.0
Long-term Disability	\$0.5	5	101	0	0	9	\$0.3	\$0.4	\$0.5	\$0.5
Retirement/Savings	\$19.6	5	134	12	9	12	\$9.9	\$15.7	\$14.6	\$21.4
Defined Benefit	\$6.3			4	3					
Defined Contribution	\$13.3	8	95	8	6	12	\$9.9	\$15.2	\$14.0	\$21.4
Stock Purchase						4		\$1.4	\$0.6	
Health/Group	\$7.5	10	88	5	3	12	\$7.6	\$9.1	\$8.6	\$9.3
Medical	\$4.2	12	69	3	2	12	\$5.5	\$6.0	\$6.0	\$6.3
Dental	\$2.4	5	118	2	1	12	\$1.8	\$2.0	\$2.0	\$2.5
Life Insurance	\$0.3	5	106	0	0	11	\$0.3	\$0.3	\$0.3	\$0.3
Dependent Care FSA										
Health Care FSA	\$0.7	1	502	0	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$115.5	14	97	148	117	15	\$117.0	\$120.3	\$118.6	\$122.4
Total Benefits	\$50.0	4	113	32	23	12	\$33.9	\$42.3	\$44.2	\$50.3

Profile Definition		Terminology Definitions	
Salary:	\$189,696	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	36	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	11	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	0%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	100%	Note:	Quartile values are not additive within groupings.
% With Children	100%		
# Incumbents	1		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 7										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$156.3	1	157	125	87	12			\$99.8	
Base Pay	\$125.0	1	132	100	70	12			\$95.0	
Bonus	\$31.3	1	658	25	17	0			\$4.8	
Time Loss	\$18.0	1	147	14	10	12	\$10.4	\$12.1	\$12.2	\$14.0
Paid Leave	\$16.2	1	150	13	9	12	\$9.3	\$11.0	\$10.8	\$12.7
Paid Time Off						6	\$6.3	\$7.9	\$8.4	\$9.0
Vacation	\$9.6	1	132	8	5	6	\$7.3	\$7.7	\$7.3	\$8.0
Holiday	\$5.3	2	207	4	3	11	\$2.2	\$3.1	\$2.6	\$4.0
Personal Leave	\$1.0	3	88	1	1	3		\$1.0	\$1.1	
Sick Leave	\$0.5	5	56	0	0	5	\$0.4	\$0.9	\$0.9	\$1.3
Short-term Disability	\$1.5	1	140	1	1	10	\$0.8	\$1.1	\$1.1	\$1.4
Long-term Disability	\$0.3	1	114	0	0	9	\$0.2	\$0.2	\$0.3	\$0.3
Retirement/Savings	\$14.9	1	175	12	8	12	\$6.4	\$9.0	\$8.5	\$12.1
Defined Benefit	\$4.4			4	2					
Defined Contribution	\$10.5	4	125	8	6	12	\$6.4	\$8.7	\$8.4	\$11.4
Stock Purchase						4		\$1.0	\$0.5	
Health/Group	\$7.5	8	99	6	4	12	\$6.5	\$7.9	\$7.6	\$8.1
Medical	\$4.1	12	78	3	2	12	\$4.8	\$5.3	\$5.3	\$5.6
Dental	\$2.4	2	137	2	1	12	\$1.5	\$1.7	\$1.8	\$2.2
Life Insurance	\$0.3	3	122	0	0	11	\$0.2	\$0.2	\$0.2	\$0.3
Dependent Care FSA										
Health Care FSA	\$0.7	1	692	1	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$179.0	1	155	229	181	12	\$113.7	\$116.8	\$115.6	\$120.7
Total Benefits	\$40.4	1	140	32	23	12	\$24.8	\$29.0	\$28.8	\$34.1

Profile Definition		Terminology Definitions	
Salary:	\$156,250	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	37	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	4	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	0%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	100%	Note:	Quartile values are not additive within groupings.
% With Children	0%		
# Incumbents	1		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 8										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$111.8	1	126	111	86	12			\$88.8	
Base Pay	\$100.7	1	125	100	77	12			\$80.7	
Bonus	\$11.1	1	137	11	8	12			\$8.1	
Time Loss	\$14.4	1	139	14	11	12	\$8.8	\$10.3	\$10.4	\$11.9
Paid Leave	\$13.0	1	142	13	10	12	\$7.9	\$9.4	\$9.2	\$10.7
Paid Time Off						6	\$5.4	\$6.7	\$7.1	\$7.7
Vacation	\$7.7	2	125	8	6	6	\$6.2	\$6.5	\$6.2	\$6.8
Holiday	\$4.3	2	196	4	3	11	\$1.9	\$2.6	\$2.2	\$3.4
Personal Leave	\$0.8	3	83	1	1	3		\$0.8	\$0.9	
Sick Leave	\$0.4	5	53	0	0	5	\$0.4	\$0.7	\$0.8	\$1.1
Short-term Disability	\$1.2	4	133	1	1	10	\$0.7	\$0.9	\$0.9	\$1.2
Long-term Disability	\$0.2	1	102	0	0	9	\$0.1	\$0.2	\$0.2	\$0.2
Retirement/Savings	\$11.2	3	150	11	9	12	\$5.5	\$7.9	\$7.4	\$10.8
Defined Benefit	\$2.9			3	2					
Defined Contribution	\$8.2	5	111	8	6	12	\$5.5	\$7.6	\$7.4	\$10.1
Stock Purchase						4		\$0.9	\$0.4	
Health/Group	\$7.2	9	95	7	6	12	\$6.5	\$7.9	\$7.5	\$8.0
Medical	\$4.0	12	76	4	3	12	\$4.8	\$5.3	\$5.3	\$5.6
Dental	\$2.3	2	132	2	2	12	\$1.5	\$1.7	\$1.8	\$2.2
Life Insurance	\$0.2	4	128	0	0	11	\$0.2	\$0.2	\$0.2	\$0.2
Dependent Care FSA										
Health Care FSA	\$0.6	1	666	1	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$130.4	1	126	167	132	12	\$101.7	\$104.7	\$103.4	\$108.1
Total Benefits	\$32.8	2	126	33	25	12	\$22.4	\$26.1	\$26.0	\$30.6

Profile Definition		Terminology Definitions	
Salary:	\$111,777	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	37	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	14	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	0%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	100%	Note:	Quartile values are not additive within groupings.
% With Children	100%		
# Incumbents	1		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 9										
(Values displayed in \$000's)	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
Cash Compensation	\$28.9	13	89	105	87	12			\$32.6	
Base Pay	\$27.5	13	86	100	83	12			\$31.9	
Bonus	\$1.4	1	205	5	4	12			\$0.7	
Time Loss	\$3.4	10	84	12	10	12	\$3.5	\$4.0	\$4.0	\$4.6
Paid Leave	\$3.0	10	83	11	9	12	\$3.0	\$3.6	\$3.6	\$4.2
Paid Time Off						6	\$2.1	\$2.7	\$2.8	\$3.0
Vacation	\$1.6	7	65	6	5	6	\$2.3	\$2.4	\$2.5	\$2.5
Holiday	\$1.2	3	135	4	3	11	\$0.7	\$0.9	\$0.9	\$1.0
Personal Leave	\$0.2	6	57	1	1	5	\$0.3	\$0.4	\$0.4	\$0.6
Sick Leave	\$0.1	6	65	0	0	5	\$0.1	\$0.2	\$0.2	\$0.3
Short-term Disability	\$0.3	5	103	1	1	10	\$0.3	\$0.4	\$0.3	\$0.5
Long-term Disability	\$0.0	8	48	0	0	9	\$0.0	\$0.1	\$0.1	\$0.1
Retirement/Savings	\$2.2	7	106	8	7	12	\$1.5	\$2.2	\$2.0	\$3.1
Defined Benefit	\$0.6			2	2					
Defined Contribution	\$1.6	9	80	6	5	12	\$1.5	\$2.1	\$2.0	\$2.8
Stock Purchase						4		\$0.3	\$0.2	
Health/Group	\$2.2	11	89	8	7	12	\$2.3	\$2.7	\$2.5	\$2.7
Medical	\$1.3	12	67	5	4	12	\$1.8	\$2.0	\$1.9	\$2.2
Dental	\$0.5	6	111	2	1	12	\$0.3	\$0.4	\$0.4	\$0.5
Life Insurance	\$0.1	9	86	0	0	11	\$0.0	\$0.1	\$0.1	\$0.1
Dependent Care FSA										
Health Care FSA	\$0.4	1	13,767	2	1	12	\$0.0	\$0.0	\$0.0	\$0.0
Post-retirement Medical						1				
Total Remuneration	\$33.3	13	91	43	34	12	\$36.5	\$37.5	\$36.7	\$38.4
Total Benefits	\$7.7	9	89	28	23	12	\$7.5	\$8.8	\$8.7	\$10.3

Profile Definition		Terminology Definitions	
Salary:	\$28,896	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	51	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	6	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	36%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	43%	Note:	Quartile values are not additive within groupings.
% With Children	26%		
# Incumbents	42		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 10

	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$159.4	13	98	120	87	12			\$162.4	
Base Pay	\$132.8	13	96	100	72	12			\$138.8	
Bonus	\$26.6	1	113	20	14	12			\$23.6	
Time Loss	\$19.2	4	105	14	10	12	\$16.8	\$18.0	\$18.3	\$20.5
Paid Leave	\$17.2	4	109	13	9	12	\$15.4	\$16.4	\$15.9	\$18.6
Paid Time Off						6	\$10.8	\$12.0	\$12.5	\$13.2
Vacation	\$10.2	7	96	8	6	6	\$10.7	\$11.2	\$10.7	\$11.7
Holiday	\$5.6	4	150	4	3	11	\$3.2	\$4.5	\$3.7	\$5.9
Personal Leave	\$1.0	4	64	1	1	3		\$1.4	\$1.6	
Sick Leave	\$0.5	6	41	0	0	5	\$0.7	\$1.3	\$1.3	\$1.9
Short-term Disability	\$1.6	6	97	1	1	10	\$1.2	\$1.5	\$1.6	\$2.0
Long-term Disability	\$0.4	8	77	0	0	9	\$0.3	\$0.4	\$0.5	\$0.5
Retirement/Savings	\$16.0	6	108	12	9	12	\$10.1	\$16.0	\$14.8	\$21.9
Defined Benefit	\$4.9			4	3					
Defined Contribution	\$11.2	10	78	8	6	12	\$10.1	\$15.5	\$14.3	\$21.8
Stock Purchase						4		\$1.4	\$0.6	
Health/Group	\$7.5	10	87	6	4	12	\$7.6	\$9.1	\$8.6	\$9.3
Medical	\$4.1	12	69	3	2	12	\$5.5	\$6.0	\$6.0	\$6.3
Dental	\$2.4	5	118	2	1	12	\$1.8	\$2.0	\$2.0	\$2.5
Life Insurance	\$0.3	10	98	0	0	11	\$0.3	\$0.3	\$0.3	\$0.3
Dependent Care FSA										
Health Care FSA	\$0.7	1	501	1	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$183.3	8	98	234	186	12	\$181.5	\$187.8	\$186.6	\$195.2
Total Benefits	\$42.7	7	95	32	23	12	\$34.4	\$43.0	\$45.0	\$51.1

Profile Definition		Terminology Definitions	
Salary:	\$159,411	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	56	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	19	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	100%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	89%	Note:	Quartile values are not additive within groupings.
% With Children	56%		
# Incumbents	9		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 11

	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$32.3	1	108	105	75	12			\$30.0	
Base Pay	\$30.8	1	106	100	71	12			\$29.0	
Bonus	\$1.5	1	148	5	4	12			\$1.0	
Time Loss	\$3.8	5	105	12	9	12	\$3.1	\$3.6	\$3.6	\$4.2
Paid Leave	\$3.4	5	102	11	8	12	\$2.7	\$3.3	\$3.3	\$3.8
Paid Time Off						6	\$1.9	\$2.4	\$2.6	\$2.8
Vacation	\$1.8	6	80	6	4	6	\$2.1	\$2.2	\$2.2	\$2.3
Holiday	\$1.3	2	167	4	3	11	\$0.7	\$0.9	\$0.8	\$0.9
Personal Leave	\$0.2	5	71	1	1	5	\$0.3	\$0.4	\$0.3	\$0.6
Sick Leave	\$0.1	4	79	0	0	5	\$0.1	\$0.2	\$0.2	\$0.3
Short-term Disability	\$0.4	4	127	1	1	10	\$0.2	\$0.3	\$0.3	\$0.4
Long-term Disability	\$0.0	7	93	0	0	9	\$0.0	\$0.0	\$0.0	\$0.0
Retirement/Savings	\$2.4	5	130	8	6	12	\$1.3	\$2.0	\$1.9	\$2.9
Defined Benefit	\$0.7			2	2					
Defined Contribution	\$1.8	7	98	6	4	12	\$1.3	\$1.9	\$1.8	\$2.6
Stock Purchase						4		\$0.3	\$0.2	
Health/Group	\$8.3	10	85	27	19	12	\$7.9	\$9.7	\$9.8	\$10.5
Medical	\$5.8	12	72	19	13	12	\$7.1	\$7.9	\$8.0	\$8.7
Dental	\$1.6	5	113	5	4	12	\$1.1	\$1.3	\$1.4	\$1.7
Life Insurance	\$0.1	4	107	0	0	11	\$0.0	\$0.1	\$0.1	\$0.1
Dependent Care FSA	\$0.0	1	145	0	0	12	\$0.0	\$0.0	\$0.0	\$0.0
Health Care FSA	\$0.8	1	10,450	3	2	12	\$0.0	\$0.0	\$0.0	\$0.0
Post-retirement Medical						1				
Total Remuneration	\$43.1	5	104	55	44	12	\$39.7	\$41.8	\$41.4	\$43.4
Total Benefits	\$14.5	10	94	47	34	12	\$13.1	\$15.3	\$15.3	\$17.0

Profile Definition		Terminology Definitions	
Salary:	\$32,337	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	52	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	7	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	85%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	15%	Note:	Quartile values are not additive within groupings.
% With Children	15%		
# Incumbents	13		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 12										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$58.1	1	103	105	84	12			\$56.2	
Base Pay	\$55.3	1	102	100	80	12			\$54.0	
Bonus	\$2.8	1	125	5	4	12			\$2.2	
Time Loss	\$7.6	2	133	14	11	12	\$4.6	\$5.7	\$5.7	\$6.7
Paid Leave	\$7.1	2	138	13	10	12	\$4.2	\$5.3	\$5.1	\$6.2
Paid Time Off						6	\$2.5	\$3.5	\$3.7	\$4.2
Vacation	\$4.3	1	132	8	6	6	\$3.1	\$3.5	\$3.2	\$4.2
Holiday	\$2.3	3	161	4	3	11	\$1.2	\$1.7	\$1.5	\$2.3
Personal Leave	\$0.4	3	68	1	1	3		\$0.6	\$0.6	
Sick Leave	\$0.2	5	44	0	0	5	\$0.3	\$0.5	\$0.5	\$0.7
Short-term Disability	\$0.5	5	110	1	1	10	\$0.3	\$0.4	\$0.4	\$0.6
Long-term Disability	\$0.1	7	70	0	0	9	\$0.0	\$0.1	\$0.1	\$0.1
Retirement/Savings	\$5.8	5	119	10	8	12	\$3.7	\$5.2	\$4.9	\$6.9
Defined Benefit	\$1.3			2	2					
Defined Contribution	\$4.5	8	94	8	7	12	\$3.7	\$5.0	\$4.8	\$6.5
Stock Purchase						4		\$0.5	\$0.3	
Health/Group	\$5.4	10	89	10	8	12	\$5.1	\$6.4	\$6.1	\$6.4
Medical	\$3.1	12	73	6	4	12	\$3.9	\$4.3	\$4.3	\$4.7
Dental	\$1.6	5	118	3	2	12	\$1.2	\$1.4	\$1.4	\$1.8
Life Insurance	\$0.1	4	103	0	0	11	\$0.1	\$0.1	\$0.1	\$0.2
Dependent Care FSA										
Health Care FSA	\$0.5	1	1,077	1	1	12	\$0.0	\$0.0	\$0.0	\$0.0
Post-retirement Medical						1				
Total Remuneration	\$69.3	5	104	125	100	12	\$65.6	\$67.9	\$66.7	\$69.9
Total Benefits	\$18.8	6	112	34	27	12	\$14.8	\$17.3	\$16.8	\$19.8

Profile Definition		Terminology Definitions	
Salary:	\$58,110	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	52	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	18	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	100%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	36%	Note:	Quartile values are not additive within groupings.
% With Children	18%		
# Incumbents	11		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 13

	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$83.3	1	113	120	85	12			\$73.8	
Base Pay	\$69.4	1	113	100	71	12			\$61.5	
Bonus	\$13.9	1	113	20	14	12			\$12.3	
Time Loss	\$10.2	1	144	15	10	12	\$5.7	\$7.0	\$7.1	\$8.2
Paid Leave	\$9.0	1	151	13	9	12	\$4.9	\$6.1	\$6.0	\$7.2
Paid Time Off						6	\$2.9	\$4.0	\$4.3	\$4.7
Vacation	\$5.3	1	146	8	5	6	\$3.6	\$4.0	\$3.7	\$4.7
Holiday	\$2.9	3	177	4	3	11	\$1.4	\$2.0	\$1.7	\$2.6
Personal Leave	\$0.5	3	75	1	1	3		\$0.6	\$0.7	
Sick Leave	\$0.3	5	48	0	0	5	\$0.3	\$0.6	\$0.6	\$0.8
Short-term Disability	\$1.0	5	118	1	1	10	\$0.6	\$0.9	\$0.8	\$1.2
Long-term Disability	\$0.2	7	85	0	0	9	\$0.1	\$0.2	\$0.2	\$0.2
Retirement/Savings	\$6.9	5	133	10	7	12	\$3.6	\$5.6	\$5.2	\$7.9
Defined Benefit	\$1.9			3	2					
Defined Contribution	\$5.0	8	96	7	5	12	\$3.6	\$5.4	\$5.2	\$7.4
Stock Purchase						4		\$0.7	\$0.3	
Health/Group	\$7.3	10	92	11	8	12	\$6.9	\$8.4	\$8.0	\$8.6
Medical	\$4.4	12	75	6	4	12	\$5.3	\$5.8	\$5.9	\$6.1
Dental	\$2.2	3	126	3	2	12	\$1.5	\$1.7	\$1.8	\$2.2
Life Insurance	\$0.2	4	115	0	0	11	\$0.2	\$0.2	\$0.2	\$0.2
Dependent Care FSA										
Health Care FSA	\$0.6	1	908	1	1	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$97.7	1	112	177	141	12	\$85.3	\$88.0	\$86.9	\$90.2
Total Benefits	\$24.4	4	117	35	25	12	\$18.2	\$21.0	\$20.9	\$24.3

Profile Definition		Terminology Definitions	
Salary:	\$83,298	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	45	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	6	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	10%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	30%	Note:	Quartile values are not additive within groupings.
% With Children	50%		
# Incumbents	10		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 14										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$34.1	1	125	105	80	12			\$27.2	
Base Pay	\$32.5	1	125	100	76	12			\$25.9	
Bonus	\$1.6	1	125	5	4	12			\$1.3	
Time Loss	\$4.1	2	123	13	10	12	\$2.9	\$3.3	\$3.3	\$3.8
Paid Leave	\$3.6	2	121	11	8	12	\$2.5	\$2.9	\$2.9	\$3.4
Paid Time Off						6	\$1.7	\$2.2	\$2.3	\$2.5
Vacation	\$1.9	6	94	6	4	6	\$1.9	\$1.9	\$2.0	\$2.0
Holiday	\$1.4	1	197	4	3	11	\$0.6	\$0.8	\$0.7	\$0.8
Personal Leave	\$0.3	5	84	1	1	5	\$0.2	\$0.4	\$0.3	\$0.5
Sick Leave	\$0.1	4	94	0	0	5	\$0.1	\$0.2	\$0.1	\$0.3
Short-term Disability	\$0.5	4	153	1	1	10	\$0.3	\$0.4	\$0.3	\$0.5
Long-term Disability	\$0.1	7	87	0	0	9	\$0.0	\$0.1	\$0.1	\$0.1
Retirement/Savings	\$2.5	4	160	8	6	12	\$1.2	\$1.7	\$1.6	\$2.5
Defined Benefit	\$0.8			2	2					
Defined Contribution	\$1.8	5	113	5	4	12	\$1.1	\$1.6	\$1.5	\$2.2
Stock Purchase						4		\$0.2	\$0.2	
Health/Group	\$5.8	10	88	18	14	12	\$5.5	\$6.8	\$6.6	\$7.0
Medical	\$3.6	12	72	11	8	12	\$4.4	\$5.0	\$5.0	\$5.3
Dental	\$1.7	5	120	5	4	12	\$1.1	\$1.4	\$1.4	\$1.8
Life Insurance	\$0.1	4	125	0	0	11	\$0.0	\$0.1	\$0.1	\$0.1
Dependent Care FSA										
Health Care FSA	\$0.4	1		1	1					
Post-retirement Medical						1				
Total Remuneration	\$42.4	1	121	77	61	12	\$34.3	\$35.8	\$35.2	\$36.9
Total Benefits	\$12.4	5	107	38	29	12	\$10.0	\$11.8	\$11.6	\$13.1

Profile Definition		Terminology Definitions	
Salary:	\$34,082	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	46	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	4	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	38%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	22%	Note:	Quartile values are not additive within groupings.
% With Children	20%		
# Incumbents	154		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 15

	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$98.6	1	121	120	84	12			\$81.6	
Base Pay	\$82.1	1	121	100	70	12			\$68.0	
Bonus	\$16.4	1	121	20	14	12			\$13.6	
Time Loss	\$13.1	4	123	16	11	12	\$9.2	\$10.7	\$10.7	\$12.8
Paid Leave	\$11.1	4	124	13	9	12	\$7.7	\$9.3	\$8.9	\$11.3
Paid Time Off						6	\$5.8	\$7.1	\$7.6	\$8.0
Vacation	\$6.3	3	121	8	5	6	\$4.9	\$6.4	\$5.2	\$8.6
Holiday	\$3.5	2	190	4	3	11	\$1.6	\$2.2	\$1.8	\$2.9
Personal Leave	\$0.6	3	81	1	1	3		\$0.7	\$0.8	
Sick Leave	\$0.3	5	52	0	0	5	\$0.3	\$0.6	\$0.6	\$0.9
Short-term Disability	\$1.4	4	131	2	1	10	\$0.9	\$1.2	\$1.1	\$1.5
Long-term Disability	\$0.6	6	94	1	1	9	\$0.4	\$0.6	\$0.7	\$0.7
Retirement/Savings	\$7.3	5	156	9	6	12	\$3.2	\$5.2	\$4.7	\$7.6
Defined Benefit	\$2.7			3	2					
Defined Contribution	\$4.7	7	99	6	4	12	\$3.2	\$4.9	\$4.7	\$7.0
Stock Purchase						4		\$0.8	\$0.4	
Health/Group	\$10.6	9	97	13	9	12	\$9.5	\$11.2	\$10.9	\$12.3
Medical	\$7.7	11	89	9	7	12	\$7.7	\$8.6	\$8.6	\$9.1
Dental	\$1.9	5	118	2	2	12	\$1.4	\$1.6	\$1.6	\$2.0
Life Insurance	\$0.4	4	117	0	0	11	\$0.3	\$0.3	\$0.3	\$0.4
Dependent Care FSA										
Health Care FSA	\$0.6	1	694	1	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$117.1	1	120	212	169	12	\$95.6	\$98.4	\$97.7	\$101.6
Total Benefits	\$31.0	6	122	38	26	12	\$23.7	\$27.1	\$25.5	\$32.7

Profile Definition		Terminology Definitions	
Salary:	\$98,571	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	41	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	7	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	32%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	36%	Note:	Quartile values are not additive within groupings.
% With Children	39%		
# Incumbents	28		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 16

	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$23.6	1	110	105	81	12			\$21.5	
Base Pay	\$22.5	1	108	100	77	12			\$20.9	
Bonus	\$1.1	1	186	5	4	12			\$0.6	
Time Loss	\$2.2	2	106	10	8	12	\$1.8	\$2.0	\$2.1	\$2.2
Paid Leave	\$2.0	6	106	9	7	12	\$1.6	\$1.8	\$1.9	\$2.0
Paid Time Off						6	\$1.0	\$1.2	\$1.3	\$1.4
Vacation	\$0.9	3	108	4	3	6	\$0.8	\$1.0	\$0.8	\$1.3
Holiday	\$1.0	2	169	4	3	11	\$0.5	\$0.6	\$0.6	\$0.6
Personal Leave	\$0.2	5	72	1	1	5	\$0.2	\$0.3	\$0.2	\$0.4
Sick Leave	\$0.1	4	81	0	0	5	\$0.1	\$0.1	\$0.1	\$0.2
Short-term Disability	\$0.2	4	121	1	1	10	\$0.2	\$0.2	\$0.2	\$0.3
Long-term Disability	\$0.0	7	89	0	0	9	\$0.0	\$0.0	\$0.0	\$0.0
Retirement/Savings	\$1.8	5	129	8	6	12	\$1.0	\$1.5	\$1.4	\$2.1
Defined Benefit	\$0.4			2	1					
Defined Contribution	\$1.4	6	105	6	5	12	\$1.0	\$1.4	\$1.3	\$1.9
Stock Purchase						4		\$0.2	\$0.2	
Health/Group	\$3.6	10	89	16	13	12	\$3.3	\$4.2	\$4.1	\$4.3
Medical	\$2.2	12	70	10	8	12	\$2.9	\$3.2	\$3.1	\$3.5
Dental	\$0.8	5	119	4	3	12	\$0.5	\$0.7	\$0.7	\$0.9
Life Insurance	\$0.0	4	110	0	0	11	\$0.0	\$0.0	\$0.0	\$0.1
Dependent Care FSA	\$0.0	1	186	0	0	12	\$0.0	\$0.0	\$0.0	\$0.0
Health Care FSA	\$0.6			2	2					
Post-retirement Medical						1				
Total Remuneration	\$29.1	2	109	53	42	12	\$26.1	\$27.1	\$26.6	\$28.2
Total Benefits	\$7.7	5	106	34	26	12	\$6.5	\$7.6	\$7.2	\$8.9

Profile Definition		Terminology Definitions	
Salary:	\$23,626	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	49	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	4	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	37%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	45%	Note:	Quartile values are not additive within groupings.
% With Children	30%		
# Incumbents	887		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 17										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$134.3	13	95	114	88	12			\$142.1	
Base Pay	\$117.8	13	93	100	77	12			\$126.4	
Bonus	\$16.5	1	104	14	11	12			\$15.8	
Time Loss	\$14.2	3	113	12	9	12	\$10.9	\$12.5	\$12.6	\$13.9
Paid Leave	\$12.8	3	111	11	8	12	\$9.4	\$11.4	\$11.6	\$12.3
Paid Time Off						6	\$6.3	\$7.7	\$8.3	\$8.9
Vacation	\$6.8	4	108	6	4	6	\$4.9	\$6.6	\$6.3	\$7.9
Holiday	\$5.0	4	147	4	3	11	\$2.9	\$4.1	\$3.4	\$5.3
Personal Leave	\$0.9	4	62	1	1	3		\$1.3	\$1.5	
Sick Leave	\$0.5	6	40	0	0	5	\$0.6	\$1.2	\$1.2	\$1.7
Short-term Disability	\$1.1	7	91	1	1	10	\$0.9	\$1.2	\$1.3	\$1.6
Long-term Disability	\$0.2	8	77	0	0	9	\$0.2	\$0.2	\$0.2	\$0.2
Retirement/Savings	\$14.1	7	98	12	9	12	\$10.1	\$15.3	\$14.4	\$21.1
Defined Benefit	\$3.3			3	2					
Defined Contribution	\$10.9	10	78	9	7	12	\$10.1	\$14.8	\$13.8	\$21.0
Stock Purchase						4		\$1.4	\$0.6	
Health/Group	\$4.7	10	90	4	3	12	\$4.4	\$5.5	\$5.3	\$5.6
Medical	\$2.5	12	68	2	2	12	\$3.4	\$3.6	\$3.6	\$3.9
Dental	\$1.1	5	115	1	1	12	\$0.8	\$0.9	\$0.9	\$1.1
Life Insurance	\$0.2	10	97	0	0	11	\$0.2	\$0.3	\$0.2	\$0.3
Dependent Care FSA	\$0.2	1	100	0	0	12	\$0.2	\$0.2	\$0.2	\$0.2
Health Care FSA	\$0.8	1	677	1	1	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$153.4	12	95	277	221	12	\$157.6	\$163.1	\$162.1	\$170.3
Total Benefits	\$33.0	7	99	28	22	12	\$25.7	\$33.3	\$33.5	\$42.1

Profile Definition		Terminology Definitions	
Salary:	\$134,328	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	45	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	11	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	22%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	33%	Note:	Quartile values are not additive within groupings.
% With Children	45%		
# Incumbents	9		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 18

	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$83.0	13	93	107	87	12			\$88.9	
Base Pay	\$77.6	13	95	100	81	12			\$81.5	
Bonus	\$5.4	13	74	7	6	0			\$7.3	
Time Loss	\$9.3	4	108	12	10	12	\$6.8	\$8.2	\$8.6	\$9.2
Paid Leave	\$8.4	3	109	11	9	12	\$6.0	\$7.5	\$7.8	\$8.2
Paid Time Off						6	\$3.8	\$5.0	\$5.3	\$6.0
Vacation	\$4.5	5	92	6	5	6	\$3.1	\$4.5	\$4.9	\$5.3
Holiday	\$3.3	4	150	4	3	11	\$1.9	\$2.6	\$2.2	\$3.4
Personal Leave	\$0.6	4	63	1	1	3		\$0.8	\$0.9	
Sick Leave	\$0.3	6	41	0	0	5	\$0.4	\$0.7	\$0.8	\$1.1
Short-term Disability	\$0.8	6	100	1	1	10	\$0.6	\$0.8	\$0.8	\$1.0
Long-term Disability	\$0.1	7	75	0	0	9	\$0.1	\$0.1	\$0.1	\$0.1
Retirement/Savings	\$8.6	7	101	11	9	12	\$6.5	\$9.0	\$8.5	\$12.0
Defined Benefit	\$1.7			2	2					
Defined Contribution	\$6.9	10	81	9	7	12	\$6.5	\$8.7	\$8.5	\$11.3
Stock Purchase						4		\$0.9	\$0.4	
Health/Group	\$4.0	10	89	5	4	12	\$3.9	\$4.8	\$4.5	\$4.8
Medical	\$2.1	12	67	3	2	12	\$2.9	\$3.2	\$3.1	\$3.4
Dental	\$1.0	6	111	1	1	12	\$0.7	\$0.9	\$0.9	\$1.1
Life Insurance	\$0.2	10	93	0	0	11	\$0.2	\$0.2	\$0.2	\$0.2
Dependent Care FSA	\$0.1	13	92	0	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Health Care FSA	\$0.7	1	733	1	1	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$95.7	13	94	173	138	12	\$99.9	\$102.7	\$101.5	\$106.2
Total Benefits	\$21.9	7	103	28	23	12	\$17.8	\$22.0	\$21.3	\$26.7

Profile Definition		Terminology Definitions	
Salary:	\$83,047	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	44	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	5	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	0%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	25%	Note:	Quartile values are not additive within groupings.
% With Children	50%		
# Incumbents	4		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Profile 19										
(Values displayed in \$000's)	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
Cash Compensation	\$325.0	13	85	125	90	12			\$381.7	
Base Pay	\$260.0	13	95	100	72	12			\$272.6	
Bonus	\$65.0	13	60	25	18	12			\$109.1	
Time Loss	\$36.5	2	128	14	10	12	\$25.6	\$28.9	\$28.5	\$31.1
Paid Leave	\$33.5	2	127	13	9	12	\$24.8	\$26.7	\$26.4	\$29.3
Paid Time Off						6	\$16.0	\$19.2	\$18.9	\$24.4
Vacation	\$20.0	2	123	8	6	6	\$10.5	\$16.1	\$16.3	\$19.1
Holiday	\$11.0	4	150	4	3	11	\$6.3	\$8.8	\$7.3	\$11.5
Personal Leave	\$2.0	4	64	1	1	3		\$2.8	\$3.1	
Sick Leave	\$1.1	6	41	0	0	5	\$1.3	\$2.5	\$2.6	\$3.7
Short-term Disability	\$2.6	5	127	1	1	10	\$1.2	\$2.3	\$2.0	\$3.5
Long-term Disability	\$0.5	5	101	0	0	9	\$0.3	\$0.4	\$0.4	\$0.5
Retirement/Savings	\$29.1	7	89	11	8	12	\$19.3	\$33.6	\$32.7	\$43.1
Defined Benefit	\$6.9			3	2					
Defined Contribution	\$22.2	9	68	9	6	12	\$19.3	\$33.1	\$32.7	\$43.1
Stock Purchase						4		\$1.4	\$0.7	
Health/Group	\$4.8	11	90	2	1	12	\$5.0	\$5.8	\$5.3	\$5.6
Medical	\$2.4	12	68	1	1	12	\$3.3	\$3.6	\$3.5	\$3.8
Dental	\$1.1	6	111	0	0	12	\$0.9	\$1.0	\$1.0	\$1.2
Life Insurance	\$0.4	10	96	0	0	11	\$0.4	\$0.5	\$0.4	\$0.7
Dependent Care FSA	\$0.1	13	94	0	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Health Care FSA	\$0.8	1	592	0	0	12	\$0.1	\$0.1	\$0.1	\$0.1
Post-retirement Medical						1				
Total Remuneration	\$359.4	13	86	649	518	12	\$406.8	\$421.4	\$419.7	\$431.8
Total Benefits	\$70.4	7	110	27	20	12	\$48.0	\$68.3	\$64.0	\$80.8

Profile Definition		Terminology Definitions	
Salary:	\$325,000	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	47	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	14	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	100%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	100%	Note:	Quartile values are not additive within groupings.
% With Children	100%		
# Incumbents	1		

Employee Profile Comparisons

Your Values vs. Peer Group

Employee Profile: Workforce										
	ABC Company					Peer Organizations				
	Value	Rank	Index	% of Base Pay	% of Ttl Pay + Benefits	Number of Orgs	First Quartile	Mean	Median	Third Quartile
(Values displayed in \$000's)										
Cash Compensation	\$32.2	1	111	107	82	12			\$29.1	
Base Pay	\$30.2	1	109	100	77	12			\$27.5	
Bonus	\$2.1	1	131	7	5	12			\$1.6	
Time Loss	\$3.6	2	114	12	9	12	\$2.8	\$3.1	\$3.2	\$3.4
Paid Leave	\$3.3	2	113	11	8	12	\$2.4	\$2.8	\$2.9	\$3.1
Paid Time Off						6	\$1.6	\$2.0	\$2.1	\$2.3
Vacation	\$1.7	4	103	6	4	6	\$1.5	\$1.7	\$1.7	\$1.9
Holiday	\$1.3	2	172	4	3	11	\$0.6	\$0.8	\$0.7	\$0.9
Personal Leave	\$0.2	5	73	1	1	5	\$0.2	\$0.3	\$0.3	\$0.5
Sick Leave	\$0.1	5	82	0	0	5	\$0.1	\$0.2	\$0.1	\$0.3
Short-term Disability	\$0.3	4	124	1	1	10	\$0.2	\$0.3	\$0.3	\$0.4
Long-term Disability	\$0.0	7	83	0	0	9	\$0.0	\$0.0	\$0.1	\$0.1
Retirement/Savings	\$2.5	5	132	8	6	12	\$1.3	\$2.1	\$1.9	\$2.9
Defined Benefit	\$0.6			2	2					
Defined Contribution	\$1.9	7	100	6	5	12	\$1.3	\$2.0	\$1.9	\$2.7
Stock Purchase						4		\$0.3	\$0.2	
Health/Group	\$4.4	10	89	15	11	12	\$4.1	\$5.1	\$5.0	\$5.2
Medical	\$2.7	12	71	9	7	12	\$3.4	\$3.8	\$3.7	\$4.1
Dental	\$1.1	5	119	4	3	12	\$0.7	\$0.9	\$1.0	\$1.3
Life Insurance	\$0.1	4	110	0	0	11	\$0.1	\$0.1	\$0.1	\$0.1
Dependent Care FSA	\$0.0	1	150	0	0	12	\$0.0	\$0.0	\$0.0	\$0.0
Health Care FSA	\$0.5	1	8,600	2	1	12	\$0.0	\$0.0	\$0.0	\$0.0
Post-retirement Medical						1				
Total Remuneration	\$39.2	2	110	71	57	12	\$35.1	\$36.3	\$35.8	\$37.6
Total Benefits	\$10.6	5	107	35	27	12	\$8.8	\$10.2	\$9.9	\$11.8

Profile Definition		Terminology Definitions	
Salary:	\$32,248	Rank:	Numeric rank of your organization's benefit value. Where x/y is shown, x is your rank and y is the number of organizations having that plan. The highest value is ranked as "1".
Age:	50	Index:	The percentage relationship of your values to the median values of the peer group -- 100 represents the median.
Service:	6	% of Base Pay:	The percentage of values to the profile's base salary.
% Male:	36%	% of Ttl Pay+Benefits:	The percentage of values to the profile's cash compensation plus benefits.
% Married	41%	Note:	Quartile values are not additive within groupings.
% With Children	29%		
# Incumbents	1491		

7

SUMMARY OF PLAN FEATURES

HOW THE PLAN FEATURES ARE ORGANIZED

The table records (or rows) consist of individual plan features. The columns consist of participant organizations. Cells display qualitative descriptions and values.

Take, for example, a single record from the Retirement/Savings Plan Features — “Maximum employee contribution as a percentage of compensation”. By scanning across the record, you can quickly assess how this feature in the Retirement/Savings plan differs from the other participants in the BVA.

WHERE INFORMATION IS OBTAINED

Participant data displayed in the Plan Features is imported from Mercer’s national benefits database.

To populate our national benefits database, we annually gather data from a broad cross section of industries ranging from 500 to over 30,000 employees.

Our database tracks extensive information on the major types of employee benefit plans, including Retirement/Savings, Health/Group Benefits, and Time Loss Benefits.

Your organization is represented as **Organization A**.

Quick and easy comparisons

The Retirement/Savings Plan Features table setup allows you to quickly and easily compare individual plan features among the participants

Plan Feature:	Organization A	Organization B
Maximum Employee Contribution as a percentage of compensation:	Effective immediately, 10.00% of pay	Effective immediately, MATCHED: 6.00% pretax, 6.00% maximum. TOTAL: 15.00% pretax, 15.00% maximum.

Such comparisons may serve a variety of uses from evaluating drivers that influence results, to annual monitoring, to providing the information needed for creating “what if” scenarios and analysis.

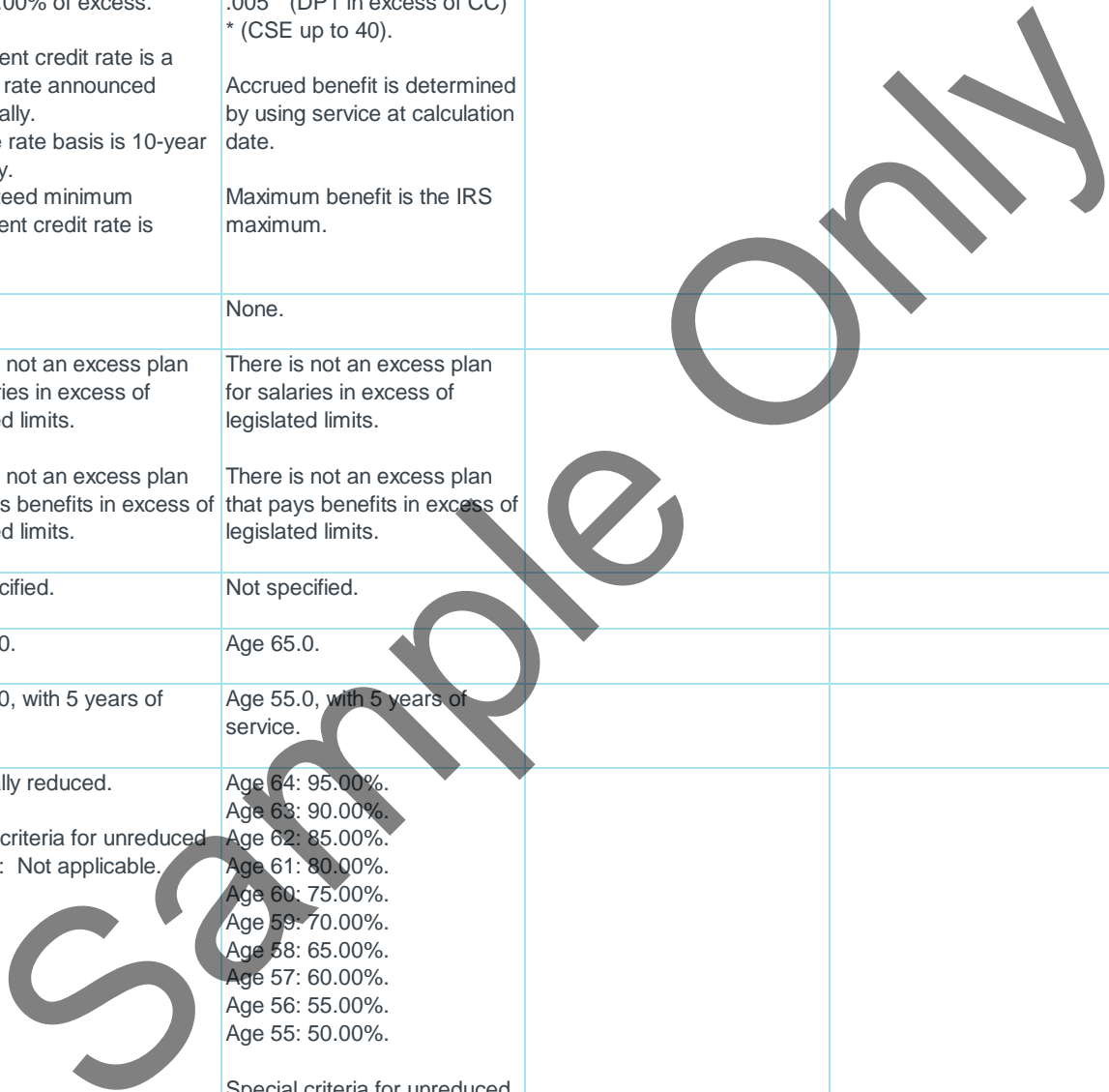
RETIREMENT / SAVINGS BENEFITS

DEFINED BENEFIT

	Organization A	Organization A	Organization B	Organization C	Organization D
	DB0020	DBG010	No Plan	No Plan	No Plan
Employees covered:	All employees, including highly compensated, minimum hours 1,000 per year. Employees hired on or after January 1, 2014. Excludes non-exempt retail employees.	All employees, including highly compensated, minimum hours 1,000 per year. Employees hired prior to January 1, 2014. Excludes non-exempt employees outside of corporate location hired after January 1, 2006.			
Part-time are eligible:	Yes.	Yes.			
Collectively-bargained eligible:	Not applicable.	Not applicable.			
Participants are eligible for social security benefits:	Yes.	Yes.			
Formula type:	Cash balance.	Final average.			
Plan status:	Active.	Grandfathered.			
Service definition:	Service accrual pattern is hours counting: total hours for full credit year = 1,000. Service for benefit accruals is unlimited.	Service accrual pattern is elapsed time. Service for benefit accruals is limited to 40 years.			
Employee contributions:	None.	None.			
Salary component used in formula definition:	Pay is defined as: Total - bonus - other special payments - salary deferral - severance pay.	DP1= High 5 consecutive of final 10 years pay. Pay is defined as: Total - bonus - other special payments - salary deferral - severance pay.			

Sample Only

	Organization A	Organization A	Organization B	Organization C	Organization D
	DB0020	DBG010	No Plan	No Plan	No Plan
Formula definition (annual):	4.00% of pay, to breakpoint TWB, 8.00% of excess. Investment credit rate is a variable rate announced periodically. Variable rate basis is 10-year Treasury. Guaranteed minimum investment credit rate is 4.00%.	.01 * DP1 * (CSE up to 40) + .005 * (DP1 in excess of CC) * (CSE up to 40). Accrued benefit is determined by using service at calculation date. Maximum benefit is the IRS maximum.			
Cost-of-living adjustments are:	None.	None.			
Excess plan for salaries and benefits in excess of legislated limits:	There is not an excess plan for salaries in excess of legislated limits. There is not an excess plan that pays benefits in excess of legislated limits.	There is not an excess plan for salaries in excess of legislated limits. There is not an excess plan that pays benefits in excess of legislated limits.			
Target income replacement percentage:	Not specified.	Not specified.			
Plan's normal retirement age:	Age 65.0.	Age 65.0.			
Plan's earliest retirement age:	Age 55.0, with 5 years of service.	Age 55.0, with 5 years of service.			
Early retirement percentages and special criteria for unreduced benefits:	Actuarially reduced. Special criteria for unreduced benefits: Not applicable.	Age 64: 95.00%. Age 63: 90.00%. Age 62: 85.00%. Age 61: 80.00%. Age 60: 75.00%. Age 59: 70.00%. Age 58: 65.00%. Age 57: 60.00%. Age 56: 55.00%. Age 55: 50.00%. Special criteria for unreduced benefits: Not applicable.			



RETIREMENT / SAVINGS BENEFITS

DEFINED BENEFIT

	Organization A	Organization A	Organization B	Organization C	Organization D
	DB0020	DBG010	No Plan	No Plan	No Plan
Temporary supplement for early retirees:	None.	None.			
Employee 100% vests at:	3 years. Automatic vesting occurs at age 65.	5 years. Automatic vesting occurs at age 65.			
Disability benefit is:	Accrued - immediate. Minimum service required to receive benefits: 3years.	Accrued - immediate. Employee is immediately eligible to receive benefits upon hire.			
For actives, death benefit is more than the required minimum:	No.	No.			
Normal form of payment for single employee:	Life.	Life.			
Normal form of payment for married employee:	J&S 100. J&S benefit = actuarial equivalent of single life benefit.	J&S 50. J&S benefit = actuarial equivalent of single life benefit.			
Condition for election of lump sum payment form:	Not specified.	Lump sums are not allowed above IRS mandatory limits.			
Comments:		This plan is Grandfathered as of December 31, 2013.			

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED BENEFIT

	Organization E	Organization F	Organization G	Organization H	Organization I
	No Plan	No Plan	No Plan	No Plan	No Plan
Employees covered:					
Part-time are eligible:					
Collectively-bargained eligible:					
Participants are eligible for social security benefits:					
Formula type:					
Plan status:					
Service definition:					
Employee contributions:					
Salary component used in formula definition:					

Sample Only

	Organization E	Organization F	Organization G	Organization H	Organization I
	No Plan	No Plan	No Plan	No Plan	No Plan
Formula definition (annual):					
Cost-of-living adjustments are:					
Excess plan for salaries and benefits in excess of legislated limits:					
Target income replacement percentage:					
Plan's normal retirement age:					
Plan's earliest retirement age:					
Early retirement percentages and special criteria for unreduced benefits:					

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED BENEFIT

	Organization E	Organization F	Organization G	Organization H	Organization I
	No Plan	No Plan	No Plan	No Plan	No Plan
Temporary supplement for early retirees: Employee 100% vests at:					
Disability benefit is:					
For actives, death benefit is more than the required minimum:					
Normal form of payment for single employee:					
Normal form of payment for married employee:					
Condition for election of lump sum payment form:					
Comments:					

Sample Only

	Organization J	Organization K	Organization L	Organization M
	No Plan	No Plan	No Plan	No Plan
Employees covered:				
Part-time are eligible:				
Collectively-bargained eligible:				
Participants are eligible for social security benefits:				
Formula type:				
Plan status:				
Service definition:				
Employee contributions:				
Salary component used in formula definition:				

Sample Only

	Organization J	Organization K	Organization L	Organization M
	No Plan	No Plan	No Plan	No Plan
Formula definition (annual):				
Cost-of-living adjustments are:				
Excess plan for salaries and benefits in excess of legislated limits:				
Target income replacement percentage:				
Plan's normal retirement age:				
Plan's earliest retirement age:				
Early retirement percentages and special criteria for unreduced benefits:				

Sample Only

	Organization J	Organization K	Organization L	Organization M
	No Plan	No Plan	No Plan	No Plan
Temporary supplement for early retirees:				
Employee 100% vests at:				
Disability benefit is:				
For actives, death benefit is more than the required minimum:				
Normal form of payment for single employee:				
Normal form of payment for married employee:				
Condition for election of lump sum payment form:				
Comments:				

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization A	Organization B	Organization C	Organization C	Organization D
	DC0010	DC0010	DC0010	DC0020	DC0010
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 1,000 per year.	All employees, including highly compensated.	Executives, only highly compensated. Leadership Level Employees.	All employees, including highly compensated, minimum hours 1,000 per year.
Part-time are eligible:	Yes.	Yes.	Yes.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Participants are eligible for social security benefits:	Yes.	Yes.	Yes.	Yes.	Yes.
Plan type:	401(k).	401(k).	401(k).	SERP.	401(k).
Plan status:	Active.	Active.	Active.	Active.	Active.
Rollover contributions allowed:	Yes.	Yes.	Yes.	Not specified.	Yes.
For plan participation, employee contributions are required, allowed, or not allowed?	Required.	Required.	Allowed.	Required.	Allowed.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization A	Organization B	Organization C	Organization C	Organization D
	DC0010	DC0010	DC0010	DC0020	DC0010
Maximum employee contribution as a percentage of compensation:	Effective immediately, MATCHED: 5.00% pretax, 5.00% maximum. TOTAL: 50.00% pretax, 50.00% maximum.	Upon age 18.0 and after 0.25 years. MATCHED: none. UNMATCHED: 75.00% pretax, 75.00% maximum. Upon age 18.0 and after 1.00 year. MATCHED: 6.00% pretax, 6.00% maximum. TOTAL: 75.00% pretax, 75.00% maximum. Automatic enrollment = 3% and increases 1%/year up to 7%.	Effective immediately, MATCHED: none. UNMATCHED: 50.00% pretax, 50.00% maximum. After 1 year, MATCHED: 4.00% pretax, 4.00% maximum. TOTAL: 50.00% pretax, 50.00% maximum. Highly compensated employees can contribute up to a maximum of 16% of pay. Employees may make Roth contributions up to 50% of pay; up to 4% can be matched. Automatic Enrollment= 2% of pay on a pre-tax basis.	Effective immediately, MATCHED: none. UNMATCHED: 80.00% pretax, 80.00% maximum. Employee may defer up to 100% of their bonus.	Upon age 21.0, effective immediately, MATCHED: none. UNMATCHED: 75.00% pretax, 75.00% maximum. Upon age 21.0 and after 1.00 year. MATCHED: 4.00% pretax, 4.00% maximum. TOTAL: 75.00% pretax, 75.00% maximum.
Percent of eligible NHCE participating, average deferral %, and average contribution %:	% participating is 80.00%. ADP is 8.00%. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not applicable.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not applicable.	% participating is 25.00%. ADP is not specified. ACP is not specified.
Percent of eligible HCE participating, average deferral %, and average contribution %:	% participating is 100.00%. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not applicable.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is 26.00%. ADP is not specified. ACP is not applicable.	% participating is 88.00%. ADP is not specified. ACP is not specified.
Compensation definition:	Pay is defined as: Total - bonus - other special payments - salary deferral - severance pay.	Pay is defined as: Base pay.	Pay is defined as: Total pay.	Pay is defined as: Base + bonus.	Pay is defined as: Base + bonus + commission + overtime For employer non-match, pay is defined as: Base + bonus + overtime.

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

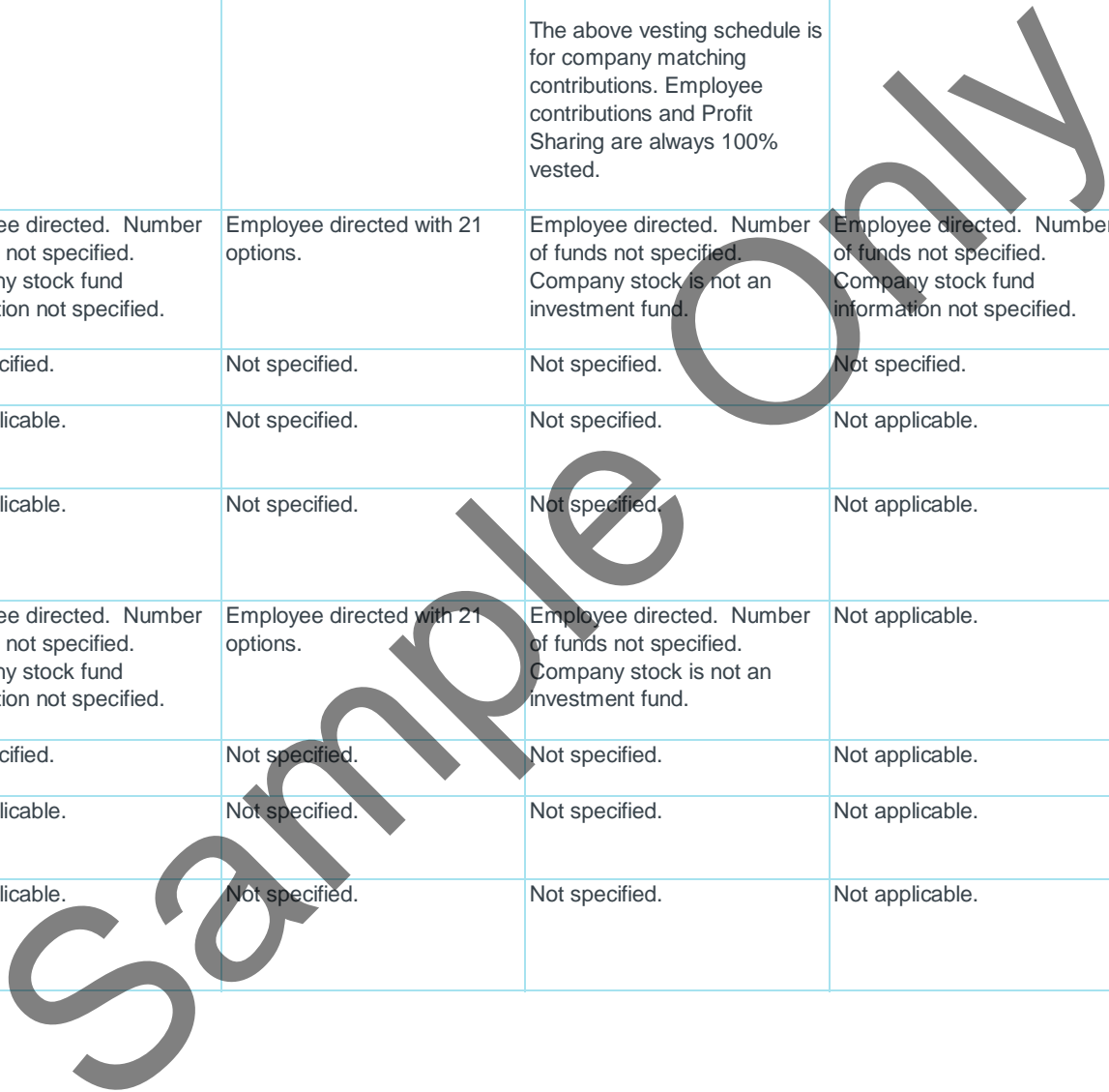
	Organization A	Organization B	Organization C	Organization C	Organization D
	DC0010	DC0010	DC0010	DC0020	DC0010
Employer matching contribution and maximum amount (other than by law):	First 3.00% of employee contribution = 100.00% employer match.Next 2.00% of employee contribution = 50.00% employer match. Maximum amount unlimited.	After 1.00 year, first 6.00% of employee contribution = 50.00% employer match. Maximum amount unlimited.	After 1.00 year, first 4.00% of employee contribution = 100.00% employer match. Maximum amount unlimited.	None.	After 1.00 year, first 4.00% of employee contribution = 100.00% employer match. Maximum amount unlimited.
Employer nonmatching contributions (profit sharing, ESOP, money purchase, etc.):	None.	None.	Discretionary. For the past three years, the following profit sharing contributions have been provided: 1 to 2 years of service= 1% of pay, 3 to 4 years= 2%, 5 + years= 3%.	None.	Fixed, amount not specified. Allocation basis is integrated with Social Security. Allocation based on service and integrated with Social Security; employees with less than 5 years of service = 3% earning below SSTWB and 6% above; 5+ years of service = 4%/8%. All employees are eligible if they work a minimum of 1,000 hours/year.
Excess plan for salaries in excess of legislated limits:	No.	No.	Yes.	Yes.	No.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization A	Organization B	Organization C	Organization C	Organization D
	DC0010	DC0010	DC0010	DC0020	DC0010
Employee 100% vests:	Immediately.	Immediately.	3 years. The above vesting schedule is for company matching contributions. Employee contributions and Profit Sharing are always 100% vested.	Not applicable.	6 years. Money purchase vesting coded above. Match vesting = immediate. Automatic vesting at age 65.
Employee contribution investment options:	Employee directed. Number of funds not specified. Company stock fund information not specified.	Employee directed with 21 options.	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Employee directed. Number of funds not specified. Company stock fund information not specified.	Employee directed with 13 options. Company stock is an investment fund.
Employee contribution stock trades allowed:	Not specified.	Not specified.	Not specified.	Not specified.	Yes.
Employee contribution stock buying/selling allowed:	Not applicable.	Not specified.	Not specified.	Not applicable.	Yes.
Employee contribution mutual funds outside the normal plan offering allowed:	Not applicable.	Not specified.	Not specified.	Not applicable.	Yes.
Employer contribution investment options:	Employee directed. Number of funds not specified. Company stock fund information not specified.	Employee directed with 21 options.	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Not applicable.	Employee directed with 13 options. Company stock is an investment fund.
Employer contribution stock trades allowed:	Not specified.	Not specified.	Not specified.	Not applicable.	Yes.
Employer contribution stock buying/selling allowed:	Not applicable.	Not specified.	Not specified.	Not applicable.	Yes.
Employer contribution mutual funds outside the normal plan offering allowed:	Not applicable.	Not specified.	Not specified.	Not applicable.	Yes.



RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization A	Organization B	Organization C	Organization C	Organization D
	DC0010	DC0010	DC0010	DC0020	DC0010
Inservice withdrawals:	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employee pre-tax and rollover contributions.</p> <p>Withdrawals of employer match contributions are not specified.</p>	<p>Non-hardship withdrawals not specified.</p> <p>Hardship withdrawals are allowed for employee pre-tax contributions.</p>	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employer non-match, employee pre-tax and rollover contributions.</p> <p>Hardship withdrawals are not allowed for after-tax and employer match contributions.</p>	<p>Non-hardship withdrawals not specified.</p> <p>Hardship withdrawals are allowed for employee pre-tax contributions.</p> <p>Withdrawals of rollover contributions are not specified.</p>	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employer non-match and employee pre-tax contributions.</p> <p>Hardship withdrawals are not allowed for employer match contributions.</p>
Loans allowed?	Yes, from employee accounts only.	Yes, from employee and employer accounts.	Yes, from employee and employer accounts.	Not specified.	No.
Final distribution methods:	Lump sum.	Not specified.	Lump sum. Rollover.	Lump sum, or installment payments with a maximum of 15 years.	Lump sum. Rollover.
Comments:			This plan has a Roth feature. Excess feature is only for highly compensated Leadership Level employees.		

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

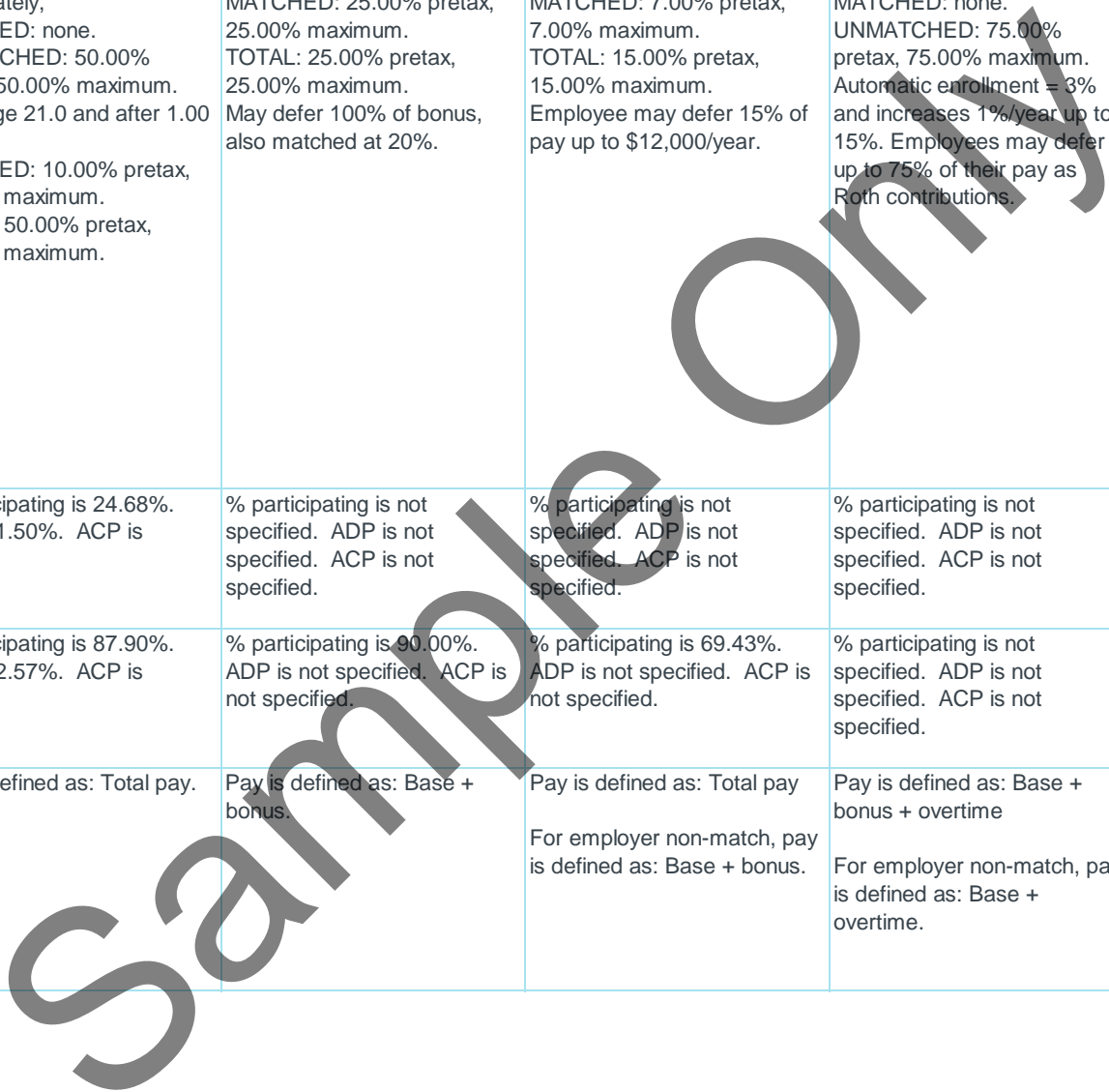
	Organization E	Organization E	Organization E	Organization F	Organization G
	DC0010	DC0030	DC0040	DC0010	DC0010
Employees covered:	All employees, including highly compensated, minimum hours 1,000 per year. Part-time eligible at age 21 after 1 year of service with 1,000 hours.	Exempt employees, only highly compensated. Vice Presidents grade 15 and above.	Exempt employees, only highly compensated. Associates below VP level.	All employees, including highly compensated.	All employees, including highly compensated.
Part-time are eligible:	Yes.	Not specified.	Not specified.	Yes.	No.
Collectively-bargained eligible:	Included.	Included.	Included.	Excluded.	Not applicable.
Participants are eligible for social security benefits:	Yes.	Yes.	Yes.	Yes.	Yes.
Plan type:	401(k).	SERP.	457 Deferred Compensation.	401(k).	401(k).
Plan status:	Active.	Active.	Active.	Active.	Active.
Rollover contributions allowed:	Yes.	No.	No.	Yes.	Yes.
For plan participation, employee contributions are required, allowed, or not allowed?	Required.	Allowed.	Allowed.	Allowed.	Required.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization E	Organization E	Organization E	Organization F	Organization G
	DC0010	DC0030	DC0040	DC0010	DC0010
Maximum employee contribution as a percentage of compensation:	Upon age 21.0, effective immediately, MATCHED: none. UNMATCHED: 50.00% pretax, 50.00% maximum. Upon age 21.0 and after 1.00 year. MATCHED: 10.00% pretax, 10.00% maximum. TOTAL: 50.00% pretax, 50.00% maximum.	Effective immediately, MATCHED: 25.00% pretax, 25.00% maximum. TOTAL: 25.00% pretax, 25.00% maximum. May defer 100% of bonus, also matched at 20%.	Effective immediately, MATCHED: 7.00% pretax, 7.00% maximum. TOTAL: 15.00% pretax, 15.00% maximum. Employee may defer 15% of pay up to \$12,000/year.	After 0.08 years, MATCHED: none. UNMATCHED: 75.00% pretax, 75.00% maximum. Automatic enrollment = 3% and increases 1%/year up to 15%. Employees may defer up to 75% of their pay as Roth contributions.	After 0.17 years, MATCHED: none. UNMATCHED: 100% pretax, 100% after tax, 100% maximum. After 1 year, MATCHED: 6.00% pretax, 6.00% after tax, 6.00% maximum. TOTAL: 100% pretax, 100% after tax, 100% maximum. Automatic enrollment = 3% pretax. Employees may defer up to 100% of their pay as Roth contributions; Roth contributions up to 6% are matched.
Percent of eligible NHCE participating, average deferral %, and average contribution %:	% participating is 24.68%. ADP is 1.50%. ACP is 0.83%.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.
Percent of eligible HCE participating, average deferral %, and average contribution %:	% participating is 87.90%. ADP is 2.57%. ACP is 1.31%.	% participating is 90.00%. ADP is not specified. ACP is not specified.	% participating is 69.43%. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.
Compensation definition:	Pay is defined as: Total pay.	Pay is defined as: Base + bonus.	Pay is defined as: Total pay For employer non-match, pay is defined as: Base + bonus.	Pay is defined as: Base + bonus + overtime For employer non-match, pay is defined as: Base + overtime.	Pay is defined as: Total pay.



RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization E	Organization E	Organization E	Organization F	Organization G
	DC0010	DC0030	DC0040	DC0010	DC0010
Employer matching contribution and maximum amount (other than by law):	None. Employees with at least one year of service receive a matching contribution on the first 10% of deferrals at the employer's discretion. The history of the matching rate is as follows: 2014 = 50%, 2013 = 50%, 2012 = 50%, 2011 = 50%, 2010 = 60%, 2009 = 50%.	First 25.00% of employee contribution = 20.00% employer match. Maximum amount = \$200,000.00	First 7.00% of employee contribution = 50.00% employer match. Maximum amount unlimited.	None.	After 1.00 year, first 3.00% of employee contribution = 100.00% employer match. After 1.00 year, next 3.00% of employee contribution = 50.00% employer match. Maximum amount unlimited.
Employer nonmatching contributions (profit sharing, ESOP, money purchase, etc.):	None.	Discretionary. 2014 = 0%, 2013 = 0%, 2012 = 0%, 2011 = 0%. 2010 = employees received a flat dollar amount based on salary and performance appraisal. 2009 = 0%. 2008 = employees received a flat amount based on salary and performance appraisal. 2007 = 0%.	Discretionary. Allocation basis is based on participant compensation for entire year. 2014 = 0%, 2013 = 0%, 2012 = 0%, 2011 = 0%. 2010 = employees received a flat dollar amount based on salary and performance appraisal. 2009 = 0%. 2008 = employees received a flat amount based on salary and performance appraisal. 2007 = 0%.	Fixed, 5.00% of salary. Employee is eligible for employer contributions after 1 year of service with at least 1,000 hours of service. Additional discretionary profit sharing ranges from 0% to 10%: 2012 = 0%, 2013 = 5%, 2014 = 7%.	None.
Excess plan for salaries in excess of legislated limits:	No.	Yes.	Yes.	Yes.	No.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization E	Organization E	Organization E	Organization F	Organization G
	DC0010	DC0030	DC0040	DC0010	DC0010
Employee 100% vests:	5 years.	5 years.	5 years.	5 years.	Not specified.
Employee contribution investment options:	Employee directed with 30 options. Company stock is not an investment fund.	Employee directed with 8 options. Company stock is not an investment fund.	Employee directed with 30 options. Company stock is not an investment fund.	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Not specified.
Employee contribution stock trades allowed:	No.	No.	Not specified.	Not specified.	Not specified.
Employee contribution stock buying/selling allowed:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not specified.
Employee contribution mutual funds outside the normal plan offering allowed:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not specified.
Employer contribution investment options:	Employee directed with 30 options. Company stock is not an investment fund.	Employee directed with 8 options. Company stock is not an investment fund.	Employee directed with 30 options. Company stock is not an investment fund.	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Not specified.
Employer contribution stock trades allowed:	No.	No.	Not specified.	Not specified.	Not specified.
Employer contribution stock buying/selling allowed:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not specified.
Employer contribution mutual funds outside the normal plan offering allowed:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not specified.



RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization E	Organization E	Organization E	Organization F	Organization G
	DC0010	DC0030	DC0040	DC0010	DC0010
Inservice withdrawals:	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employee pre-tax and rollover contributions.</p> <p>Hardship withdrawals are not allowed for employer match contributions.</p>	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employee pre-tax contributions.</p>	<p>Non-hardship withdrawals are not allowed for employer non-match and employer match contributions.</p> <p>Hardship withdrawals are allowed for employer match and employee pre-tax contributions.</p> <p>Hardship withdrawals are not allowed for employer non-match contributions.</p>	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employee pre-tax contributions.</p> <p>Hardship withdrawals are not allowed for employer non-match contributions.</p> <p>Withdrawals of rollover contributions are not specified.</p>	<p>Non-hardship withdrawals not specified.</p> <p>Hardship withdrawals are not specified.</p>
Loans allowed?	Yes, from employee and employer accounts.	No.	No.	Yes, from employee accounts only.	Not specified.
Final distribution methods:	Lump sum.	Lump sum, or installment payments with a maximum of 20 years.	Lump sum, or installment payments with a maximum of 15 years.	Lump sum, installment payments with a maximum of 10 years, or annuity.	Not specified.
Comments:		Scheduled distributions permitted.		This plan has a Roth feature. The excess plan applies to a select group of Highly Compensated employees and certain Officers only. In-service withdrawals are allowed at age 60.	This plan has a Roth feature. This is a Safe Harbor Plan.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

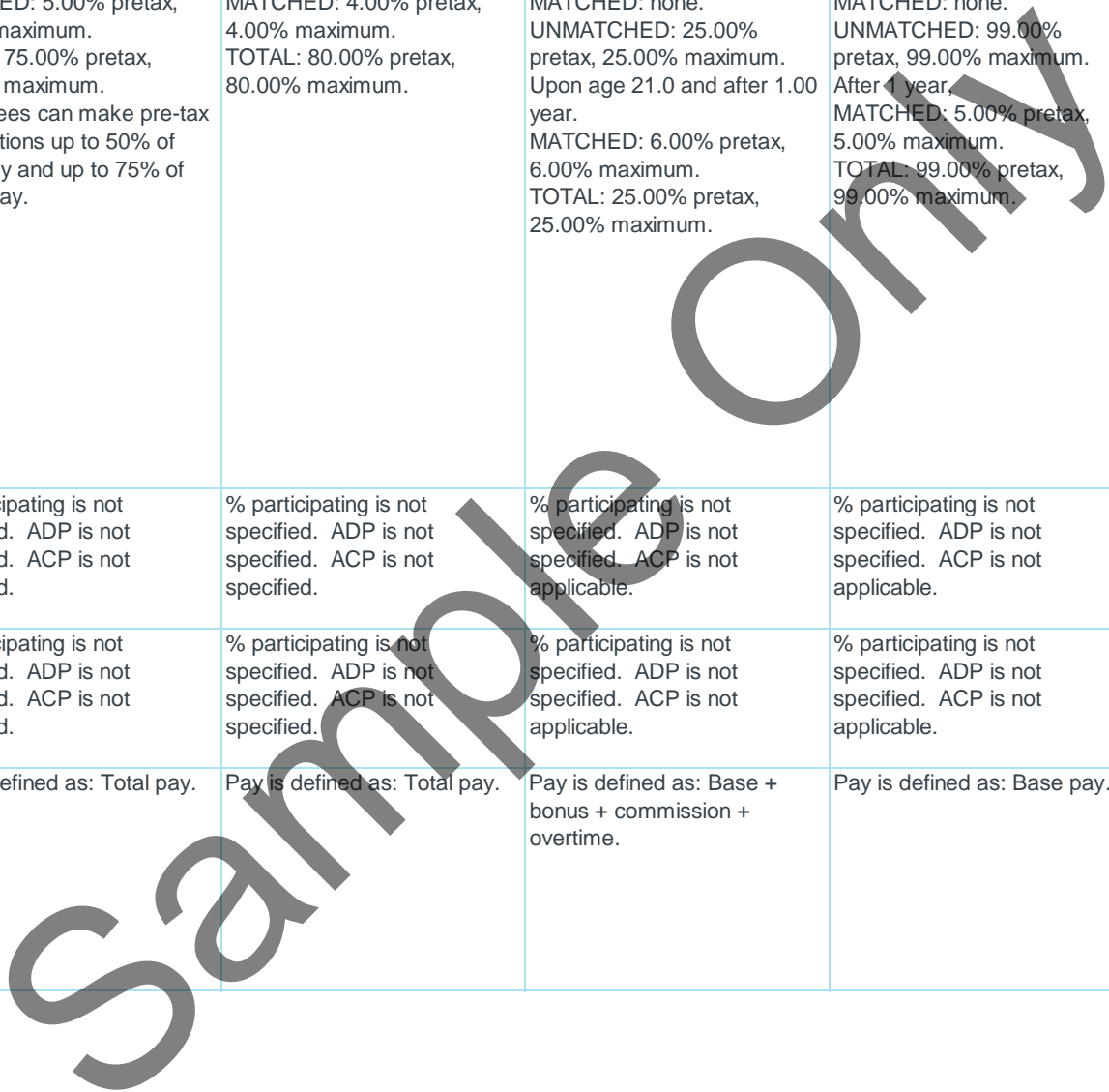
	Organization G	Organization H	Organization I	Organization J	Organization J
	DC0030	DC0010	DC0010	DC0010	DCF020
Employees covered:	Executives, only highly compensated.	All employees, including highly compensated.	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 1,000 per year. Includes all permanent employees.	All employees, including highly compensated, minimum hours 1,000 per year. Includes all permanent employees.
Part-time are eligible:	Not specified.	Yes.	Not specified.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Participants are eligible for social security benefits:	Not specified.	Yes.	Yes.	Not specified.	Not specified.
Plan type:	SERP.	401(k).	401(k).	401(k).	ESOP.
Plan status:	Active.	Active.	Active.	Active.	Frozen
Rollover contributions allowed:	Not specified.	Yes.	Yes.	Yes.	No.
For plan participation, employee contributions are required, allowed, or not allowed?	Required.	Required.	Required.	Required.	Not allowed.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization G	Organization H	Organization I	Organization J	Organization J
	DC0030	DC0010	DC0010	DC0010	DCF020
Maximum employee contribution as a percentage of compensation:	Effective immediately, MATCHED: 5.00% pretax, 5.00% maximum. TOTAL: 75.00% pretax, 75.00% maximum. Employees can make pre-tax contributions up to 50% of base pay and up to 75% of bonus pay.	After 1 year, MATCHED: 4.00% pretax, 4.00% maximum. TOTAL: 80.00% pretax, 80.00% maximum.	Effective immediately, MATCHED: none. UNMATCHED: 25.00% pretax, 25.00% maximum. Upon age 21.0 and after 1.00 year. MATCHED: 6.00% pretax, 6.00% maximum. TOTAL: 25.00% pretax, 25.00% maximum.	Effective immediately, MATCHED: none. UNMATCHED: 99.00% pretax, 99.00% maximum. After 1 year, MATCHED: 5.00% pretax, 5.00% maximum. TOTAL: 99.00% pretax, 99.00% maximum.	Not applicable.
Percent of eligible NHCE participating, average deferral %, and average contribution %:	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not applicable.	% participating is not specified. ADP is not specified. ACP is not applicable.	Not applicable.
Percent of eligible HCE participating, average deferral %, and average contribution %:	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not applicable.	% participating is not specified. ADP is not specified. ACP is not applicable.	Not applicable.
Compensation definition:	Pay is defined as: Total pay.	Pay is defined as: Total pay.	Pay is defined as: Base + bonus + commission + overtime.	Pay is defined as: Base pay.	Pay is defined as: Base pay.



RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization G	Organization H	Organization I	Organization J	Organization J
	DC0030	DC0010	DC0010	DC0010	DCF020
Employer matching contribution and maximum amount (other than by law):	Employer matching contributions = 100% of the first 1% of employee contributions for salary up to \$265,000, plus 100% of the first 5% of employee contributions for salary over \$265,000. Maximum amount unlimited.	After 1.00 year, first 4.00% of employee contribution = 100.00% employer match. Maximum amount unlimited.	After 1.00 year, first 6.00% of employee contribution = 50.00% employer match. Additional discretionary match is not specified. Maximum amount unlimited. 2013-2015 = 0%.	After 1.00 year, first 5.00% of employee contribution = 100.00% employer match. Maximum amount unlimited.	Not applicable.
Employer nonmatching contributions (profit sharing, ESOP, money purchase, etc.):	None.	None.	None.	None.	Discretionary. Allocation basis is based on participant compensation for entire year. Frozen
Excess plan for salaries in excess of legislated limits:	Yes.	No.	No.	No.	No.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization G	Organization H	Organization I	Organization J	Organization J
	DC0030	DC0010	DC0010	DC0010	DCF020
Employee 100% vests:	5 years.	7 years.	5 years.	Immediately.	5 years.
Employee contribution investment options:	Not specified.	Employee directed. Number of funds not specified.	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Employee directed. Number of funds not specified. Company stock fund information not specified.	Not applicable.
Employee contribution stock trades allowed:	Not specified.	Not specified.	Not specified.	No.	Not applicable.
Employee contribution stock buying/selling allowed:	Not specified.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employee contribution mutual funds outside the normal plan offering allowed:	Not specified.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employer contribution investment options:	Not specified.	Employee directed. Number of funds not specified.	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Employee directed. Number of funds not specified. Company stock fund information not specified.	Not applicable.
Employer contribution stock trades allowed:	Not specified.	Not specified.	Not specified.	No.	Not specified.
Employer contribution stock buying/selling allowed:	Not specified.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employer contribution mutual funds outside the normal plan offering allowed:	Not specified.	Not applicable.	Not applicable.	Not applicable.	Not applicable.



RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization G	Organization H	Organization I	Organization J	Organization J
	DC0030	DC0010	DC0010	DC0010	DCF020
Inservice withdrawals:	<p>Non-hardship withdrawals not specified.</p> <p>Hardship withdrawals are not specified.</p>	<p>Non-hardship withdrawals not specified.</p> <p>Hardship withdrawals are not specified.</p>	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employer match, employee pre-tax and rollover contributions.</p>	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employee pre-tax contributions.</p> <p>Withdrawals of employer match and rollover contributions are not specified.</p>	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are allowed for employer non-match contributions.</p>
Loans allowed?	Not specified.	Not specified.	Yes, from employee and employer accounts.	Yes.	Yes.
Final distribution methods:	Lump sum, or installment payments with a maximum of 10 years.	Not specified.	Lump sum.	Lump sum, or installment payments with a maximum of 10 years.	Lump sum, or installment payments with a maximum of 10 years.
Comments:			Employee must work 1,000 hours/year to be eligible for matching contributions.	Part-time employees are eligible after 1 year of service and 1,000 hours of service. This is a Safe Harbor Plan.	

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization K	Organization L	Organization M
	DC0010	DC0010	DC0010
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 1,000 per year.
Part-time are eligible:	Yes.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.
Participants are eligible for social security benefits:	Yes.	Not specified.	Yes.
Plan type:	401(k).	401(k).	401(k).
Plan status:	Active.	Active.	Active.
Rollover contributions allowed:	Yes.	Yes.	Yes.
For plan participation, employee contributions are required, allowed, or not allowed?	Required.	Required.	Allowed.

Sample Only

	Organization K	Organization L	Organization M
	DC0010	DC0010	DC0010
Maximum employee contribution as a percentage of compensation:	After 0.25 years, MATCHED: none. UNMATCHED: 25.00% pretax, 25.00% maximum. After 1 year, MATCHED: 6.00% pretax, 6.00% maximum. TOTAL: 25.00% pretax, 25.00% maximum.	Upon age 18.0, effective immediately, MATCHED: not specified. TOTAL: 100% pretax, 100% maximum. Automatic enrollment = 3%.	Upon age 18.0 and after 0.08 years. MATCHED: 6.00% pretax, 6.00% maximum. TOTAL: 70.00% pretax, 70.00% maximum. Employee may defer up to 70% of after-tax pay as Roth contributions. Roth contributions are matched same as pre-tax.
Percent of eligible NHCE participating, average deferral %, and average contribution %:	% participating is not specified. ADP is not specified. ACP is not applicable.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.
Percent of eligible HCE participating, average deferral %, and average contribution %:	% participating is not specified. ADP is not specified. ACP is not applicable.	% participating is not specified. ADP is not specified. ACP is not specified.	% participating is not specified. ADP is not specified. ACP is not specified.
Compensation definition:	Pay is defined as: Total pay.	Pay is defined as: Base + bonus + overtime.	Pay is defined as: Total pay.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization K	Organization L	Organization M
	DC0010	DC0010	DC0010
Employer matching contribution and maximum amount (other than by law):	After 1.00 year, first 6.00% of employee contribution = 25.00% employer match. Maximum amount unlimited.	Maximum amount unlimited. 2014 = 100% of 15.51% of the first \$1,000 deferred, 2013-2011 not available, 2010 = 100% of 16.147%, 2009 = 100% of 15.2%, 2008 = 100% of 14.4%, 2007 = 100% of 15.4%, 2006 = 100% of 29.7%. The maximum employer match is discretionary and has been made on the first \$1,000 of deferrals since 2004.	After 0.08 years, first 4.00% of employee contribution = 100.00% employer match. After 0.08 years, next 2.00% of employee contribution = 50.00% employer match. Maximum amount unlimited.
Employer nonmatching contributions (profit sharing, ESOP, money purchase, etc.):	None.	None.	Discretionary. Allocation basis is based on participant compensation for entire year. 2012 = 0%, 2013 = 0%, 2014 = information is not available.
Excess plan for salaries in excess of legislated limits:	No.	No.	Yes.

Sample Only

	Organization K	Organization L	Organization M
	DC0010	DC0010	DC0010
Employee 100% vests:	5 years.	Immediately.	5 years. Profit Sharing vesting schedule showed above. Employee contributions and employer match are always 100% vested.
Employee contribution investment options:	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Employee directed with 17 options. Company stock is an investment fund.	Employee directed. Number of funds not specified. Company stock is not an investment fund.
Employee contribution stock trades allowed:	Not specified.	Yes.	Not specified.
Employee contribution stock buying/selling allowed:	Not specified.	Yes.	Not specified.
Employee contribution mutual funds outside the normal plan offering allowed:	Not specified.	Yes.	Not specified.
Employer contribution investment options:	Employee directed. Number of funds not specified. Company stock is not an investment fund.	Employee directed with 17 options. Company stock is an investment fund.	Employee directed. Number of funds not specified. Company stock is not an investment fund.
Employer contribution stock trades allowed:	Not specified.	Yes.	Not specified.
Employer contribution stock buying/selling allowed:	Not specified.	Yes.	Not specified.
Employer contribution mutual funds outside the normal plan offering allowed:	Not specified.	Yes.	Not specified.

Sample Only

RETIREMENT / SAVINGS BENEFITS

DEFINED CONTRIBUTION

	Organization K	Organization L	Organization M
	DC0010	DC0010	DC0010
Inservice withdrawals:	<p>Non-hardship withdrawals not allowed.</p> <p>Hardship withdrawals are not specified.</p>	<p>Non-hardship withdrawals allowed before reaching age 59 1/2 for rollover contributions.</p> <p>Hardship withdrawals are allowed. Contribution types are not specified.</p> <p>Withdrawals of employer match and employee pre-tax contributions are not specified.</p>	<p>Non-hardship withdrawals allowed before reaching age 59 1/2 for rollover contributions.</p> <p>Hardship withdrawals are allowed for employee pre-tax contributions.</p>
Loans allowed?	Yes.	Yes.	Yes, from employee accounts only.
Final distribution methods:	<p>Lump sum.</p> <p>Rollover.</p>	<p>Lump sum.</p> <p>Non-spousal beneficiaries may elect installment payments.</p>	<p>Lump sum.</p> <p>Rollover.</p>
Comments:			<p>This plan has a Roth feature.</p> <p>This is a Safe Harbor plan.</p>

Sample Only

RETIREMENT / SAVINGS BENEFITS

STOCK PURCHASE

	Organization A	Organization B	Organization C	Organization D	Organization E
	No Plan	No Plan	DC0030	DC0020	No Plan
Employees covered:			All employees, including highly compensated.	All employees, including highly compensated.	
Part-time are eligible:			Yes.	Yes.	
Collectively-bargained eligible:			Not applicable.	Not applicable.	
Plan status:			Active.	Active.	
Rollover contributions allowed:			No.	Not specified.	
For plan participation, employee contributions are required, allowed, or not allowed?			Required.	Required.	
Maximum employee contribution as a percentage of compensation:			After 0.17 years, 10.00% of pay.	Not specified.	
Compensation definition:			Pay is defined as: Total pay.	Not specified.	
Employer matching contribution and maximum amount (other than by law):			Company discounts, 10.00%. Maximum number of shares = 1000 per offering period. Market value determination method is price at the end of the purchase period. There is 1.00 purchase period in a 6.00-month offering period.	No match or discount offered. Number of shares unlimited. Market value determination method is average price during the purchase period. There are 26.00 purchase periods in a 12.00-month offering period. No maximum on contributions. Salary combination not applicable because it is based on dollar amounts.	
Employee 100% vests:			Not applicable.	Not applicable.	
Comments:					

Sample Only

RETIREMENT / SAVINGS BENEFITS

STOCK PURCHASE

	Organization F	Organization G	Organization H	Organization I	Organization J
	No Plan	DC0020	No Plan	No Plan	No Plan
Employees covered:		All employees, including highly compensated.			
Part-time are eligible:		No.			
Collectively-bargained eligible:		Not applicable.			
Plan status:		Active.			
Rollover contributions allowed:		No.			
For plan participation, employee contributions are required, allowed, or not allowed?		Required.			
Maximum employee contribution as a percentage of compensation:		15.00% of pay, effective immediately.			
Compensation definition:		Pay is defined as: Total pay.			
Employer matching contribution and maximum amount (other than by law):		Company discounts, 15.00%. Number of shares unlimited. Market value determination method is lower of price at the beginning and end of purchase period. There is 1.00 purchase period in a 3.00-month offering period.			
Employee 100% vests:		Not applicable.			
Comments:					

Sample Only

RETIREMENT / SAVINGS BENEFITS

STOCK PURCHASE

	Organization K	Organization L	Organization M
	No Plan	DC0020	No Plan
Employees covered:		All employees, including highly compensated.	
Part-time are eligible:		Yes.	
Collectively-bargained eligible:		Not applicable.	
Plan status:		Active.	
Rollover contributions allowed:		No.	
For plan participation, employee contributions are required, allowed, or not allowed?		Required.	
Maximum employee contribution as a percentage of compensation:		100.00% of pay, effective immediately.	
Compensation definition:		Pay is defined as: Base pay.	
Employer matching contribution and maximum amount (other than by law):		<p>Company discounts, 5.00%. Number of shares unlimited.</p> <p>Market value determination method is price at the end of the purchase period.</p> <p>There is 1.00 purchase period in a 3.00-month offering period.</p> <p>Shares limited to IRS maximum.</p>	
Employee 100% vests:		Not applicable.	
Comments:			

Sample Only

HEALTH / GROUP BENEFITS

FLEXIBLE BENEFITS

	Organization A	Organization B	Organization C	Organization D	Organization E
Flexible credits:	No.	No.	No.	No.	No.
Flexible benefits are:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Required benefits:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Benefits with cashout option:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Benefits with pre-tax option:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Comments:					

Sample Only

HEALTH / GROUP BENEFITS

FLEXIBLE BENEFITS

	Organization F	Organization G	Organization H	Organization I	Organization J
Flexible credits:	No.	No.	No.	No.	No.
Flexible benefits are:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Required benefits:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Benefits with cashout option:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Benefits with pre-tax option:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Comments:					

Sample Only

HEALTH / GROUP BENEFITS

FLEXIBLE BENEFITS

	Organization K	Organization L	Organization M
Flexible credits:	No.	No.	No.
Flexible benefits are:	Not specified.	Not specified.	Not specified.
Required benefits:	Not specified.	Not specified.	Not specified.
Benefits with cashout option:	Not specified.	Not specified.	Not specified.
Benefits with pre-tax option:	Not specified.	Not specified.	Not specified.
Comments:			

Sample Only

	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated.	All employees, including highly compensated.	Retirees. Post-65 retirees.	All employees, including highly compensated, minimum hours 32 per week.
Part-time are eligible:	Yes.	Not specified.	Not specified.	Not specified.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	Consumer Driven Health Plan, PPO.	Consumer Driven Health Plan, PPO.	Consumer Driven Health Plan, PPO.	Indemnity.	PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Is this plan only for out-of-area participants:	No.	No.	No.	No.	No.
Is this plan a silent PPO:	Not applicable.	Not applicable.	Not applicable.	Not specified.	Not applicable.
Percent of all employees participating:	64.00%.	16.00%.	20.00%.	Not specified.	31.00%.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Not specified.	Non-student - 26 Student - 26 Disabled - unlimited.
Pre-existing condition policy:	Not specified.	Not specified.	Not specified.	Not specified.	None.

Sample Only

	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Employee monthly contributions:	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Employees pay 24% of the premium.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Employees pay 24% of the premium.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Employees pay 24% of the premium.</p>	<p>See retiree contributions.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$172.25 EE+child: \$368.33 EE+spouse: \$403.00 EE+family: \$498.33</p> <p>Employees who do not participate in the Healthy Habits incentive pay an additional \$21.67/month/employee only or employee + child(ren), \$43.33/month/employee + spouse or family.</p>
COBRA rates:	Not specified.	Not specified.	Not specified.	Not specified.	<p>EE only: \$532.44 EE+child: \$1,064.88 EE+spouse: \$1,224.00 EE+family: \$1,681.98</p>
Plan deductible:	<p>Inside network - per individual = \$2,000, per family = \$4,000. Outside network - per individual = \$2,500, per family = \$5,000.</p>	<p>Inside network - per individual = \$5,500, per family = \$11,000. Outside network - per individual = \$6,000, per family = \$12,000.</p>	<p>Inside network - per individual = \$1,100, per family = \$2,200. Outside network - per individual = \$1,600, per family = \$2,700.</p>	<p>Per individual = \$200, per family = None.</p>	<p>Inside network - per individual = \$700, per family = \$1,750. Outside network - per individual = \$700, per family = \$1,750.</p>

	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Employee coinsurance and copayments - Hospitalization:	Inpatient Hospital: 20%*†; 30%*‡. Inpatient Surgery: 20%*†; 30%*‡. Inpatient Maternity: 20%*†; 30%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 30%*‡. Inpatient Surgery: 20%*†; 30%*‡. Inpatient Maternity: 20%*†; 30%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 30%*‡. Inpatient Surgery: 20%*†; 30%*‡. Inpatient Maternity: 20%*†; 30%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*‡. Inpatient Surgery: 20%*‡. Inpatient Maternity: 20%*‡. Emergency Room: 20%*‡. * - after deductible is met ‡ - non-network provider	Inpatient Hospital: 20%, \$100*†; 40%, \$100*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%, \$100*†; 40%, \$100*‡. Emergency Room: 20%, \$100*†; 20%, \$100*‡. * - after deductible is met † - network provider ‡ - non-network provider
Employee coinsurance and copayments - Office Visits:	Primary Care: 20%*†; 30%*‡. Specialist: 20%*†; 30%*‡. Outpatient Surgery: 20%*†; 30%*‡. Chiropractic: 20%*†; 30%*‡. Routine Physicals: 0%†; not covered‡. Pap Smear: 0%†; not covered‡. Mammogram: 0%†; not covered‡. Well-child Care: 0%†; not covered‡. Diagnostics, X-rays and Lab: 20%*†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 30%*‡. Specialist: 20%*†; 30%*‡. Outpatient Surgery: 20%*†; 30%*‡. Chiropractic: 20%*†; 30%*‡. Routine Physicals: 0%†; not covered‡. Pap Smear: 0%†; not covered‡. Mammogram: 0%†; not covered‡. Well-child Care: 0%†; not covered‡. Diagnostics, X-rays and Lab: 20%*†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 30%*‡. Specialist: 20%*†; 30%*‡. Outpatient Surgery: 20%*†; 30%*‡. Chiropractic: 20%*†; 30%*‡. Routine Physicals: 0%†; not covered‡. Pap Smear: 0%†; not covered‡. Mammogram: 0%†; not covered‡. Well-child Care: 0%†; not covered‡. Diagnostics, X-rays and Lab: 20%*†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*‡. Specialist: 20%*‡. Outpatient Surgery: 20%*‡. Chiropractic: 20%*‡. Routine Physicals: 20%*‡. Pap Smear: 20%*‡. Mammogram: 20%*‡. Well-child Care: 20%*‡. Diagnostics, X-rays and Lab: 20%*‡. * - after deductible is met ‡ - non-network provider	Primary Care: 20%*†; 40%*‡. Specialist: 20%*†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: 20%*†; 40%*‡. Routine Physicals: 0%†; 40%*‡. Pap Smear: 0%†; 40%*‡. Mammogram: 0%†; 40%*‡. Well-child Care: 0%†; 40%*‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider

	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 20%*†; 30%*‡. Outpatient Mental Health: 20%*†; 30%*‡. Inpatient Substance Abuse: 20%*†; 30%*‡. Outpatient Substance Abuse: 20%*†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 30%*‡. Outpatient Mental Health: 20%*†; 30%*‡. Inpatient Substance Abuse: 20%*†; 30%*‡. Outpatient Substance Abuse: 20%*†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 30%*‡. Outpatient Mental Health: 20%*†; 30%*‡. Inpatient Substance Abuse: 20%*†; 30%*‡. Outpatient Substance Abuse: 20%*†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*‡. Outpatient Mental Health: 20%*‡. Inpatient Substance Abuse: 20%*‡. Outpatient Substance Abuse: 20%*‡. * - after deductible is met ‡ - non-network provider	Inpatient Mental Health: 20%, \$100*†; 40%, \$100*‡. Outpatient Mental Health: 20%*†; 40%*‡. Inpatient Substance Abuse: 20%, \$100*†; 40%, \$100*‡. Outpatient Substance Abuse: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider
Healthcare Spending Accounts included with medical plan:	Yes.	Yes.	Yes.	No.	No.
Healthcare Spending Accounts plan details:	Employer contributions = \$350/individual, \$700/family; employee must participate in a Healthy Lifestyle Program to receive employer contributions. Employees may contribute additional funds up to the IRS limits.	Employer contributions = \$350/individual, \$700/family; employee must participate in a Healthy Lifestyle Program to receive employer contributions. Employees may contribute additional funds up to the IRS limits.	This is an employer funded Health Reimbursement Account, employer contributions = \$350/individual, \$700/family; employee must participate in a Healthy Lifestyle Program to receive employer contributions.	Not applicable.	Not applicable.
Healthcare Spending Account amount per year:	\$3,350.00/year.	\$3,350.00/year.	\$350.00/year.	Not applicable.	Not applicable.
Healthcare Spending Account used at retirement:	Yes.	Yes.	No.	Not applicable.	Not applicable.
Healthcare Spending Account at retirement plan detail:	Not specified.	Not specified.	Not applicable.	Not applicable.	Not applicable.
Prescription benefits part of the medical plan:	Yes.	Yes.	Yes.	No.	No.
Prescription plan type (traditional, formulary):	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.

	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Generic drug employee copayment:	Inside network = 20%, outside network = 30%, mail order = 20%.	Inside network = 20%, outside network = 30%, mail order = 20%.	Inside network = \$10.00, outside network = 30%, mail order = \$10.00.	Inside network = \$10.00, outside network = 20%, mail order = \$20.00.	Inside network = 25%, outside network = not covered, mail order = 20%.
Brand Formulary/Single-source employee copayment:	Inside network = 20%, outside network = 30%, mail order = 20%, \$50.00.	Inside network = 20%, outside network = 30%, mail order = 20%.	Inside network = \$35.00, outside network = 30%, mail order = \$35.00.	Inside network = \$20.00, outside network = 20%, mail order = \$40.00.	Inside network = 25%, outside network = not covered, mail order = 20%.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = 20%, outside network = 30%, mail order = 20%.	Inside network = 20%, outside network = 30%, mail order = 20%.	Inside network = not specified, outside network = 30%, mail order = not specified.	Inside network = \$40.00, outside network = 20%, mail order = \$80.00.	Inside network = 25%, outside network = not covered, mail order = 20%.
Separate deductible and prescription comments:	No separate deductible. Medical plan deductible applies. Some in-network preventive drugs are covered at 100% with no deductible.	No separate deductible. Medical plan deductible applies. Some in-network preventive drugs are covered at 100% with no deductible.	No separate deductible. Brand Non-formulary, inside network = 50% up to \$150 maximum.	No separate deductible.	No separate deductible. Retail: Generic = \$10 minimum/\$125 maximum, Brand Formulary = \$22/\$125, Brand Non-formulary = \$42/\$125; Mail Order: Generic = \$25/\$300, Brand Formulary = \$60/\$300, Brand Non-formulary = \$110/\$300. Out-of-pocket maximum = \$2,250/individual, \$4,500/family.
Out-of-pocket limit (Includes deductibles):	Inside network = \$4,500 per person, \$6,750 per family. Outside network = \$5,500 per person, \$8,250 per family.	Inside network = \$6,000 per person, \$12,000 per family. Outside network = \$7,000 per person, \$14,000 per family.	Inside network = \$3,500 per person, \$7,000 per family. Outside network = \$4,500 per person, \$9,000 per family.	\$1,700 per person, family OPL not applicable.	Inside network = \$3,000 per person, \$6,000 per family. Outside network = \$9,000 per person, \$18,000 per family.

Sample Only

	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Plan maximums:	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.
Cost management features:	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Yes. Maternity programs = Not specified.
Retirement coverage:	Age < 65 = same coverage as active. Age > 65 = separate plan.	Age < 65 = same coverage as active. Age > 65 = separate plan.	Age < 65 = same coverage as active. Age > 65 = separate plan.	Age < 65 = separate plan. Age > 65 = medicare supplement.	None.
Retirement pre-65 eligibility for coverage:	Not specified.	Not specified.	Not specified.	Not applicable.	Not applicable.



	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Retiree pre-65 monthly contribution:	Retired < age 65: EE only: 100.0% EE+1: 100.0% EE+family: 100.0%	Retired < age 65: EE only: 100.0% EE+1: 100.0% EE+family: 100.0%	Retired < age 65: EE only: 100.0% EE+1: 100.0% EE+family: 100.0%	Retired < age 65: Not applicable.	Not applicable.
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	None.	None.	None.	Retired < age 65: Not applicable.	Not applicable.
Retiree pre-65 employer reached the maximum:	Not specified.	Not specified.	Not specified.	Not specified.	Not applicable.
Retirement post-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not specified.	Not applicable.
Retiree post-65 monthly contribution:	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: EE only: 100.0% EE+1: 100.0% EE+family: 100.0%	Not applicable.
Retiree post-65 employer portion of monthly premium, including maximums:	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	None.	Not applicable.
Retiree post-65 employer reached the maximum:	Not specified.	Not specified.	Not specified.	Not specified.	Not applicable.

Sample Only

	Organization A	Organization A	Organization A	Organization A	Organization B
	MD0010	MD0020	MD0030	MDR010	MD0010
Comments:					

Sample Only

	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Employees covered:	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	Retirees.
Part-time are eligible:	Yes.	Yes.	Yes.	Yes.	Not specified.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	EPO.	PPO.	Consumer Driven Health Plan, PPO.	Consumer Driven Health Plan, PPO.	Indemnity.
Plan status:	Active.	Active.	Active.	Active.	Active.
Is this plan only for out-of-area participants:	No.	No.	No.	No.	No.
Is this plan a silent PPO:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not specified.
Percent of all employees participating:	69.00%.	Not specified.	Not specified.	Not specified.	Not specified.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Pre-existing condition policy:	None.	None.	None.	Not specified.	Not specified.

Sample Only

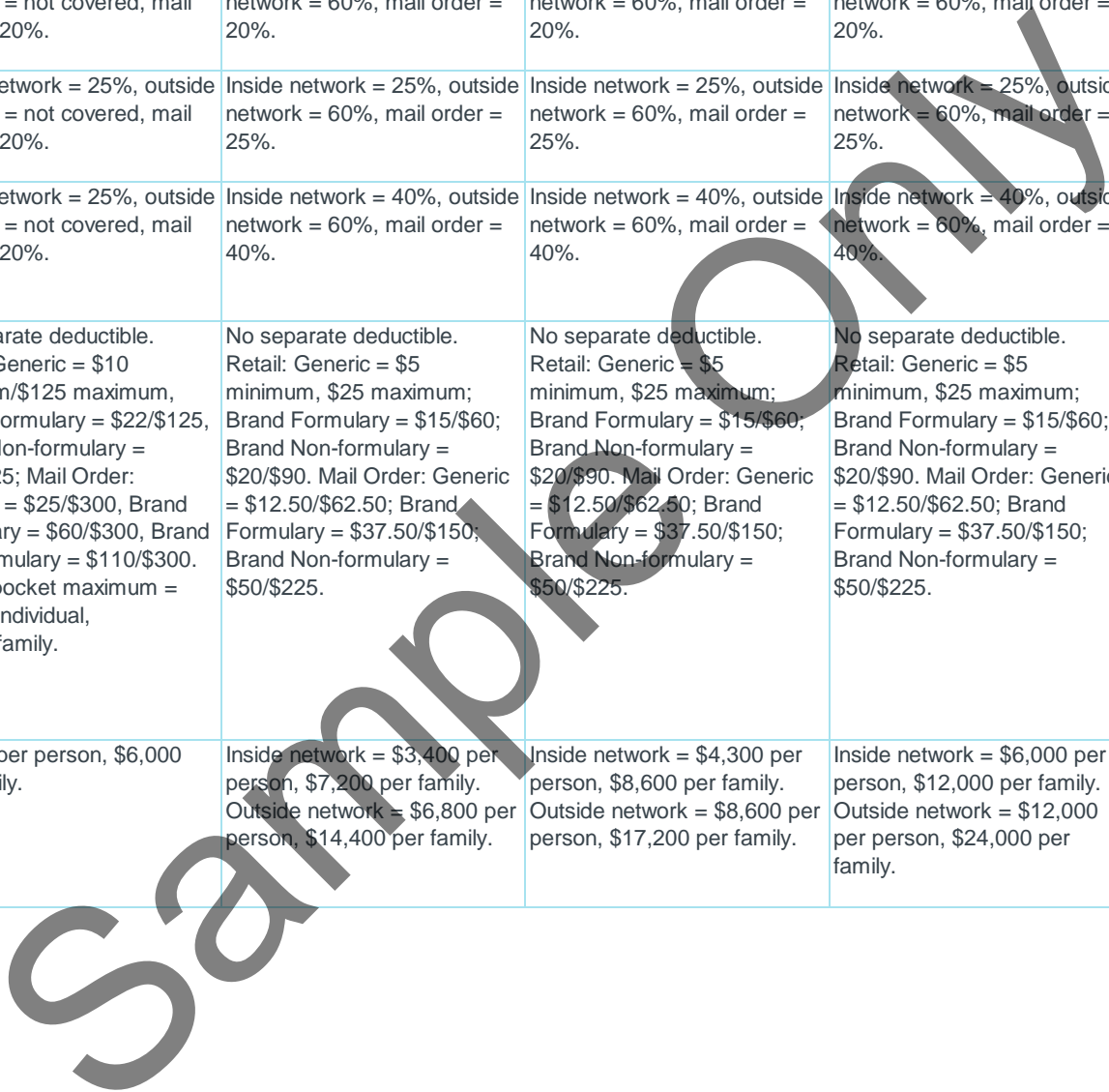
	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Employee monthly contributions:	<p>Contributions are: Pretax/payroll deduction. EE only: \$99.67 EE+child: \$218.83 EE+spouse: \$247.00 EE+family: \$307.67</p> <p>Employees who do not participate in the Healthy Habits incentive pay an additional \$21.67/month/employee only or employee + child(ren), \$43.33/month/employee + spouse or family.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$113.00 EE+child: \$310.00 EE+spouse: \$357.00 EE+family: \$525.00</p> <p>Wellness program non-participants pay an additional \$25 per month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$76.00 EE+child: \$243.00 EE+spouse: \$282.00 EE+family: \$443.00</p> <p>Wellness program non-participants pay an additional \$25 per month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$8.00 EE+child: \$108.00 EE+spouse: \$138.00 EE+family: \$267.00</p> <p>Wellness program non-participants pay an additional \$25 per month.</p>	See retiree contributions.
COBRA rates:	<p>EE only: \$447.78 EE+child: \$896.58 EE+spouse: \$1,028.16 EE+family: \$1,407.60</p>	<p>EE only: \$444.00 EE+child: \$888.50 EE+spouse: \$1,022.00 EE+family: \$1,488.50</p>	<p>EE only: \$390.00 EE+child: \$780.00 EE+spouse: \$897.00 EE+family: \$1,306.50</p>	<p>EE only: \$350.50 EE+child: \$701.00 EE+spouse: \$806.00 EE+family: \$1,174.50</p>	Not specified.
Plan deductible:	Per individual = \$600, per family = \$1,500.	<p>Inside network - per individual = \$400, per family = \$1,200. Outside network - per individual = \$800, per family = \$2,400.</p>	<p>Inside network - per individual = \$1,300, per family = \$2,600. Outside network - per individual = \$2,600, per family = \$5,200.</p>	<p>Inside network - per individual = \$2,000, per family = \$4,000. Outside network - per individual = \$4,000, per family = \$8,000.</p>	Per individual = \$400, per family = \$1,200.

	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Employee coinsurance and copayments - Hospitalization:	Inpatient Hospital: 20%, \$100*†. Inpatient Surgery: 20%*†. Inpatient Maternity: 20%, \$100*†. Emergency Room: 20%, \$100*†. * - after deductible is met † - network provider	Inpatient Hospital: 20%*†; 40%*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%*†; 40%*‡. Emergency Room: 20%, \$100*†; 20%, \$100*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 40%*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%*†; 40%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 30%*†; 50%*‡. Inpatient Surgery: 30%*†; 50%*‡. Inpatient Maternity: 30%*†; 50%*‡. Emergency Room: 30%*†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*‡. Inpatient Surgery: 20%*‡. Inpatient Maternity: 20%*‡. Emergency Room: 20%*‡. * - after deductible is met ‡ - non-network provider
Employee coinsurance and copayments - Office Visits:	Primary Care: 20%*†. Specialist: 20%*†. Outpatient Surgery: 20%*†. Chiropractic: 20%*†. Routine Physicals: 0%†. Pap Smear: 0%†. Mammogram: 0%†. Well-child Care: 0%†. Diagnostics, X-rays and Lab: \$5†. * - after deductible is met † - network provider	Primary Care: 20%*†; 40%*‡. Specialist: 20%*†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: 20%*†; 40%*‡. Routine Physicals: 0%†; 20%‡. Pap Smear: 0%†; 20%‡. Mammogram: 0%†; 20%‡. Well-child Care: 0%†; 20%‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 40%*‡. Specialist: 20%*†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: 20%*†; 40%*‡. Routine Physicals: 0%†; 20%‡. Pap Smear: 0%†; 20%‡. Mammogram: 0%†; 20%‡. Well-child Care: 0%†; 20%‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 30%*†; 50%*‡. Specialist: 30%*†; 50%*‡. Outpatient Surgery: 30%*†; 50%*‡. Chiropractic: 30%*†; 50%*‡. Routine Physicals: 0%†; 30%‡. Pap Smear: 0%†; 30%‡. Mammogram: 0%†; 30%‡. Well-child Care: 0%†; 30%‡. Diagnostics, X-rays and Lab: 30%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*‡. Specialist: 20%*‡. Outpatient Surgery: 20%*‡. Chiropractic: 20%*‡. Routine Physicals: 0%†. Pap Smear: 0%†. Mammogram: 0%†. Well-child Care: 0%†. Diagnostics, X-rays and Lab: 20%*‡. * - after deductible is met ‡ - non-network provider



	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 20%, \$100*†. Outpatient Mental Health: 20%*†. Inpatient Substance Abuse: 20%, \$100*†. Outpatient Substance Abuse: 20%*†. * - after deductible is met † - network provider	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: 20%*†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: 20%*†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 30%*†; 50%*‡. Outpatient Mental Health: 30%*†; 50%*‡. Inpatient Substance Abuse: 30%*†; 50%*‡. Outpatient Substance Abuse: 30%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†. Outpatient Mental Health: 0%*†. Inpatient Substance Abuse: 20%*†. Outpatient Substance Abuse: 0%*†. * - after deductible is met ‡ - non-network provider
Healthcare Spending Accounts included with medical plan:	No.	No.	Yes.	Yes.	No.
Healthcare Spending Accounts plan details:	Not applicable.	Not applicable.	The employee will make the following annual contributions: \$500 for employee only coverage, \$1,000 for employee + 1 or more. The employee can contribute up to the IRS maximum.	Employee may contribute up to the IRS limits.	Not applicable.
Healthcare Spending Account amount per year:	Not applicable.	Not applicable.	\$3,300.00/year.	\$3,300.00/year.	Not applicable.
Healthcare Spending Account used at retirement:	Not applicable.	Not applicable.	Yes.	Yes.	Not applicable.
Healthcare Spending Account at retirement plan detail:	Not applicable.	Not applicable.	Not specified.	Not specified.	Not applicable.
Prescription benefits part of the medical plan:	No.	Yes.	Yes.	Yes.	Not specified.
Prescription plan type (traditional, formulary):	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Not specified.	Formulary/Non-formulary.

	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Generic drug employee copayment:	Inside network = 25%, outside network = not covered, mail order = 20%.	Inside network = 20%, outside network = 60%, mail order = 20%.	Inside network = 20%, outside network = 60%, mail order = 20%.	Inside network = 20%, outside network = 60%, mail order = 20%.	Inside network = \$10.00, outside network = \$10.00, mail order = \$30.00.
Brand Formulary/Single-source employee copayment:	Inside network = 25%, outside network = not covered, mail order = 20%.	Inside network = 25%, outside network = 60%, mail order = 25%.	Inside network = 25%, outside network = 60%, mail order = 25%.	Inside network = 25%, outside network = 60%, mail order = 25%.	Inside network = 20%, outside network = 20%, mail order = 20%.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = 25%, outside network = not covered, mail order = 20%.	Inside network = 40%, outside network = 60%, mail order = 40%.	Inside network = 40%, outside network = 60%, mail order = 40%.	Inside network = 40%, outside network = 60%, mail order = 40%.	Inside network = 35%, outside network = 35%, mail order = 35%.
Separate deductible and prescription comments:	No separate deductible. Retail: Generic = \$10 minimum/\$125 maximum, Brand Formulary = \$22/\$125, Brand Non-formulary = \$42/\$125; Mail Order: Generic = \$25/\$300, Brand Formulary = \$60/\$300, Brand Non-formulary = \$110/\$300. Out-of-pocket maximum = \$2,250/individual, \$4,500/family.	No separate deductible. Retail: Generic = \$5 minimum, \$25 maximum; Brand Formulary = \$15/\$60; Brand Non-formulary = \$20/\$90. Mail Order: Generic = \$12.50/\$62.50; Brand Formulary = \$37.50/\$150; Brand Non-formulary = \$50/\$225.	No separate deductible. Retail: Generic = \$5 minimum, \$25 maximum; Brand Formulary = \$15/\$60; Brand Non-formulary = \$20/\$90. Mail Order: Generic = \$12.50/\$62.50; Brand Formulary = \$37.50/\$150; Brand Non-formulary = \$50/\$225.	No separate deductible. Retail: Generic = \$5 minimum, \$25 maximum; Brand Formulary = \$15/\$60; Brand Non-formulary = \$20/\$90. Mail Order: Generic = \$12.50/\$62.50; Brand Formulary = \$37.50/\$150; Brand Non-formulary = \$50/\$225.	No separate deductible. Brand formulary=\$10 minimum, \$80 maximum; Brand-non formulary=\$10/\$40.
Out-of-pocket limit (Includes deductibles):	\$3,000 per person, \$6,000 per family.	Inside network = \$3,400 per person, \$7,200 per family. Outside network = \$6,800 per person, \$14,400 per family.	Inside network = \$4,300 per person, \$8,600 per family. Outside network = \$8,600 per person, \$17,200 per family.	Inside network = \$6,000 per person, \$12,000 per family. Outside network = \$12,000 per person, \$24,000 per family.	\$3,400 per person, \$6,800 per family.



	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Plan maximums:	Lifetime Maximums: Base plan - inside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan = unlimited.
Cost management features:	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Yes. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Yes. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Yes. Health risk assessment = Yes. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Yes. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Yes. Health risk assessment = Yes. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Yes. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Yes. Health risk assessment = Yes. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.
Retirement coverage:	None.	Age < 65 = separate plan. Age > 65 = separate plan.	Age < 65 = separate plan. Age > 65 = separate plan.	Age < 65 = separate plan. Age > 65 = separate plan.	Age < 65 = same coverage as active. Age > 65 = medicare supplement.
Retirement pre-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not specified.

	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Retiree pre-65 monthly contribution:	Not applicable.	Retired < age 65: Not applicable.	Retired < age 65: Not applicable.	Retired < age 65: Not applicable.	Retired < age 65: EE only: 25.0% EE+1: 35.0% EE+family: 35.0%
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	Not applicable.	Retired < age 65: Not applicable.	Retired < age 65: Not applicable.	Retired < age 65: Not applicable.	Retired < age 65: EE only: 75.0% EE+1: 65.0% EE+family: 65.0%
Retiree pre-65 employer reached the maximum:	Not applicable.	Not specified.	Not specified.	Not specified.	Not specified.
Retirement post-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not specified.
Retiree post-65 monthly contribution:	Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: EE only: 25.0% EE+1: 35.0% EE+family: 35.0%
Retiree post-65 employer portion of monthly premium, including maximums:	Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: Not applicable.	Retired > age 65: EE only: 75.0% EE+1: 65.0% EE+family: 65.0%
Retiree post-65 employer reached the maximum:	Not applicable.	Not specified.	Not specified.	Not specified.	Not specified.

Sample Only

	Organization B	Organization C	Organization C	Organization C	Organization C
	MD0020	MD0010	MD0020	MD0030	MDR040
Comments:	<p>This plan has the largest percentage of employee participation.</p> <p>Diagnostics/X-Rays/Labs copayment: onsite facility is shown, all other inside network = 20% after deductible.</p>	<p>This plan has the largest percentage of employee participation. This is a self-insured plan.</p> <p>Specialist office visit= 40% if the specialist is not a part of the designated network of specialists.</p>	<p>This is a self-insured plan.</p> <p>Specialist office visit= 50% if the specialist is not part of the designated network of specialists.</p>	<p>Specialist office visit= \$40 if specialist is not part of designated network of specialists.</p>	

Sample Only

	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	Yes.	Yes.	No.	Yes.
Collectively-bargained eligible:	Excluded.	Excluded.	Excluded.	Included.	Included.
Plan type:	PPO.	EPO.	PPO.	PPO.	PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Is this plan only for out-of-area participants:	No.	No.	No.	No.	No.
Is this plan a silent PPO:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Percent of all employees participating:	Not specified.	Not specified.	Not specified.	7.67%.	46.35%.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 25 Student - 25 Disabled - unlimited.
Pre-existing condition policy:	None.	None.	None.	None.	None.

Sample Only

	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Employee monthly contributions:	<p>Contributions are: Pretax/payroll deduction. EE only: \$94.34 EE+child: \$212.46 EE+spouse: \$249.86 EE+family: \$304.42</p> <p>Spousal surcharge = \$119.17/month. Tobacco users pay an additional \$54.17/month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$153.79 EE+child: \$346.32 EE+spouse: \$407.29 EE+family: \$496.21</p> <p>Spousal surcharge = \$119.17/month. Tobacco users pay an additional \$54.17/month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$56.16 EE+child: \$126.45 EE+spouse: \$148.68 EE+family: \$181.13</p> <p>Spousal surcharge = \$119.17/month. Tobacco users pay an additional \$54.17/month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$158.21 EE+child: \$268.95 EE+spouse: \$377.71 EE+family: \$459.83</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$62.59 EE+child: \$106.41 EE+spouse: \$149.41 EE+family: \$181.90</p>
COBRA rates:	<p>EE only: \$386.93 EE+child: \$830.03 EE+spouse: \$970.32 EE+family: \$1,174.97</p>	<p>EE only: \$630.42 EE+child: \$1,378.47 EE+spouse: \$1,615.29 EE+family: \$1,960.76</p>	<p>EE only: \$217.77 EE+child: \$449.07 EE+spouse: \$522.31 EE+family: \$629.14</p>	<p>EE only: \$664.02 EE+child: \$1,146.48 EE+spouse: \$1,605.48 EE+family: \$1,997.16</p>	<p>EE only: \$354.96 EE+child: \$599.76 EE+spouse: \$822.12 EE+family: \$1,006.74</p>
Plan deductible:	<p>Inside network - per individual = \$500, per family = \$1,000. Outside network - per individual = \$1,000, per family = \$2,000.</p>	<p>Per individual = \$250, per family = \$500.</p>	<p>Inside network - per individual = \$1,000, per family = \$2,000. Outside network - per individual = \$2,000, per family = \$4,000.</p>	<p>Inside network - per individual = \$650, per family = \$1,300. Outside network - per individual = \$1,300, per family = \$2,600.</p>	<p>Inside network - per individual = \$1,150, per family = \$2,300. Outside network - per individual = \$2,300, per family = \$4,600.</p>

	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Employee coinsurance and copayments - Hospitalization:	<p>Inpatient Hospital: 20%, \$150*†; 40%*‡.</p> <p>Inpatient Surgery: 20%*†; 40%*‡.</p> <p>Inpatient Maternity: 20%, \$150*†; 40%*‡.</p> <p>Emergency Room: 20%*†; 20%*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>	<p>Inpatient Hospital: 10%, \$150*†.</p> <p>Inpatient Surgery: 10%*†.</p> <p>Inpatient Maternity: 10%, \$150*†.</p> <p>Emergency Room: 10%*†.</p> <p>* - after deductible is met † - network provider</p>	<p>Inpatient Hospital: 20%*†; 50%*‡.</p> <p>Inpatient Surgery: 20%*†; 50%*‡.</p> <p>Inpatient Maternity: 20%*†; 50%*‡.</p> <p>Emergency Room: 20%*†; 20%*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>	<p>Inpatient Hospital: 20%*†; 40%*‡.</p> <p>Inpatient Surgery: 20%*†; 40%*‡.</p> <p>Inpatient Maternity: 20%*†; 40%*‡.</p> <p>Emergency Room: 20%, \$100*†; 40%, \$100*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>	<p>Inpatient Hospital: 20%*†; 40%*‡.</p> <p>Inpatient Surgery: 20%*†; 40%*‡.</p> <p>Inpatient Maternity: 20%*†; 40%*‡.</p> <p>Emergency Room: 20%, \$100*†; 40%, \$100*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>
Employee coinsurance and copayments - Office Visits:	<p>Primary Care: \$35†; 40%*‡.</p> <p>Specialist: \$50†; 40%*‡.</p> <p>Outpatient Surgery: 20%, \$50*†; 40%*‡.</p> <p>Chiropractic: \$50†; 40%*‡.</p> <p>Routine Physicals: 0%†; 40%*‡.</p> <p>Pap Smear: 0%†; 40%*‡.</p> <p>Mammogram: 0%†; 40%*‡.</p> <p>Well-child Care: 0%†; 40%*‡.</p> <p>Diagnostics, X-rays and Lab: 20%*†; 40%*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>	<p>Primary Care: \$35†.</p> <p>Specialist: \$50†.</p> <p>Outpatient Surgery: 10%, \$50*†.</p> <p>Chiropractic: \$50†.</p> <p>Routine Physicals: 0%†.</p> <p>Pap Smear: 0%†.</p> <p>Mammogram: 0%†.</p> <p>Well-child Care: 0%†.</p> <p>Diagnostics, X-rays and Lab: 10%*†.</p> <p>* - after deductible is met † - network provider</p>	<p>Primary Care: 20%*†; 50%*‡.</p> <p>Specialist: 20%*†; 50%*‡.</p> <p>Outpatient Surgery: 20%*†; 50%*‡.</p> <p>Chiropractic: 20%*†; 50%*‡.</p> <p>Routine Physicals: 0%†; 50%*‡.</p> <p>Pap Smear: 0%†; 50%*‡.</p> <p>Mammogram: 0%†; 50%*‡.</p> <p>Well-child Care: 0%†; 50%*‡.</p> <p>Diagnostics, X-rays and Lab: 20%*†; 50%*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>	<p>Primary Care: \$20†; 40%*‡.</p> <p>Specialist: \$40†; 40%*‡.</p> <p>Outpatient Surgery: 20%*†; 40%*‡.</p> <p>Chiropractic: 20%*†; 40%*‡.</p> <p>Routine Physicals: 0%†; not covered‡.</p> <p>Pap Smear: 0%†; 40%*‡.</p> <p>Mammogram: 0%†; 40%*‡.</p> <p>Well-child Care: 0%†; not covered‡.</p> <p>Diagnostics, X-rays and Lab: 20%*†; 40%*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>	<p>Primary Care: \$20†; 40%*‡.</p> <p>Specialist: \$40†; 40%*‡.</p> <p>Outpatient Surgery: 20%*†; 40%*‡.</p> <p>Chiropractic: 20%*†; 40%*‡.</p> <p>Routine Physicals: 0%†; not covered‡.</p> <p>Pap Smear: 0%†; 40%*‡.</p> <p>Mammogram: 0%†; 40%*‡.</p> <p>Well-child Care: 0%†; not covered‡.</p> <p>Diagnostics, X-rays and Lab: 20%*†; 40%*‡.</p> <p>* - after deductible is met † - network provider ‡ - non-network provider</p>



	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 20%, \$150*†; 40%*‡. Outpatient Mental Health: \$50†; 40%*‡. Inpatient Substance Abuse: 20%, \$150*†; 40%*‡. Outpatient Substance Abuse: \$50†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 10%, \$150*†. Outpatient Mental Health: \$50†. Inpatient Substance Abuse: 10%, \$150*†. Outpatient Substance Abuse: \$50†. * - after deductible is met † - network provider	Inpatient Mental Health: 20%*†; 50%*‡. Outpatient Mental Health: 20%*†; 50%*‡. Inpatient Substance Abuse: 20%*†; 50%*‡. Outpatient Substance Abuse: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: \$40†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: \$40†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: \$40†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: \$40†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider
Healthcare Spending Accounts included with medical plan:	No.	No.	No.	No.	No.
Healthcare Spending Accounts plan details:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Healthcare Spending Account amount per year:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Healthcare Spending Account used at retirement:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Healthcare Spending Account at retirement plan detail:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Prescription benefits part of the medical plan:	Yes.	Yes.	Yes.	No.	No.
Prescription plan type (traditional, formulary):	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.

	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Generic drug employee copayment:	Inside network = 15%, outside network = not covered, mail order = 15%.	Inside network = 15%, outside network = not covered, mail order = 15%.	Inside network = 15%, outside network = not covered, mail order = 15%.	Inside network = \$10.00, outside network = not covered, mail order = \$20.00.	Inside network = \$10.00, outside network = not covered, mail order = \$20.00.
Brand Formulary/Single-source employee copayment:	Inside network = 20%, outside network = not covered, mail order = 20%.	Inside network = 20%, outside network = not covered, mail order = 20%.	Inside network = 20%, outside network = not covered, mail order = 20%.	Inside network = \$25.00, outside network = not covered, mail order = \$50.00.	Inside network = \$25.00, outside network = not covered, mail order = \$50.00.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = 40%, outside network = not covered, mail order = 40%.	Inside network = 40%, outside network = not covered, mail order = 40%.	Inside network = 40%, outside network = not covered, mail order = 40%.	Inside network = \$55.00, outside network = not covered, mail order = \$110.00.	Inside network = \$55.00, outside network = not covered, mail order = \$110.00.
Separate deductible and prescription comments:	Separate deductible = \$50. Retail: deductible = \$50/individual, \$100/family. Retail: Generic = \$15 minimum/\$30 maximum; Brand Formulary = \$40/\$80; Brand Non-formulary = \$55/\$95. Mail Order: Generic = \$35/\$75; Brand Formulary = \$95/\$200; Brand Non-formulary = \$130/\$270. Pharmacy out-of-pocket maximum - \$5,100/individual, \$10,200/family.	Separate deductible = \$50. Retail: deductible = \$50/individual, \$100/family. Retail: Generic = \$15 minimum/\$30 maximum; Brand Formulary = \$40/\$80; Brand Non-formulary = \$55/\$95. Mail Order: Generic = \$35/\$75; Brand Formulary = \$95/\$200; Brand Non-formulary = \$130/\$270. Pharmacy out-of-pocket maximum - \$5,600/individual, \$11,200/family.	Separate deductible = \$50. Retail: deductible = \$50/individual, \$100/family. Retail: Generic = \$15 minimum/\$30 maximum; Brand Formulary = \$40/\$80; Brand Non-formulary = \$55/\$95. Mail Order: Generic = \$35/\$75; Brand Formulary = \$95/\$200; Brand Non-formulary = \$130/\$270. Pharmacy out-of-pocket maximum - \$2,100/individual, \$4,200/family.	No separate deductible. Generic drugs mandatory, employee pays cost difference if electing brand name. Out-of-pocket maximum = \$1,000/person, \$2,000/family.	No separate deductible. Generic drugs mandatory, employee pays cost difference if electing brand name. Out-of-pocket maximum = \$1,000/person, \$2,000/family.
Out-of-pocket limit (Includes deductibles):	Inside network = \$1,500 per person, \$3,000 per family. Outside network = \$3,000 per person, \$6,000 per family.	\$1,000 per person, \$2,000 per family.	Inside network = \$4,500 per person, \$9,000 per family. Outside network = \$10,000 per person, \$20,000 per family.	Inside network = \$2,100 per person, \$4,600 per family. Outside network = \$3,500 per person, \$7,800 per family.	Inside network = \$2,600 per person, \$5,700 per family. Outside network = \$4,500 per person, \$9,600 per family.

	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Plan maximums:	<p>Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.</p> <p>There is a telemedicine option with an in-network copay of \$15.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited.</p> <p>There is a telemedicine option with a \$15 copay.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.</p> <p>There is a telemedicine option with an in-network copay of \$15.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.</p> <p>Chiropractic = 25 visits/year inside and outside network combined. Home Health = 100 days/year. Skilled Care = 100 days/year. TMJ = combined limit of \$5,000/lifetime.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.</p> <p>Chiropractic = 25 visits/year. Home Health Care = 100 days/year. Skilled Nursing = 100 days/year. TMJ = combined limit of \$5,000/lifetime.</p>
Cost management features:	<p>Hospital pre-certification = Not specified.</p> <p>Hospital concurrent review = Not specified.</p> <p>Second surgical opinion = Not specified.</p> <p>Outpatient review = Not specified.</p> <p>Large case management = Not specified.</p> <p>Managed mental health = Not specified.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Not specified.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Not specified.</p> <p>Hospital concurrent review = Not specified.</p> <p>Second surgical opinion = Not specified.</p> <p>Outpatient review = Not specified.</p> <p>Large case management = Not specified.</p> <p>Managed mental health = Not specified.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Not specified.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Not specified.</p> <p>Hospital concurrent review = Not specified.</p> <p>Second surgical opinion = Not specified.</p> <p>Outpatient review = Not specified.</p> <p>Large case management = Not specified.</p> <p>Managed mental health = Not specified.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Not specified.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Yes.</p> <p>Hospital concurrent review = Yes.</p> <p>Second surgical opinion = Not specified.</p> <p>Outpatient review = Not specified.</p> <p>Large case management = Yes.</p> <p>Managed mental health = Yes.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Not specified.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Yes.</p> <p>Hospital concurrent review = Yes.</p> <p>Second surgical opinion = Yes.</p> <p>Outpatient review = Not specified.</p> <p>Large case management = Yes.</p> <p>Managed mental health = Yes.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Not specified.</p> <p>Maternity programs = Yes.</p>
Retirement coverage:	None.	None.	None.	None.	None.
Retirement pre-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Retiree pre-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retirement post-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer portion of monthly premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

	Organization D	Organization D	Organization D	Organization E	Organization E
	MD0010	MD0020	MD0030	MD0010	MD0020
Comments:	This plan has the largest percentage of employee participation.			Part-time hourly are excluded. Salaried part-time are eligible.	Part-time hourly are excluded. Salaried part-time are eligible.

Sample Only

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 20 per week. Employees in Corporate state only.
Part-time are eligible:	No.	Yes.	Yes.	Yes.	Yes.
Collectively-bargained eligible:	Included.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	Consumer Driven Health Plan, PPO.	PPO.	EPO.	Consumer Driven Health Plan, PPO.	HMO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Is this plan only for out-of-area participants:	No.	No.	No.	No.	No.
Is this plan a silent PPO:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Percent of all employees participating:	45.97%.	Not specified.	Not specified.	Not specified.	Not specified.
Maximum age dependents receive coverage:	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Pre-existing condition policy:	None.	None.	None.	None.	None.

Sample Only

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Employee monthly contributions:	<p>Contributions are: Pretax/payroll deduction. EE only: \$20.86 EE+child: \$36.33 EE+spouse: \$51.55 EE+family: \$62.76</p>	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Contributions vary by salary.</p> <p>Salary less than \$30,000: employee only = \$49.32, employee + child (ren) = \$150.13, employee + spouse = \$196.59, employee + family = \$297.40; \$30,000-\$49,999 = \$61.65/\$169.03/\$216.80/\$324.20; \$50,000-\$99,999 = \$77.05/\$191.02/\$240.09/\$354.06; \$100,000+ = \$96.31/\$216.84/\$267.26/\$387.79. Employees who do not complete an online health assessment pay an additional \$25/month. Spousal surcharge = \$100/month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Contributions vary by salary.</p> <p>Salary less than \$30,000: employee only = \$140.49, employee + child (ren) = \$332.46, employee + spouse = \$397.15, employee + family = \$589.14; \$30,000-\$49,999 = \$152.82/\$351.37/\$417.39/\$615.94; \$50,000-\$99,999 = \$168.22/\$373.34/\$440.68/\$645.80; \$100,000+ = \$187.49/\$399.19/\$467.83/\$679.54. Employees who do not complete an online health assessment pay an additional \$25/month. Spousal surcharge = \$100/month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Contributions vary by salary.</p> <p>Salary less than \$30,000: employee only = \$16.80, employee + child(ren) = \$70.72, employee + spouse = \$106.41, employee + family = \$160.34; \$30,000-\$49,999 = \$21.13/\$81.28/\$118.22/\$178.36; \$50,000-\$99,999 = \$26.55/\$92.93/\$131.09/\$197.47; \$100,000+ = \$33.05/\$105.65/\$145.06/\$217.67. Employees who do not complete an online health assessment pay an additional \$25/month. Spousal surcharge = \$100/month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Contributions vary by salary.</p> <p>Salary less than \$30,000: employee only = \$96.05, employee + child(ren) = \$243.62, employee + spouse = \$299.42, employee + family = \$446.99; \$30,000-\$49,999 = \$108.38/\$262.52/\$319.65/\$473.77; \$50,000-\$99,999 = \$123.79/\$284.49/\$342.94/\$503.65; \$100,000+ = \$143.05/\$310.34/\$370.09/\$537.38. Employees who do not complete an online health assessment pay an additional \$25/month. Spousal surcharge = \$100/month.</p>
COBRA rates:	<p>EE only: \$262.14 EE+child: \$474.30 EE+spouse: \$639.54 EE+family: \$809.88</p>	<p>EE only: \$447.09 EE+child: \$894.17 EE+spouse: \$983.59 EE+family: \$1,430.67</p>	<p>EE only: \$540.08 EE+child: \$1,080.16 EE+spouse: \$1,188.17 EE+family: \$1,728.25</p>	<p>EE only: \$423.19 EE+child: \$846.39 EE+spouse: \$931.02 EE+family: \$1,354.22</p>	<p>EE only: \$549.28 EE+child: \$1,098.55 EE+spouse: \$1,208.41 EE+family: \$1,757.68</p>
Plan deductible:	<p>Inside network - per individual = \$3,000, per family = \$6,000. Outside network - per individual = \$6,000, per family = \$12,000.</p>	<p>Inside network - per individual = \$350, per family = \$1,000. Outside network - per individual = \$350, per family = \$1,000.</p>	<p>Per individual = None, per family = None.</p>	<p>Inside network - per individual = \$1,500, per family = \$3,000. Outside network - per individual = \$1,500, per family = \$3,000.</p>	<p>Per individual = None, per family = None.</p>

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Employee coinsurance and copayments - Hospitalization:	Inpatient Hospital: 0%*†; 0%*‡. Inpatient Surgery: 0%*†; 0%*‡. Inpatient Maternity: 0%*†; 0%*‡. Emergency Room: 0%, \$100*†; 0%, \$100*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 50%*‡. Inpatient Surgery: 20%*†; 50%*‡. Inpatient Maternity: 20%*†; 50%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: \$250†. Inpatient Surgery: 0%†. Inpatient Maternity: \$250†. Emergency Room: \$150†. † - network provider	Inpatient Hospital: 20%*†; 50%*‡. Inpatient Surgery: 20%*†; 50%*‡. Inpatient Maternity: 20%*†; 50%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: \$250†. Inpatient Surgery: 0%†. Inpatient Maternity: \$250†. Emergency Room: \$150†. † - network provider
Employee coinsurance and copayments - Office Visits:	Primary Care: \$20†; 0%*‡. Specialist: \$40†; 0%*‡. Outpatient Surgery: 0%*†; 0%*‡. Chiropractic: 0%*†; 0%*‡. Routine Physicals: 0%†; not covered‡. Pap Smear: 0%†; 0%*‡. Mammogram: 0%†; 0%*‡. Well-child Care: 0%†; not covered‡. Diagnostics, X-rays and Lab: 0%*†; 0%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 50%*‡. Specialist: 20%*†; 50%*‡. Outpatient Surgery: 20%*†; 50%*‡. Chiropractic: 20%*†; 50%*‡. Routine Physicals: 0%†; 50%*‡. Pap Smear: 0%†; 50%*‡. Mammogram: 0%†; 50%*‡. Well-child Care: 0%†; 50%*‡. Diagnostics, X-rays and Lab: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$15†. Specialist: \$30†. Outpatient Surgery: \$30†. Chiropractic: \$30†. Routine Physicals: 0%†. Pap Smear: 0%†. Mammogram: 0%†. Well-child Care: 0%†. Diagnostics, X-rays and Lab: 0%†. † - network provider	Primary Care: 20%*†; 50%*‡. Specialist: 20%*†; 50%*‡. Outpatient Surgery: 20%*†; 50%*‡. Chiropractic: 20%*†; 50%*‡. Routine Physicals: 0%†; 50%*‡. Pap Smear: 0%†; 50%*‡. Mammogram: 0%†; 50%*‡. Well-child Care: 0%†; 50%*‡. Diagnostics, X-rays and Lab: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$15†. Specialist: \$30†. Outpatient Surgery: \$15†. Chiropractic: \$15†. Routine Physicals: 0%†. Pap Smear: 0%†. Mammogram: 0%†. Well-child Care: 0%†. Diagnostics, X-rays and Lab: 0%†. † - network provider

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 0%*†; 0%*‡. Outpatient Mental Health: \$40†; 0%*‡. Inpatient Substance Abuse: 0%*†; 0%*‡. Outpatient Substance Abuse: \$40†; 0%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 10%*†; 50%*‡. Outpatient Mental Health: 10%*†; 50%*‡. Inpatient Substance Abuse: 10%*†; 50%*‡. Outpatient Substance Abuse: 10%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: \$250†. Outpatient Mental Health: \$15†. Inpatient Substance Abuse: \$250†. Outpatient Substance Abuse: \$15†. † - network provider	Inpatient Mental Health: 20%*†; 50%*‡. Outpatient Mental Health: 20%*†; 50%*‡. Inpatient Substance Abuse: 20%*†; 50%*‡. Outpatient Substance Abuse: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: \$250†. Outpatient Mental Health: \$15†. Inpatient Substance Abuse: \$250†. Outpatient Substance Abuse: \$15†. † - network provider
Healthcare Spending Accounts included with medical plan:	Yes.	No.	No.	Yes.	No.
Healthcare Spending Accounts plan details:	This is an employer funded Health Reimbursement Account. Employer contributes \$500/employee, \$1,000/family towards annual deductible.	Not applicable.	Not applicable.	Employer contributes \$500/individual, \$1,000/family. Employee may contribute additional funds up to the IRS limits.	Not applicable.
Healthcare Spending Account amount per year:	\$500.00/year.	Not applicable.	Not applicable.	\$3,350.00/year.	Not applicable.
Healthcare Spending Account used at retirement:	No.	Not applicable.	Not applicable.	Yes.	Not applicable.
Healthcare Spending Account at retirement plan detail:	Not applicable.	Not applicable.	Not applicable.	Not specified.	Not applicable.
Prescription benefits part of the medical plan:	No.	No.	No.	No.	No.
Prescription plan type (traditional, formulary):	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Generic drug employee copayment:	Inside network = \$10.00, outside network = not covered, mail order = \$20.00.	Inside network = \$8.00, outside network = not covered, mail order = \$20.00.	Inside network = \$8.00, outside network = not covered, mail order = \$20.00.	Inside network = \$8.00, outside network = not covered, mail order = \$20.00.	Inside network = \$10.00, outside network = not covered, mail order = \$20.00.
Brand Formulary/Single-source employee copayment:	Inside network = \$25.00, outside network = not covered, mail order = \$50.00.	Inside network = 25%, outside network = not covered, mail order = 25%.	Inside network = 25%, outside network = not covered, mail order = 25%.	Inside network = 25%, outside network = not covered, mail order = 25%.	Inside network = \$10.00, outside network = not covered, mail order = \$20.00.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = \$55.00, outside network = not covered, mail order = \$110.00.	Inside network = 40%, outside network = not covered, mail order = 40%.	Inside network = 40%, outside network = not covered, mail order = 40%.	Inside network = 40%, outside network = not covered, mail order = 40%.	Not covered.
Separate deductible and prescription comments:	No separate deductible. Generic drugs mandatory, employee pays difference if electing brand name. Out-of-pocket maximum = \$1,000/person, \$2,000/family.	Separate deductible = \$50. Deductible is per person. Retail: Brand Formulary = \$15 minimum/\$60 maximum, Brand Non-formulary = \$15/\$75; Mail Order: Brand Formulary = \$30/\$120, Brand Non-formulary = \$30/\$150. Out-of-pocket maximum = \$2,000/individual, \$6,000/family.	Separate deductible = \$50. Deductible is per person. Retail: Brand Formulary = \$15 minimum/\$60 maximum, Brand Non-formulary = \$15/\$75; Mail Order: Brand Formulary = \$30/\$120, Brand Non-formulary = \$30/\$150. Out-of-pocket maximum = \$2,000/individual, \$6,000/family.	No separate deductible. Medical plan deductible applies. Retail: Brand Formulary = \$15 minimum/\$60 maximum, Brand Non-formulary = \$15/\$75; Mail Order: Brand Formulary = \$30/\$120, Brand Non-formulary = \$30/\$150.	No separate deductible. Retail, Tier 2: Generic = \$15, Brand Formulary = \$15, Brand Non-formulary = \$15.
Out-of-pocket limit (Includes deductibles):	Inside network = \$3,250 per person, \$6,500 per family. Outside network = \$12,000 per person, \$24,000 per family.	Inside network = \$1,300 per person, \$3,900 per family. Outside network = not applicable, family OPL not applicable.	\$1,300 per person, \$3,900 per family.	Inside network = \$3,500 per person, \$7,000 per family. Outside network = \$3,500 per person, \$7,000 per family.	\$2,000 per person, \$4,000 per family.

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Plan maximums:	<p>Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.</p> <p>Chiropractic = 25 visits/year inside and outside network combined. Home Health Care = 100 days/year. Skilled Nursing = 100 days/year. TMJ = combined limit of \$5,000/lifetime.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.</p> <p>Infertility = 3 attempts/lifetime.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited.</p> <p>Infertility = 3 attempts/lifetime.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.</p> <p>Family out-of-pocket maximum must be satisfied before benefits for any individual member are covered at 100%. Infertility = 3 attempts/lifetime.</p>	<p>Lifetime Maximums: Base plan - inside network = unlimited.</p>
Cost management features:	<p>Hospital pre-certification = Yes.</p> <p>Hospital concurrent review = Yes.</p> <p>Second surgical opinion = Not specified.</p> <p>Outpatient review = Not specified.</p> <p>Large case management = Yes.</p> <p>Managed mental health = Yes.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Not specified.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Yes.</p> <p>Hospital concurrent review = Yes.</p> <p>Second surgical opinion = Yes.</p> <p>Outpatient review = Yes.</p> <p>Large case management = Yes.</p> <p>Managed mental health = Yes.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Yes.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Yes.</p> <p>Hospital concurrent review = Yes.</p> <p>Second surgical opinion = Yes.</p> <p>Outpatient review = Yes.</p> <p>Large case management = Yes.</p> <p>Managed mental health = Yes.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Yes.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Yes.</p> <p>Hospital concurrent review = Yes.</p> <p>Second surgical opinion = Yes.</p> <p>Outpatient review = Yes.</p> <p>Large case management = Yes.</p> <p>Managed mental health = Yes.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Yes.</p> <p>Maternity programs = Yes.</p>	<p>Hospital pre-certification = Yes.</p> <p>Hospital concurrent review = Yes.</p> <p>Second surgical opinion = Yes.</p> <p>Outpatient review = Yes.</p> <p>Large case management = Yes.</p> <p>Managed mental health = Yes.</p> <p>Disease management = Yes.</p> <p>Health risk assessment = Yes.</p> <p>Maternity programs = Yes.</p>
Retirement coverage:	None.	None.	None.	None.	None.
Retirement pre-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Retiree pre-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retirement post-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer portion of monthly premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

	Organization E	Organization F	Organization F	Organization F	Organization F
	MD0030	MD0010	MD0020	MD0030	MD0040
Comments:	Part-time hourly are excluded. Salaried part-time are eligible.	Part-time employees working 20-31 hours are eligible first of the month following the completion of 1 year of service. This plan has the largest percentage of employee participation.	Part-time employees working 20-31 hours are eligible first of the month following the completion of 1 year of service.	This is the default medical plan if employee does not make an election. Part-time employees working 20-31 hours are eligible first of the month following the completion of 1 year of service. Deductibles and out-of-pocket maximums cross apply inside and outside network. Family deductible must be satisfied before benefits begin for any individual member.	This is a 2 tier HMO plan. Part-time employees working 20-31 hours are eligible first of the month following the completion of 1 year of service. Telemedicine = \$15. Tier 2: deductible = \$200/individual, \$400/family. Tier 2: Inpatient Hospital, including Maternity and Mental Health/Substance Abuse = \$250 per admission + 20% coinsurance, subject to deductible. Office Visits: Primary Care, including Telemedicine, Chiropractic and Mental Health/Substance Abuse = \$15 + 20% coinsurance, subject to deductible; Specialist = \$30 + 20% coinsurance, subject to deductible. Outpatient Surgery = \$15 + 20% coinsurance, subject to deductible. Diagnostics, Home Health Care, Hospice, and Skilled Nursing = 20% after deductible. Emergency Room = same as tier 1. Preventive Care = not covered.

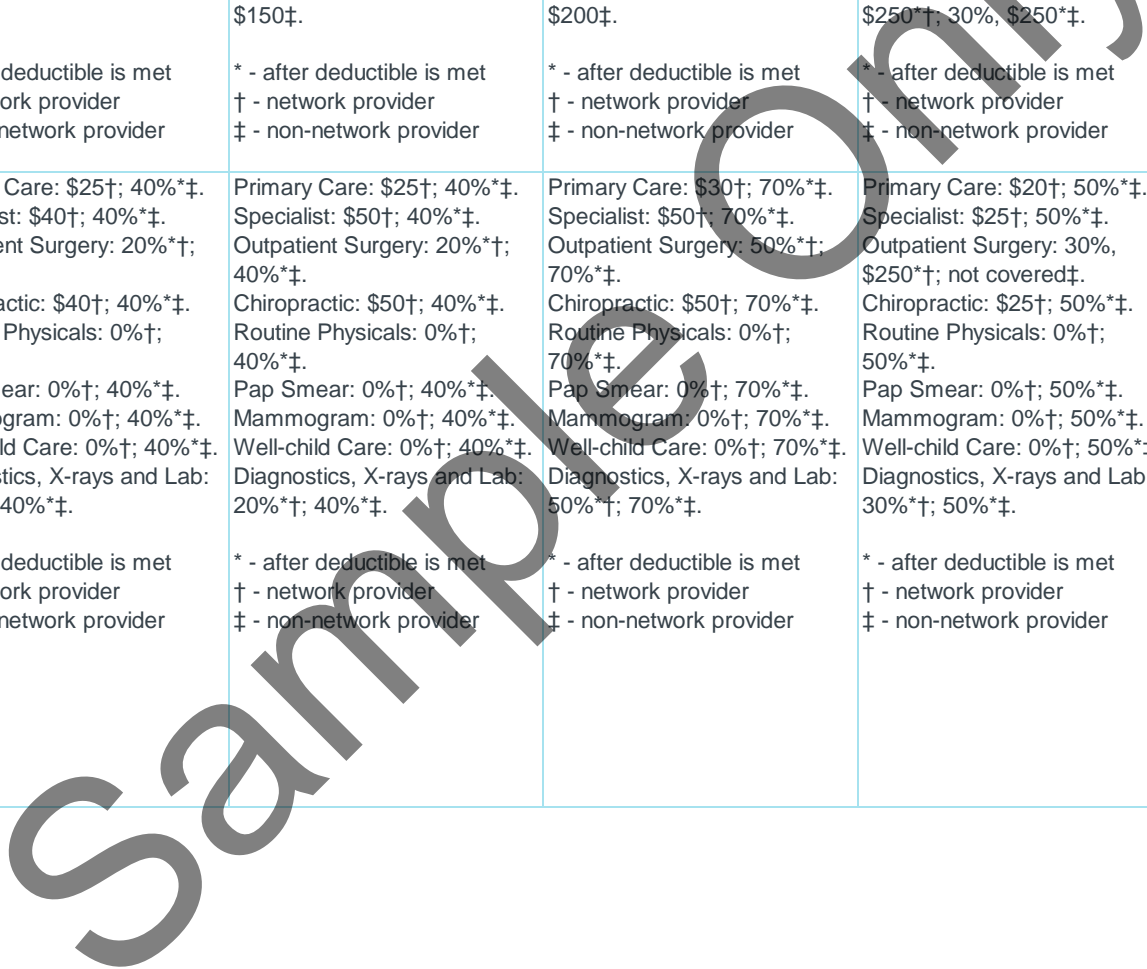
Sample Only

	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 38 per week.	All employees, including highly compensated, minimum hours 38 per week.
Part-time are eligible:	No.	No.	No.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	Pt. of service.	Pt. of service.	Pt. of service.	PPO.	PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Is this plan only for out-of-area participants:	No.	No.	No.	No.	No.
Is this plan a silent PPO:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Percent of all employees participating:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Pre-existing condition policy:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.

Sample Only

	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Employee monthly contributions:	Contributions are: Pretax/payroll deduction. EE only: \$137.00 EE+child: \$314.00 EE+spouse: \$314.00 EE+family: \$503.00	Contributions are: Pretax/payroll deduction. EE only: \$102.00 EE+child: \$261.00 EE+spouse: \$261.00 EE+family: \$436.00	Contributions are: Pretax/payroll deduction. EE only: \$58.00 EE+child: \$117.00 EE+spouse: \$117.00 EE+family: \$176.00	Contributions are: Pretax/payroll deduction. EE only: \$140.49 EE+child: \$252.29 EE+spouse: \$313.69 EE+family: \$392.60	Contributions are: Pretax/payroll deduction. EE only: \$218.01 EE+child: \$391.60 EE+spouse: \$486.94 EE+family: \$609.42
COBRA rates:	EE only: \$475.22 EE+child: \$950.45 EE+spouse: \$950.45 EE+family: \$1,473.20	EE only: \$404.52 EE+child: \$809.05 EE+spouse: \$809.05 EE+family: \$1,254.02	EE only: \$309.77 EE+child: \$619.55 EE+spouse: \$619.55 EE+family: \$960.30	EE only: \$509.14 EE+child: \$916.42 EE+spouse: \$1,140.13 EE+family: \$1,427.48	EE only: \$582.50 EE+child: \$1,048.47 EE+spouse: \$1,304.36 EE+family: \$1,633.13
Plan deductible:	Inside network - per individual = \$300, per family = \$900. Outside network - per individual = \$1,200, per family = \$3,600.	Inside network - per individual = \$1,000, per family = \$2,000. Outside network - per individual = \$2,250, per family = \$4,500.	Inside network - per individual = \$4,000, per family = \$8,000. Outside network - per individual = \$8,000, per family = \$16,000.	Inside network - per individual = \$2,000, per family = \$6,000. Outside network - per individual = \$5,000, per family = \$15,000.	Inside network - per individual = \$1,250, per family = \$3,750. Outside network - per individual = \$5,000, per family = \$15,000.

	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Employee coinsurance and copayments - Hospitalization:	Inpatient Hospital: 20%, \$250†; 40%*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%, \$250†; 40%*‡. Emergency Room: \$150†; \$150‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%, \$250†; 40%*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%, \$250†; 40%*‡. Emergency Room: \$150†; \$150‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 50%*†; 70%*‡. Inpatient Surgery: 50%*†; 70%*‡. Inpatient Maternity: 50%*†; 70%*‡. Emergency Room: \$200†; \$200‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 30%, \$250*†; not covered‡. Inpatient Surgery: 30%*†; not covered‡. Inpatient Maternity: 30%, \$250*†; not covered‡. Emergency Room: 30%, \$250*†; 30%, \$250*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%, \$250*†; not covered‡. Inpatient Surgery: 20%*†; not covered‡. Inpatient Maternity: 20%, \$250*†; not covered‡. Emergency Room: 20%, \$250*†. * - after deductible is met † - network provider ‡ - non-network provider
Employee coinsurance and copayments - Office Visits:	Primary Care: \$25†; 40%*‡. Specialist: \$40†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: \$40†; 40%*‡. Routine Physicals: 0%†; 40%*‡. Pap Smear: 0%†; 40%*‡. Mammogram: 0%†; 40%*‡. Well-child Care: 0%†; 40%*‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$25†; 40%*‡. Specialist: \$50†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: \$50†; 40%*‡. Routine Physicals: 0%†; 40%*‡. Pap Smear: 0%†; 40%*‡. Mammogram: 0%†; 40%*‡. Well-child Care: 0%†; 40%*‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$30†; 70%*‡. Specialist: \$50†; 70%*‡. Outpatient Surgery: 50%*†; 70%*‡. Chiropractic: \$50†; 70%*‡. Routine Physicals: 0%†; 70%*‡. Pap Smear: 0%†; 70%*‡. Mammogram: 0%†; 70%*‡. Well-child Care: 0%†; 70%*‡. Diagnostics, X-rays and Lab: 50%*†; 70%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$20†; 50%*‡. Specialist: \$25†; 50%*‡. Outpatient Surgery: 30%, \$250*†; not covered‡. Chiropractic: \$25†; 50%*‡. Routine Physicals: 0%†; 50%*‡. Pap Smear: 0%†; 50%*‡. Mammogram: 0%†; 50%*‡. Well-child Care: 0%†; 50%*‡. Diagnostics, X-rays and Lab: 30%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$25†; 50%*‡. Specialist: \$25†; 50%*‡. Outpatient Surgery: 20%, \$250*†; not covered‡. Chiropractic: \$25†; 50%*‡. Routine Physicals: 0%†; 50%*‡. Pap Smear: 0%†; 50%*‡. Mammogram: 0%†; 50%*‡. Well-child Care: 0%†; 50%*‡. Diagnostics, X-rays and Lab: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider



	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: \$25†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: \$25†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: 0%†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: 0%†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 50%*†; 70%*‡. Outpatient Mental Health: 0%†; 70%*‡. Inpatient Substance Abuse: 50%*†; 70%*‡. Outpatient Substance Abuse: 0%†; 70%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 30%, \$250*†; not covered‡. Outpatient Mental Health: \$20†; 50%*‡. Inpatient Substance Abuse: 30%, \$250*†; not covered‡. Outpatient Substance Abuse: \$20†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%, \$250*†; not covered‡. Outpatient Mental Health: \$25†; 50%*‡. Inpatient Substance Abuse: 20%, \$250*†; not covered‡. Outpatient Substance Abuse: \$25†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider
Healthcare Spending Accounts included with medical plan:	No.	No.	No.	No.	No.
Healthcare Spending Accounts plan details:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Healthcare Spending Account amount per year:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Healthcare Spending Account used at retirement:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Healthcare Spending Account at retirement plan detail:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Prescription benefits part of the medical plan:	Yes.	Yes.	Yes.	Not specified.	Not specified.
Prescription plan type (traditional, formulary):	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Traditional.	Traditional.

	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Generic drug employee copayment:	Inside network = \$15.00, outside network = \$15.00, mail order = \$38.00.	Inside network = \$15.00, outside network = \$15.00, mail order = \$38.00.	Inside network = \$15.00, outside network = \$15.00, mail order = \$38.00.	Inside network = \$10.00, outside network = \$10.00, mail order = \$20.00.	Inside network = \$10.00, outside network = \$10.00, mail order = \$20.00.
Brand Formulary/Single-source employee copayment:	Inside network = \$35.00, outside network = \$35.00, mail order = \$88.00.	Inside network = \$35.00, outside network = \$35.00, mail order = \$88.00.	Inside network = \$45.00, outside network = \$45.00, mail order = \$112.00.	Not applicable.	Not applicable.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = \$60.00, outside network = \$60.00, mail order = \$150.00.	Inside network = \$60.00, outside network = \$60.00, mail order = \$150.00.	Inside network = \$85.00, outside network = \$85.00, mail order = \$212.00.	Inside network = \$45.00, outside network = \$45.00, mail order = \$90.00.	Inside network = \$45.00, outside network = \$45.00, mail order = \$90.00.
Separate deductible and prescription comments:	Separate deductible = \$50.	No separate deductible.	No separate deductible.	No separate deductible. Specialty drugs = \$50.	No separate deductible. Specialty drugs = \$75.
Out-of-pocket limit (Includes deductibles):	Inside network = \$2,800 per person, \$8,400 per family. Outside network = \$6,200 per person, \$18,600 per family.	Inside network = \$3,000 per person, \$6,000 per family. Outside network = \$6,750 per person, \$18,000 per family.	Inside network = \$10,250 per person, \$20,500 per family. Outside network = \$20,500 per person, \$41,000 per family.	Inside network = \$6,600 per person, \$13,200 per family. Outside network = \$12,500 per person, \$37,500 per family.	Inside network = \$6,600 per person, \$13,200 per family. Outside network = \$12,500 per person, \$25,000 per family.



	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Plan maximums:	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited. Out-of-pocket limit, employee + 1: inside network = \$5,600, outside network = \$12,400.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited. Out-of-pocket limit, employee + 1: outside network = \$13,500.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.
Cost management features:	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Yes. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Yes. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.
Retirement coverage:	None.	None.	None.	None.	None.
Retirement pre-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Retiree pre-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retirement post-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer portion of monthly premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

	Organization G	Organization G	Organization G	Organization H	Organization H
	MD0010	MD0020	MD0030	MD0010	MD0020
Comments:	<p>This plan has the largest percentage of employee participation.</p> <p>Deductible, employee + 1: inside network = \$600, outside network = \$2,400. Telemedicine is offered at no charge.</p>	<p>Office visits are subject to a \$450 pre-deductible allowance. Emergency room visits are subject to a \$1,500 pre-deductible allowance. Telemedicine is offered at no charge.</p>	<p>Office visits are subject to a \$300 pre-deductible allowance. Emergency room visits are subject to a \$300 pre-deductible allowance. Telemedicine is offered at no charge.</p>	<p>Walk-in clinics = \$10 copay. Telemedicine = \$10/call.</p>	<p>This plan has the largest percentage of employee participation.</p> <p>Walk-in clinics = \$10 copay. Telemedicine = \$10/call.</p>

Sample Only

	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 32 per week.
Part-time are eligible:	No.	No.	No.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	PPO.	Consumer Driven Health Plan, PPO.	PPO.	Consumer Driven Health Plan, PPO.	Consumer Driven Health Plan, PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Is this plan only for out-of-area participants:	No.	No.	No.	No.	No.
Is this plan a silent PPO:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Percent of all employees participating:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Pre-existing condition policy:	Not specified.	Not specified.	6-12-12.	6-12-12.	6-12-12.

Sample Only

	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Employee monthly contributions:	Contributions are: Pretax/payroll deduction. EE only: \$174.70 EE+child: \$405.28 EE+spouse: \$405.28 EE+family: \$749.99	Contributions are: Pretax/payroll deduction. EE only: \$91.95 EE+child: \$216.60 EE+spouse: \$216.60 EE+family: \$400.62	Contributions are: Pretax/payroll deduction. EE only: \$151.36 EE+child: \$227.04 EE+spouse: \$331.48 EE+family: \$482.85 Salaried rates are coded above. Hourly employees pay \$129.37/employee only, \$194.05/employee + child, \$283.31/employee + spouse, \$412.68/family. Spousal surcharge = \$150/month. Tobacco users pay an additional \$100/month.	Contributions are: Pretax/payroll deduction. EE only: \$103.57 EE+child: \$155.62 EE+spouse: \$227.20 EE+family: \$330.95 Salaried rates are coded above. Hourly employees pay \$88.37/employee only, \$132.56/employee + child, \$193.54/employee + spouse, \$281.91/family. Spousal surcharge = \$150/month. Tobacco users pay an additional \$100/month.	Contributions are: Pretax/payroll deduction. EE only: \$54.01 EE+child: \$81.01 EE+spouse: \$118.28 EE+family: \$172.29 Salaried rates are coded above. Hourly employees pay \$37.65/employee only, \$56.47/employee + child, \$82.45/employee + spouse, \$120.09/family. Spousal surcharge = \$150/month. Tobacco users pay an additional \$100/month.
COBRA rates:	EE only: \$451.69 EE+child: \$903.41 EE+spouse: \$903.41 EE+family: \$1,580.93	EE only: \$428.57 EE+child: \$857.18 EE+spouse: \$857.18 EE+family: \$1,500.01	EE only: \$429.00 EE+child: \$643.51 EE+spouse: \$939.52 EE+family: \$1,368.52	EE only: \$375.83 EE+child: \$542.50 EE+spouse: \$831.15 EE+family: \$1,249.48	EE only: \$357.32 EE+child: \$535.99 EE+spouse: \$782.54 EE+family: \$1,139.86
Plan deductible:	Inside network - per individual = \$500, per family = \$1,000. Outside network - per individual = \$1,000, per family = \$2,000.	Inside network - per individual = \$1,000, per family = \$2,000. Outside network - per individual = \$2,000, per family = \$4,000.	Inside network - per individual = \$600, per family = None. Outside network - per individual = \$1,200, per family = None.	Inside network - per individual = \$1,300, per family = \$2,600. Outside network - per individual = \$2,600, per family = \$5,200.	Inside network - per individual = \$1,800, per family = \$3,600. Outside network - per individual = \$3,600, per family = \$7,200.

	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Employee coinsurance and copayments - Hospitalization:	Inpatient Hospital: 20%*†; 40%*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%*†; 40%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 40%*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%*†; 40%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%, \$300*†; 50%, \$300*‡. Inpatient Surgery: 20%*†; 50%*‡. Inpatient Maternity: 20%, \$200*†; 50%, \$200*‡. Emergency Room: 20%, \$300*†; 20%, \$300*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 50%*‡. Inpatient Surgery: 20%*†; 50%*‡. Inpatient Maternity: 20%*†; 50%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 50%*‡. Inpatient Surgery: 20%*†; 50%*‡. Inpatient Maternity: 20%*†; 50%*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider
Employee coinsurance and copayments - Office Visits:	Primary Care: 20%*†; 40%*‡. Specialist: 20%*†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: 20%*†; 40%*‡. Routine Physicals: 0%†; 40%*‡. Pap Smear: 0%†; 40%*‡. Mammogram: 0%†; 40%*‡. Well-child Care: 0%†; 40%*‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 40%*‡. Specialist: 20%*†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: 20%*†; 40%*‡. Routine Physicals: 0%†; 40%*‡. Pap Smear: 0%†; 40%*‡. Mammogram: 0%†; 40%*‡. Well-child Care: 0%†; 40%*‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%, \$20*†; 50%, \$20*‡. Specialist: 20%, \$35*†; 50%, \$35*‡. Outpatient Surgery: 20%*†; 50%*‡. Chiropractic: 20%*†; 50%*‡. Routine Physicals: 0%†; 50%*‡. Pap Smear: 0%†; 50%*‡. Mammogram: 0%†; 50%*‡. Well-child Care: 0%†; 50%*‡. Diagnostics, X-rays and Lab: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 50%*‡. Specialist: 20%*†; 50%*‡. Outpatient Surgery: 20%*†; 50%*‡. Chiropractic: 20%*†; 50%*‡. Routine Physicals: 0%†; 50%*‡. Pap Smear: 0%†; 50%*‡. Mammogram: 0%†; 50%*‡. Well-child Care: 0%†; 50%*‡. Diagnostics, X-rays and Lab: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 50%*‡. Specialist: 20%*†; 50%*‡. Outpatient Surgery: 20%*†; 50%*‡. Chiropractic: 20%*†; 50%*‡. Routine Physicals: 0%†; 50%*‡. Pap Smear: 0%†; 50%*‡. Mammogram: 0%†; 50%*‡. Well-child Care: 0%†; 50%*‡. Diagnostics, X-rays and Lab: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider

	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: 20%*†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: 20%*†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%, \$300*†; 50%, \$300*‡. Outpatient Mental Health: 20%, \$20*†; 50%, \$20*‡. Inpatient Substance Abuse: 20%, \$300*†; 50%, \$300*‡. Outpatient Substance Abuse: 20%, \$20*†; 50%, \$20*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 50%*‡. Outpatient Mental Health: 20%*†; 50%*‡. Inpatient Substance Abuse: 20%*†; 50%*‡. Outpatient Substance Abuse: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 50%*‡. Outpatient Mental Health: 20%*†; 50%*‡. Inpatient Substance Abuse: 20%*†; 50%*‡. Outpatient Substance Abuse: 20%*†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider
Healthcare Spending Accounts included with medical plan:	Yes.	Yes.	No.	Yes.	Yes.
Healthcare Spending Accounts plan details:	Employees can earn up to \$100/year in wellness incentives placed in a spending account tied to their medical plan.	This is an employer funded Health Reimbursement Account: employer contributes \$400/employee only, \$800/family. Employees can earn up to an additional \$100/year in wellness incentives placed in a spending account tied to their medical plan.	Not applicable.	This is an employer funded HSA: employer contributes \$500/year for single coverage and \$1,000/family. Employees may defer additional funds up to the IRS limits.	Employees may defer funds up to the IRS limits.
Healthcare Spending Account amount per year:	\$100.00/year.	\$500.00/year.	Not applicable.	\$3,350.00/year.	\$3,350.00/year.
Healthcare Spending Account used at retirement:	No.	No.	Not applicable.	Yes.	Yes.
Healthcare Spending Account at retirement plan detail:	Not applicable.	Not applicable.	Not applicable.	Not specified.	Not specified.
Prescription benefits part of the medical plan:	No.	No.	No.	Yes.	Yes.
Prescription plan type (traditional, formulary):	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.	Formulary/Non-formulary.

	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Generic drug employee copayment:	Inside network = \$10.00, outside network = \$10.00, mail order = \$20.00.	Inside network = \$10.00, outside network = \$10.00, mail order = \$20.00.	Inside network = \$10.00, outside network = \$10.00, mail order = \$25.00.	Inside network = \$10.00, outside network = \$10.00, mail order = \$25.00.	Inside network = \$10.00, outside network = \$10.00, mail order = \$25.00.
Brand Formulary/Single-source employee copayment:	Inside network = 35%, outside network = 35%, mail order = 35%.	Inside network = 35%, outside network = 35%, mail order = 35%.	Inside network = 30%, outside network = 30%, mail order = 30%.	Inside network = 30%, outside network = 30%, mail order = 30%.	Inside network = 20%, outside network = 20%, mail order = 20%.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = 35%, outside network = 35%, mail order = 35%.	Inside network = 35%, outside network = 35%, mail order = 35%.	Inside network = 40%, outside network = 40%, mail order = 40%.	Inside network = 40%, outside network = 40%, mail order = 40%.	Inside network = 20%, outside network = 20%, mail order = 20%.
Separate deductible and prescription comments:	No separate deductible. Retail: Brand Formulary = \$35 minimum/\$70 maximum, Brand Non-formulary = \$50/\$100; Mail Order: Brand Formulary = \$70/\$140, Brand Non-formulary = \$100/\$200. Out-of-pocket maximum = \$2,600/individual, \$5,200/family. Infertility drugs = \$15,000/lifetime.	No separate deductible. Retail: Brand Formulary = \$35 minimum/\$70 maximum, Brand Non-formulary = \$50/\$100; Mail Order: Brand Formulary = \$70/\$140, Brand Non-formulary = \$100/\$200. Out-of-pocket maximum = \$2,600/individual, \$5,200/family. Infertility drugs = \$15,000/lifetime.	No separate deductible. Out-of-pocket limit = \$2,600/employee only, \$5,200/family. Retail: Brand Formulary = \$30 minimum, \$100 maximum; Brand Non-Formulary = \$50/\$150. Mail Order: Brand Formulary = \$75 minimum, \$250 maximum; Brand Non-Formulary = \$125/\$375.	No separate deductible. Medical plan deductible applies. Retail: Brand Formulary = \$30 minimum, \$100 maximum; Brand Non-Formulary = \$50/\$150. Mail Order: Brand Formulary = \$75 minimum, \$250 maximum; Brand Non-Formulary = \$125/\$375.	No separate deductible. Medical plan deductible applies.
Out-of-pocket limit (Includes deductibles):	Inside network = \$2,000 per person, \$4,000 per family. Outside network = \$4,000 per person, \$8,000 per family.	Inside network = \$4,000 per person, \$8,000 per family. Outside network = \$8,000 per person, \$16,000 per family.	Inside network = \$4,000 per person, \$8,000 per family. Outside network = \$10,000 per person, \$20,000 per family.	Inside network = \$5,000 per person, \$10,000 per family. Outside network = \$10,000 per person, \$20,000 per family.	Inside network = \$5,000 per person, \$10,000 per family. Outside network = \$10,000 per person, \$20,000 per family.



	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Plan maximums:	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited. Distribution Center employees have an annual out-of-pocket limit of \$3,000/person, \$6,000/family inside network and \$10,000/\$20,000 outside network.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.
Cost management features:	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Yes. Outpatient review = Not specified. Large case management = Yes. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Yes. Hospital concurrent review = Not specified. Second surgical opinion = Yes. Outpatient review = Not specified. Large case management = Yes. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Yes. Hospital concurrent review = Yes. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Yes. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Yes. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Yes. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Yes. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Yes. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.
Retirement coverage:	None.	None.	None.	None.	None.
Retirement pre-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Retiree pre-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retirement post-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer portion of monthly premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

	Organization I	Organization I	Organization J	Organization J	Organization J
	MD0010	MD0020	MD0010	MD0020	MD0030
Comments:		This plan has the largest percentage of employee participation.	This plan has the largest percentage of employees participating. Distribution Center employees have an annual deductible of \$400/person inside network and \$850/person outside network.		

Sample Only

	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	No.	No.	Yes.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	PPO.	PPO.	Consumer Driven Health Plan, PPO.	Consumer Driven Health Plan, PPO.	PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Is this plan only for out-of-area participants:	No.	No.	No.	No.	No.
Is this plan a silent PPO:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Percent of all employees participating:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Maximum age dependents receive coverage:	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Pre-existing condition policy:	Not specified.	Not specified.	None.	None.	None.

Sample Only

	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Employee monthly contributions:	<p>Contributions are: Pretax/payroll deduction. EE only: \$94.68 EE+child: \$214.02 EE+spouse: \$214.02 EE+family: \$288.48</p> <p>This is a self-insured plan.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$117.47 EE+child: \$260.64 EE+spouse: \$260.64 EE+family: \$354.63</p>	<p>Contributions are: Pretax/payroll deduction. EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below.</p> <p>Contributions vary by service.</p> <p>All part-time 20 hour/week team members: EE only = \$226.47, EE+SP = \$634.09, EE+Child(ren)= \$543.49, EE+Family = \$951.14; All FT team members with 799 position related hours: \$92.39/\$634.09/\$543.49/\$951.14; 800-1,999 position related hours: \$32.50/\$338.22/\$270.26/\$576.00; 2,000-3,999 hours: \$32.50/\$236.31/\$191.01/\$394.83; 4,000-9,999 hours: \$32.50/\$134.41/\$111.75/\$213.67; 10,000-19,999 hours: \$32.50/\$73.26/\$64.20/\$104.97; 20,000+ hours = employer pays 100% of the premium.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$26.95 EE+child: \$113.25 EE+spouse: \$123.15 EE+family: \$186.49</p> <p>Employees not completing the wellness pledge pay an additional \$20/month.</p>	<p>Contributions are: Pretax/payroll deduction. EE only: \$60.68 EE+child: \$238.05 EE+spouse: \$258.42 EE+family: \$389.72</p> <p>Employees not completing the wellness pledge pay an additional \$20/month.</p>
COBRA rates:	<p>EE only: \$326.89 EE+child: \$734.31 EE+spouse: \$734.41 EE+family: \$995.88</p>	<p>EE only: \$362.41 EE+child: \$814.08 EE+spouse: \$814.08 EE+family: \$1,104.07</p>	<p>EE only: \$500.86 EE+child: \$1,202.02 EE+spouse: \$1,402.41 EE+family: \$2,103.61</p>	<p>EE only: \$445.40 EE+child: \$824.00 EE+spouse: \$893.02 EE+family: \$1,334.24</p>	<p>EE only: \$551.11 EE+child: \$1,019.56 EE+spouse: \$1,104.96 EE+family: \$1,650.89</p>
Plan deductible:	<p>Inside network - per individual = None, per family = None. Outside network - per individual = \$2,500, per family = \$5,000.</p>	<p>Inside network - per individual = None, per family = None. Outside network - per individual = \$500, per family = \$1,000.</p>	<p>Inside network - per individual = \$3,465, per family = \$3,465. Outside network - per individual = \$6,930, per family = \$6,930.</p>	<p>Inside network - per individual = \$1,300, per family = \$2,600. Outside network - per individual = \$1,300, per family = \$2,600.</p>	<p>Inside network - per individual = \$250, per family = \$500. Outside network - per individual = \$250, per family = \$500.</p>

	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Employee coinsurance and copayments - Hospitalization:	Inpatient Hospital: 25%†; 50%*‡. Inpatient Surgery: 25%†; 50%*‡. Inpatient Maternity: 25%†; 50%*‡. Emergency Room: \$100†; \$100‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 10%†; 50%*‡. Inpatient Surgery: 10%†; 50%*‡. Inpatient Maternity: 10%†; 50%*‡. Emergency Room: \$100†; \$100‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 40%, \$1,000*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%*†; 40%, \$1,000*‡. Emergency Room: 20%*†; 20%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 20%*†; 40%*‡. Inpatient Surgery: 20%*†; 40%*‡. Inpatient Maternity: 20%*†; 40%*‡. Emergency Room: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Hospital: 10%*†; 30%*‡. Inpatient Surgery: 10%*†; 30%*‡. Inpatient Maternity: 10%*†; 30%*‡. Emergency Room: \$150†; \$150‡. * - after deductible is met † - network provider ‡ - non-network provider
Employee coinsurance and copayments - Office Visits:	Primary Care: \$20†; 50%*‡. Specialist: \$40†; 50%*‡. Outpatient Surgery: 25%†; 50%*‡. Chiropractic: \$40†; 50%‡. Routine Physicals: \$20†; 50%*‡. Pap Smear: \$20†; 50%*‡. Mammogram: \$20†; 50%*‡. Well-child Care: \$20†; 50%*‡. Diagnostics, X-rays and Lab: 25%†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$15†; 50%*‡. Specialist: \$30†; 50%*‡. Outpatient Surgery: 10%†; 50%*‡. Chiropractic: \$30†; not specified‡. Routine Physicals: \$15†; 50%*‡. Pap Smear: \$15†; 50%*‡. Mammogram: \$15†; 50%*‡. Well-child Care: \$15†; 50%*‡. Diagnostics, X-rays and Lab: 10%†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 40%*‡. Specialist: 20%*†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: not covered†; not covered‡. Routine Physicals: 0%†; 40%*‡. Pap Smear: 0%†; 40%*‡. Mammogram: 0%†; 40%*‡. Well-child Care: 0%†; 40%*‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: 20%*†; 40%*‡. Specialist: 20%*†; 40%*‡. Outpatient Surgery: 20%*†; 40%*‡. Chiropractic: 20%*†; 40%*‡. Routine Physicals: 0%†; 40%*‡. Pap Smear: 0%†; 40%*‡. Mammogram: 0%†; 40%*‡. Well-child Care: 0%†; 40%*‡. Diagnostics, X-rays and Lab: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Primary Care: \$20†; 30%‡. Specialist: \$30†; 30%‡. Outpatient Surgery: 10%*†; 30%*‡. Chiropractic: \$15†; \$15‡. Routine Physicals: 0%†; 30%‡. Pap Smear: 0%†; 30%‡. Mammogram: 0%†; 30%*‡. Well-child Care: 0%†; 30%‡. Diagnostics, X-rays and Lab: 10%†; 30%*‡. * - after deductible is met † - network provider ‡ - non-network provider



	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 25%†; 50%*‡. Outpatient Mental Health: \$40†; 50%*‡. Inpatient Substance Abuse: 25%†; 50%*‡. Outpatient Substance Abuse: \$40†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 10%†; 50%*‡. Outpatient Mental Health: \$30†; 50%*‡. Inpatient Substance Abuse: 10%†; 50%*‡. Outpatient Substance Abuse: \$30†; 50%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 40%, \$1,000*‡. Outpatient Mental Health: 20%*†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%, \$1,000*‡. Outpatient Substance Abuse: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 20%*†; 40%*‡. Outpatient Mental Health: 20%*†; 40%*‡. Inpatient Substance Abuse: 20%*†; 40%*‡. Outpatient Substance Abuse: 20%*†; 40%*‡. * - after deductible is met † - network provider ‡ - non-network provider	Inpatient Mental Health: 10%*†; 30%*‡. Outpatient Mental Health: \$20†; 30%‡. Inpatient Substance Abuse: 10%*†; 30%*‡. Outpatient Substance Abuse: \$20†; 30%‡. * - after deductible is met † - network provider ‡ - non-network provider
Healthcare Spending Accounts included with medical plan:	No.	No.	Yes.	Yes.	No.
Healthcare Spending Accounts plan details:	Not applicable.	Not applicable.	The HRA is employer funded and based on position related hours: 800-1,999 = \$300; 2,000-3,999 = \$1,200; 4,000-9,999 = \$1,500; 10,000+ = \$1,800.	Annual employer contribution = \$500/individual, \$1,000/family. Employees may defer additional funds up to the IRS limits.	Not applicable.
Healthcare Spending Account amount per year:	Not applicable.	Not applicable.	\$3,350.00/year.	\$3,350.00/year.	Not applicable.
Healthcare Spending Account used at retirement:	Not applicable.	Not applicable.	Yes.	Yes.	Not applicable.
Healthcare Spending Account at retirement plan detail:	Not applicable.	Not applicable.	Terminated employees are able to keep rolled over funds for 6 months after termination. These funds can be used to pay retirement premiums.	Not specified.	Not applicable.
Prescription benefits part of the medical plan:	No.	No.	Yes.	No.	No.
Prescription plan type (traditional, formulary):	Formulary/Non-formulary.	Formulary/Non-formulary.	Traditional.	Traditional.	Traditional.

	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Generic drug employee copayment:	Inside network = \$10.00, outside network = 50%, \$10.00, mail order = \$25.00.	Inside network = \$10.00, outside network = 50%, mail order = \$25.00.	Inside network = 20%, outside network = 50%, mail order = 20%.	Inside network = 20%, outside network = not covered, mail order = 20%.	Inside network = \$15.00, outside network = not covered, mail order = \$38.00.
Brand Formulary/Single-source employee copayment:	Inside network = \$30.00, outside network = 50%, \$30.00, mail order = \$75.00.	Inside network = \$30.00, outside network = 50%, mail order = \$75.00.	Not applicable.	Not applicable.	Not applicable.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = \$50.00, outside network = 50%, \$50.00, mail order = \$125.00.	Inside network = \$50.00, outside network = 50%, mail order = \$125.00.	Inside network = 20%, outside network = 50%, mail order = 20%.	Inside network = 20%, outside network = not covered, mail order = 20%.	Inside network = \$30.00, outside network = not covered, mail order = \$75.00.
Separate deductible and prescription comments:	No separate deductible.	No separate deductible.	Separate deductible = \$1,000. Medical plan deductible applies.	No separate deductible.	No separate deductible.
Out-of-pocket limit (Includes deductibles):	Inside network = \$2,500 per person, \$5,000 per family. Outside network = \$10,000 per person, \$20,000 per family.	Inside network = \$1,000 per person, \$2,000 per family. Outside network = \$3,000 per person, \$6,000 per family.	Inside network = \$6,450 per person, \$12,900 per family. Outside network = \$9,240 per person, \$18,480 per family.	Inside network = \$5,500 per person, \$11,000 per family. Outside network = \$5,500 per person, \$11,000 per family.	Inside network = \$1,450 per person, \$2,900 per family. Outside network = \$1,450 per person, \$2,900 per family.



	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Plan maximums:	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.	Lifetime Maximums: Base plan - inside network = unlimited, outside network = unlimited.
Cost management features:	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.	Hospital pre-certification = Yes. Hospital concurrent review = Yes. Second surgical opinion = Not specified. Outpatient review = Yes. Large case management = Not specified. Managed mental health = Not specified. Disease management = Yes. Health risk assessment = Not specified. Maternity programs = Yes.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.
Retirement coverage:	None.	None.	None.	None.	None.
Retirement pre-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Retiree pre-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree pre-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retirement post-65 eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 monthly contribution:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer portion of monthly premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree post-65 employer reached the maximum:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

	Organization K	Organization K	Organization L	Organization M	Organization M
	MD0010	MD0020	MD0010	MD0010	MD0020
Comments:	This plan is Grandfathered according to the Affordable Care Act.	This plan has the largest percentage of employee participation. This plan is Grandfathered according to the Affordable Care Act.	Eligibility: first of the month following 400 position related hours. Eligibility for HRA = full-time employees working 30 hours a week and credited with at least 800 position related hours.		This plan has the largest percentage of employees participating.

Sample Only

	Organization M
	MD0030
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	No.
Collectively-bargained eligible:	Not applicable.
Plan type:	HMO.
Plan status:	Active.
Is this plan only for out-of-area participants:	No.
Is this plan a silent PPO:	Not applicable.
Percent of all employees participating:	Not specified.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.
Pre-existing condition policy:	None.

Sample Only

	Organization M
	MD0030
Employee monthly contributions:	<p>Contributions are: Pretax/payroll deduction. EE only: \$53.71 EE+child: \$219.94 EE+spouse: \$238.57 EE+family: \$362.85</p> <p>Employees not completing the wellness pledge pay an additional \$20/month.</p>
COBRA rates:	<p>EE only: \$511.15 EE+child: \$1,022.30 EE+spouse: \$945.64 EE+family: \$1,533.45</p>
Plan deductible:	<p>Per individual = None, per family = None.</p>

Sample Only

	Organization M
	MD0030
Employee coinsurance and copayments - Hospitalization:	Inpatient Hospital: 0%†. Inpatient Surgery: 0%†. Inpatient Maternity: 0%†. Emergency Room: \$150†. † - network provider
Employee coinsurance and copayments - Office Visits:	Primary Care: \$20†. Specialist: \$30†. Outpatient Surgery: \$20†. Chiropractic: \$20†. Routine Physicals: 0%†. Pap Smear: 0%†. Mammogram: 0%†. Well-child Care: 0%†. Diagnostics, X-rays and Lab: 0%†. † - network provider

Sample Only

	Organization M
	MD0030
Employee coinsurance and copayments - Mental Health and Substance Abuse:	Inpatient Mental Health: 0%†. Outpatient Mental Health: \$20†. Inpatient Substance Abuse: 0%†. Outpatient Substance Abuse: \$20†. † - network provider
Healthcare Spending Accounts included with medical plan:	No.
Healthcare Spending Accounts plan details:	Not applicable.
Healthcare Spending Account amount per year:	Not applicable.
Healthcare Spending Account used at retirement:	Not applicable.
Healthcare Spending Account at retirement plan detail:	Not applicable.
Prescription benefits part of the medical plan:	No.
Prescription plan type (traditional, formulary):	Traditional.

Sample Only

	Organization M
	MD0030
Generic drug employee copayment:	Inside network = \$15.00, outside network = not covered, mail order = \$30.00.
Brand Formulary/Single-source employee copayment:	Not applicable.
Brand Non-formulary/Multi-source or Traditional employee copayment:	Inside network = \$30.00, outside network = not covered, mail order = \$60.00.
Separate deductible and prescription comments:	No separate deductible.
Out-of-pocket limit (Includes deductibles):	\$600 per person, \$1,200 per family.

Sample Only

	Organization M
	MD0030
Plan maximums:	Lifetime Maximums: Base plan - inside network = unlimited.
Cost management features:	Hospital pre-certification = Not specified. Hospital concurrent review = Not specified. Second surgical opinion = Not specified. Outpatient review = Not specified. Large case management = Not specified. Managed mental health = Not specified. Disease management = Not specified. Health risk assessment = Not specified. Maternity programs = Not specified.
Retirement coverage:	None.
Retirement pre-65 eligibility for coverage:	Not applicable.

Sample Only

	Organization M
	MD0030
Retiree pre-65 monthly contribution:	Not applicable.
Retiree pre-65 employer portion of monthly retiree premium, including maximums:	Not applicable.
Retiree pre-65 employer reached the maximum:	Not applicable.
Retirement post-65 eligibility for coverage:	Not applicable.
Retiree post-65 monthly contribution:	Not applicable.
Retiree post-65 employer portion of monthly premium, including maximums:	Not applicable.
Retiree post-65 employer reached the maximum:	Not applicable.

Sample Only

	Organization M
Comments:	MD0030

Sample Only

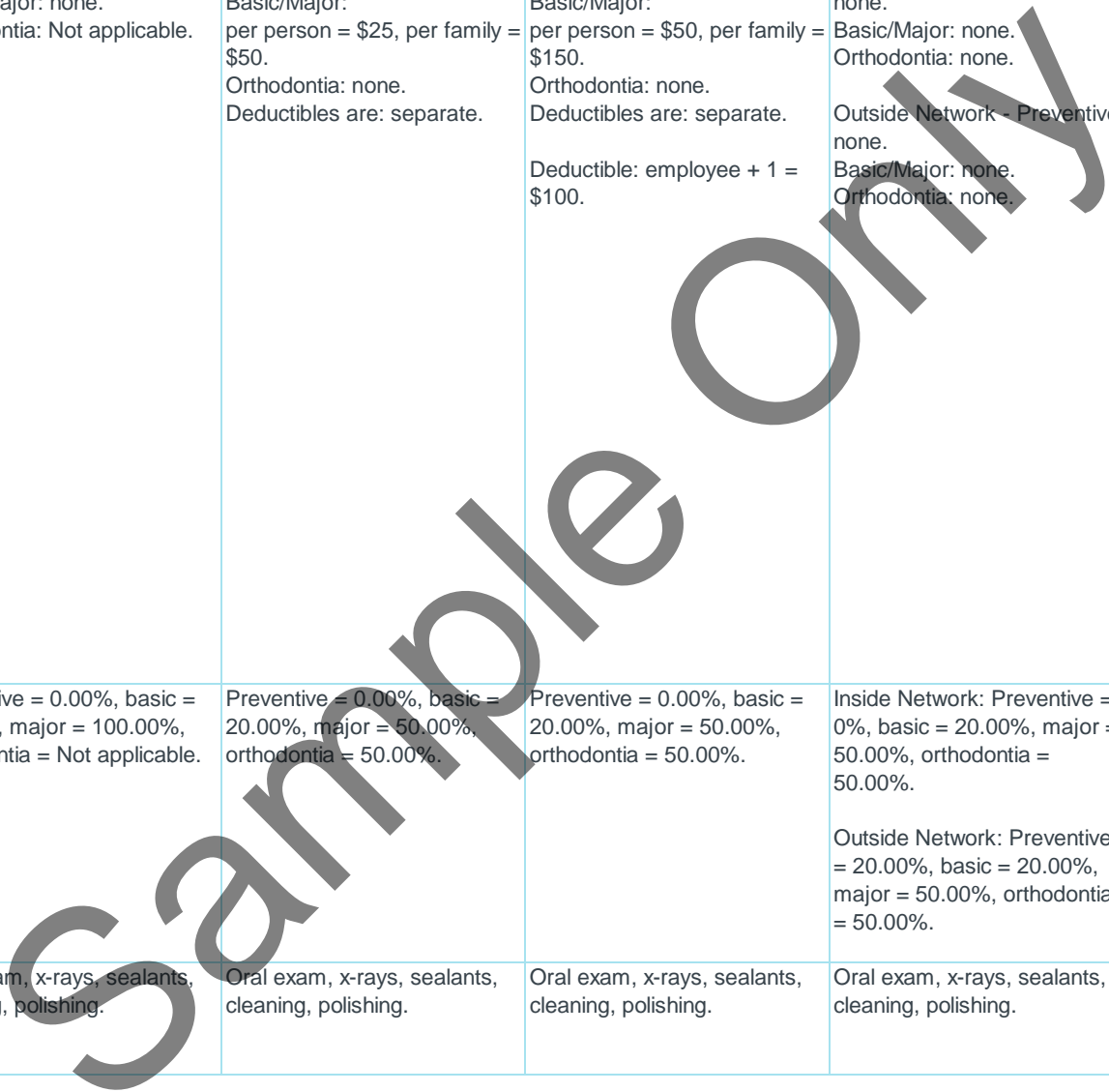
	Organization A	Organization A	Organization B	Organization C	Organization C
	DE0010	DE0020	DE0010	DE0010	DE0020
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	Yes.	Yes.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	Silent PPO.	Silent PPO.	Silent PPO.	PPO.	PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Percent of all employees participating:	21.00%.	79.00%. This plan has the largest percentage of employee participation.	Not specified.	This plan has the largest percentage of employee participation.	Not specified.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 23 Student - 23 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Retirement coverage:	No coverage.	No coverage.	No coverage.	No coverage.	No coverage.
Retirement eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

	Organization A	Organization A	Organization B	Organization C	Organization C
	DE0010	DE0020	DE0010	DE0010	DE0020
Employee monthly contributions (wellness rates):	<p>Contributions are: Pre-tax/payroll deduction.</p> <p>EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below. Employees pay 47.5% of the premium.</p>	<p>Contributions are: Pre-tax/payroll deduction.</p> <p>EE only: See below. EE+child: See below. EE+spouse: See below. EE+family: See below. Employees pay 47.5% of the premium.</p>	<p>Contributions are: Pre-tax/payroll deduction.</p> <p>EE only: \$17.33 EE+child: \$46.58 EE+spouse: \$46.58 EE+family: \$57.42</p>	<p>Contributions are: Pre-tax/payroll deduction.</p> <p>EE only: \$10.00 EE+child: \$27.00 EE+spouse: \$27.00 EE+family: \$45.00</p>	<p>Contributions are: Pre-tax/payroll deduction.</p> <p>EE only: \$6.00 EE+child: \$17.00 EE+spouse: \$17.00 EE+family: \$28.00</p>
Smoker or non-wellness monthly contributions:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
COBRA rates (including 2% administrative fee):	<p>COBRA rates are: EE only: not specified. EE+child: not specified. EE+spouse: not specified. EE+family: not specified.</p>	<p>COBRA rates are: EE only: not specified. EE+child: not specified. EE+spouse: not specified. EE+family: not specified.</p>	<p>COBRA rates are: EE only: \$35.96 EE+child: \$84.66 EE+spouse: \$84.66 EE+family: \$121.89</p>	<p>COBRA rates are: EE only: \$39.00 EE+child: \$76.00 EE+spouse: \$76.00 EE+family: \$117.00</p>	<p>COBRA rates are: EE only: \$30.50 EE+child: \$58.50 EE+spouse: \$58.50 EE+family: \$90.00</p>

Sample Only

	Organization A	Organization A	Organization B	Organization C	Organization C
	DE0010	DE0020	DE0010	DE0010	DE0020
Deductibles:	Preventive: none. Basic/Major: none. Orthodontia: Not applicable.	Preventive: none. Basic/Major: per person = \$25, per family = \$50. Orthodontia: none. Deductibles are: separate.	Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: none. Deductibles are: separate. Deductible: employee + 1 = \$100.	Inside Network - Preventive: none. Basic/Major: none. Orthodontia: none. Outside Network - Preventive: none. Basic/Major: none. Orthodontia: none.	Inside Network - Preventive: none. Basic/Major: per person = \$100, for each family member. Orthodontia: Not applicable. Deductibles are: separate. Outside Network - Preventive: per person = \$100, for each family member. Basic/Major: per person = \$100, for each family member. Orthodontia: Not applicable. Deductibles are: preventive and basic/major combined.
Employee copayment:	Preventive = 0.00%, basic = 50.00%, major = 100.00%, orthodontia = Not applicable.	Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.	Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.	Inside Network: Preventive = 0%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%. Outside Network: Preventive = 20.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.	Inside Network: Preventive = 0%, basic = 20.00%, major = 50.00%, orthodontia = Not applicable. Outside Network: Preventive = 50.00%, basic = 50.00%, major = 50.00%, orthodontia = Not applicable.
Preventive coverage includes:	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.



	Organization A	Organization A	Organization B	Organization C	Organization C
	DE0010	DE0020	DE0010	DE0010	DE0020
Basic coverage includes:	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics.	Fillings, extractions, periodontics, endodontics, oral surgery.
Major coverage includes:	Not specified.	Dentures, bridges, crowns.	Dentures, bridges, crowns, implants.	Oral surgery, dentures, bridges, crowns, implants.	Dentures, bridges, crowns, implants.
Orthodontia eligibility (children and/or adults):	Not applicable.	For children and adults.	For children only. Children up to age 19.	Inside Network: For children and adults. Outside Network: For children and adults.	Inside Network: Not applicable. Outside Network: Not applicable.
Maximums:	Plan annual: \$2,000 Orthodontia: Not applicable	Plan annual: \$2,000 Orthodontia: \$2,000 lifetime.	Plan annual: \$1,200 Orthodontia: \$2,000 lifetime.	Inside Network - Plan annual:\$1,500 Orthodontia: \$2,000 lifetime. Outside Network - Plan annual:\$1,500 Orthodontia: \$2,000 lifetime.	Inside Network - Plan annual:\$1,000 Orthodontia: Not applicable Outside Network - Plan annual:\$1,000 Orthodontia: Not applicable
Reimbursement methodology:	R&C.	R&C.	R&C.	Inside Network = % Reimbursement. Outside Network = R&C.	Inside Network = % Reimbursement. Outside Network = R&C.
TMJ:	Not specified.	Not specified.	Not specified.	Covered under dental plan.	Not covered.
Comments:					



	Organization D	Organization E	Organization F	Organization F	Organization G
	DE0010	DE0010	DE0010	DE0020	DE0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	No.	Yes.	Yes.	No.
Collectively-bargained eligible:	Excluded.	Included.	Not applicable.	Not applicable.	Not applicable.
Plan type:	PPO.	Silent PPO.	Silent PPO.	Silent PPO.	PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Percent of all employees participating:	78.00%.	75.00%.	This plan has the largest percentage of employee participation.	Not specified.	Not specified.
Maximum age dependents receive coverage:	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Retirement coverage:	No coverage.	No coverage.	No coverage.	No coverage.	No coverage.
Retirement eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.



	Organization D	Organization E	Organization F	Organization F	Organization G
	DE0010	DE0010	DE0010	DE0020	DE0010
Employee monthly contributions (wellness rates):	Contributions are: Pre-tax/payroll deduction. EE only: \$9.27 EE+child: \$19.20 EE+spouse: \$23.83 EE+family: \$32.50	Contributions are: Pre-tax/payroll deduction. EE only: \$6.72 EE+child: \$12.55 EE+spouse: \$11.59 EE+family: \$23.43	Contributions are: Pre-tax/payroll deduction. EE only: \$13.33 EE+child: \$28.56 EE+spouse: \$36.18 EE+family: \$51.42	Contributions are: Pre-tax/payroll deduction. EE only: \$21.86 EE+child: \$45.63 EE+spouse: \$54.97 EE+family: \$78.74	Contributions are: Pre-tax/payroll deduction. EE only: \$20.00 EE+child: \$38.00 EE+spouse: \$38.00 EE+family: \$55.00
Smoker or non-wellness monthly contributions:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
COBRA rates (including 2% administrative fee):	COBRA rates are: EE only: \$22.63 EE+child: \$44.64 EE+spouse: \$54.98 EE+family: \$74.21	COBRA rates are: EE only: \$23.37 EE+child: \$39.51 EE+spouse: \$43.54 EE+family: \$81.57	COBRA rates are: EE only: \$38.84 EE+child: \$77.68 EE+spouse: \$85.45 EE+family: \$124.29	COBRA rates are: EE only: \$47.55 EE+child: \$95.10 EE+spouse: \$104.61 EE+family: \$152.16	COBRA rates are: EE only: \$28.67 EE+child: \$55.62 EE+spouse: \$55.62 EE+family: \$97.92

Sample Only

	Organization D	Organization E	Organization F	Organization F	Organization G
	DE0010	DE0010	DE0010	DE0020	DE0010
Deductibles:	<p>Inside Network - Preventive: none. Basic/Major: per person = \$50, for each family member. Orthodontia: none. Deductibles are: separate.</p> <p>Outside Network - Preventive: none. Basic/Major: per person = \$50, for each family member. Orthodontia: per person = \$100, for each family member. Deductibles are: separate. Orthodontia deductible is per lifetime.</p>	<p>Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: none. Deductibles are: separate.</p>	<p>Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: Not applicable. Deductibles are: separate.</p>	<p>Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: none. Deductibles are: separate.</p>	<p>Inside Network - Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: per person = \$50, per family = \$150. Deductibles are: basic/major and orthodontia combined. Orthodontia deductible is per year.</p> <p>Outside Network - Preventive: per person = \$50, per family = \$150. Basic/Major: per person = \$50, per family = \$150. Orthodontia: Not applicable. Deductibles are: preventive and basic/major combined.</p>
Employee copayment:	<p>Inside Network: Preventive = 10%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.</p> <p>Outside Network: Preventive = 30.00%, basic = 40.00%, major = 50.00%, orthodontia = 50.00%.</p>	<p>Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.</p>	<p>Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = Not applicable.</p>	<p>Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.</p>	<p>Inside Network: Preventive = 0%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.</p> <p>Outside Network: Preventive = 20.00%, basic = 20.00%, major = 50.00%, orthodontia = Not applicable.</p>
Preventive coverage includes:	<p>Oral exam, x-rays, sealants, cleaning, polishing.</p>	<p>Oral exam, x-rays, sealants, cleaning, polishing.</p>	<p>Oral exam, x-rays, sealants, cleaning, polishing.</p>	<p>Oral exam, x-rays, sealants, cleaning, polishing.</p>	<p>Oral exam, x-rays, sealants, cleaning, polishing.</p>

	Organization D	Organization E	Organization F	Organization F	Organization G
	DE0010	DE0010	DE0010	DE0020	DE0010
Basic coverage includes:	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.
Major coverage includes:	Dentures, bridges, crowns, implants.	Dentures, bridges, crowns.	Dentures, bridges, crowns, implants.	Dentures, bridges, crowns, implants.	Dentures, bridges, crowns.
Orthodontia eligibility (children and/or adults):	Inside Network: For children only. Under age 19 only. Outside Network: For children only. Under age 19 only.	For children only. For children up to age 19.	Not applicable.	For children and adults.	Inside Network: For children and adults. Outside Network: Not applicable.
Maximums:	Inside Network - Plan annual:\$1,500 Orthodontia: \$1,250 lifetime. Outside Network - Plan annual:\$1,500 Orthodontia: \$1,000 lifetime.	Plan annual: \$1,500 Orthodontia: \$1,000 lifetime.	Plan annual: \$2,000 Orthodontia: Not applicable	Plan annual: \$2,000 Orthodontia: \$2,000 lifetime.	Inside Network - Plan annual:\$2,000 Orthodontia: \$2,000 lifetime. Outside Network - Plan annual:\$1,000 Orthodontia: Not applicable
Reimbursement methodology:	Inside Network = % Reimbursement. Outside Network = R&C.	R&C.	R&C.	R&C.	Inside Network = % Reimbursement. Outside Network = R&C.
TMJ:	Covered under dental plan.	Covered under medical plan.	Covered under medical plan.	Covered under medical plan.	Not specified.
Comments:	TMJ, lifetime maximum = \$500.				



	Organization H	Organization H	Organization I	Organization I	Organization J
	DE0010	DE0020	DE0010	DE0020	DE0010
Employees covered:	All employees, including highly compensated, minimum hours 38 per week.	All employees, including highly compensated, minimum hours 38 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 32 per week.
Part-time are eligible:	No.	No.	No.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	Silent PPO.	DHMO.	Silent PPO.	DHMO.	PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Percent of all employees participating:	-1.00%. This plan has the largest percentage of employee participation.	Not specified.	This plan has the largest percentage of employee participation.	Not specified.	Not specified.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Retirement coverage:	No coverage.	No coverage.	No coverage.	No coverage.	No coverage.
Retirement eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.



	Organization H	Organization H	Organization I	Organization I	Organization J
	DE0010	DE0020	DE0010	DE0020	DE0010
Employee monthly contributions (wellness rates):	Contributions are: Pre-tax/payroll deduction. EE only: \$10.51 EE+child: \$21.00 EE+spouse: \$24.51 EE+family: \$32.20	Contributions are: Pre-tax/payroll deduction. EE only: \$4.75 EE+child: \$8.75 EE+spouse: \$11.01 EE+family: \$14.04	Contributions are: Pre-tax/payroll deduction. EE only: \$21.36 EE+child: \$49.64 EE+spouse: \$49.64 EE+family: \$92.08	Contributions are: Pre-tax/payroll deduction. EE only: \$10.90 EE+child: \$25.26 EE+spouse: \$25.26 EE+family: \$45.28	Contributions are: Pre-tax/payroll deduction. EE only: \$10.85 EE+child: \$21.42 EE+spouse: \$22.90 EE+family: \$39.63 Salaried rates are coded above. Hourly employees pay \$9.77/employee only, \$19.26/employee + child, \$20.67/employee + spouse, \$35.68/family.
Smoker or non-wellness monthly contributions:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
COBRA rates (including 2% administrative fee):	COBRA rates are: EE only: \$30.60 EE+child: \$61.20 EE+spouse: \$71.40 EE+family: \$93.84	COBRA rates are: EE only: \$13.85 EE+child: \$25.49 EE+spouse: \$32.05 EE+family: \$40.93	COBRA rates are: EE only: \$40.78 EE+child: \$81.55 EE+spouse: \$81.55 EE+family: \$142.70	COBRA rates are: EE only: \$19.20 EE+child: \$37.94 EE+spouse: \$37.94 EE+family: \$56.88	COBRA rates are: EE only: \$19.45 EE+child: \$39.77 EE+spouse: \$38.89 EE+family: \$71.56

Sample Only

	Organization H	Organization H	Organization I	Organization I	Organization J
	DE0010	DE0020	DE0010	DE0020	DE0010
Deductibles:	Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: none. Deductibles are: separate.	Preventive: none. Basic/Major: none. Orthodontia: none.	Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: per person = \$50, per family = \$150. Deductibles are: basic/major and orthodontia combined. Orthodontia deductible is per year.	Preventive: none. Basic/Major: none. Orthodontia: none.	Inside Network - Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: Not applicable. Deductibles are: separate. Outside Network - Preventive: none. Basic/Major: per person = \$75, per family = \$225. Orthodontia: Not applicable. Deductibles are: separate.
Employee copayment:	Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.	Preventive = 0%, basic = scheduled, major = scheduled, orthodontia = scheduled.	Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.	Preventive = Benefits are scheduled.	Inside Network: Preventive = 0%, basic = 30.00%, major = 60.00%, orthodontia = Not applicable. Outside Network: Preventive = 20.00%, basic = 30.00%, major = 60.00%, orthodontia = Not applicable.
Preventive coverage includes:	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.

Sample Only

	Organization H	Organization H	Organization I	Organization I	Organization J
	DE0010	DE0020	DE0010	DE0020	DE0010
Basic coverage includes:	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.
Major coverage includes:	Dentures, bridges, crowns.	Dentures, bridges, crowns.	Dentures, bridges, crowns.	Dentures, bridges, crowns.	Dentures, bridges, crowns.
Orthodontia eligibility (children and/or adults):	For children and adults.	For children and adults.	For children and adults.	For children and adults.	Inside Network: Not applicable. Outside Network: Not applicable.
Maximums:	Plan annual: \$1,750 Orthodontia: \$1,500 lifetime.	Plan annual: No limit. Orthodontia: unlimited lifetime.	Plan annual: \$2,000 Orthodontia: \$1,500 lifetime.	Plan annual: No limit. Orthodontia: unlimited lifetime.	Inside Network - Plan annual:\$1,250 Orthodontia: Not applicable Outside Network - Plan annual:\$1,250 Orthodontia: Not applicable
Reimbursement methodology:	R&C.	Scheduled.	R&C.	Scheduled.	Inside Network = % Reimbursement. Outside Network = R&C.
TMJ:	Covered under medical plan.	Not specified.	Not specified.	Not specified.	Not specified.
Comments:					



	Organization J	Organization K	Organization K	Organization L	Organization L
	DE0020	DE0010	DE0020	DE0010	DE0020
Employees covered:	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 20 per week.
Part-time are eligible:	No.	No.	No.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Plan type:	PPO.	PPO.	PPO.	DHMO.	Silent PPO.
Plan status:	Active.	Active.	Active.	Active.	Active.
Percent of all employees participating:	This plan has the largest percentage of employee participation.	This plan has the largest percentage of employee participation.	Not specified.	25.00%.	29.00%.
Maximum age dependents receive coverage:	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 25 Student - 25 Disabled - unlimited.	Non-student - 18 Student - 22 Disabled - unlimited.	Non-student - 18 Student - 22 Disabled - unlimited.
Retirement coverage:	No coverage.	No coverage.	No coverage.	No coverage.	No coverage.
Retirement eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Retiree portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

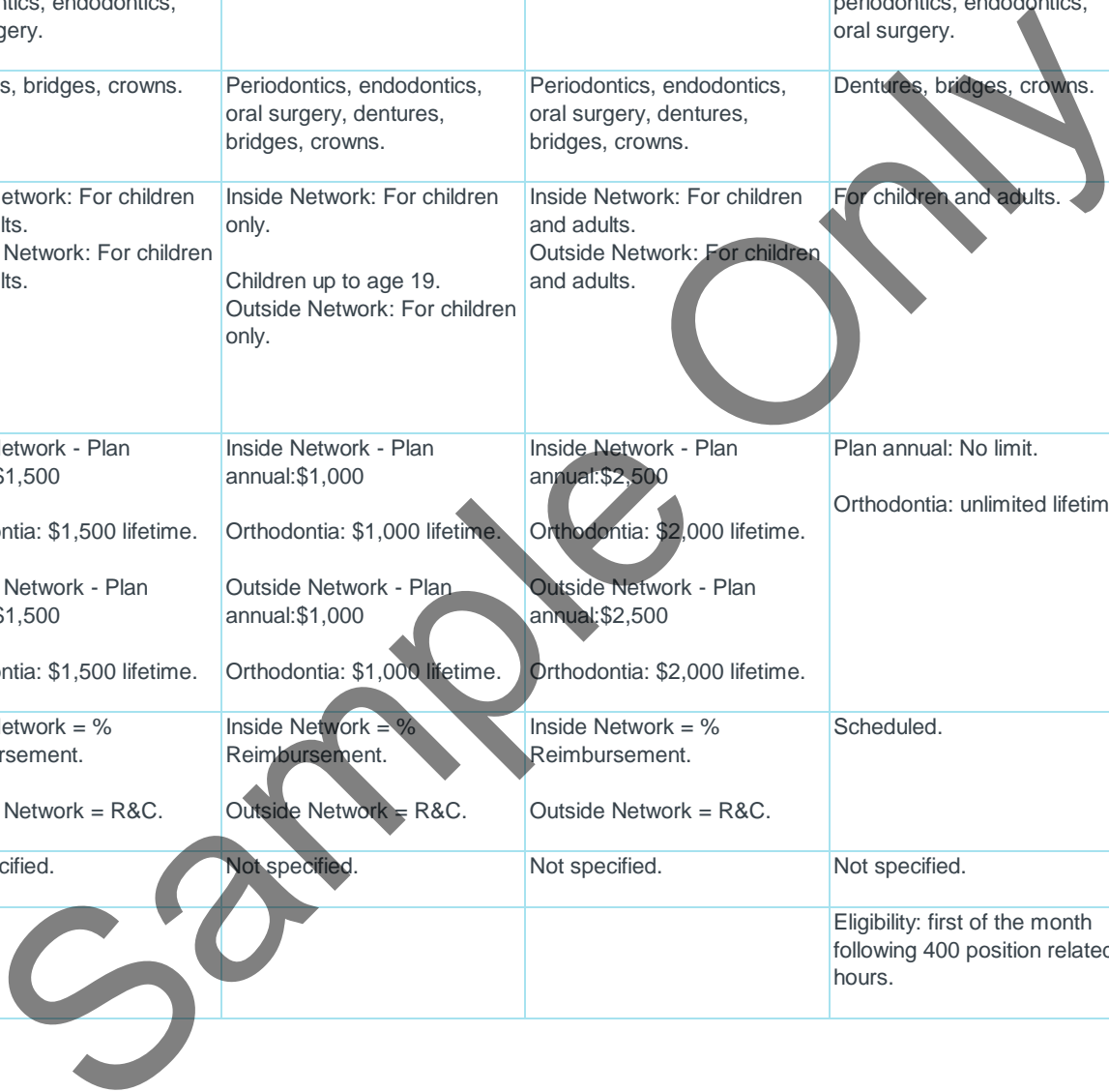


	Organization J	Organization K	Organization K	Organization L	Organization L
	DE0020	DE0010	DE0020	DE0010	DE0020
Employee monthly contributions (wellness rates):	Contributions are: Pre-tax/payroll deduction. EE only: \$17.29 EE+child: \$34.58 EE+spouse: \$35.77 EE+family: \$63.31 Salaried rates are coded above. Hourly employees pay \$16.21/employee only, \$32.42/employee + child, \$33.54/employee + spouse, \$59.36/family.	Contributions are: Pre-tax/payroll deduction. EE only: \$13.34 EE+child: \$25.90 EE+spouse: \$25.90 EE+family: \$41.39	Contributions are: Pre-tax/payroll deduction. EE only: \$28.54 EE+child: \$55.19 EE+spouse: \$55.19 EE+family: \$88.75	Contributions are: Pre-tax/payroll deduction. EE only: \$21.99 EE+child: \$42.62 EE+spouse: \$40.29 EE+family: \$65.87	Contributions are: Pre-tax/payroll deduction. EE only: \$19.41 EE+child: \$32.34 EE+spouse: \$33.44 EE+family: \$50.63
Smoker or non-wellness monthly contributions:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
COBRA rates (including 2% administrative fee):	COBRA rates are: EE only: \$26.02 EE+child: \$53.19 EE+spouse: \$52.02 EE+family: \$95.71	COBRA rates are: EE only: \$17.74 EE+child: \$34.14 EE+spouse: \$34.14 EE+family: \$55.22	COBRA rates are: EE only: \$34.16 EE+child: \$65.75 EE+spouse: \$65.75 EE+family: \$106.37	COBRA rates are: EE only: \$22.43 EE+child: \$43.47 EE+spouse: \$41.10 EE+family: \$67.18	COBRA rates are: EE only: \$19.80 EE+child: \$32.99 EE+spouse: \$34.11 EE+family: \$51.64

Sample Only

	Organization J	Organization K	Organization K	Organization L	Organization L
	DE0020	DE0010	DE0020	DE0010	DE0020
Deductibles:	<p>Inside Network - Preventive: none.</p> <p>Basic/Major: per person = \$25, per family = \$75.</p> <p>Orthodontia: per person = \$25, per family = \$75.</p> <p>Deductibles are: basic/major and orthodontia combined. Orthodontia deductible is per year.</p> <p>Outside Network - Preventive: none.</p> <p>Basic/Major: per person = \$50, per family = \$150.</p> <p>Orthodontia: per person = \$50, per family = \$150.</p> <p>Deductibles are: basic/major and orthodontia combined. Orthodontia deductible is per year.</p>	<p>Inside Network - Preventive: none.</p> <p>Basic/Major: per person = \$50, per family = \$150.</p> <p>Orthodontia: none.</p> <p>Deductibles are: separate.</p> <p>Outside Network - Preventive: none.</p> <p>Basic/Major: per person = \$100, per family = \$300.</p> <p>Orthodontia: none.</p> <p>Deductibles are: separate.</p>	<p>Inside Network - Preventive: none.</p> <p>Basic/Major: per person = \$25, per family = \$50.</p> <p>Orthodontia: none.</p> <p>Deductibles are: separate.</p> <p>Outside Network - Preventive: none.</p> <p>Basic/Major: per person = \$75, per family = \$150.</p> <p>Orthodontia: none.</p> <p>Deductibles are: separate.</p>	<p>Preventive: none.</p> <p>Basic/Major: none.</p> <p>Orthodontia: none.</p>	<p>Preventive: none.</p> <p>Basic/Major: per person = \$50, for each family member.</p> <p>Orthodontia: Not applicable.</p> <p>Deductibles are: separate.</p>
Employee copayment:	<p>Inside Network: Preventive = 0%, basic = 20.00%, major = 50.00%, orthodontia = 40.00%.</p> <p>Outside Network: Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 40.00%.</p>	<p>Inside Network: Preventive = 10%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.</p> <p>Outside Network: Preventive = 20.00%, basic = 30.00%, major = 60.00%, orthodontia = 50.00%.</p>	<p>Inside Network: Preventive = 0%, basic = 20.00%, major = 40.00%, orthodontia = 50.00%.</p> <p>Outside Network: Preventive = 0.00%, basic = 20.00%, major = 40.00%, orthodontia = 50.00%.</p>	<p>Preventive = 0%, basic = 0.00%, major = scheduled, orthodontia = scheduled.</p>	<p>Preventive = 0.00%, basic = 20.00%, major = 100.00%, orthodontia = Not applicable.</p>
Preventive coverage includes:	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, cleaning, polishing.	Oral exam, x-rays, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.

	Organization J	Organization K	Organization K	Organization L	Organization L
	DE0020	DE0010	DE0020	DE0010	DE0020
Basic coverage includes:	Fillings, extractions, periodontics, endodontics, oral surgery.	Sealants, fillings, extractions.	Sealants, fillings, extractions.	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.
Major coverage includes:	Dentures, bridges, crowns.	Periodontics, endodontics, oral surgery, dentures, bridges, crowns.	Periodontics, endodontics, oral surgery, dentures, bridges, crowns.	Dentures, bridges, crowns.	Not specified.
Orthodontia eligibility (children and/or adults):	Inside Network: For children and adults. Outside Network: For children and adults.	Inside Network: For children only. Children up to age 19. Outside Network: For children only.	Inside Network: For children and adults. Outside Network: For children and adults.	For children and adults.	Not applicable.
Maximums:	Inside Network - Plan annual:\$1,500 Orthodontia: \$1,500 lifetime. Outside Network - Plan annual:\$1,500 Orthodontia: \$1,500 lifetime.	Inside Network - Plan annual:\$1,000 Orthodontia: \$1,000 lifetime. Outside Network - Plan annual:\$1,000 Orthodontia: \$1,000 lifetime.	Inside Network - Plan annual:\$2,500 Orthodontia: \$2,000 lifetime. Outside Network - Plan annual:\$2,500 Orthodontia: \$2,000 lifetime.	Plan annual: No limit. Orthodontia: unlimited lifetime.	Plan annual: \$750 Orthodontia: Not applicable
Reimbursement methodology:	Inside Network = % Reimbursement. Outside Network = R&C.	Inside Network = % Reimbursement. Outside Network = R&C.	Inside Network = % Reimbursement. Outside Network = R&C.	Scheduled.	% Reimbursement. Outside network = Reasonable and Customary.
TMJ:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Comments:				Eligibility: first of the month following 400 position related hours.	Eligibility: first of the month following 400 position related hours.



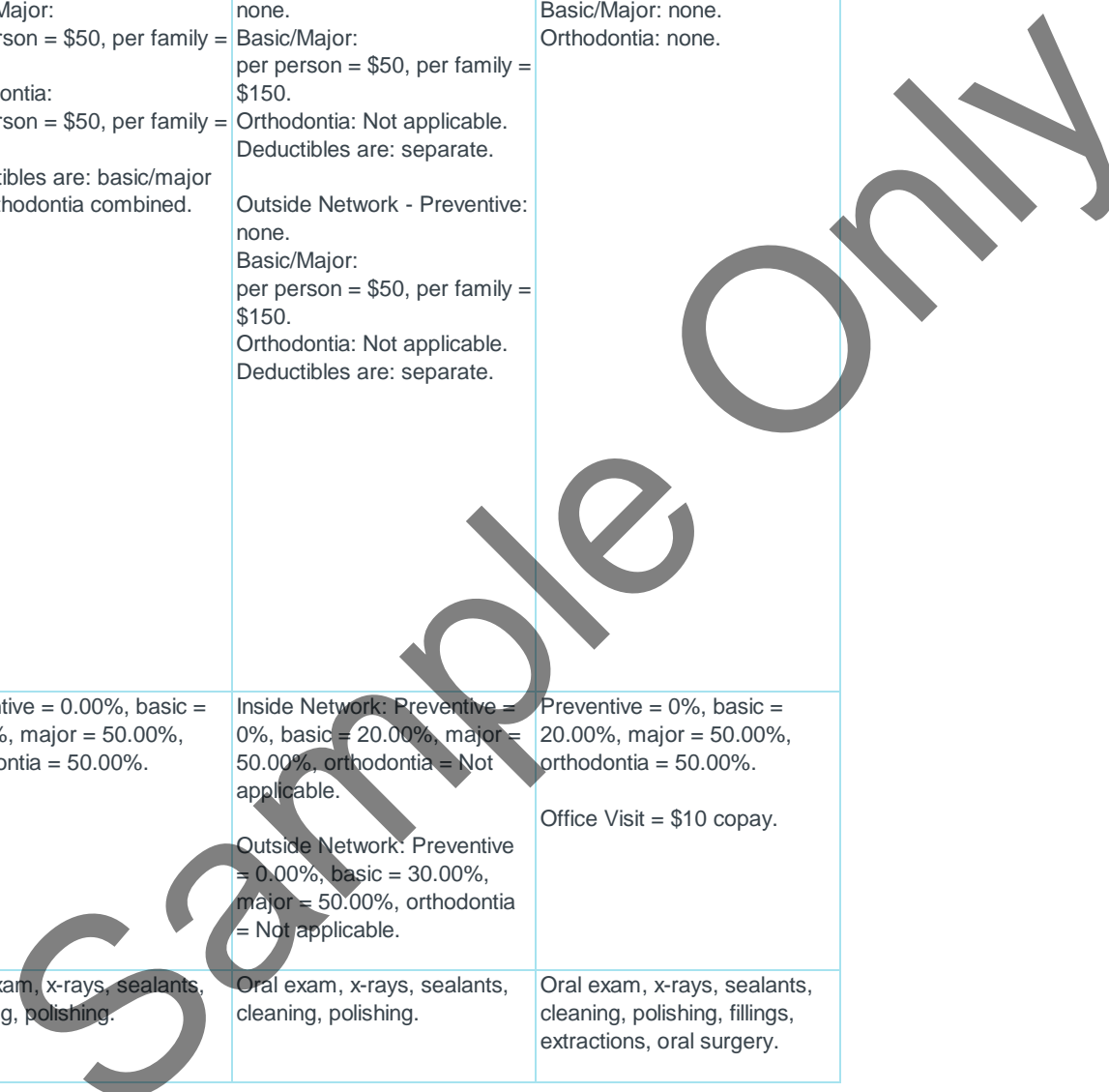
	Organization L	Organization M	Organization M
	DE0030	DE0010	DE0020
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.
Plan type:	Silent PPO.	PPO.	DHMO.
Plan status:	Active.	Active.	Active.
Percent of all employees participating:	46.00%.	This plan has the largest percentage of employee participation.	Not specified.
Maximum age dependents receive coverage:	Non-student - 18 Student - 22 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.	Non-student - 26 Student - 26 Disabled - unlimited.
Retirement coverage:	No coverage.	No coverage.	No coverage.
Retirement eligibility for coverage:	Not applicable.	Not applicable.	Not applicable.
Retiree portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.
Employer portion of monthly retiree premium, including maximums:	Not applicable.	Not applicable.	Not applicable.

Sample Only

	Organization L	Organization M	Organization M
	DE0030	DE0010	DE0020
Employee monthly contributions (wellness rates):	Contributions are: Pre-tax/payroll deduction. EE only: \$38.04 EE+child: \$68.52 EE+spouse: \$76.14 EE+family: \$106.72	Contributions are: Pre-tax/payroll deduction. EE only: \$5.50 EE+child: \$20.39 EE+spouse: \$22.04 EE+family: \$33.04 This is a Self Funded Plan.	Contributions are: Pre-tax/payroll deduction. EE only: \$7.35 EE+child: \$26.91 EE+spouse: \$29.36 EE+family: \$44.03
Smoker or non-wellness monthly contributions:	Not applicable.	Not applicable.	Not applicable.
COBRA rates (including 2% administrative fee):	COBRA rates are: EE only: \$38.81 EE+child: \$69.89 EE+spouse: \$77.66 EE+family: \$108.86	COBRA rates are: EE only: \$39.93 EE+child: \$73.88 EE+spouse: \$79.87 EE+family: \$119.80	COBRA rates are: EE only: \$52.55 EE+child: \$97.22 EE+spouse: \$105.11 EE+family: \$157.66

Sample Only

	Organization L	Organization M	Organization M
	DE0030	DE0010	DE0020
Deductibles:	Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: per person = \$50, per family = \$150. Deductibles are: basic/major and orthodontia combined.	Inside Network - Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: Not applicable. Deductibles are: separate. Outside Network - Preventive: none. Basic/Major: per person = \$50, per family = \$150. Orthodontia: Not applicable. Deductibles are: separate.	Preventive: none. Basic/Major: none. Orthodontia: none.
Employee copayment:	Preventive = 0.00%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%.	Inside Network: Preventive = 0%, basic = 20.00%, major = 50.00%, orthodontia = Not applicable. Outside Network: Preventive = 0.00%, basic = 30.00%, major = 50.00%, orthodontia = Not applicable.	Preventive = 0%, basic = 20.00%, major = 50.00%, orthodontia = 50.00%. Office Visit = \$10 copay.
Preventive coverage includes:	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing.	Oral exam, x-rays, sealants, cleaning, polishing, fillings, extractions, oral surgery.



	Organization L	Organization M	Organization M
	DE0030	DE0010	DE0020
Basic coverage includes:	Fillings, extractions, periodontics, endodontics, oral surgery.	Fillings, extractions, periodontics, endodontics, oral surgery.	Periodontics, endodontics.
Major coverage includes:	Dentures, bridges, crowns.	Dentures, bridges, crowns, implants.	Dentures, bridges, crowns.
Orthodontia eligibility (children and/or adults):	For children and adults.	Inside Network: Not applicable. Outside Network: Not applicable.	For children only.
Maximums:	Plan annual: \$1,200 Orthodontia: \$1,200 lifetime.	Inside Network - Plan annual:\$2,000 Orthodontia: Not applicable Outside Network - Plan annual:\$1,500 Orthodontia: Not applicable	Plan annual: \$2,000 Orthodontia: \$1,500 lifetime.
Reimbursement methodology:	% Reimbursement. Outside network = Reasonable and Customary.	Inside Network = % Reimbursement. Outside Network = R&C.	Scheduled.
TMJ:	Not specified.	Covered under medical plan.	Covered under medical plan.
Comments:	Eligibility: first of the month following 400 position related hours.		



HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization A	Organization B	Organization C	Organization C	Organization D
	LF0010	LF0010	LF0010	LF0020	LF0010
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 30 per week.	Exempt employees, only highly compensated, Significant Contributors, Key Leaders, Business Leaders, Company Leaders.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	Yes.	Yes.	Not specified.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Excluded.
Salary definition:	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Not applicable.	Pay is defined as: Base pay.	Pay is defined as: Base pay.
Employer-paid group term:	<p>Employee coverage: multiple of pay = 1.00, no minimum, no maximum.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage varies by age.</p> <p>Up to age 64, 2 x pay, max coverage \$800,000.</p> <p>Thereafter, 1.3 x pay, max coverage \$520,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage: flat amount = \$10,000 Employer cost = .034/\$1,000 of coverage.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage: multiple of pay = 1.25, no minimum, maximum coverage = \$5,000,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage: multiple of pay = 1.00, no minimum, maximum coverage = \$2,000,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>
Employer-paid AD&D:	AD&D coverage is equal to group term.	AD&D coverage is not provided.	AD&D coverage is not provided.	AD&D coverage is not provided.	AD&D coverage is not provided.

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization A	Organization B	Organization C	Organization C	Organization D
	LF0010	LF0010	LF0010	LF0020	LF0010
Supplemental term for employees:	<p>Flat amount = \$10,000 - \$2,000,000</p> <p>Overall maximum coverage = \$2,000,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Pay multiples = 1.00 - 8.00</p> <p>Overall maximum coverage = \$1,600,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Flat amount = \$50,000 - \$400,000</p> <p>Overall maximum coverage = \$410,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Flat amount = \$50,000 - \$400,000</p> <p>Overall maximum coverage = \$5,400,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Pay multiples = 1.00 - 6.00</p> <p>Overall maximum coverage = \$3,000,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>
Supplemental term for spouse:	<p>Flat amount = \$5,000 - \$1,000,000</p> <p>Overall maximum coverage = \$1,000,000.</p> <p>Cannot exceed 50% of employee's coverage.</p>	<p>Flat amount = \$5,000 - \$250,000</p> <p>Overall maximum coverage = \$250,000.</p> <p>Cannot exceed 50% of employee's elected amount.</p>	<p>Flat amount = \$25,000 - \$200,000</p> <p>Overall maximum coverage = \$200,000.</p> <p>Cannot exceed 50% of employee supplemental life.</p>	<p>Flat amount = \$25,000 - \$200,000</p> <p>Overall maximum coverage = \$200,000.</p>	<p>Flat amount = \$10,000 - \$100,000</p> <p>Overall maximum coverage = \$100,000.</p>
Supplemental term for dependents:	<p>Flat amount = \$2,000 - \$20,000</p> <p>Overall maximum coverage = \$20,000.</p> <p>Cannot exceed 50% of employee's coverage.</p>	<p>Flat amount = \$5,000 - \$15,000</p> <p>Overall maximum coverage = \$15,000.</p> <p>Cannot exceed 50% of employee's elected amount.</p>	<p>Flat amount = \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>	<p>Flat amount = \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>	<p>Flat amount = \$5,000 - \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>
Whole/universal for employees:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.
Whole/universal for spouse:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.
Whole/universal for dependents:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization A	Organization B	Organization C	Organization C	Organization D
	LF0010	LF0010	LF0010	LF0020	LF0010
Supplemental AD&D for employees:	Pay multiples = 1.00 - 5.00 Overall maximum coverage = \$610,000.	Not provided.	Provided, same as supplemental term.	Provided, same as supplemental term.	Not provided.
Post-retirement coverage:	Company paid benefit at age 55 with 10 years of service = \$5,000.				
Employer-subsidized coverage while on disability:	Not specified.	Not specified.	Waiver.	Waiver.	Employee pays.
Comments:					Part-time employees are not eligible for supplemental coverage.

Sample Only

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization E	Organization F	Organization G	Organization H	Organization I
	LF0010	LF0010	LF0010	LF0010	LF0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 38 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	No.	Yes.	No.	No.	No.
Collectively-bargained eligible:	Included.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Salary definition:	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Not applicable.	Pay is defined as: Base pay.
Employer-paid group term:	<p>Employee coverage: multiple of pay = 1.00, minimum coverage = \$5,000, maximum coverage = \$750,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage varies by age.</p> <p>Up to age 69, 1 x pay, max coverage \$850,000. Up to age 74, 0.65 x pay, max coverage \$552,500. Up to age 79, 0.45 x pay, max coverage \$382,500. Up to age 84, 0.3 x pay, max coverage \$255,000. Up to age 89, 0.2 x pay, max coverage \$170,000. Up to age 94, 0.15 x pay, max coverage \$127,500. Thereafter, 0.1 x pay, max coverage \$85,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage: multiple of pay = 1.50, no minimum, no maximum.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage: flat amount = \$20,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage varies by age.</p> <p>Up to age 64, 1 x pay, max coverage \$500,000. Up to age 69, 0.65 x pay, max coverage \$325,000. Up to age 74, 0.4 x pay, max coverage \$200,000. Thereafter, 0.25 x pay, max coverage \$125,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>
Employer-paid AD&D:	AD&D coverage is equal to group term.	AD&D coverage is equal to group term.	AD&D coverage is equal to group term.	AD&D coverage is equal to group term.	AD&D coverage is equal to group term.

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization E	Organization F	Organization G	Organization H	Organization I
	LF0010	LF0010	LF0010	LF0010	LF0010
Supplemental term for employees:	<p>Pay multiples = 1.00 - 5.00</p> <p>Overall maximum coverage = \$1,750,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Pay multiples = 1.00 - 6.00</p> <p>Overall maximum coverage = \$1,700,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Pay multiples = 1.00 - 5.00</p> <p>Overall maximum coverage = \$1,500,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Flat amount = \$10,000 - \$250,000</p> <p>Overall maximum coverage = \$270,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>	<p>Pay multiples = 1.00 - 5.00</p> <p>Overall maximum coverage = \$2,500,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>
Supplemental term for spouse:	<p>Flat amount = \$10,000 - \$20,000</p> <p>Overall maximum coverage = \$20,000.</p>	<p>Pay multiples = 0.50 - 3.00</p> <p>Overall maximum coverage = \$850,000.</p> <p>Cannot exceed 50% of employee's coverage amount.</p>	<p>Flat amount = \$10,000 - \$250,000</p> <p>Overall maximum coverage = \$250,000.</p>	<p>Flat amount = \$10,000 - \$125,000</p> <p>Overall maximum coverage = \$125,000.</p>	<p>Flat amount = \$25,000 - \$50,000</p> <p>Overall maximum coverage = \$50,000.</p>
Supplemental term for dependents:	<p>Flat amount = \$5,000 - \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>	<p>Flat amount = \$2,000 - \$20,000</p> <p>Overall maximum coverage = \$20,000.</p>	<p>Flat amount = \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>	<p>Flat amount = \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>	<p>Flat amount = \$5,000 - \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>
Whole/universal for employees:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.
Whole/universal for spouse:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.
Whole/universal for dependents:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization E	Organization F	Organization G	Organization H	Organization I
	LF0010	LF0010	LF0010	LF0010	LF0010
Supplemental AD&D for employees:	Not provided.	Flat amount = \$25,000 - \$300,000 Overall maximum coverage = \$1,150,000.	Provided, same as supplemental term.	Provided, same as supplemental term.	Not provided.
Post-retirement coverage:					
Employer-subsidized coverage while on disability:	Waiver.	Employee pays.	Not specified.	Waiver.	Not specified.
Comments:				Employer-paid coverage is only offered if employee is enrolled in the medical plan.	

Sample Only

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization J	Organization J	Organization J	Organization J	Organization K
	LF0010	LF0020	LF0030	LF0040	LF0010
Employees covered:	Hourly employees, minimum hours 20 per week. Non-exempt employees.	Exempt employees, including highly compensated, minimum hours 20 per week. Employees below the level of Vice President.	Executives, only highly compensated, minimum hours 20 per week. Vice President.	Executives, only highly compensated, minimum hours 20 per week. Senior Vice President and above.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	Yes.	Yes.	Yes.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Salary definition:	Not applicable.	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.
Employer-paid group term:	Employee coverage: flat amount = \$20,000. Spouse coverage not provided. Dependent coverage not provided.	Employee coverage: multiple of pay = 1.00, no minimum, maximum coverage = \$1,500,000. Spouse coverage not provided. Dependent coverage not provided.	Employee coverage: multiple of pay = 1.00, no minimum, maximum coverage = \$3,000,000. Spouse coverage not provided. Dependent coverage not provided.	Employee coverage varies by age. Up to age 64, 3 x pay, max coverage \$3,000,000. Up to age 69, 1.95 x pay, max coverage \$1,950,000. Up to age 99, 1.5 x pay, max coverage \$1,500,000. Thereafter, -1 x pay. Spouse coverage not provided. Dependent coverage not provided.	Employee coverage: multiple of pay = 1.00, no minimum, maximum coverage = \$100,000. Spouse coverage not provided. Dependent coverage not provided.
Employer-paid AD&D:	Employee AD&D: flat amount = \$12,000, minimum coverage = \$12,000, maximum coverage = \$12,000.	Employee AD&D: multiple of pay = 1.00, no minimum, maximum coverage = \$2,000,000.	Employee AD&D: multiple of pay = 1.00, no minimum, maximum coverage = \$2,000,000.	Employee AD&D: multiple of pay = 3.00, no minimum, maximum coverage = \$2,000,000.	AD&D coverage is equal to group term.

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization J	Organization J	Organization J	Organization J	Organization K
	LF0010	LF0020	LF0030	LF0040	LF0010
Supplemental term for employees:	Flat amount = \$25,000 - \$50,000 Overall maximum coverage = \$70,000. The employee pays the full cost of the supplemental coverage.	Pay multiples = 1.00 - 6.00 Overall maximum coverage = \$1,500,000. The employee pays the full cost of the supplemental coverage.	Pay multiples = 1.00 - 6.00 Overall maximum coverage = \$3,000,000. The employee pays the full cost of the supplemental coverage.	Pay multiples = 1.00 - 6.00 Overall maximum coverage = \$3,000,000. The employee pays the full cost of the supplemental coverage.	Flat amount = \$10,000 - \$500,000 Overall maximum coverage = \$600,000. The employee pays the full cost of the supplemental coverage.
Supplemental term for spouse:	Flat amount = \$10,000 - \$100,000 Overall maximum coverage = \$100,000.	Flat amount = \$10,000 - \$100,000 Overall maximum coverage = \$100,000.	Flat amount = \$10,000 - \$100,000 Overall maximum coverage = \$100,000.	Flat amount = \$10,000 - \$100,000 Overall maximum coverage = \$100,000.	Flat amount = \$10,000 - \$250,000 Overall maximum coverage = \$250,000. Cannot exceed 50% of employee coverage.
Supplemental term for dependents:	Flat amount = \$5,000 - \$15,000 Overall maximum coverage = \$15,000.	Flat amount = \$5,000 - \$15,000 Overall maximum coverage = \$15,000.	Flat amount = \$5,000 - \$15,000 Overall maximum coverage = \$15,000.	Flat amount = \$5,000 - \$15,000 Overall maximum coverage = \$15,000.	Flat amount = \$5,000 - \$10,000 Overall maximum coverage = \$10,000.
Whole/universal for employees:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.
Whole/universal for spouse:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.
Whole/universal for dependents:	Not provided.	Not provided.	Not provided.	Not provided.	Not provided.

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization J	Organization J	Organization J	Organization J	Organization K
	LF0010	LF0020	LF0030	LF0040	LF0010
Supplemental AD&D for employees:	Flat amount = \$10,000 - \$500,000 Overall maximum coverage = \$512,000.	Flat amount = \$10,000 - \$500,000 Overall maximum coverage = \$2,500,000.	Flat amount = \$10,000 - \$500,000 Overall maximum coverage = \$2,500,000.	Flat amount = \$10,000 - \$500,000 Overall maximum coverage = \$2,500,000.	Not provided.
Post-retirement coverage:					
Employer-subsidized coverage while on disability:	Employer pays.	Not specified.	Not specified.	Not specified.	Not specified.
Comments:	Part-time working less than 30 hours/week are not eligible for employer paid coverage.	Part-time working less than 30 hours/week are not eligible for employer paid coverage.	Part-time working less than 30 hours/week are not eligible for employer paid coverage.	Part-time working less than 30 hours/week are not eligible for employer paid coverage.	

Sample Only

	Organization L	Organization M
	LF0010	LF0010
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.
Salary definition:	Not applicable.	Pay is defined as: Base pay.
Employer-paid group term:	<p>Employee coverage not provided.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>	<p>Employee coverage: multiple of pay = 2.00, no minimum, maximum coverage = \$700,000.</p> <p>Spouse coverage not provided.</p> <p>Dependent coverage not provided.</p>
Employer-paid AD&D:	AD&D coverage is not provided.	AD&D coverage is equal to group term.

Sample Only

	Organization L	Organization M
	LF0010	LF0010
Supplemental term for employees:	<p>Flat amount = \$35,000 - \$50,000</p> <p>Overall maximum coverage = \$50,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p> <p>Employee must choose either \$35,000 or \$50,000.</p> <p>Employee must choose \$50,000 to be able to elect spouse and dependent coverage.</p>	<p>Flat amount = \$10,000 - \$500,000</p> <p>Overall maximum coverage = \$1,200,000.</p> <p>The employee pays the full cost of the supplemental coverage.</p>
Supplemental term for spouse:	<p>Flat amount = \$25,000</p> <p>Overall maximum coverage = \$25,000.</p>	<p>Flat amount = \$10,000 - \$100,000</p> <p>Overall maximum coverage = \$100,000.</p>
Supplemental term for dependents:	<p>Flat amount = \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>	<p>Flat amount = \$2,500 - \$10,000</p> <p>Overall maximum coverage = \$10,000.</p>
Whole/universal for employees:	Not provided.	Not provided.
Whole/universal for spouse:	Not provided.	Not provided.
Whole/universal for dependents:	Not provided.	Not provided.

Sample Only

HEALTH / GROUP BENEFITS

LIFE INSURANCE

	Organization L	Organization M
	LF0010	LF0010
Supplemental AD&D for employees:	Provided, same as supplemental term.	Provided, same as supplemental term.
Post-retirement coverage:		
Employer-subsidized coverage while on disability:	Not specified.	Not specified.
Comments:		

Sample Only

HEALTH / GROUP BENEFITS

LONG-TERM CARE

	Organization A	Organization B	Organization C	Organization D	Organization E
	No Plan	No Plan	LC0010	No Plan	No Plan
Employees covered:			All employees, including highly compensated.		
Part-time are eligible:			No.		
Collectively-bargained eligible:			Included.		
Eligibility:			Not specified.		
Employee premiums:			Premiums are paid by the employee. Employee contributions are after-tax. Contributions vary by age + option. Employee contribution amounts are not specified.		
Salary definition:			Not applicable.		
Waiting period:			Coverage is effective the first of the month following the one in which the application has been received and accepted by insurer.		
Percent of all employees participating:			1.00%.		
Covered members:			Employees are covered. Spouses are covered. Employees' parents are covered. Spouse's parents are covered. Grandparents are covered.		
Benefit period:			Five years or longer based on cost of care, how frequently services are needed, and what types of services are needed.		

Sample Only

HEALTH / GROUP BENEFITS

LONG-TERM CARE

	Organization A	Organization B	Organization C	Organization D	Organization E
	No Plan	No Plan	LC0010	No Plan	No Plan
Cost-of-living adjustments (COLA):			Increases by 5.00%.		
Covered Expenses:			Nursing Home Care is covered. \$250.00/day, \$4,513/lifetime. Home Healthcare is covered. \$125.00/day, \$2,281/lifetime. Skilled Care is covered. \$125.00/day, \$2,281/lifetime. Adult Day Care is covered. \$125.00/day, \$2,281/lifetime. Home Personal Care is covered. \$125.00/day, \$2,281/lifetime. Respite Care is covered. \$250.00/day, \$4,563/lifetime. Hospice Care is covered. \$250.00/day, \$4,563/lifetime. Physical Therapy coverage is not specified. Occupational Therapy coverage is not specified. Respiratory Therapy coverage is not specified. Speech Therapy coverage is not specified. Alternative Care Facilities is covered. \$250.00/day, \$4,563/lifetime.		

Sample Only

HEALTH / GROUP BENEFITS

LONG-TERM CARE

	Organization A	Organization B	Organization C	Organization D	Organization E
	No Plan	No Plan	LC0010	No Plan	No Plan
Comments:			Benefit options are \$100/day, \$150/day, \$200/day, or \$250/day. Eligibility = 10 days after receipt of first paycheck. Coverage available to: Registered life partner, grandparents of legal spouse, and adult children over age 18. Additional covered expenses: initial care advisory visit, ongoing care advisory services, transition expense benefits, and alternate plan services.		

Sample Only

HEALTH / GROUP BENEFITS

LONG-TERM CARE

	Organization F	Organization G	Organization H	Organization I	Organization J
	LC0010	No Plan	No Plan	No Plan	No Plan
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.				
Part-time are eligible:	Yes.				
Collectively-bargained eligible:	Not applicable.				
Eligibility:	60 days.				
Employee premiums:	Premiums are paid by the employee. Employee contributions are after-tax. Contributions vary by age + option. Employee contribution amounts are not specified.				
Salary definition:	Not applicable.				
Waiting period:	Ninety days.				
Percent of all employees participating:	Not specified.				
Covered members:	Employees are covered. Spouses are covered. Employees' parents are covered. Spouse's parents are covered. Grandparents are covered.				
Benefit period:	Three years.				

Sample Only

HEALTH / GROUP BENEFITS

LONG-TERM CARE

	Organization F	Organization G	Organization H	Organization I	Organization J
	LC0010	No Plan	No Plan	No Plan	No Plan
Cost-of-living adjustments (COLA):	Increases by 5.00%.				
Covered Expenses:	Nursing Home Care is covered. Coverage maximums not specified. Home Healthcare is covered. Coverage maximums not specified. Skilled Care is covered. Coverage maximums not specified. Adult Day Care is covered. Coverage maximums not specified. Home Personal Care is covered. Coverage maximums not specified. Respite Care is covered. Coverage maximums not specified. Hospice Care is covered. Coverage maximums not specified. Physical Therapy is covered. Coverage maximums not specified. Occupational Therapy is covered. Coverage maximums not specified. Respiratory Therapy is covered. Coverage maximums not specified. Speech Therapy is covered. Coverage maximums not specified. Alternative Care Facilities is				

Sample Only

HEALTH / GROUP BENEFITS

LONG-TERM CARE

	Organization F	Organization G	Organization H	Organization I	Organization J
	LC0010	No Plan	No Plan	No Plan	No Plan
Comments:	Two options: lifetime maximum of \$109,500 (3 years), \$100/day in daily care facility; or lifetime maximum of \$164,250 (3 years), \$150/day in daily care facility.				

Sample Only

	Organization K	Organization L	Organization M
	No Plan	No Plan	No Plan
Employees covered:			
Part-time are eligible:			
Collectively-bargained eligible:			
Eligibility:			
Employee premiums:			
Salary definition:			
Waiting period:			
Percent of all employees participating:			
Covered members:			
Benefit period:			

Sample Only

HEALTH / GROUP BENEFITS

LONG-TERM CARE

	Organization K	Organization L	Organization M
	No Plan	No Plan	No Plan
Cost-of-living adjustments (COLA):			
Covered Expenses:			

Sample Only

	Organization K	Organization L	Organization M
	No Plan	No Plan	No Plan
Comments:			

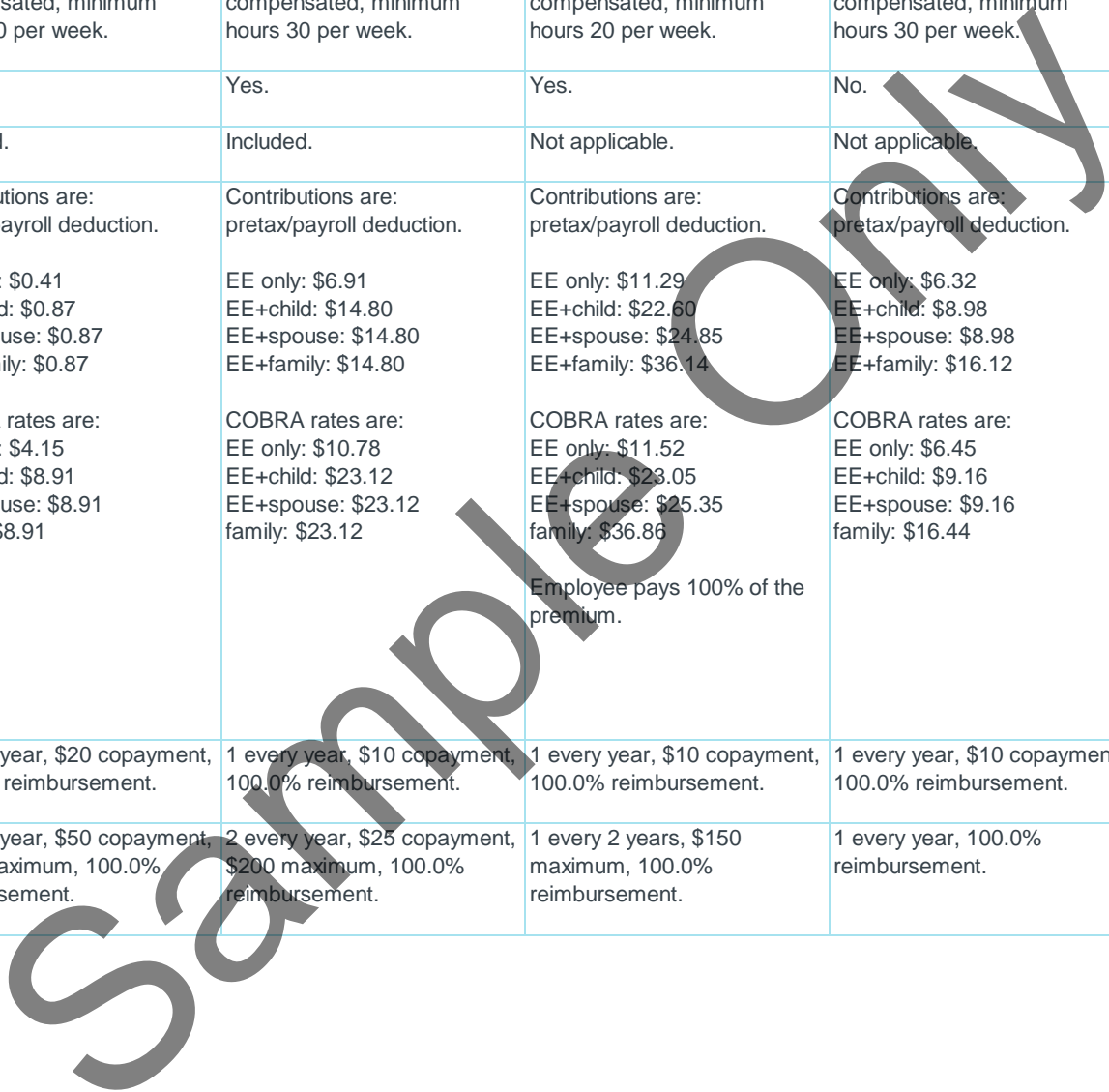
Sample Only

	Organization A	Organization B	Organization C	Organization C	Organization D
	MD0020	MD0010	MD0010	MDR040	MD0010
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 30 per week.	Retirees.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Not specified.	Yes.	Yes.	Not specified.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Excluded.
Employee monthly contributions:	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: not specified EE+child: not specified EE+spouse: not specified EE+family: not specified</p> <p>COBRA rates are: EE only: not specified. EE+child: not specified. EE+spouse: not specified. family: not specified.</p> <p>Employee pays 100% of the premium.</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$9.32 EE+child: \$17.23 EE+spouse: \$16.03 EE+family: \$25.57</p> <p>COBRA rates are: EE only: \$9.51 EE+child: \$17.57 EE+spouse: \$16.35 family: \$26.08</p>	<p>Included with medical premiums.</p>	<p>Included with medical premiums.</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$8.19 EE+child: \$11.05 EE+spouse: \$12.13 EE+family: \$22.00</p> <p>COBRA rates are: EE only: \$8.35 EE+child: \$11.27 EE+spouse: \$12.38 family: \$22.45</p> <p>Employees pay 100% of the premium.</p>
Benefit coverage exams:	1 every year, 100.0% reimbursement.	1 every year, 100.0% reimbursement.	1 every year, \$20 copayment, 100.0% reimbursement.	1 every year, 100.0% reimbursement.	1 every year, \$15 copayment, 100.0% reimbursement.
Benefit coverage frames:	1 every year, \$25 copayment, \$150 maximum, 100.0% reimbursement.	1 every 2 years, \$125 maximum, 100.0% reimbursement.	1 every 2 years, \$25 copayment, \$130 maximum, 100.0% reimbursement.	1 every year, \$200 maximum, 100.0% reimbursement.	1 every year, \$25 copayment, \$130 maximum, 100.0% reimbursement.



	Organization A	Organization B	Organization C	Organization C	Organization D
	MD0020	MD0010	MD0010	MDR040	MD0010
Benefit coverage lenses:	Single vision: 1 every year, \$25 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Lenticular: Not covered.	Single vision: 1 every year, 100.0% reimbursement. Bifocals: 1 every year, 100.0% reimbursement. Trifocals: 1 every year, 100.0% reimbursement. Lenticular: 1 every year, 100.0% reimbursement.	Single vision: 1 every year, \$25 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$25 copayment, 100.0% reimbursement.	Single vision: 1 every year, 100.0% reimbursement. Bifocals: 1 every year, 100.0% reimbursement. Trifocals: 1 every year, 100.0% reimbursement. Lenticular: 1 every year, 100.0% reimbursement.	Single vision: 1 every year, \$25 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$25 copayment, 100.0% reimbursement.
Benefit coverage contacts:	Necessary: 1 every year, \$150 maximum, 100.0% reimbursement. Elective: 1 every year, \$150 maximum, 100.0% reimbursement.	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$150 maximum, 100.0% reimbursement.	Necessary: 1 every year, \$120 maximum, 100.0% reimbursement. Elective: 1 every year, \$120 maximum, 100.0% reimbursement.	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, 100.0% reimbursement.	Necessary: 1 every year, \$25 copayment, 100.0% reimbursement. Elective: 1 every year, \$120 maximum, 100.0% reimbursement.
Benefit coverage laser correction:	Not specified.	1 every year, \$300 maximum, 100.0% reimbursement.	Not specified.	Not specified.	Not covered.
Coverage type:	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is non-network only.	Structured plan. Plan is network with non-network option.
Comments:	Laser Surgery is discounted inside network. Outside network maximums: Exam = \$60. Frames = \$60. Lenses: single = \$50, bifocal = \$75, trifocal = \$85. Contacts = \$90.		Laser Surgery is discounted inside network. Outside network maximums: Exams = \$40. Frames = \$45. Lenses: single = \$40, bifocal = \$60, trifocal = \$80, lenticular = \$125. Contact lenses = \$120.	Maximums are combined.	Outside network maximums: Exam = \$50. Frames = \$70. Lenses: single = \$50, bifocal = \$75, trifocal = \$100, lenticular = \$125. Contacts: necessary = \$210, elective = \$105. Inside network copays apply.

	Organization E	Organization E	Organization F	Organization G	Organization H
	MD0010	MD0020	MD0010	MD0010	MD0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 38 per week.
Part-time are eligible:	No.	Yes.	Yes.	No.	No.
Collectively-bargained eligible:	Included.	Included.	Not applicable.	Not applicable.	Not applicable.
Employee monthly contributions:	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$0.41 EE+child: \$0.87 EE+spouse: \$0.87 EE+family: \$0.87</p> <p>COBRA rates are: EE only: \$4.15 EE+child: \$8.91 EE+spouse: \$8.91 family: \$8.91</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$6.91 EE+child: \$14.80 EE+spouse: \$14.80 EE+family: \$14.80</p> <p>COBRA rates are: EE only: \$10.78 EE+child: \$23.12 EE+spouse: \$23.12 family: \$23.12</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$11.29 EE+child: \$22.60 EE+spouse: \$24.85 EE+family: \$36.14</p> <p>COBRA rates are: EE only: \$11.52 EE+child: \$23.05 EE+spouse: \$25.35 family: \$36.86</p> <p>Employee pays 100% of the premium.</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$6.32 EE+child: \$8.98 EE+spouse: \$8.98 EE+family: \$16.12</p> <p>COBRA rates are: EE only: \$6.45 EE+child: \$9.16 EE+spouse: \$9.16 family: \$16.44</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$3.01 EE+child: \$5.14 EE+spouse: \$4.64 EE+family: \$7.63</p> <p>COBRA rates are: EE only: \$6.42 EE+child: \$10.91 EE+spouse: \$9.86 family: \$16.22</p>
Benefit coverage exams:	1 every year, \$20 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.
Benefit coverage frames:	1 every year, \$50 copayment, \$145 maximum, 100.0% reimbursement.	2 every year, \$25 copayment, \$200 maximum, 100.0% reimbursement.	1 every 2 years, \$150 maximum, 100.0% reimbursement.	1 every year, 100.0% reimbursement.	1 every 2 years, \$130 maximum, 100.0% reimbursement.



	Organization E	Organization E	Organization F	Organization G	Organization H
	MD0010	MD0020	MD0010	MD0010	MD0010
Benefit coverage lenses:	Single vision: 1 every year, \$50 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$50 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$50 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$50 copayment, 100.0% reimbursement.	Single vision: 1 every year, \$25 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$25 copayment, 100.0% reimbursement.	Single vision: 1 every year, \$25 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$25 copayment, 100.0% reimbursement.	Single vision: 1 every year, \$20 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$20 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$20 copayment, 100.0% reimbursement.	Single vision: 1 every year, \$10 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$10 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$10 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$10 copayment, 100.0% reimbursement.
Benefit coverage contacts:	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$120 maximum, 100.0% reimbursement.	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$200 maximum, 100.0% reimbursement.	Necessary: 1 every year, \$25 copayment, 100.0% reimbursement. Elective: 1 every year, \$200 maximum, 100.0% reimbursement.	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$130 maximum, 100.0% reimbursement.	Necessary: 1 every year, \$130 maximum, 100.0% reimbursement. Elective: 1 every year, \$130 maximum, 100.0% reimbursement.
Benefit coverage laser correction:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Coverage type:	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.
Comments:	Laser is available at a discount of \$1,500/eye PRK and \$1,800/eye Lasik, inside network. Outside network maximums: Exam = \$50. Frames = \$70. Lenses: single = \$50, bifocal = \$75, trifocal = \$100. Contacts = \$105. Copay applies to outside network.	Laser is available at a discount of \$1,500/eye for PRK and \$1,800/eye for Lasik. Outside network maximums: Exam = \$50. Frames = \$70, Lenses: single = \$50, bifocal = \$75, trifocal = \$100. Contacts = \$105. Copay applies to outside network.	Laser Surgery is discounted inside network.	Laser surgery is discounted inside network. Outside network maximums: Exam = \$50. Frames = \$70. Lenses: single vision = \$50, bifocal = \$75, trifocal = \$100. Contacts: medically necessary = \$210, elective = \$105.	

	Organization I	Organization J	Organization K	Organization K	Organization L
	MD0010	MD0010	MD0010	MD0020	MD0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.
Part-time are eligible:	No.	No.	No.	No.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Employee monthly contributions:	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$5.53 EE+child: \$10.86 EE+spouse: \$10.86 EE+family: \$17.81</p> <p>COBRA rates are: EE only: \$5.64 EE+child: \$11.08 EE+spouse: \$11.08 family: \$18.17</p> <p>Contributions vary by age.</p> <p>There is a Discount Program automatically available at no cost to eligible employees.</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: not specified EE+child: not specified EE+spouse: not specified EE+family: not specified</p> <p>COBRA rates are: EE only: not specified. EE+child: not specified. EE+spouse: not specified. family: not specified.</p> <p>Employees pay 100% of the cost of coverage. A Buy-up Plan is available.</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$4.69 EE+child: \$9.37 EE+spouse: \$9.37 EE+family: \$15.10</p> <p>COBRA rates are: EE only: \$4.78 EE+child: \$9.56 EE+spouse: \$9.56 family: \$15.40</p> <p>Employee pays 100% of the premium.</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$10.83 EE+child: \$21.66 EE+spouse: \$21.66 EE+family: \$34.89</p> <p>COBRA rates are: EE only: \$11.05 EE+child: \$22.09 EE+spouse: \$22.09 family: \$35.59</p>	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$7.68 EE+child: \$12.32 EE+spouse: \$12.06 EE+family: \$19.87</p> <p>COBRA rates are: EE only: \$7.83 EE+child: \$12.57 EE+spouse: \$12.30 family: \$20.27</p>
Benefit coverage exams:	1 every year, \$10 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.	1 every year, \$10 copayment, 100.0% reimbursement.
Benefit coverage frames:	1 every year, \$130 maximum, 100.0% reimbursement.	1 every 2 years, \$130 maximum, 100.0% reimbursement.	1 every year, \$150 maximum, 100.0% reimbursement.	1 every year, \$250 maximum, 100.0% reimbursement.	1 every year, \$10 copayment, \$130 maximum, 100.0% reimbursement.



	Organization I	Organization J	Organization K	Organization K	Organization L
	MD0010	MD0010	MD0010	MD0020	MD0010
Benefit coverage lenses:	Single vision: 1 every year, \$15 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$15 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$15 copayment, 100.0% reimbursement.	Single vision: 1 every year, \$25 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$25 copayment, 100.0% reimbursement.	Single vision: 1 every year, \$20 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$20 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$20 copayment, 100.0% reimbursement. Lenticular: Not covered.	Single vision: 1 every year, \$20 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$20 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$20 copayment, 100.0% reimbursement. Lenticular: Not covered.	Single vision: 1 every year, \$10 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$10 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$10 copayment, 100.0% reimbursement. Lenticular: 1 every year, \$10 copayment, 100.0% reimbursement.
Benefit coverage contacts:	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$130 maximum, 100.0% reimbursement.	Necessary: 1 every year, \$25 copayment, 100.0% reimbursement. Elective: 1 every year, \$25 copayment, \$150 maximum, 100.0% reimbursement.	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$150 maximum, 100.0% reimbursement.	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$250 maximum, 100.0% reimbursement.	Necessary: 1 every year, 100.0% reimbursement. Elective: 1 every year, \$105 maximum, 100.0% reimbursement.
Benefit coverage laser correction:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Coverage type:	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.	Structured plan. Plan is network with non-network option.
Comments:	Laser Surgery is discounted inside network.	Laser = 15% discount for retail. Outside network maximums: Exam = \$40. Frames = \$45. Lenses: single = \$40, bifocal = \$60, trifocal = \$80, lenticular = \$80. Contacts: elective = \$150, medically necessary = \$210.	Laser is discounted inside network. Outside network maximums: Exam = \$45. Frames = \$70. Lenses: single = \$30, bifocal = \$50, trifocal = \$65. Contacts = \$105.	Laser is discounted inside network. Outside network maximums: Exam = \$45. Frames = \$70. Lenses: single = \$30, bifocal = \$50, trifocal = \$65. Contacts = \$105.	Laser is discounted inside network. Copays apply to outside network services. Outside network maximums: Exam = \$50. Lenses: single = \$50, bifocal = \$100, trifocal = \$100. Frames = \$70. Contacts = \$105.

	Organization M
	MD0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	No.
Collectively-bargained eligible:	Not applicable.
Employee monthly contributions:	<p>Contributions are: pretax/payroll deduction.</p> <p>EE only: \$0.78 EE+child: \$2.86 EE+spouse: \$3.16 EE+family: \$4.44</p> <p>COBRA rates are: EE only: \$4.71 EE+child: \$8.69 EE+spouse: \$9.39 family: \$14.10</p>
Benefit coverage exams:	1 every year, \$10 copayment, 100.0% reimbursement.
Benefit coverage frames:	1 every 2 years, \$25 copayment, \$150 maximum, 100.0% reimbursement.

Sample Only

	Organization M
	MD0010
Benefit coverage lenses:	Single vision: 1 every year, \$25 copayment, 100.0% reimbursement. Bifocals: 1 every year, \$25 copayment, 100.0% reimbursement. Trifocals: 1 every year, \$25 copayment, 100.0% reimbursement.
Benefit coverage contacts:	Necessary: 1 every year, \$150 maximum, 100.0% reimbursement. Elective: 1 every year, \$150 maximum, 100.0% reimbursement.
Benefit coverage laser correction:	Not specified.
Coverage type:	Structured plan. Plan is network with non-network option.
Comments:	Laser surgery is discounted. Copay for Frames and Lenses is combined. Outside Network Maximums: Exam = \$45. Frames = \$70. Lenses: single = \$30, bifocal = \$50, trifocal = \$65. Contacts = \$150.

Sample Only

HEALTH / GROUP BENEFITS

FLEXIBLE SPENDING ACCOUNTS

	Organization A	Organization B	Organization C	Organization D	Organization E
	OM0010	OM0010	OM0010	OM0010	OM0010
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 32 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	Yes.	Yes.	Yes.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Accounts available:	Health Care Dependent Care	Health Care Dependent Care	Health Care Dependent Care	Health Care Dependent Care	Health Care Dependent Care
Employer contributions:	None.	None.	None.	None.	None.
Employee maximum contributions:	Health care = \$2,500 Dependent care = IRS limit (\$5,000). Total = \$7,500 Employees may carryover up to \$500 of unused Health Care funds into the next year.	Health care = \$2,550 Dependent care = IRS limit (\$5,000). Total = \$7,550 Employees may carryover up to \$500 of unused Health Care FSA funds into the next year.	Health care = \$2,500 Dependent care = IRS limit (\$5,000). Total = \$7,500	Health care = \$2,500 Dependent care = IRS limit (\$5,000). Total = \$7,500	Health care = \$2,500 Dependent care = IRS limit (\$5,000). Total = \$7,500
Transportation account available:	Not specified.	Parking = No. Transit passes = No.	Parking = Yes. Transit passes = Yes.	Parking = Yes. Transit passes = Yes.	Parking = No. Transit passes = No.
Employer contributions to transportation parking and pass accounts:	Not applicable.	Not applicable.	Parking - none Transit passes - none	Parking - none Transit passes - none	Not applicable.
Employee maximum transportation parking and pass contributions:	Not applicable.	Not applicable.	Parking = IRS limit. Transit passes = IRS limit.	Parking = IRS limit. Transit passes = IRS limit.	Not applicable.
Comments:	Employees enrolled in an HSA medical plan only have access to a Limited Purpose FSA.				

HEALTH / GROUP BENEFITS

FLEXIBLE SPENDING ACCOUNTS

	Organization F	Organization G	Organization H	Organization I	Organization J
	OM0010	OM0010	OM0010	OM0010	OM0010
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 38 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated.
Part-time are eligible:	Yes.	No.	No.	No.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Accounts available:	Health Care Dependent Care	Health Care Dependent Care	Health Care Dependent Care	Health Care Dependent Care	Health Care Dependent Care
Employer contributions:	None.	None.	None.	None.	None.
Employee maximum contributions:	Health care = \$2,550 Dependent care = IRS limit (\$5,000). Total = \$7,550 Employees may carryover up to \$500 of unused Health Care FSA funds into the next year.	Health care = \$2,550 Dependent care = IRS limit (\$5,000). Total = \$7,550	Health care = \$2,550 Dependent care = IRS limit (\$5,000). Total = \$7,550	Health care = \$2,400 Dependent care = IRS limit (\$5,000). Total = \$7,400	Health care = \$2,500 Dependent care = IRS limit (\$5,000). Total = \$7,500
Transportation account available:	Parking = Yes. Transit passes = Yes.	Parking = Yes. Transit passes = Yes.	Not specified.	Parking = Yes. Transit passes = Yes.	Parking = No. Transit passes = No.
Employer contributions to transportation parking and pass accounts:	Parking not specified. Transit passes not specified. Employer contributes 50% of the cost for Transit or Parking, not to exceed 50% of the IRS employee contribution limit.	Parking - none Transit passes - none	Not applicable.	Parking - none Transit passes - none	Not applicable.
Employee maximum transportation parking and pass contributions:	Parking = IRS limit. Transit passes = IRS limit.	Parking = IRS limit. Transit passes = IRS limit.	Not applicable.	Parking = IRS limit. Transit passes = IRS limit.	Not applicable.
Comments:					

HEALTH / GROUP BENEFITS

FLEXIBLE SPENDING ACCOUNTS

	Organization K	Organization L	Organization M
	OM0010	OM0010	OM0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	No.	Yes.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.
Accounts available:	Health Care Dependent Care	Health Care Dependent Care	Health Care Dependent Care
Employer contributions:	None.	None.	None.
Employee maximum contributions:	Health care = \$2,500 Dependent care = IRS limit (\$5,000). Total = \$7,500	Health care = \$2,550 Dependent care = IRS limit (\$5,000). Total = \$7,550	Health care = \$2,550 Dependent care = IRS limit (\$5,000). Total = \$7,550
Transportation account available:	Parking = No. Transit passes = No.	Parking = No. Transit passes = No.	Parking = No. Transit passes = No.
Employer contributions to transportation parking and pass accounts:	Not applicable.	Not applicable.	Not applicable.
Employee maximum transportation parking and pass contributions:	Not applicable.	Not applicable.	Not applicable.
Comments:		Eligibility: first of the month following 400 position related hours.	

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization A	Organization A	Organization A	Organization B	Organization B
	PL0010	PL0020	PL0030	PL0010	PL0020
Employees covered:	All employees. Hourly and salary grades 1-12.	Salaried employees, including highly compensated. Salary grades 13-16.	Salaried employees, including highly compensated. Salary grades 17+.	All employees. Hourly employees and Salaried Non-exempt employees.	Exempt employees, including highly compensated.
Part-time are eligible:	Yes.	Yes.	Yes.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Personal days per year:	Not specified.	Not specified.	Not specified.	7.00	0.00
Holidays per year:	10.00 + 1.00 floating holiday Holidays are not lost if they fall on a weekend.	10.00 + 1.00 floating holiday Holidays are not lost if they fall on a weekend.	10.00 + 1.00 floating holiday Holidays are not lost if they fall on a weekend.	8.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	8.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.
Option to buy or sell time-off days:	Employee may buy and sell vacation days.	Employee may buy and sell vacation days.	Employee may buy and sell vacation days.	Option not available.	Option not available.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization A	Organization A	Organization A	Organization B	Organization B
	PL0010	PL0020	PL0030	PL0010	PL0020
Vacation/PTO accrual per year of service:	0.00 years = 10.0 days, 5.00 years = 15.0 days, 13.00 years = 20.0 days, 25.00 years = 25.0 days.	0.00 years = 15.0 days, 5.00 years = 20.0 days, 25.00 years = 25.0 days.	0.00 years = 20.0 days, 25.00 years = 25.0 days.	0.00 years = 5.0 days, 1.00 year = 10.0 days, 5.00 years = 15.0 days, 10.00 years = 20.0 days, 20.00 years = 25.0 days.	0.00 years = 5.0 days, 1.00 year = 10.0 days, 5.00 years = 15.0 days, 10.00 years = 20.0 days, 20.00 years = 25.0 days.
Carryover policy:	Not allowed.	Not allowed.	Not allowed.	Allowed 5 days maximum accumulation.	Not allowed.
Policy for handling paid leave in the event of plant shutdown:					
Sabbatical leave:	No.	No.	No.	No.	No.
Sabbatical - employees covered:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical - part-time are eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical eligibility:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical duration:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical granted:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical leave paid or unpaid:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization A	Organization A	Organization A	Organization B	Organization B
	PL0010	PL0020	PL0030	PL0010	PL0020
Comments:	<p>Sick days and personal days are combined at 5 days/year.</p> <p>Employees may buy or sell up to 5 days/year after 5 years of service.</p>	<p>Sick days and personal days are combined at 5 days/year.</p> <p>Employees may buy or sell up to 5 days/year after 5 years of service.</p>	<p>Sick days and personal days are combined at 5 days/year.</p> <p>Employees may buy or sell up to 5 days/year after 5 years of service.</p>		<p>Vacation accruals are based on both organization service and industry experience; employees receive 50% of any industry experience applied towards benefit service.</p>

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization C	Organization C	Organization C	Organization D	Organization E
	PL0010	PL0020	PL0030	PL0010	PL0010
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.	Exempt employees, including highly compensated. Significant Contributors and Key Leaders.	Executives, only highly compensated. Business Leaders and Company Leaders.	All employees, including highly compensated.	All employees, including highly compensated. Grades A-E (non-exempt) and Grades 4-7 (exempt).
Part-time are eligible:	No.	Not specified.	Not specified.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Excluded.	Included.
Personal days per year:	Not specified.	Not specified.	Not specified.	Not specified.	3.00
Holidays per year:	6.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	6.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	6.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	6.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	7.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.
Option to buy or sell time-off days:	Option not available.	Not specified.	Not specified.	Option not available.	Employee may buy vacation days.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization C	Organization C	Organization C	Organization D	Organization E
	PL0010	PL0020	PL0030	PL0010	PL0010
Vacation/PTO accrual per year of service:	0.00 years = 13.0 days, 6.00 years = 18.0 days, 12.00 years = 23.0 days, 20.00 years = 28.0 days. This is a paid time-off plan which includes vacation, personal days and sick leave.	0.00 years = 18.0 days, 6.00 years = 23.0 days, 14.00 years = 28.0 days. This is a paid time-off plan which includes vacation, personal days and sick leave.	0.00 years = 23.0 days, 8.00 years = 28.0 days. This is a paid time-off plan which includes vacation, personal days and sick leave.	0.08 years = 17.0 days, 6.00 years = 22.0 days, 11.00 years = 26.0 days, 15.00 years = 30.0 days. This is a paid time-off plan which includes vacation, personal days and sick leave.	0.00 years = 10.0 days, 5.00 years = 15.0 days.
Carryover policy:	Allowed 33 days maximum accumulation.	Allowed 33 days maximum accumulation.	Allowed 33 days maximum accumulation.	Allowed 1 days maximum accumulation.	Allowed 22.5 days maximum accumulation.
Policy for handling paid leave in the event of plant shutdown:					
Sabbatical leave:	Yes.	No.	No.	No.	No.
Sabbatical - employees covered:	All employees, including highly compensated.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical - part-time are eligible:	No.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical eligibility:	120 months.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical duration:	6 weeks.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical granted:	Not specified.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical leave paid or unpaid:	Unpaid.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization C	Organization C	Organization C	Organization D	Organization E
	PL0010	PL0020	PL0030	PL0010	PL0010
Comments:	PTO accrual begins once an employee has worked 1,000 hours.				<p>Employees can buy up to one week of vacation.</p> <p>Carryover = 1.5 times annual accrual.</p>

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization E	Organization E	Organization E	Organization F	Organization G
	PL0020	PL0030	PL0040	PL0010	PL0010
Employees covered:	Salaried employees, including highly compensated. Grade 8-14, Managers.	Hourly employees, including highly compensated. Retail employees.	Hourly employees, including highly compensated. Distribution Center employees.	All employees, including highly compensated.	All employees, minimum hours 30 per week. Store Associates only.
Part-time are eligible:	No.	No.	No.	Yes.	No.
Collectively-bargained eligible:	Included.	Included.	Included.	Not applicable.	Not applicable.
Personal days per year:	3.00	3.00	3.00	2.00	3.00
Holidays per year:	7.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	6.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	7.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	8.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	7.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.
Option to buy or sell time-off days:	Employee may buy vacation days.	Option not available.	Option not available.	Option not available.	Not specified.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization E	Organization E	Organization E	Organization F	Organization G
	PL0020	PL0030	PL0040	PL0010	PL0010
Vacation/PTO accrual per year of service:	0.00 years = 15.0 days, 10.00 years = 20.0 days.	1.00 year = 5.0 days, 2.00 years = 10.0 days, 5.00 years = 15.0 days.	0.00 years = 10.0 days, 5.00 years = 15.0 days, 15.00 years = 20.0 days.	0.00 years = 11.0 days, 3.00 years = 16.0 days, 9.00 years = 21.0 days.	0.00 years = 10.0 days, 5.00 years = 15.0 days, 10.00 years = 20.0 days, 15.00 years = 25.0 days.
Carryover policy:	Allowed 30 days maximum accumulation.	Allowed 22.5 days maximum accumulation.	Allowed 30 days maximum accumulation.	Allowed 31 days maximum accumulation.	Not allowed.
Policy for handling paid leave in the event of plant shutdown:					
Sabbatical leave:	No.	No.	No.	Yes.	No.
Sabbatical - employees covered:	Not applicable.	Not applicable.	Not applicable.	All employees, including highly compensated.	Not applicable.
Sabbatical - part-time are eligible:	Not applicable.	Not applicable.	Not applicable.	Yes.	Not applicable.
Sabbatical eligibility:	Not applicable.	Not applicable.	Not applicable.	180 months.	Not applicable.
Sabbatical duration:	Not applicable.	Not applicable.	Not applicable.	4 weeks.	Not applicable.
Sabbatical granted:	Not applicable.	Not applicable.	Not applicable.	Every 5 years.	Not applicable.
Sabbatical leave paid or unpaid:	Not applicable.	Not applicable.	Not applicable.	Paid.	Not applicable.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization E	Organization E	Organization E	Organization F	Organization G
	PL0020	PL0030	PL0040	PL0010	PL0010
Comments:	<p>Employee can buy up to one week of vacation.</p> <p>Carryover = 1.5 times annual accrual.</p>	<p>Carryover = 1.5 times annual accrual.</p>	<p>Carryover = 1.5 times annual accrual.</p>	<p>Part-time employees earn on an prorated basis. Allowed to carry annual accrual plus 80 hours. When maximum accumulation is reached, employee will stop accruing vacation until hours are used.</p> <p>After 15 years of service the organization pays for a 4 week sabbatical. Every 5th year thereafter you will receive a sabbatical adding 1 week, (i.e. 20 = 5 weeks, 25 = 6 weeks, etc). Sabbatical leave is granted every 5 years after the initial eligibility period.</p>	

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization G	Organization G	Organization G	Organization H	Organization I
	PL0020	PL0030	PL0040	PL0010	PL0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week. Corporate Professionals.	All employees, including highly compensated, minimum hours 30 per week. Corporate Management.	Executives, only highly compensated, minimum hours 30 per week. Corporate Vice President and above.	All employees, including highly compensated, minimum hours 38 per week.	Salaried employees, including highly compensated.
Part-time are eligible:	No.	No.	No.	No.	Not specified.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Personal days per year:	0.00	0.00	0.00	0.00	Not specified.
Holidays per year:	14.50 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	14.50 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	14.50 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	+ 0.00 floating holiday Holidays are not lost if they fall on a weekend. Store employees and Distribution Center employees receive 6 holidays; Office employees receive 7 holidays.	9.00 + 4.00 floating holidays Holidays are not lost if they fall on a weekend. Floating holidays may only be used between Memorial Day and Labor Day.
Option to buy or sell time-off days:	Not specified.	Not specified.	Not specified.	Option not available.	Not specified.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization G	Organization G	Organization G	Organization H	Organization I
	PL0020	PL0030	PL0040	PL0010	PL0010
Vacation/PTO accrual per year of service:	0.00 years = 15.0 days, 5.00 years = 20.0 days, 10.00 years = 25.0 days, 15.00 years = 30.0 days.	0.00 years = 20.0 days, 10.00 years = 25.0 days, 15.00 years = 30.0 days.	0.00 years = 25.0 days, 15.00 years = 30.0 days.	0.50 years = 14.0 days, 3.00 years = 19.0 days, 10.00 years = 24.0 days, 15.00 years = 29.0 days. This is a paid time-off plan which includes vacation, personal days and sick leave.	0.00 years = 10.0 days, 5.00 years = 15.0 days, 10.00 years = 20.0 days.
Carryover policy:	Not allowed.	Not allowed.	Not allowed.	Not specified.	Allowed 5 days maximum accumulation.
Policy for handling paid leave in the event of plant shutdown:					
Sabbatical leave:	No.	No.	No.	No.	No.
Sabbatical - employees covered:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical - part-time are eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical eligibility:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical duration:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical granted:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical leave paid or unpaid:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization G	Organization G	Organization G	Organization H	Organization I
	PL0020	PL0030	PL0040	PL0010	PL0010
Comments:				During the 10th anniversary year only, employees receive an additional 10 PTO days; during the 20th year only, employees receive an additional 5 PTO days.	Personal days are combined with sick days at 6 days/year.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization J	Organization K	Organization L	Organization L	Organization L
	PL0010	PL0010	PL0010	PL0020	PL0030
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 30 per week.	Hourly employees.	All employees, including highly compensated. Corporate non-exempt and most corporate exempt, excluding leadership/management. Includes store management and department managers but excludes department assistant managers, supervisors and top level store management.	Exempt employees, including highly compensated. Bottom two levels of management at Corporate and Director. Top store retail managers and Regional Vice President.
Part-time are eligible:	No.	Yes.	Yes.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Personal days per year:	0.00	Not specified.	Not specified.	Not specified.	Not specified.
Holidays per year:	6.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	6.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.	Holidays are not lost if they fall on a weekend.	Holidays are not lost if they fall on a weekend.	Holidays are not lost if they fall on a weekend.
Option to buy or sell time-off days:	Employee may buy vacation days. Option to sell not specified.	Not specified.	Employee may sell vacation days. Option to buy not specified.	Employee may sell vacation days. Option to buy not specified.	Employee may sell vacation days. Option to buy not specified.



TIME LOSS BENEFITS

PAID LEAVE

	Organization J	Organization K	Organization L	Organization L	Organization L
	PL0010	PL0010	PL0010	PL0020	PL0030
Vacation/PTO accrual per year of service:	1.00 year = 5.0 days, 2.00 years = 10.0 days, 7.00 years = 15.0 days, 14.00 years = 20.0 days, 19.00 years = 25.0 days. This is a paid time-off plan which includes vacation and personal days.	0.50 years = 5.0 days, 1.00 year = 10.0 days, 2.00 years = 15.0 days, 3.00 years = 16.0 days, 5.00 years = 20.0 days.	1.00 year = 10.8 days, 2.00 years = 15.5 days, 5.00 years = 19.3 days, 10.00 years = 24.0 days, 15.00 years = 29.0 days. This is a paid time-off plan which includes vacation, personal days, holidays and sick leave.	1.00 year = 15.5 days, 5.00 years = 19.3 days, 10.00 years = 24.0 days, 15.00 years = 29.0 days. This is a paid time-off plan which includes vacation, personal days, holidays and sick leave.	1.00 year = 19.3 days, 10.00 years = 24.0 days, 15.00 years = 29.0 days. This is a paid time-off plan which includes vacation, personal days, holidays and sick leave.
Carryover policy:	Not allowed.	Not allowed.	Allowed 58 days maximum accumulation.	Allowed 58 days maximum accumulation.	Allowed 58 days maximum accumulation.
Policy for handling paid leave in the event of plant shutdown:					
Sabbatical leave:	No.	No.	No.	No.	No.
Sabbatical - employees covered:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical - part-time are eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical eligibility:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical duration:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical granted:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Sabbatical leave paid or unpaid:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization J	Organization K	Organization L	Organization L	Organization L
	PL0010	PL0010	PL0010	PL0020	PL0030
Comments:		Personal days are combined with sick days at 6/year.	Employees with less than 2,000 receive a lower Paid Time Off accrual. Carryover = 2 x annual accrual.	Employees with less than 2,000 receive a lower Paid Time Off accrual. Carryover = 2 x annual accrual.	Employees with less than 2,000 receive a lower Paid Time Off accrual. Carryover = 2 x annual accrual.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization L	Organization M
	PL0040	PL0010
Employees covered:	Executives, only highly compensated.	All employees, including highly compensated.
Part-time are eligible:	Yes.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.
Personal days per year:	Not specified.	Not specified.
Holidays per year:	Holidays are not lost if they fall on a weekend.	11.00 + 0.00 floating holiday Holidays are not lost if they fall on a weekend.
Option to buy or sell time-off days:	Employee may sell vacation days. Option to buy not specified.	Employee may sell vacation days. Option to buy not specified.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization L	Organization M
	PL0040	PL0010
Vacation/PTO accrual per year of service:	1.00 year = 24.0 days, 15.00 years = 29.0 days. This is a paid time-off plan which includes vacation, personal days, holidays and sick leave.	0.00 years = 17.0 days, 5.00 years = 22.0 days, 10.00 years = 27.0 days, 15.00 years = 32.0 days. This is a paid time-off plan which includes vacation, personal days and sick leave.
Carryover policy:	Allowed 58 days maximum accumulation.	Allowed 50 days maximum accumulation.
Policy for handling paid leave in the event of plant shutdown:		
Sabbatical leave:	No.	No.
Sabbatical - employees covered:	Not applicable.	Not applicable.
Sabbatical - part-time are eligible:	Not applicable.	Not applicable.
Sabbatical eligibility:	Not applicable.	Not applicable.
Sabbatical duration:	Not applicable.	Not applicable.
Sabbatical granted:	Not applicable.	Not applicable.
Sabbatical leave paid or unpaid:	Not applicable.	Not applicable.

Sample Only

TIME LOSS BENEFITS

PAID LEAVE

	Organization L	Organization M
	PL0040	PL0010
Comments:	Employees with less than 2,000 receive a lower Paid Time Off accrual. Carryover = 2 x annual accrual.	

Sample Only

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization A	Organization A	Organization A	Organization B	Organization B
	DI0010	DI0020	DI0030	DI0010	DI0020
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated.	All employees, including highly compensated.	Salaried employees, including highly compensated.	Hourly employees.
Sick days - part-time are eligible:	Yes.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
STD - part-time are eligible:	Yes.	Yes.	Yes.	Not specified.	Not specified.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility period:	Sick days = date of hire. STD eligibility = 30 days.	Sick days eligibility is not applicable. STD eligibility = 30 days.	Sick days eligibility is not applicable. STD eligibility = 30 days.	Sick days eligibility is not applicable. STD eligibility = date of hire.	Sick days eligibility is not applicable. STD eligibility = date of hire.
Sick days - period of coverage earned per year:	Carryover leave time is allowed and limited, 15 days cumulative limit. Sick days and personal days are combined at 5 days/year.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Accumulated sick days are cashed-out upon termination:	No.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Accumulated sick days are cashed-out upon retirement:	No.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Salary definition:	Sick days are defined as: Base pay. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Total pay.
STD benefit waiting period:	7 days.	7 days.	7 days.	0 days.	7 days.

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization A	Organization A	Organization A	Organization B	Organization B
	DI0010	DI0020	DI0030	DI0010	DI0020
Monthly employee STD contributions per \$100 of pay:	None. Employer contributes \$1.19/person.	\$0.310, on a pre-tax basis. Employee pays total cost.	\$0.540, on a pre-tax basis. Employee pays total cost.	None.	None.
Monthly employer STD contributions per \$100 of pay:	Rate not specified.	None.	None.	Rate not specified.	Rate not specified.
STD benefits:	After 0.08 years of service: 26 weeks at 66.67%.	After 0.08 years of service: 26 weeks at 80%.	After 0.08 years of service: 26 weeks at 100%.	After 0 years of service: 8 weeks at 100%, 18 weeks at 70%.	After 0 years of service: 26 weeks at 70%.
Maximum STD payment amount:	Unlimited.	Unlimited.	Unlimited.	Unlimited.	Unlimited.
Maximum STD payment period:	26 weeks.	26 weeks.	26 weeks.	26 weeks.	26 weeks.
Social Security offset:	Individual benefit.	Individual benefit.	Not specified.	Not specified.	Not specified.
Comments:					

Sample Only

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization C	Organization C	Organization C	Organization D	Organization E
	DI0010	DI0030	DI0040	DI0010	DI0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	Exempt employees, only highly compensated, minimum hours 30 per week. Significant contributors, Key Leaders.	Executives, only highly compensated, minimum hours 30 per week. Business Leaders and Company Leaders.	All employees, including highly compensated.	Hourly employees, including highly compensated, minimum hours 30 per week.
Sick days - part-time are eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
STD - part-time are eligible:	Yes.	Not specified.	Yes.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Excluded.	Included.
Eligibility period:	Sick days eligibility is not applicable. STD eligibility = first of month following date of hire.	Sick days eligibility is not applicable. STD eligibility = first of month following date of hire.	Sick days eligibility is not applicable. STD eligibility = date of hire.	Sick days eligibility is not applicable. STD eligibility = 30 days.	Sick days eligibility is not applicable. STD eligibility = 30 days.
Sick days - period of coverage earned per year:	Sick days are combined with PTO.	Sick days are combined with PTO.	Sick days are combined with PTO.	Sick days are combined with PTO.	Not applicable.
Accumulated sick days are cashed-out upon termination:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Accumulated sick days are cashed-out upon retirement:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Salary definition:	Sick days are not applicable. STD pay is defined as: Base + commission.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.
STD benefit waiting period:	Accident = 3 days. Sickness = 3 days. Hospitalization = 0 days.	0 days.	0 days.	7 days.	7 days.

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization C	Organization C	Organization C	Organization D	Organization E
	DI0010	DI0030	DI0040	DI0010	DI0010
Monthly employee STD contributions per \$100 of pay:	None.	None.	None.	None.	None.
Monthly employer STD contributions per \$100 of pay:	Rate not specified.	Rate not specified.	Rate not specified.	Rate not specified.	\$0.360
STD benefits:	After 0 years of service: 26 weeks at 60%.	After 0 years of service: 12 weeks at 100%, 14 weeks at 60%.	After 0 years of service: 26 weeks at 100%.	Not specified.	After 0.08 years of service: 13 weeks at 50%.
Maximum STD payment amount:	\$3,500.00 per week.	Not specified.	Unlimited.	Unlimited.	\$400.00 per week.
Maximum STD payment period:	26 weeks.	26 weeks.	26 weeks.	Not specified.	13 weeks.
Social Security offset:	Family benefit.	Not specified.	Family benefit.	None.	Family benefit.
Comments:		Maximum weekly benefit is unlimited during the first 12 weeks and limited to \$3,500 thereafter.		Benefit is 100% of pay for a maximum payment period of 30 days from date of disability. Unused PTO is used during waiting period.	The employee is not paid during the 7 day waiting period.

Sample Only

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization E	Organization F	Organization F	Organization F	Organization G
	DI0020	DI0010	DI0020	DI0030	DI0010
Employees covered:	Salaried employees, including highly compensated, minimum hours 20 per week.	Hourly employees, minimum hours 20 per week.	Non-exempt employees, minimum hours 20 per week. Includes Hourly Retail Management.	Exempt employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated.
Sick days - part-time are eligible:	Not applicable.	Yes.	Not specified.	Not specified.	Not applicable.
STD - part-time are eligible:	No.	Yes.	Yes.	Yes.	No.
Collectively-bargained eligible:	Included.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility period:	Sick days eligibility is not applicable. STD eligibility = 30 days.	Sick days = first of month following date of hire. STD eligibility = 12 months.	Sick days = date of hire. STD eligibility = first of month following date of hire.	Sick days = date of hire. STD eligibility = first of month following date of hire.	Sick days eligibility is not applicable. STD eligibility = 6 months.
Sick days - period of coverage earned per year:	Not applicable.	6 days. Carryover leave time is allowed and limited, 15 days cumulative limit. Sick days are earned on a prorated basis for part-time employees.	6 days. Carryover leave time is allowed and limited, 15 days cumulative limit.	This is an informal plan. Carryover leave time is not allowed. Sick leave is provided at management's discretion.	Not applicable.
Accumulated sick days are cashed-out upon termination:	Not applicable.	No.	No.	No.	Not applicable.
Accumulated sick days are cashed-out upon retirement:	Not applicable.	No.	No.	No.	Not applicable.
Salary definition:	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are defined as: Base pay. STD pay is defined as: Base pay.	Sick days are defined as: Base pay. STD pay is defined as: Base pay.	Sick days are defined as: Base pay. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.
STD benefit waiting period:	7 days.	5 days.	0 days.	0 days.	Accident = 7 days. Sickness = 7 days. Hospitalization = 0 days.

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization E	Organization F	Organization F	Organization F	Organization G
	DI0020	DI0010	DI0020	DI0030	DI0010
Monthly employee STD contributions per \$100 of pay:	None.	None.	None.	None.	None.
Monthly employer STD contributions per \$100 of pay:	\$0.430	Rate not specified.	Rate not specified.	Rate not specified.	Rate not specified.
STD benefits:	After 0.08 years of service: 13 weeks at 100%, 13 weeks at 60%.	After 1 year of service: 6 weeks at 100%, 20 weeks at 60%.	After 0 years of service: 12 weeks at 100%, 14 weeks at 80%.	After 0 years of service: 12 weeks at 100%, 14 weeks at 80%.	After 0.5 years of service: 12 weeks at 100%, 14 weeks at 60%. After 5 years of service: 26 weeks at 100%.
Maximum STD payment amount:	\$1,500.00 per week.	Unlimited.	Unlimited.	Unlimited.	Unlimited.
Maximum STD payment period:	26 weeks.	26 weeks.	26 weeks.	26 weeks.	26 weeks.
Social Security offset:	Family benefit.	Not specified.	None.	None.	Not specified.
Comments:	The employee receives full pay during the 7 day waiting period.		The first 12 weeks of Salary Continuation may also be used for a sick family member.	Salary Continuation days may also be used as Sick days. The first 12 weeks of Salary Continuation may also be used for a sick family member.	

Sample Only

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization G	Organization G	Organization H	Organization I	Organization J
	DI0040	DI0050	DI0010	DI0010	DI0010
Employees covered:	All employees, minimum hours 30 per week. Store Associates only.	All employees, including highly compensated, minimum hours 30 per week. Corporate employees.	All employees, including highly compensated, minimum hours 38 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week. Directors and below.
Sick days - part-time are eligible:	No.	No.	Not applicable.	Not specified.	Not specified.
STD - part-time are eligible:	Not applicable.	Not applicable.	No.	No.	Not applicable.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility period:	Not specified. STD eligibility is not applicable.	Not specified. STD eligibility is not applicable.	Sick days eligibility is not applicable. STD eligibility = first of month following 12 months.	Sick days = date of hire. STD eligibility = 30 days.	Not specified. STD eligibility is not applicable.
Sick days - period of coverage earned per year:	3 days. Carryover leave time is not allowed.	7 days. Carryover leave time is not allowed.	Sick days are combined with PTO.	Carryover leave time is not allowed. Sick days are combined with personal days at 6 days/year.	Carryover leave time is not allowed. Sick days are paid at management's discretion.
Accumulated sick days are cashed-out upon termination:	No.	No.	Not applicable.	No.	No.
Accumulated sick days are cashed-out upon retirement:	No.	No.	Not applicable.	No.	No.
Salary definition:	Sick days are defined as: Base pay. STD is not applicable.	Sick days are defined as: Base pay. STD is not applicable.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are defined as: Base pay. STD pay is defined as: Base + commission.	Sick days are defined as: Base pay. STD is not applicable.
STD benefit waiting period:	Not applicable.	Not applicable.	14 days.	7 days.	Not applicable.

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization G	Organization G	Organization H	Organization I	Organization J
	DI0040	DI0050	DI0010	DI0010	DI0010
Monthly employee STD contributions per \$100 of pay:	Not applicable.	Not applicable.	None.	None.	Not applicable.
Monthly employer STD contributions per \$100 of pay:	Not applicable.	Not applicable.	Rate not specified.	Rate not specified.	Not applicable.
STD benefits:	Not applicable.	Not applicable.	After 1 year of service: 13 weeks at 60%.	After 0.08 years of service: 2 weeks at 100%, 23 weeks at 70%. After 3 years of service: 4 weeks at 100%, 21 weeks at 70%. After 5 years of service: 6 weeks at 100%, 19 weeks at 70%. After 10 years of service: 8 weeks at 100%, 17 weeks at 70%.	Not applicable.
Maximum STD payment amount:	Not applicable.	Not applicable.	\$2,500.00 per week.	\$3,000.00 per week.	Not applicable.
Maximum STD payment period:	Not applicable.	Not applicable.	13 weeks.	25 weeks.	Not applicable.
Social Security offset:	Not applicable.	Not applicable.	Not specified.	None.	Not applicable.
Comments:					

Sample Only

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization K	Organization K	Organization L	Organization L	Organization M
	DI0010	DI0020	DI0010	DI0020	DI0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated. Employees earning between \$86,666 - \$260,000.	All employees, including highly compensated.	All employees, including highly compensated.	All employees, including highly compensated, minimum hours 30 per week.
Sick days - part-time are eligible:	No.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
STD - part-time are eligible:	No.	No.	Not specified.	Not specified.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility period:	Sick days = 6 months. STD eligibility = 90 days.	Sick days eligibility is not applicable. STD eligibility = 90 days.	Sick days eligibility is not applicable. STD eligibility is not specified.	Sick days eligibility is not applicable. STD eligibility is not specified.	Sick days eligibility is not applicable. STD eligibility = first of month following date of hire.
Sick days - period of coverage earned per year:	Carryover leave time is not allowed. Sick days are combined with personal days at 6/year.	Not applicable.	Sick days are combined with PTO.	Sick days are combined with PTO.	Sick days are combined with PTO.
Accumulated sick days are cashed-out upon termination:	No.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Accumulated sick days are cashed-out upon retirement:	No.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Salary definition:	Sick days are defined as: Base pay. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.	Sick days are not applicable. STD pay is defined as: Base pay.
STD benefit waiting period:	14 days.	14 days.	7 days.	7 days.	7 days.

TIME LOSS BENEFITS

SICK LEAVE / SHORT-TERM DISABILITY

	Organization K	Organization K	Organization L	Organization L	Organization M
	DI0010	DI0020	DI0010	DI0020	DI0010
Monthly employee STD contributions per \$100 of pay:	None.	Rate not specified but is on an after-tax basis. Employee pays total cost.	Rate not specified but is on an after-tax basis. Employee pays total cost.	Rate not specified but is on an after-tax basis. Employee pays total cost.	None.
Monthly employer STD contributions per \$100 of pay:	Rate not specified.	Rate not specified.	None.	None.	Rate not specified.
STD benefits:	After 0.25 years of service: 11 weeks at 60%.	After 0 years of service: 11 weeks at 60%.	After 0.21 years of service: 25 weeks at 60%.	After 0.21 years of service: 25 weeks at 60%.	After 0 years of service: 12 weeks at 66.67%.
Maximum STD payment amount:	\$1,000.00 per week.	\$3,000.00 per week.	\$800.00 per week.	\$1,200.00 per week.	\$2,000.00 per week.
Maximum STD payment period:	11 weeks.	11 weeks.	25 weeks.	25 weeks.	12 weeks.
Social Security offset:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Comments:					

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization A	Organization A	Organization A	Organization A	Organization A
	DI0010	DI0020	DI0030	DI0040	DI0050
Employees covered:	All employees, including highly compensated.	All employees, including highly compensated.	All employees, including highly compensated.	Hourly employees.	Salaried employees, including highly compensated.
Part-time are eligible:	Not specified.	Not specified.	Not specified.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility:	Not specified.	Not specified.	Not specified.	30 days.	30 days.
Monthly employee LTD contribution per \$100 of pay:	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	None.	None.
Monthly employer LTD contribution per \$100 of pay:	Rate not specified.	Rate not specified.	Rate not specified.	\$0.550	\$0.450
Benefit waiting period:	Not specified.	Not specified.	Not specified.	180 days.	180 days.
Period of own occupation:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Level of benefit before offsets:	Not specified.	Not specified.	Not specified.	Fixed = 50.00% of pay.	Fixed = 50.00% of pay.
Salary definition:	Not specified.	Not specified.	Not specified.	Pay is defined as: Base pay.	Pay is defined as: Base pay.
Maximum monthly benefit:	Not specified.	Not specified.	Not specified.	\$5,000	\$16,000
Maximum percent from all sources:	Not specified.	Not specified.	Not specified.	50%.	50%.
Social Security offset:	Not specified.	Not specified.	Not specified.	Individual benefit.	Individual benefit.

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization A	Organization A	Organization A	Organization A	Organization A
	DI0010	DI0020	DI0030	DI0040	DI0050
Comments:					

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization A	Organization A	Organization B	Organization B	Organization C
	DI0060	DI0070	DI0010	DI0020	DI0010
Employees covered:	Hourly employees.	Salaried employees, including highly compensated.	Salaried employees, including highly compensated.	Hourly employees.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	Yes.	Yes.	Yes.	Yes.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility:	30 days.	30 days.	Immediately.	Immediately.	First of month following date of hire.
Monthly employee LTD contribution per \$100 of pay:	\$0.450, on a pre-tax basis. Employee pays total cost.	\$0.160, on a pre-tax basis. Employee pays total cost.	None.	None.	None.
Monthly employer LTD contribution per \$100 of pay:	None.	None.	Rate not specified.	Rate not specified.	Rate not specified.
Benefit waiting period:	180 days.	180 days.	180 days.	180 days.	180 days.
Period of own occupation:	Not specified.	Not specified.	2.0 years.	2.0 years.	2.0 years.
Level of benefit before offsets:	Fixed = 16.67% of pay. This is supplemental coverage.	Fixed = 16.67% of pay. This is supplemental coverage.	Fixed = 60.00% of pay.	Fixed = 60.00% of pay.	Fixed = 40.00% of pay.
Salary definition:	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base + commission.
Maximum monthly benefit:	\$5,000	\$22,000	\$10,000	\$5,000	\$15,000
Maximum percent from all sources:	66.67%.	66.67%.	60%.	60%.	40%.
Social Security offset:	Individual benefit.	Individual benefit.	Individual benefit.	Individual benefit.	Family benefit.

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization A	Organization A	Organization B	Organization B	Organization C
	DI0060	DI0070	DI0010	DI0020	DI0010
Comments:					

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization C	Organization C	Organization C	Organization D	Organization E
	DI0020	DI0030	DI0040	DI0010	DI0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.	Exempt employees, only highly compensated, minimum hours 30 per week. Significant contributors, Key Leaders.	Executives, only highly compensated, minimum hours 30 per week. Business Leaders and Company Leaders.	All employees, including highly compensated.	Hourly employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.	Not specified.	Not specified.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Excluded.	Included.
Eligibility:	First of month following date of hire.	First of month following date of hire.	First of month following date of hire.	30 days.	30 days.
Monthly employee LTD contribution per \$100 of pay:	Rate not specified but is on an after-tax basis.	None.	None.	None.	\$0.251, tax status not specified. Employee pays total cost.
Monthly employer LTD contribution per \$100 of pay:	None.	Rate not specified.	Rate not specified.	Rate not specified.	None.
Benefit waiting period:	180 days.	180 days.	180 days.	30 days.	90 days.
Period of own occupation:	2.0 years.	2.0 years.	2.0 years.	1.0 year.	2.0 years.
Level of benefit before offsets:	Fixed = 20.00% of pay. This is supplemental coverage.	Fixed = 60.00% of pay.	Fixed = 60.00% of pay.	Fixed = 60.00% of pay.	Fixed = 50.00% of pay.
Salary definition:	Pay is defined as: Base + commission.	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.
Maximum monthly benefit:	\$15,000	\$15,000	\$35,000	\$11,000	\$2,000
Maximum percent from all sources:	60%.	60%.	60%.	60%.	50%.
Social Security offset:	Family benefit.	Individual benefit.	Family benefit.	Family benefit.	Family benefit.

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization C	Organization C	Organization C	Organization D	Organization E
	DI0020	DI0030	DI0040	DI0010	DI0010
Comments:					

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization E	Organization E	Organization F	Organization F	Organization F
	DI0020	DI0030	DI0010	DI0020	DI0030
Employees covered:	Salaried employees, including highly compensated, minimum hours 20 per week.	Salaried employees, including highly compensated, minimum hours 20 per week. Employees earning > \$120,000.	Hourly employees, minimum hours 20 per week.	Non-exempt employees, minimum hours 20 per week. Includes Hourly Retail Management.	Exempt employees, including highly compensated, minimum hours 20 per week.
Part-time are eligible:	No.	No.	Not specified.	Not specified.	Not specified.
Collectively-bargained eligible:	Included.	Included.	Not applicable.	Not applicable.	Not applicable.
Eligibility:	30 days.	30 days.	Not specified.	Not specified.	Not specified.
Monthly employee LTD contribution per \$100 of pay:	None.	\$0.170, tax status not specified. Employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.
Monthly employer LTD contribution per \$100 of pay:	\$0.170	None.	Rate not specified.	Rate not specified.	Rate not specified.
Benefit waiting period:	180 days.	180 days.	Not specified.	Not specified.	Not specified.
Period of own occupation:	2.0 years.	2.0 years.	Not specified.	Not specified.	Not specified.
Level of benefit before offsets:	Fixed = 60.00% of pay.	Benefit = 40% of salary above \$120,000 to a maximum salary of \$300,000.	Not specified.	Not specified.	Not specified.
Salary definition:	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Not specified.	Not specified.	Not specified.
Maximum monthly benefit:	\$6,000	\$6,000	Not specified.	Not specified.	Not specified.
Maximum percent from all sources:	60%.	100%.	Not specified.	Not specified.	Not specified.
Social Security offset:	Family benefit.	Family benefit.	Not specified.	Not specified.	Not specified.

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization E	Organization E	Organization F	Organization F	Organization F
	DI0020	DI0030	DI0010	DI0020	DI0030
Comments:					

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization F	Organization F	Organization G	Organization G	Organization G
	DI0040	DI0050	DI0010	DI0020	DI0030
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated.	Salaried employees, including highly compensated, minimum hours 30 per week. Employees with less than 5 years of service.	Salaried employees, including highly compensated, minimum hours 30 per week. Employees with 5+ years of service.
Part-time are eligible:	Yes.	Yes.	Not specified.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility:	First of month following date of hire.	First of month following date of hire.	Not specified.	First of month following date of hire.	First of month following 60 months.
Monthly employee LTD contribution per \$100 of pay:	None.	Rate not specified but is on a pre-tax basis. Contributions vary by salary. Employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	Rate not specified but is on an after-tax basis. Employee pays total cost.	Rate not specified but is on an after-tax basis. Employee pays total cost.
Monthly employer LTD contribution per \$100 of pay:	Rate not specified.	None.	Rate not specified.	None.	None.
Benefit waiting period:	180 days.	180 days.	Not specified.	26 weeks.	26 weeks.
Period of own occupation:	2.0 years.	2.0 years.	Not specified.	Not specified.	Not specified.
Level of benefit before offsets:	Fixed = 40.00% of pay.	Fixed = 20.00% of pay. This is supplemental coverage.	Not specified.	Fixed = 60.00% of pay.	Variable percent of pay 100.00% for 24.00 months, then grades to 60.00% of pay.
Salary definition:	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Not specified.	Pay is defined as: Base pay.	Pay is defined as: Base pay.
Maximum monthly benefit:	\$6,667	\$3,333	Not specified.	\$12,500	\$12,500
Maximum percent from all sources:	40%.	60%.	Not specified.	60%.	60%.
Social Security offset:	Family benefit.	Family benefit.	Not specified.	Family benefit.	Family benefit.

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization F	Organization F	Organization G	Organization G	Organization G
	DI0040	DI0050	DI0010	DI0020	DI0030
Comments:		Maximum monthly benefit when combined with Basic plan = \$10,000.			

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization G	Organization G	Organization H	Organization I	Organization I
	DI0040	DI0050	DI0010	DI0010	DI0020
Employees covered:	All employees, minimum hours 30 per week. Store Associates only.	All employees, including highly compensated, minimum hours 30 per week. Corporate employees.	All employees, including highly compensated, minimum hours 38 per week.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Not specified.	Not specified.	No.	No.	No.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility:	Not specified.	Not specified.	First of month following 12 months.	30 days.	30 days.
Monthly employee LTD contribution per \$100 of pay:	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	None.	None.	Rate not specified but is on an after-tax basis. Contributions vary by age. Employee pays total cost.
Monthly employer LTD contribution per \$100 of pay:	Rate not specified.	Rate not specified.	Rate not specified.	Rate not specified.	None.
Benefit waiting period:	Not specified.	Not specified.	90 days.	26 weeks.	26 weeks.
Period of own occupation:	Not specified.	Not specified.	2.0 years.	2.0 years.	2.0 years.
Level of benefit before offsets:	Not specified.	Not specified.	Fixed = 60.00% of pay.	Fixed = 50.00% of pay.	Fixed = 16.67% of pay. This is supplemental coverage.
Salary definition:	Not specified.	Not specified.	Pay is defined as: Base pay.	Pay is defined as: Base + commission.	Pay is defined as: Base + commission.
Maximum monthly benefit:	Not specified.	Not specified.	\$5,000	\$10,000	\$20,000
Maximum percent from all sources:	Not specified.	Not specified.	60%.	50%.	66.67%.
Social Security offset:	Not specified.	Not specified.	Family benefit.	Family benefit.	Family benefit.

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization G	Organization G	Organization H	Organization I	Organization I
	DI0040	DI0050	DI0010	DI0010	DI0020
Comments:					

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization J	Organization K	Organization K	Organization L	Organization L
	DI0010	DI0010	DI0020	DI0010	DI0020
Employees covered:	All employees, including highly compensated, minimum hours 30 per week. Directors and below.	All employees, including highly compensated, minimum hours 30 per week.	All employees, including highly compensated. Employees earning between \$86,666 - \$260,000.	All employees, including highly compensated.	All employees, including highly compensated.
Part-time are eligible:	No.	No.	Not specified.	Not specified.	Not specified.
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Eligibility:	Immediately.	90 days.	Not specified.	Not specified.	Not specified.
Monthly employee LTD contribution per \$100 of pay:	Rate not specified but is on an after-tax basis. Employee pays total cost.	None.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.	Rate not specified but is on an after-tax basis. Employee pays total cost.	Rate not specified, tax status not specified. It is not specified if employee pays total cost.
Monthly employer LTD contribution per \$100 of pay:	None.	Rate not specified.	Rate not specified.	None.	Rate not specified.
Benefit waiting period:	180 days.	90 days.	Not specified.	180 days.	Not specified.
Period of own occupation:	2.0 years.	Not specified.	Not specified.	Not specified.	Not specified.
Level of benefit before offsets:	Fixed = 60.00% of pay.	Fixed = 60.00% of pay.	Not specified.	Fixed = 60.00% of pay.	Not specified.
Salary definition:	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Not specified.	Pay is defined as: Base pay.	Not specified.
Maximum monthly benefit:	Not specified.	\$3,000	Not specified.	\$10,000	Not specified.
Maximum percent from all sources:	60%.	60%.	Not specified.	60%.	Not specified.
Social Security offset:	Family benefit.	Individual benefit.	Not specified.	Individual benefit.	Not specified.

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization J	Organization K	Organization K	Organization L	Organization L
	DI0010	DI0010	DI0020	DI0010	DI0020
Comments:	Maximum monthly benefit varies by employee group: Non-Exempt = \$6,000; Exempt = \$12,000; Vice President = \$15,000; Senior Vice President = \$25,000.				

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization M
	DI0010
Employees covered:	All employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	No.
Collectively-bargained eligible:	Not applicable.
Eligibility:	First of month following date of hire.
Monthly employee LTD contribution per \$100 of pay:	None.
Monthly employer LTD contribution per \$100 of pay:	Rate not specified.
Benefit waiting period:	90 days.
Period of own occupation:	2.0 years.
Level of benefit before offsets:	Fixed = 60.00% of pay.
Salary definition:	Pay is defined as: Base pay.
Maximum monthly benefit:	\$10,000
Maximum percent from all sources:	60%.
Social Security offset:	Family benefit.

Sample Only

TIME LOSS BENEFITS

LONG-TERM DISABILITY

	Organization M
	DI0010
Comments:	

Sample Only

OTHER BENEFITS

SEVERANCE

	Organization A	Organization A	Organization A	Organization B	Organization C
	SV0010	SV0020	SV0030	No Plan	No Plan
Employees covered:	Non-exempt employees.	Exempt employees, including highly compensated. Exempt salary grades 7-12.	Exempt employees, including highly compensated. Exempt salary grades 13+ and up to Directors.		
Part-time are eligible:	Yes.	Not specified.	Not specified.		
Collectively-bargained eligible:	Not applicable.	Not applicable.	Not applicable.		
Eligibility:	Not specified.	Not specified.	Not specified.		
Prior service considered in eligibility:	Not specified.	Not specified.	Not specified.		
Package offered:	<p>1 week per year of service; minimum 4 weeks, maximum 4 weeks.</p> <p>Employee receives the greater of 4 weeks or 1 week per year of service. In the event of job elimination, employees with 15-19 years of service receive an additional 2 weeks; 20-24 = 4; 25-29 = 6; 30+ = 8.</p>	<p>2 weeks per year of service; minimum 8 weeks, maximum 39 weeks.</p> <p>Employee receives the greater of 8 weeks or 2 weeks per year of service up to 39 weeks. In the event of job elimination, employees with 15-19 years of service receive an additional 2 weeks; 20-24 = 4; 25-29 = 6; 30+ = 8.</p>	<p>2 weeks per year of service; minimum 17 weeks, maximum 39 weeks.</p> <p>Employee receives the greater of 17 weeks or 2 weeks per year of service. In the event of job elimination, employees with 15-19 years of service receive an additional 2 weeks; 20-24 = 4; 25-29 = 6; 30+ = 8.</p>		
Salary definition:	Pay is defined as: Base pay.	Pay is defined as: Base pay.	Pay is defined as: Base pay.		
How is benefit paid out:	Lump Sum.	Lump Sum.	Lump Sum.		
Employee taxed:	Not specified.	Not specified.	Not specified.		

Sample Only

OTHER BENEFITS

SEVERANCE

	Organization A	Organization A	Organization A	Organization B	Organization C
	SV0010	SV0020	SV0030	No Plan	No Plan
Medical COBRA subsidized:	Not specified.	Not specified.	Not specified.		
Dental COBRA subsidized:	Not specified.	Not specified.	Not specified.		
Employee pay back rules if rehired:	Not specified.	Not specified.	Not specified.		
Outplacement services provided:	Not specified.	Not specified.	Not specified.		
How stock option is handled:	Not specified.	Not specified.	Not specified.		
Employees covered when change in control is involved:	Not specified.	Not specified.	Not specified.		
Golden parachute excise tax for executives:	Not specified.	Not specified.	Not specified.		
Non change in control months of salary paid:	Not specified.	Not specified.	Not specified.		
Non change in control how is benefit paid out:	Not specified.	Not specified.	Not specified.		
Non change in control calculation of bonus as part of severance:	Not specified.	Not specified.	Not specified.		
Comments:					

Sample Only

OTHER BENEFITS

SEVERANCE

	Organization D	Organization E	Organization F	Organization G	Organization H
	No Plan	No Plan	No Plan	No Plan	No Plan
Employees covered:					
Part-time are eligible:					
Collectively-bargained eligible:					
Eligibility:					
Prior service considered in eligibility:					
Package offered:					
Salary definition:					
How is benefit paid out:					
Employee taxed:					

Sample Only

OTHER BENEFITS

SEVERANCE

	Organization D	Organization E	Organization F	Organization G	Organization H
	No Plan	No Plan	No Plan	No Plan	No Plan
Medical COBRA subsidized:					
Dental COBRA subsidized:					
Employee pay back rules if rehired:					
Outplacement services provided:					
How stock option is handled:					
Employees covered when change in control is involved:					
Golden parachute excise tax for executives:					
Non change in control months of salary paid:					
Non change in control how is benefit paid out:					
Non change in control calculation of bonus as part of severance:					
Comments:					

Sample Only

OTHER BENEFITS

SEVERANCE

	Organization I	Organization J	Organization K	Organization L	Organization M
	SV0010	No Plan	No Plan	SV0010	No Plan
Employees covered:	All employees, including highly compensated.			All employees, including highly compensated, minimum hours 30 per week.	
Part-time are eligible:	Yes.			Yes.	
Collectively-bargained eligible:	Excluded.			Not applicable.	
Eligibility:	Immediately.			Not specified.	
Prior service considered in eligibility:	Not specified.			Not specified.	
Package offered:	1 week; minimum 1 week, maximum 15 weeks. Severance package comprises the Basic Plan which is based on years of service; employee receives 1 week of salary for each year of service, up to a maximum of 15, coded above, and the Enhanced Plan based on salary level and signing a release: \$250,000 and above receives a maximum of 52 weeks, between \$160,000 and < \$250,000 = 39 weeks, \$100,000 and < \$160,000 = 26 weeks, \$70,000 and < \$100,000 = 13 weeks, \$40,000 and < \$70,000 = 9 weeks, less than \$40,000 = 4 weeks.			In general, 1 week per 2,000 hours worked.	
Salary definition:	Pay is defined as: Base pay.			Pay is defined as: Base pay.	
How is benefit paid out:	Lump Sum.			Lump sum or installments for up to 24 months.	
Employee taxed:	Yes.			Yes.	

Sample Only

OTHER BENEFITS

SEVERANCE

	Organization I	Organization J	Organization K	Organization L	Organization M
	SV0010	No Plan	No Plan	SV0010	No Plan
Medical COBRA subsidized:	Yes.			No.	
Dental COBRA subsidized:	Yes.			No.	
Employee pay back rules if rehired:	Not specified.			Not specified.	
Outplacement services provided:	Not specified.			Not specified.	
How stock option is handled:	Not specified.			Not specified.	
Employees covered when change in control is involved:	Not specified.			Not specified.	
Golden parachute excise tax for executives:	Not specified.			Not specified.	
Non change in control months of salary paid:	Not specified.			Not specified.	
Non change in control how is benefit paid out:	Not specified.			Not specified.	
Non change in control calculation of bonus as part of severance:	Not specified.			Not specified.	
Comments:					

Sample Only

OTHER BENEFITS

EDUCATION ASSISTANCE

	Organization A	Organization B	Organization C	Organization D	Organization E
	EA0010	No Plan	No Plan	EA0010	EA0010
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.			All employees, including highly compensated.	Salaried employees, including highly compensated, minimum hours 30 per week.
Part-time are eligible:	Yes.			No.	No.
Collectively-bargained eligible:	Not applicable.			Excluded.	Included.
Percent of eligibles participating:	Not specified.			1.00%.	1.00%.
Eligibility:	30 days.			12 months.	30 days.
Covered members:	Spouses are not covered. Children are not covered. Domestic partners are not covered. Extended family members are not covered.			Spouses are not covered. Children are not covered. Domestic partners are not covered. Extended family members are not covered.	Spouses are not covered. Children are not covered. Domestic partners are not covered. Extended family members are not covered.
To be reimbursed, courses must be:	Job related: Yes. Degree related: Yes.			Job related: Yes. Degree related: Yes.	Job related: Yes. Degree related: No.
Covered courses include:	Undergraduate: Yes. Graduate: Yes. Certificates and Adult Education Courses included.			Undergraduate: Yes. Graduate: Yes.	Undergraduate: Yes. Graduate: Yes.
Associated costs coverage:	Lab fees: Yes. Books: Yes. Parking: No. .			Lab fees: Yes. Books: No. Parking: No. .	Lab fees: No. Books: No. Parking: No. .
Maximum reimbursement percent:	Undergraduate: 100.00%. Graduate: 100.00%.			Undergraduate: 80.00%. Graduate: 80.00%.	Undergraduate: 50.00%. Graduate: 50.00%.

Sample Only

OTHER BENEFITS

EDUCATION ASSISTANCE

	Organization A	Organization B	Organization C	Organization D	Organization E
	EA0010	No Plan	No Plan	EA0010	EA0010
Maximum in-state reimbursement dollar amounts:	Undergraduate: Not specified per course, \$5,250.00 per year. Graduate: Not specified per course, \$5,250.00 per year. Certification = \$1,000/year.			Undergraduate: Not specified per course, \$3,000.00 per year. Graduate: Not specified per course, \$3,000.00 per year.	Undergraduate: Not specified per course, \$2,500.00 per year. Graduate: Not specified per course, \$5,000.00 per year.
Out-of-state reimbursement differences:	Not specified.			Not specified.	None.
How employee is taxed on this benefit:	Not taxed.			Not specified.	IRS Guidelines.
Employee must pay back benefit on leaving within a specified period of time:	No.			Not specified.	Yes. 100% within 12 months and 50% for 13 to 24 months.
Comments:					

Sample Only

OTHER BENEFITS

EDUCATION ASSISTANCE

	Organization F	Organization G	Organization H	Organization I	Organization J
	EA0010	EA0010	No Plan	No Plan	EA0010
Employees covered:	All employees, including highly compensated, minimum hours 20 per week.	All employees, including highly compensated, minimum hours 30 per week.			All employees, including highly compensated.
Part-time are eligible:	Yes.	No.			No.
Collectively-bargained eligible:	Not applicable.	Not applicable.			Not applicable.
Percent of eligibles participating:	Not specified.	Not specified.			Not specified.
Eligibility:	12 days.	12 months.			12 months.
Covered members:	Spouses are not covered. Children are not covered. Domestic partners are not covered. Extended family members are not covered.	Spouses are not covered. Children are not covered. Domestic partners are not covered. Extended family members are not covered.			Spouses are not covered. Children are not covered. Domestic partners are not covered. Extended family members are not covered.
To be reimbursed, courses must be:	Job related: Yes. Degree related: Yes.	Job related: Yes. Degree related: Not specified.			Job related: Yes. Degree related: Yes.
Covered courses include:	Undergraduate: Yes. Graduate: Yes.	Undergraduate: Yes. Graduate: Yes.			Undergraduate: Yes. Graduate: Yes.
Associated costs coverage:	Lab fees: Yes. Books: Yes. Parking: No. .	Lab fees: Not specified. Books: Not specified. Parking: Not specified. .			Lab fees: Not specified. Books: Not specified. Parking: Not specified. .
Maximum reimbursement percent:	Undergraduate: 100.00%. Graduate: 100.00%.	Undergraduate: 100.00%. Graduate: 100.00%.			Undergraduate: 100.00%. Graduate: 100.00%.

Sample Only

OTHER BENEFITS

EDUCATION ASSISTANCE

	Organization F	Organization G	Organization H	Organization I	Organization J
	EA0010	EA0010	No Plan	No Plan	EA0010
Maximum in-state reimbursement dollar amounts:	Undergraduate: Not specified per course, \$1,500.00 per year. Graduate: Not specified per course, \$3,000.00 per year.	Undergraduate: Not specified per course, \$3,000.00 per year. Graduate: Not specified per course, \$3,000.00 per year.			Undergraduate: Not specified per course, \$3,000.00 per year. Graduate: Not specified per course, \$3,000.00 per year.
Out-of-state reimbursement differences:	Not specified.	Not specified.			Not specified.
How employee is taxed on this benefit:	Not specified.	Not specified.			Not specified.
Employee must pay back benefit on leaving within a specified period of time:	Not specified.	Not specified.			Yes. Within 12 months.
Comments:					

Sample Only

OTHER BENEFITS

EDUCATION ASSISTANCE

	Organization K	Organization L	Organization M
	No Plan	No Plan	EA0010
Employees covered:			All employees, including highly compensated.
Part-time are eligible:			Yes.
Collectively-bargained eligible:			Not applicable.
Percent of eligibles participating:			Not specified.
Eligibility:			6 months.
Covered members:			Spouses are not covered. Children are not covered. Domestic partners are not covered. Extended family members are not covered.
To be reimbursed, courses must be:			Job related: Yes. Degree related: Yes.
Covered courses include:			Undergraduate: Yes. Graduate: Yes.
Associated costs coverage:			Lab fees: No. Books: No. Parking: No. .
Maximum reimbursement percent:			Undergraduate: 100.00%. Graduate: 100.00%.

Sample Only

OTHER BENEFITS

EDUCATION ASSISTANCE

	Organization K	Organization L	Organization M
	No Plan	No Plan	EA0010
Maximum in-state reimbursement dollar amounts:			Undergraduate: Not specified per course, \$2,500.00 per year. Graduate: Not specified per course, \$2,500.00 per year.
Out-of-state reimbursement differences:			Not specified.
How employee is taxed on this benefit:			Not specified.
Employee must pay back benefit on leaving within a specified period of time:			Not specified.
Comments:			

Sample Only

OTHER BENEFITS

NON-TRADITIONAL BENEFITS

	Organization A	Organization B	Organization C	Organization D	Organization E
Pre-retirement Counseling	Yes.	Yes.	No.	No.	No.
Life Insurance-Business Travel/Accident	No.	Yes.	No.	Yes.	No.
Wellness Program	Yes.	Yes.	Yes.	Yes.	Yes.
Onsite Fitness Facility	Yes.	Yes.	No.	No.	Yes.
Paid/Subsidized Offsite Fitness Facility	Yes.	No.	Yes.	No.	No.
Parental/Family Leave	Yes.	Yes.	Yes.	Yes.	Yes.
Employee Assistance Plan	Yes.	No.	Yes.	Yes.	Yes.
Free/Subsidized Parking	Yes.	Yes.	No.	Yes.	Yes.
Telecommuting	Yes.	Yes.	No.	No.	Yes.
Satellite Workplace	Yes.	No.	No.	No.	No.
Job Sharing	Yes.	Yes.	No.	No.	No.
Home Computer Offered	No.	Yes.	No.	No.	No.
College Scholarships	Yes.	No.	No.	No.	No.
Financial Planning Assistance	No.	Yes.	No.	Yes.	No.
Subsidized Eating Facility	Yes.	Yes.	No.	Yes.	Yes.
Formal Training/Professional Development	Yes.	Yes.	No.	Yes.	No.
Gambling Addiction Counseling	No.	No.	No.	No.	No.
Legal Counseling	Yes.	Yes.	Yes.	Yes.	No.
Child/Elder Care Assistance	Yes.	Yes.	Yes.	Yes.	No.
Flextime	Yes.	Yes.	No.	Yes.	Yes.
Business Casual Policy	Yes.	Yes.	Yes.	Yes.	Yes.

Sample Only

OTHER BENEFITS

NON-TRADITIONAL BENEFITS

	Organization A	Organization B	Organization C	Organization D	Organization E
Funeral Leave	Yes.	Yes.	Yes.	Yes.	Yes.
Adoption Benefits	Yes.	Yes.	Yes.	Yes.	Yes.
Lactation Rooms	No.	Yes.	No.	Yes.	Yes.
Work at Home Policy	Yes.	No.	No.	Yes.	Yes.
Discount Purchasing	Yes.	Yes.	Yes.	Yes.	Yes.
Onsite Child Care	No.	Yes.	No.	No.	No.
Relocation Allowance	Yes.	Yes.	Not specified.	Yes.	Yes.
Executive Company Car	No.	No.	No.	No.	No.
Non-executive Company Car	No.	No.	No.	No.	No.
Sales Employee Co. Car	No.	No.	No.	No.	No.
"Other" Employee Co. Car	No.	No.	No.	Yes.	Yes.
Defined Benefit Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Defined Contribution Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Stock Purchase Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Medical Overall Cost as % of Payroll:	Not specified.	Not specified.	490.00%.	Not specified.	Not specified.
Dental Overall Cost as % of Payroll:	Not specified.	Not specified.	6.00%.	Not specified.	Not specified.
Life Insurance Overall Cost as % of Payroll:	Not specified.	Not specified.	0.00%.	Not specified.	Not specified.
Short-term Disability Overall Cost as % of Payroll:	Not specified.	Not specified.	30.00%.	Not specified.	Not specified.
Long-term Disability Overall Cost as % of Payroll:	Not specified.	Not specified.	10.00%.	Not specified.	Not specified.

OTHER BENEFITS

NON-TRADITIONAL BENEFITS

	Organization F	Organization G	Organization H	Organization I	Organization J
Pre-retirement Counseling	Yes.	Yes.	No.	No.	No.
Life Insurance-Business Travel/Accident	Yes.	Not specified.	No.	Yes.	Yes.
Wellness Program	Yes.	Not specified.	Yes.	Yes.	Yes.
Onsite Fitness Facility	Yes.	Not specified.	No.	Not specified.	No.
Paid/Subsidized Offsite Fitness Facility	Yes.	Yes.	No.	Not specified.	Yes.
Parental/Family Leave	Yes.	Not specified.	Yes.	Yes.	Yes.
Employee Assistance Plan	Yes.	Yes.	Yes.	Yes.	Yes.
Free/Subsidized Parking	Yes.	Not specified.	Yes.	Not specified.	Yes.
Telecommuting	Yes.	Not specified.	No.	Not specified.	Yes.
Satellite Workplace	Yes.	Not specified.	No.	Not specified.	No.
Job Sharing	Yes.	Not specified.	No.	Not specified.	No.
Home Computer Offered	No.	Not specified.	No.	Not specified.	No.
College Scholarships	No.	Not specified.	No.	Not specified.	Yes.
Financial Planning Assistance	Yes.	Not specified.	No.	Not specified.	Yes.
Subsidized Eating Facility	Yes.	Not specified.	No.	Not specified.	No.
Formal Training/Professional Development	Yes.	Not specified.	Yes.	Not specified.	Yes.
Gambling Addiction Counseling	Yes.	Not specified.	No.	Not specified.	Yes.
Legal Counseling	Yes.	Not specified.	No.	Not specified.	Yes.
Child/Elder Care Assistance	Yes.	Yes.	Yes.	Not specified.	Yes.
Flextime	Yes.	Not specified.	No.	Not specified.	Yes.
Business Casual Policy	Yes.	Not specified.	Yes.	Not specified.	Yes.

OTHER BENEFITS

NON-TRADITIONAL BENEFITS

	Organization F	Organization G	Organization H	Organization I	Organization J
Funeral Leave	Yes.	Not specified.	Yes.	Not specified.	Yes.
Adoption Benefits	Yes.	Yes.	No.	Not specified.	Yes.
Lactation Rooms	Yes.	Not specified.	Yes.	Not specified.	Yes.
Work at Home Policy	Yes.	Not specified.	No.	Not specified.	Yes.
Discount Purchasing	Yes.	Yes.	Yes.	Not specified.	Yes.
Onsite Child Care	No.	Not specified.	No.	Not specified.	Yes.
Relocation Allowance	Yes.	Not specified.	Not specified.	Not specified.	Yes.
Executive Company Car	No.	Not specified.	Not specified.	Not specified.	No.
Non-executive Company Car	No.	Not specified.	Not specified.	Not specified.	No.
Sales Employee Co. Car	No.	Not specified.	Not specified.	Not specified.	No.
"Other" Employee Co. Car	No.	Not specified.	Not specified.	Not specified.	Yes.
Defined Benefit Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Defined Contribution Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Stock Purchase Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Medical Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Dental Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Life Insurance Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Short-term Disability Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.
Long-term Disability Overall Cost as % of Payroll:	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.

OTHER BENEFITS

NON-TRADITIONAL BENEFITS

	Organization K	Organization L	Organization M
Pre-retirement Counseling	No.	No.	No.
Life Insurance-Business Travel/Accident	No.	No.	Not specified.
Wellness Program	No.	Yes.	Yes.
Onsite Fitness Facility	Yes.	No.	Yes.
Paid/Subsidized Offsite Fitness Facility	No.	No.	No.
Parental/Family Leave	Yes.	Yes.	Yes.
Employee Assistance Plan	Yes.	Yes.	Yes.
Free/Subsidized Parking	Yes.	Yes.	Yes.
Telecommuting	No.	Yes.	Not specified.
Satellite Workplace	No.	No.	Not specified.
Job Sharing	No.	No.	Not specified.
Home Computer Offered	No.	No.	Not specified.
College Scholarships	No.	No.	Not specified.
Financial Planning Assistance	No.	No.	Not specified.
Subsidized Eating Facility	Yes.	No.	Yes.
Formal Training/Professional Development	Yes.	No.	Yes.
Gambling Addiction Counseling	No.	No.	Not specified.
Legal Counseling	Yes.	No.	Not specified.
Child/Elder Care Assistance	Yes.	No.	Yes.
Flextime	No.	Yes.	Not specified.
Business Casual Policy	Yes.	No.	Yes.

Sample Only

OTHER BENEFITS

NON-TRADITIONAL BENEFITS

	Organization K	Organization L	Organization M
Funeral Leave	Yes.	No.	Yes.
Adoption Benefits	Yes.	No.	Not specified.
Lactation Rooms	Yes.	Yes.	Yes.
Work at Home Policy	No.	No.	Not specified.
Discount Purchasing	Yes.	Yes.	Yes.
Onsite Child Care	No.	No.	No.
Relocation Allowance	No.	No.	Yes.
Executive Company Car	No.	No.	No.
Non-executive Company Car	No.	No.	No.
Sales Employee Co. Car	No.	No.	No.
"Other" Employee Co. Car	No.	No.	No.
Defined Benefit Overall Cost as % of Payroll:	Not specified.	0.00%.	Not specified.
Defined Contribution Overall Cost as % of Payroll:	Not specified.	29.00%.	Not specified.
Stock Purchase Overall Cost as % of Payroll:	Not specified.	144.00%.	Not specified.
Medical Overall Cost as % of Payroll:	364.00%.	860.00%.	Not specified.
Dental Overall Cost as % of Payroll:	Not specified.	0.00%.	Not specified.
Life Insurance Overall Cost as % of Payroll:	Not specified.	0.00%.	Not specified.
Short-term Disability Overall Cost as % of Payroll:	Not specified.	0.00%.	Not specified.
Long-term Disability Overall Cost as % of Payroll:	Not specified.	0.00%.	Not specified.

Sample Only

8

METHODOLOGY

This section details the methods used by Mercer to value the benefit plans included in the Plan Value Comparisons and Employee Profile Comparisons sections.

For each item discussed, we provide an example illustrating how each plan is valued.

Note: Your organization's plan features may vary somewhat from the examples provided. However, we have applied these techniques, with adjustments where necessary, to the actual features of your plan.

SECTION CONTENTS

The Methodology contains the following sections:

PRINCIPLES

- § Basic methodology
- § Market valuation
- § Gross salary equivalent
- § Mean use
- § Participation
- § Personal substitution

NATIONAL COMPOSITE WORKFORCE

- § Workforce demographics
- § Target bonuses
- § Position classification
- § Cash Compensation
- § Annual Salary
- § Bonus

TIME LOSS BENEFITS

- § Paid Time Off
- § Vacation
- § Holidays
- § Personal Leave
- § Sick Leave
- § Short-term Disability benefits
- § Long-term Disability benefits

RETIREMENT/SAVINGS

- § Defined Benefit plans
- § Defined Contribution plans
- § Stock Purchase plans

HEALTH/GROUP BENEFITS

- § Medical benefits
- § Dental benefits
- § Life Insurance benefits
- § Dependent Care Spending Accounts
- § Health Care Spending Accounts

IMPACT OF TAXATION

- § Marginal tax rate
- § Calculation of taxable pay
- § Calculation of T1 and T2

PRINCIPLES

BASIC METHODOLOGY

Benefits are valued using the "walkaway" method. The values represent the cost to the employee of employer provided benefits if he or she left the employer and were to duplicate them in the marketplace. In many instances, these amounts will be greater than the cost to the employer. For example, an individual medical plan that is identical to the employer's medical plan will cost more because of the greater marketing, administrative, and underwriting costs associated with an individual plan.

MARKET VALUATION

Valuation reflects market pricing wherever possible. If there is a market yardstick which employees are likely to use to determine the personal value attributed to an employee benefit, this is used. Where market pricing does not exist, a valuation using standard assumptions and pricing techniques will be used. For example, although individual medical or dental policies containing provisions matching an employer plan would typically not be available in the open market, the value of the employer plan is estimated by valuing the employer plan using the same rate methodology as is used for individual benefit.

GROSS SALARY EQUIVALENT

Values normally reflect the amount of salary that would be required to purchase the equivalent benefit. Thus, the value of a benefit that enjoys a tax-preferred status in relation to salary (e.g., medical plans) will include a tax "gross-up" to equate it to taxable salary required to purchase a similar benefit.

MEAN USE

Two organizations with the same benefit plan will each have the same value attributed to their plan irrespective of the costs of the plan to the employers.

PARTICIPATION

Values are calculated assuming that all employees participate in the primary plans offered even when they are voluntary and certain employees may have opted out. For example, it is assumed that all employees participate in medical, 401(k), and Stock Purchase plans (where offered). This gives a measure of the opportunity value to the employee.

PERSONAL SUBSTITUTION

Values reflect as close substitution as possible to the benefit provided by the employer. For example, it has been assumed that employees will replace their life insurance benefit with the same amount of coverage. We understand that, in reality, this may not always be the case.

NATIONAL COMPOSITE WORKFORCE

The composite workforce is made up of the 19 positions as well as the incumbent weighting. The workforce consists of 1,491 incumbents distributed over 19 employee positions. Associated with each employee profile are number of incumbents, age, service, annual salary, target bonus, gender, and family status.

The workforce demographics are shown below. The average value for a data item is obtained by multiplying the value for each employee profile by the number of incumbents in that profile, summing the results, and dividing the sum by the total number of incumbents in the workforce.

Demographics	Average Value
Average Age	50
Average Service	6
Average Annual Salary	\$30,157
Average Target Bonus	\$2,090
Percent Male	36%
Percent Married	41%
Percent With Children	29%
Average Number of Children	2

POSITION CLASSIFICATION

The employee profiles in the national composite workforce do not have job titles. As a result, assumptions are made when benefits vary by job title or employee classification. These assumptions are applied uniformly across all employers.

When benefits vary by exempt vs. non-exempt status, it is assumed that employees with annual salaries below \$35,000 are non-exempt and employees with annual salaries of \$35,000 and over are exempt.

When benefits vary by manager vs. non-manager classification, it is assumed that employees with annual salaries of \$75,000 and over are managers.

When benefits vary by executive vs. non-executive classification, it is assumed that employees with annual salaries of \$150,000 and over are executives.

TIME LOSS BENEFITS

VACATION/PAID TIME OFF

The amount of vacation or paid time off is based on years of service and the organization's vacation or paid time off plan. The number of days is translated into equivalent annual salary by multiplying the number of days by the value of one day. This value is equal to 1/260th of annual salary.

EXAMPLE: VACATION	
Profile information:	10 Years Service, Annual Salary \$50,000
Vacation entitlement:	10 days plus 5 additional days for each full 5 years service to a maximum of 25 days
Basic entitlement:	10 days
For the first 5 years of service:	5 days
For the next 5 years of service:	5 days
Total entitlement:	20 days
Value of one day (\$50,000/260):	\$192.31
Vacation value:	20 x \$192.31 = \$3,486

Sample Only

TIME LOSS BENEFITS (CONT.)

PUBLIC HOLIDAYS

As for vacation, the number of public holidays recognized by each organization is translated into equivalent annual salary. If an organization indicates that holidays that fall on a weekend are lost, then the value of those days is 1/365th of annual salary. Floating holidays are also valued in this category.

EXAMPLE: PUBLIC HOLIDAYS	
Annual Salary:	\$50,000
Number of holidays not subject to loss:	4 days
Value of one day not subject to loss: (\$50,000 / 260)	\$192.31
Number of holidays subject to loss:	6 days
Value of one day subject to loss: (\$50,000 / 365)	\$136.99
Public Holidays value:	(4 x \$192.31) + (6 x \$136.99) = \$1,591

PERSONAL LEAVE

As for vacation, the number of personal days granted by each organization is translated into equivalent annual salary.

EXAMPLE: PERSONAL LEAVE	
Annual Salary:	\$50,000
Number of personal days:	3 days
Value of one day: (\$50,000 / 260)	\$192.31
Personal Leave value:	3 x \$192.31 = \$577

SICK LEAVE

As for vacation, the number of sick leave days granted by each organization is translated into equivalent annual salary. A 35% utilization rate is applied to plans that do not allow for cash-out upon termination of employment. If an organization allows carryover of unused sick leave, the value of any assumed unused accumulated sick leave is included in the short-term disability value

EXAMPLE: SICK LEAVE	
Annual Salary:	\$50,000
Number of personal days:	10 days
Value of one day: (\$50,000 / 260)	\$192.31
Sick Leave value:	10 x \$192.31 x .35 = \$673

TIME LOSS BENEFITS (CONT.)

SHORT-TERM DISABILITY BENEFITS

The value of the short-term disability benefit is the amount needed to purchase insurance to provide short-term income replacement payable for the first 6 months of disability.

The reason for this definition of short-term disability benefits is to provide a consistent period of disability for the comparison. Assuming disabilities occur evenly throughout the year, the mean length of new benefit payments in a one-year time span would be 6 months. Thus, on average, the payments during the first 6 months of disability would be paid in that year.

These payments are considered to be salary continuation benefits in that they are substitutes for that cash compensation in the same manner that sick pay or vacation pay is a substitute for cash compensation.

We determine the waiting period, the benefit percentage, the benefit period and any maximum benefit per day. Present value calculations are done for benefit payment streams resulting from disabilities lasting 11, 22, 33, 65 and 130 days. The age-based weighted-mean of these five results constitutes the benefit value.

If an organization allows carryover of unused sick leave, the value of any assumed unused accumulated sick leave is included in the short-term disability value. If an organization provides a long-term disability benefit that commences within six months of disability, the value of any long-term disability benefits payable during the first six months of disability is included in the short-term disability value.

Underwriting risk factors: age and sex. Impacts on claim amount: benefit period and amount insured.

EXAMPLE: SHORT-TERM DISABILITY BENEFITS

Plan Benefit:	100% of pay payable for four months, followed by 75% of pay payable for two months
Annual Pay:	\$50,000
Daily Benefit – first four months (\$50,000/260):	\$192
Daily benefit – next two months (.75 x \$50,000/260):	\$144
Maximum daily benefit	Unlimited
Employee's age and sex:	35, male
Value for one year to insure coverage (tax-neutral benefit):	\$604
Short-term Disability Benefits Value:	\$604

TIME LOSS BENEFITS (CONT.)

LONG-TERM DISABILITY BENEFITS

The value of the long-term disability benefit is the amount needed to purchase insurance to provide the long-term income replacement payable beginning after 6 months of disability. The reason for this definition of long-term disability benefits is to provide a consistent period of disability for the comparison. We value the first six months of disability as short-term disability.

It is assumed that 70% of disabled individuals qualify for Social Security benefit payments.

If an organization provides short-term disability benefits that extend beyond the first six months of disability, the value of any short-term disability benefits payable after the first six months of disability is included in the long-term disability value.

Underwriting risk factors: age and sex. Impacts on claim amount: benefit period, actual elimination period of long-term disability benefit, social security offsets, and amount insured.

EXAMPLE: LONG-TERM DISABILITY BENEFITS

Plan Benefit:	60% of pay, reduced by family Social Security benefit
Annual Pay:	\$50,000
Family Social Security benefit:	\$23,000
Benefit amount $(\$50,000 \times .6) - (\$23,000 \times .7)$:	\$13,900
Employee's age and sex:	35, male
Insurance rate for employee's age/sex:	.564 per \$100 of benefit
Value for one year to insure coverage (tax-neutral benefit) $(\$13,900 \times .564) / 100$:	\$78
Long-term Disability Benefits Value:	\$78

SAMPLE LONG-TERM DISABILITY PREMIUMS

Annual premium rate per \$100 of annual benefit		
Age	Male	Female
25	\$0.322	\$0.499
30	0.397	.0564
35	0.564	0.999
40	0.829	1.405
45	1.424	2.046
50	2.577	3.146

RETIREMENT/SAVINGS

DEFINED BENEFIT PLANS

The approach taken determines the present value of the target retirement pension based on total expected service and allowing for projected salary increases to retirement date. Then the value of future benefit accruals is determined by multiplying by the ratio of future service to total service. For cash balance plans, the value of future benefit accruals is determined by projecting an account balance at retirement resulting from future employer contributions and the interest credited to those contributions.

This resulting lump sum can be considered as the additional value attributable to staying with the organization to retirement, which is then spread as an even percentage of the employee's projected annual salary over the future working years until retirement.

This gives a value which reflects the percentage of salary one would need to place in a retirement account in each future year to substitute for the benefits expected to emerge from the retirement plan owing to future years of continued employment.

The annuity factor used to discount the future cash flow from the retirement annuity is determined at net interest rates (after federal tax). This represents the terms on which such a benefit could be replicated by the individual employee in the external market.

Retirement age is a key factor when determining the value of the benefit because it affects both the accumulation period and the pay-out period. Early retirement subsidies such as unreduced benefits or bridge supplements are also a factor.

In order to produce values which differ based on plan provisions, we use a single set of retirement probabilities. The following table shows the assumed distribution of retirements:

Age	Likelihood of Retirement
55	5%
60	15%
62	20%
65	60%

Integration using Social Security is fully accounted for. To complete the valuation, the following assumptions are made.

Financial assumptions underlying the valuation:	
Rate of investment return:	7.0%/year
Rate of salary increase:	4.0%/year
Rate of increase in the Social Security Taxable Wage Base:	3.5%/year
Rate of increase in prices:	2.5%/year
Demographic assumptions underlying the valuation:	
Pre-retirement mortality:	none
Post-retirement mortality:	RP-2000 Mortality Table, no collar, fully generational
Withdrawal rates:	none
Disability rates:	none

RETIREMENT/SAVINGS (CONT.)

DEFINED BENEFIT PLANS

ADDITIONAL COMMENTS:

Pension indexing after retirement is assumed to be at the guaranteed rate of increase (where applicable). Ad-hoc increases, if reported with some frequency, result in an assumed indexing percentage equal to the reported rate divided by the frequency in years.

Temporary supplements payable at an early retirement age are included in calculations for organizations that reported such provisions.

EXAMPLE: DEFINED BENEFIT PLANS

Membership Statistics

Age:	35
Service completed to date:	10
Current annual salary:	\$50,000
Current mean salary:	\$48,102

Plan Details

Retirement pension:	2% x mean salary x service
Mean salary:	Mean of last three years' annual salary
Normal Retirement Age	65

EXAMPLE: DEFINED BENEFIT PLANS (cont'd.)

Calculation of Benefit Amounts

Expected pension at age 65	\$124,811
$.02 \times 40 \times \$48,102 \times 1.04^{30}$	

Calculation of present value

Tax rate:	25%
Net discount rate $7\% \times (1-25\%)$:	5.25%
Annuity factor at age 65 (using 5.25% discount rate):	10.94
Present value of benefits payable at age 65:	\$294,176
$\$124,811 \times 10.94 / 1.0525^{30}$	

Service from now to age 65:	30 years
Total service at age 65	40 years
Present value of future benefit accruals: $\$294,176 \times 30 / 40$	\$220,632

Equivalent level rate of contribution over next 30 years

Spread factor for 30 years (5.25% discount and 4.0% salary scale)	25.20
Benefit value spread	\$8,755
$\$220,632 / 25.20$	

Assume the value (\$8,755) is taxed at rate t_{65} , i.e., multiply by $(1-t_{65})$

Gross-up the value (\$8,755) by dividing by $(1-t_1)$ where t_1 is the marginal tax rate at the current date

Value (assuming $t_1=t_{65}$):	\$8,755
--	----------------

RETIREMENT/SAVINGS (CONT.)

DEFINED CONTRIBUTION PLANS

This category of benefit plans includes several common types of capital accumulation arrangements, including:

- 401(k)
- 403b (Tax-Sheltered Annuity)
- After-Tax Savings
- Deferred Profit Sharing
- ESOP/LESOP

Valuation is performed as follows:

1. Calculate the expected fund at retirement, taking into account the payment of future contributions and assumed investment return. (Gross rate of 7.0% assumed.)
2. Spread this amount over the period to retirement yielding the annual level percentage contribution required to provide the benefits expected to emerge at retirement, due to continued years of future employment. For this purpose, the spread factor is calculated using a net discount rate (e.g., $5.25\% = 7.0\% \times (1 - 25\%)$).

We use discount rate net of tax because the employee is only able to achieve an "after-tax" accumulation rate outside the organization plans.

3. The principle of utilizing four probable retirement ages applies, just as for defined benefit plans. In all instances, the matched and unmatched employee contributions are constrained by plan rules and any government maximums, provided no "excess" plan or SERP exists.

ADDITIONAL COMMENTS:

For plans with employee contributions, we assume the maximum percent of salary an employee is willing to contribute. These percentages are based on the employee pay level. Employer contributions are limited by the maximum amount that an employer will match. Following are specimen rates:

Mean Contribution Rate For Participating Employees	
Salary Level	Mean Contribution (% of pay)
Up to \$25,000	5.5%
\$25,001–\$35,000	6.5%
\$35,001–\$45,000	7.0%
\$45,001–\$60,000	7.75%
\$60,001–\$75,000	8.50%
\$75,001–\$100,000	8.25%
\$100,001 and over	6.50%

RETIREMENT/SAVINGS (CONT.)

VALUATION OF EMPLOYER CONTRIBUTIONS TO QUALIFIED PLANS

The value of the benefit to the employee is the equivalent amount he/she would need to receive in pay in order to accumulate a similar benefit after tax without the existence of a qualified plan.

The employee does not pay tax on the employer contributions until maturity.

It is assumed that the tax rate at maturity is equal to the employee's current marginal tax rate (the rate that would be applied to extra cash pay) and thus no additional value is calculated for a change in tax status.

The employee is only able to achieve an after-tax accumulation rate outside the plan and thus discounting is at after-tax rates.

EXAMPLE: EMPLOYER CONTRIBUTIONS	
Current annual employer contribution:	\$100
Gross accumulation factor for next 20 years (7.0% interest and 4% salary scale):	57.91
Net accumulation factor for next 20 years (5.25% interest and 4% salary scale):	48.56
Equivalent cash value to employee $100 \times 57.91 / 48.56$:	\$119.56
Employer contribution value:	\$119.56

VALUATION OF PRETAX EMPLOYEE CONTRIBUTIONS

Pretax employee contributions may be accumulated in the organization plan at a gross rate. Tax deferral provides additional value. Therefore, the entire accumulation is taxable at maturity.

For simplicity, the tax rate at maturity is assumed to be the same as the current tax rate.

The benefit to the employee, then, is the accumulated value of the pretax contributions, minus the tax payable when the benefit is received, and minus the value which could have been accumulated outside of a plan that allows pretax contributions.

EXAMPLE: PRE-TAX EMPLOYEE CONTRIBUTIONS	
Employee contribution:	\$100 pre-tax, \$75 after tax
Gross accumulation for next 20 years ($\$100 \times 57.91$):	\$5,791
Net accumulation for next 20 years ($\$75 \times 48.56$):	\$3,642
Tax rate:	25%
Tax ($\$5,791 \times 25\%$):	\$1,448
Gain to employee ($\$5,791 - \$1,448 = \$3,642$):	\$701
Equivalent cash value to employee $\$701 / (48.56 \times (1 - .25))$	\$19.25
See previous comment regarding contributions in excess of IRS limits	
Pre-tax contribution value:	\$19.25

RETIREMENT/SAVINGS (CONT.)

VALUATION OF AFTER-TAX EMPLOYEE CONTRIBUTIONS

After-tax employee contributions may be accumulated in the organization plan at a gross rate. There is no tax deferral benefit, but the earnings generated by the after-tax contributions are tax-deferred. Only a portion of the accumulation is taxable at maturity.

For simplicity, the tax rate at maturity is assumed to be the same as the current rate.

The benefit to the employee, then, is the accumulated value of the after-tax contributions minus the tax payable at maturity, and minus the employee's contributions accumulated as if invested outside the plan at external rates and tax conditions.

EXAMPLE: AFTER-TAX EMPLOYEE CONTRIBUTIONS

Employee contribution:	\$100
Gross accumulation at 7.0%: \$100 x 57.91	\$5,791
Net accumulation at 5.25%: \$100 x 48.56	\$4,856
Capital accumulation (i.e., no interest) \$100 x 29.78	\$2,978
Tax rate:	25%
Tax: $(\$5,791 - \$2,978) \times .25$	\$703
Gain to employee: $\$5,791 - \$4,856 - \$703$	\$232
Equivalent cash value to employee $\$232 \div (48.56 \times (1 - .25))$	\$6.37
After-Tax Employee Contribution Value:	\$6.37

RETIREMENT/SAVINGS (CONT.)

STOCK PURCHASE PLANS

We assume that employees sell their stock immediately after the offering period. Each organization's offering period and discount rate are factored into the valuation. Where applicable, employees are assumed to "lock in" to the lowest possible stock price during the offering period. Therefore, the value is taken as the amount of the gain available to the employee on the basis that the stock could be bought and sold on the same day. For valuation purposes, the employee contribution is determined in a similar manner to other defined contribution "matched" plans. We assume the stock price growth rate to be 7.0%. The contribution assumption is as follows:

Contribution Rate:

Pay	% of Maximum Rate
< \$30,000	75%
	grading to
> \$80,000	100%

For example, an employee earning \$50,000 will contribute 85% of the maximum contribution rate allowed by the plan.

EXAMPLE: STOCK PURCHASE PLANS

Plan Details	
Employee contributions:	Up to 10% of pay
Frequency:	Twice a year
Discount:	15%
Growth:	7%
Defined Pay:	\$50,000
Calculation	
Employee's contribution:	\$4,250
Contribution rate: 85% of max	
Contribution: $.10 \times .85 \times \$50,000$	
Assume half is used each period	
Market value of shares purchased:	
$(\$2,125 / .85) \times 1.07^{0.5}$	\$2,586
$(\$2,125 / .85) \times 1.07$	\$2,675
Total value of shares:	\$5,261
$\$2,586 + \$2,675$	
Total amount paid:	\$4,250
Total value to employee:	\$1,011
$\$5,261 - \$4,250$	
Stock Purchase Value:	\$1,011

HEALTH/GROUP BENEFITS

MEDICAL BENEFITS

Medical benefits are valued utilizing actual claims experience from a sample distribution. POS and PPO plans are valued assuming the majority of claims occur In-Network and a lesser percentage Out-of-Network. HMO and EPO plans are valued to recognize some claims are Out of Network and, therefore, unpaid. These values are then normalized to market rates.

Plan	Percent of Total Claims	
	In-Network	Out-of-Network
HMO	95%	N/A
EPO	95%	N/A
PPO	90%	10%
POS	95%	5%
Indemnity	N/A	100%

Where employee contributions are required, either for individual or family coverage, the value is adjusted for the employee contributions, which are assumed to be made on a pretax basis. Valuation is based on global parameters and specific covered charges.

The global parameters available for use are:

- Deductible - Individual and Family
- Coinsurance percentage
- Out-of-Pocket Maximums - Individual and Family
- Annual Maximum
- Lifetime Maximum
- Carve-Out Outpatient Mental Health
- Deductible
- Coinsurance
- Maximum Benefit
- Carve-Out Outpatient Chemical Dependency
- Deductible
- Coinsurance
- Maximum Benefit

HEALTH/GROUP BENEFITS (CONT.)

The specific covered charges are:

Inpatient Hospital Admissions

Medical

Surgical

Maternity

Mental Health

Chemical Dependency

Outpatient Facilities

Medical

Surgical

Maternity

Mental Health

Chemical Dependency

Inpatient Physician

Medical

Surgical

Maternity

Mental Health

Chemical Dependency

Outpatient Physician

Medical

Surgical

Mental Health

Chemical Dependency

Wellness Benefits

Newborn Nursery

Well Baby

Immunizations

Physical Exams

Outpatient Miscellaneous

X-rays

Medical Supplies

Chiropractor

Outpatient Department - No Other Specification

Laboratory

Other

Each of these twenty-eight covered charges can be either included or excluded from the value. Per incidence charges, such as a charge per admission to a hospital or a per visit copay for an office visit to a doctor, can be applied either additionally to the coinsurance percent or instead of the coinsurance percent. For each covered charge application of the coinsurance amount and/or deductible can be specified. Annual trends for utilization and price increases (decreases) are also applied.

Utilization rates and mean prices per utilization for each covered charge are determined from a sample claims distribution. A value for each covered charge is determined by first subtracting from the mean price per utilization any per utilization copays and then adjusting for trending in utilization and price changes from the date of determination of the data. The values for each covered charge are summed three ways: total included charges, charges subject to the deductible, and charges subject to coinsurance.

HEALTH/GROUP BENEFITS (CONT.)

Total annual charges per enrollee and the associated number of enrollees are distributed into 48 ranges on both an in-network and an out-of-network basis:

\$0	-	\$0
0	-	50
50	-	100
100	-	150
200	-	250
250	-	300
300	-	400
500	-	600
600	-	800
800	-	1,000
1,000	-	1,500
1,500	-	2,000
2,000	-	2,500
2,500	-	3,000
3,000	-	4,000
4,000	-	5,000
5,000	-	6,000
6,000	-	8,000
8,000	-	10,000
15,000	-	20,000
...		
4,000,000	-	5,000,000
5,000,000	-	6,000,000
6,000,000	-	8,000,000
8,000,000+		

From these distributions, adjustments for deductible, coinsurance, and out-of-pocket maximum are determined. The method used to calculate the adjustments is to, first, for each range in the distribution, calculate a mean annual charge, apply the deductible, and calculate the amount that is then payable from the plan, subject to the coinsurance level and out-of-pocket maximum. These amounts are multiplied by the number of employees in each range and totaled. The mean percentage of total cost over the deductible and mean percent saved from coinsurance (subject to the out-of-pocket maximum) are then calculated. The adjustments for deductible and coinsurance are then applied to the previously determined charges subject to deductible and charges subject to coinsurance.

An adjustment for annual maximum is similarly calculated. Additional costs associated with carve-out provisions for outpatient mental health and chemical dependency are determined based on similar distributions of charges. For each of the forty-eight ranges, a mean charge is computed. These means are then subjected to the deductible, coinsurance, and maximum. The resulting amounts are then weighted by the number of enrollees and totaled to determine the adjustment amount.

Adjustments for age/sex, administrative expenses, and individual premium are then applied.

HEALTH/GROUP BENEFITS (CONT.)

For postretirement coverage, retirement age assumptions are the same as for the defined benefit retirement plans. Current premium rates are projected and an increasing annuity (reflecting the plan's coordination with Medicare) is valued using the same techniques as are used for the defined benefit retirement plans. Medicare benefits are valued on the same manual rating basis and projected. It is assumed that there will be no cost shifting from Medicare to the employer plan.

No assumption is made to take into account future caps on the level of benefits that can be provided to retirees. Therefore, the values that are shown for postretirement health may overstate the values of the benefits for employers with caps. However, given the current uncertainty in the health care system in the U.S. and the lack of regulatory guidance regarding benefit changes for retirees, we feel this is a reasonable assumption. These benefits are assumed to accrue with service. Thus an employee who is age 50 with 10 years of service who is retiring at age 65 will have earned 10/25 of the postretirement health benefit.

Assumptions for Post-retirement Medical:	
Discount rate:	7.0%
Pre-retirement increases in medical costs and Medicare:	9.0% for the first two years 7.5% for the next eight years 6.0% thereafter
Post-retirement increases in medical costs and Medicare:	Annual increase: 6.0% Aging: 1.5%

DENTAL BENEFITS

Dental benefits are valued using a standard insurance organization manual rating technique. These values are then normalized to market rates. Where employee contributions are required, either for individual or family coverage, the value is adjusted for the employee contributions, which are assumed to be made on a pretax basis. The resulting amount is then grossed-up to recognize the tax-free status of benefits.

Scheduled dental plans present unique challenges in the determination of value given our chosen methodology. We have valued these types of plans as if they are indemnity plans with the following characteristics: no deductibles, 80% coinsurance for preventive treatments, 60% coinsurance for basic treatments, 40% coinsurance for major treatments, and 40% coinsurance for orthodontic treatments, where applicable.

Manual rating adjustment factors: age, marital/dependency status.

HEALTH/GROUP BENEFITS (CONT.)

LIFE INSURANCE BENEFITS

Death benefits are valued as the amount of insurance premium an individual would need to pay to provide the same level of coverage. For valuation purposes, the value determined is based on the expected coverage in the year following the valuation date. The coverage amount valued is equal to the amount of coverage which is provided (i.e. paid for) by the employer. The value reported is net of any required employee contributions.

The tax-favored status of the first \$50,000 of organization-provided coverage is factored into the benefit value.

Underwriting risk factors: age, sex.

Underwriting classification: standard non-medical, nonsmoking.

SAMPLE LIFE PREMIUMS

Age	Annual premium rate per \$1,000 lump sum	
	Male	Female
25	\$1.73	\$1.57
30	1.76	1.62
35	1.81	1.67
40	2.11	1.83
45	2.77	2.23
50	3.93	2.96
55	5.68	4.01

EXAMPLE: LIFE INSURANCE BENEFITS

Group Life Coverage, Lump Sum Benefit	
Plan benefit:	2 x pay
Defined pay:	\$50,000
Employee's age and sex:	35, male
Insurance rate (based on age/sex)	1.81
Value for one year to insure coverage (before tax effect): (2 x \$50,000 x 1.81) / \$1,000	\$181
Marginal tax rate:	25%
U.S. tax table annual premium rate per \$1,000 of benefit:	1.08
U.S. tax table premium: (\$100,000 - \$50,000) x .72 / \$1,000	\$54
Value after gross-up: (\$181 - (\$54 x .25)) / (1 - .25)	\$223
Life Insurance benefit value:	\$223

HEALTH/GROUP BENEFITS (CONT.)

DEPENDENT CARE AND HEALTH CARE SPENDING ACCOUNTS

Dependent care and health care spending accounts provide a means for employees to pay for these expenses on a tax-favored basis. Where no employer contributions are made, the value of the benefits is the tax advantage enjoyed by the employee. Because the employee is at risk of losing any monies not used, the valuation method assumes a conservative level of use of the accounts. The value determined for these benefits is generally small relative to other benefits, but is being determined and included due to the current high visibility of such plans. Employer contributions to spending account plans are fully tax effective.

For dependent care, the amount of salary assumed to be deferred into the plan is determined as follows:

\$2,000 per child family member for an employee under age 50 (\$1,300 for a male employee with a spouse), up to the maximum specified by the plan.

Where employer contributions exist, the resulting total is provided first from the employer and supplemented by the employee; if there are no employer contributions, the entire amount is contributed by the employee.

This amount is adjusted based on pay levels to recognize the availability of the child care tax credit. The adjustment is a linear interpolation between 0% at \$25,000 pay to 100% at \$45,000 pay for a married employee and 0% at \$18,000 pay to 100% at \$33,000 pay for an unmarried employee.

This amount is multiplied times 25% to recognize the proportion of children who require care.

For medical spending accounts, the amount of salary assumed to be deferred into the plan is determined as follows:

\$125 per adult family member plus \$175 per child family member, up to the maximum specified by the plan.

Where employer contributions exist, the resulting total is provided first from the employer and supplemented by the employee; if there are no employer contributions, the entire amount is contributed by the employee.

This sum is adjusted based on pay levels to recognize the risk of losing unused amounts in the account (lower paid employees receive a lesser tax advantage and so cannot afford the risk that higher paid employees can). The adjustment is a linear interpolation between 0% at a \$25,000 pay to 100% at a \$75,000 pay.

IMPACT OF TAXATION

When performing valuations we take into account taxability of the benefit provided. If the benefit provided by the organization is taxed beneficially compared with how an externally purchased benefit would be taxed, the difference is recognized in the calculation.

For example, a Medical Insurance plan may be provided to an employee with no tax consequences. If the organization did not provide the plan, an employee would have had to buy Medical Insurance out of after-tax income. In this case, the value of the organization plan is grossed-up by dividing by (1-MTR) where MTR is the Marginal Tax Rate of the employee.

MARGINAL TAX RATE

The Marginal Tax Rate is generally computed using the following formula:

$$\text{Marginal Tax Rate} = (T2 - T1)/(P2 - P1)$$

Where: P1 = current taxable pay
P2 = current taxable pay + \$1,000
T1 = The tax on P1
T2 = The tax on P2

That is to say, the Marginal Tax Rate is the effective rate of tax on the next \$1,000 of remuneration. The remuneration may be in the form of cash or benefits that receive either a beneficial tax treatment in the current year or on which tax is deferred to a later date.

CALCULATION OF TAXABLE PAY

Taxable Pay is computed based on single or married status rates, assuming standard deduction and dependents in accordance with the employee profile.

CALCULATION OF T1 AND T2

Tax is determined using the United States federal tax rate schedule. P2 changes as the marginal tax rate changes so the process is iterative. A sufficient number of iterations are performed to determine the final marginal tax rate.



Sample Only