

Benefit Eligibility

To maintain eligibility for benefits you must routinely work at least 20 hours per week. Coverage begins on the first day of the month following 32 days of employment. To request detailed information on any of the benefits, complete the *Request for Benefits* form in your new hire kit. **NOTE: If you do not enroll during your initial eligibility period, you must wait until the next open enrollment to elect coverage.**

Open Enrollment

During open enrollment you may elect medical, dental and vision for coverage yourself and your dependents. Once you have selected your coverage, you may not make changes (e.g. adding dependants, adding or dropping coverage, etc.) until the next open enrollment period unless you have a documented life status change. Open enrollment periods are:

JANUARY for dental, vision, life insurance and short-term disability

AUGUST for medical

Pre-Tax Savings

The cost(s) of all medical, dental, vision, life, short-term disability and 401(k) contributions are deducted from your paycheck on a pre-tax basis.

MEDICAL BENEFITS:

Benefits are provided by Anthem BlueCross\BlueShield or Kaiser (for Hawaii residents only). Coverage includes a prescription drug program. Single, double (two person), or family (3 or more persons) coverage is available. You will receive an insurance ID card from the insurance carrier, within a few weeks of their receipt of your application. You can call the numbers on the backside of the card to verify if a particular item is covered by insurance.

Under the BlueCross\BlueShield plans, a co-payment is required each time you visit the doctor and a \$100 co-payment is required each time you visit an emergency room. A deductible applies whenever you are admitted into the hospital. Carefully review the information you receive from the insurance company. The Summary of Benefits outlines services covered, required co-payments and deductibles, as well as some services that are not covered.

DENTAL BENEFITS:

Dental benefits are provided by GBA - Group Benefits Administrators. You may visit the dentist of your choice. There are no claim forms to complete, simply have your dentist forward the bill to GBA. There are two choices of dental plans with single, double (two person), or family coverage. The following summarizes the coverage's provided.

Dental Plan I:

Maximum benefits (reimbursed expenses) are capped at \$750 per person per calendar year.

Level 1: No Deductible

Exams- Once in a 6-month period	100% R&C*
Cleaning- Once in a 6-month period	100% R&C
Fluoride- Once in a 12-month period (to age 19)	100% R&C
Space Maintainers	100% R&C
<u>X-Rays</u>	100% R&C
Bitewing - Once in a 12-month period	
Full Mouth\Panoramic - One in a 3-year period	
Individual Teeth - As required by Dentist	

Level 2: \$25 Deductible per calendar year, 3 Deductibles per Family Coverage

Fillings- Amalgam, silicate, acrylic	70% R&C
Extractions\certain surgical procedures	70% R&C
Gum Disease Treatment	70% R&C
Root Canal\Pulpal Therapy	
Non-vital teeth	70% R&C
Denture Repair	70% R&C
Palliative (Emergency) Treatment	70% R&C
Scaling	70% R&C

* R&C means Reasonable & Customary charges

Dental Plan II:

Maximum benefits (reimbursed expenses) are capped at \$1,000 per person per calendar year.

Level 1: Same As Above

Level 2: Same As Above

Level 3- Common Deductible with Level II

There is a 6-month waiting period for Dental Plan II Level 3 coverage to take effect.

Bridges *	50% of R&C
Crowns (restorative); Onlays	50% of R&C
Dentures – Complete and partial *	50% of R&C
Dentures – Rebase and Reline	50% of R&C
Dental Implants	50% of R&C

*Full contract benefits will not be provided by the replacement of missing teeth prior to the effective date of coverage.

Send Dental Claims To:

GBA – Group Benefits Administrators
P.O. Box 469
Rye, NH 03870-0469
(603) 964-1503 ♦ (800) 447-5820

VISION BENEFITS:

Vision insurance is provided GBA – Group Benefits Administrators. You may visit any doctor without a referral. Coverage provides for reimbursement towards annual exams, glasses\frames or contact lenses up to the maximum allowable benefit. Single or family coverage is available. The plan does not cover surgery to correct vision. The plan covers the following services/reimbursements once every 12 months from date of service.

	<u>Deductible</u>	<u>Maximum Benefit</u>
Annual Eye Exams	\$ 5.00	\$35.00
Glasses, Frames or Contact Lenses	\$10.00	\$90.00

Send Vision Claims To:

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SHORT-TERM DISABILITY INSURANCE:

This coverage provides you with supplemental income (2/3 of your average weekly pay up to \$300.00 per week) while you are out of work due to illness, pregnancy or any non-work related injury. Benefits are based on your wages for the month prior to the disability. You are eligible immediately if out of work due to an accident or injury, however there is a seven-day waiting period for illness or pregnancy related claims. The maximum benefit period is 26 weeks. The premium is based on the weekly rate of pay with a maximum deduction of \$6.00 per week and is available for employees only. To apply for benefits you must call Allegiant at 800-525-2901 to request a claim form that needs to be completed by you and your doctor.

State Disability Programs:

The states of California, Hawaii, New Jersey, New York and Rhode Island each have their own short-term disability programs. If you work in these states you are required to contribute to the state disability program. These programs will allow you to receive short-term disability benefits based upon your earnings if you are out of work for a non-work related illness, injury or due to pregnancy. If you live in these states you should contact the State Disability office to file a claim for benefits.

TERM LIFE INSURANCE:

This benefit is provided by GBA – Group Benefits Administrators. This is a death benefit policy that will pay your named beneficiary 1(x) your annual salary in the event of your death. In the case of accidental death, the benefit becomes 2(x) your annual salary. The maximum benefit is \$50,000.00. Premiums are based on the weekly rate of pay. This plan is for employees only. You should contact GBA or Allegiant if you have any questions or wish to change your named beneficiary.

COBRA Coverage:

Upon termination of employment, extended leave of absence, or if your hours are reduced to below 20 hours per week, you may continue your insurance coverage for medical, dental and vision through COBRA insurance at your own expense. The benefits under COBRA are identical to your existing coverage. You will receive written notification sent by certified mail explaining how to continue your benefits whenever one of these qualifying events occurs. To accept coverage under COBRA you must respond to the notice within the specified amount of time.

During the COBRA decision-making period, your claims will be put in a hold status, until you either accept or decline continued coverage or the time allowed for decision-making expires. Also during this time frame your pharmacy benefit will cease. If you visit the pharmacy your card will be declined. You will have to pay for your prescriptions in full, and seek reimbursement from the insurance company once you accept COBRA and the insurance company has fully reinstated your coverage. If you accept COBRA your claims will be paid as if there was no break in your coverage. If you decline COBRA coverage you will be responsible for any bills for service that occurred after your coverage end date. Your coverage will normally terminate on the date of your last paycheck.

401(k) Retirement Savings Plan:

This program allows employees to save for retirement on a pre-tax basis. Non-highly compensated employees may invest between 1 – 20% of their pay into the plan up to \$11,000.00 for 2002. Highly compensated employees (with income in excess of \$85,000) may contribute to the plan, but their contributions will be limited. All contributions must be made through payroll deduction and there are no matching contributions by Allegiant or the client company. There are 10 different investment funds. Most of the funds are managed by The New England Retirement Services but the plan also features funds by Janus, Templeton, and T. Rowe Price. Participants are allowed to change their investment funds on a daily basis.

Employees who work at least 20 hours per week are eligible to participate in the plan after they have completed six months of employment and reached the age of 21 years. You may start payroll deductions into the plan on the first of any

quarter (January 1st, April 1st, July 1st or October 1st) after having met the service requirements. You may change your contribution amount on the first of each quarter and you can stop contributions into the plan at any time. You may rollover funds from other employer plans or IRA accounts at any time even prior to the completion of six months of service. There is a \$32.00 per year administration fee to participate in the 401(k) plan.

Withdrawals from 401(k) plans, prior to retirement or termination of employment are very limited. All withdrawals from the plan are subject to taxes and a 10% penalty if you are under the age of 59 ½. The plan allows active employees to borrow up to 50% of their account in the form of a loan. Please call Allegiant if you would like an enrollment kit or information on how to rollover funds into the plan

Payroll & Banking Services:

Direct deposit of payroll funds.

We can deposit your payroll check or any portion of your check into any bank in the country. It usually takes two weeks to take effect. To start a direct deposit you need to specify if you want a particular dollar amount or a percentage of your check deposited. You then need to indicate where you want the amount to be deposited.

IF CHECKING: Send or fax a void check that shows the routing numbers along the bottom edge.

IF SAVINGS: Send or fax the bank routing number; account number; bank name; address and phone number.

Membership to the Northeast Credit Union:

Please call Allegiant for an enrollment kit.

- Checking & Savings Accounts
- Certificates of Deposits & IRA's
- Visa Cards
- Loans: Automotive, Personal, Educational, Equity and Home Mortgages

This brochure is designed to be a general summary of plan features and benefits. Content herein is in no way intended to be legal advice. In all instances, actual plan documents take precedence over information provided herein. Any further questions should be directed to the appropriate plan administrator.

ALLEGIANT MANAGEMENT CORPORATION

2002 Summary Of Employee Benefits

In addition to providing summaries of various plan benefits, this brochure contains important information regarding your insurance coverage.

It contains the addresses you or your attending physician need to process claims and phone numbers to use when calling for more information.

Please keep this where you can refer to it.

Allegiant Management Corporation

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Rye, NH 03870-0507
(603) 964-1109 ♦ 1 (800) 525-2901
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