

## 2010 BENEFITS AND PAY PRACTICES SURVEY

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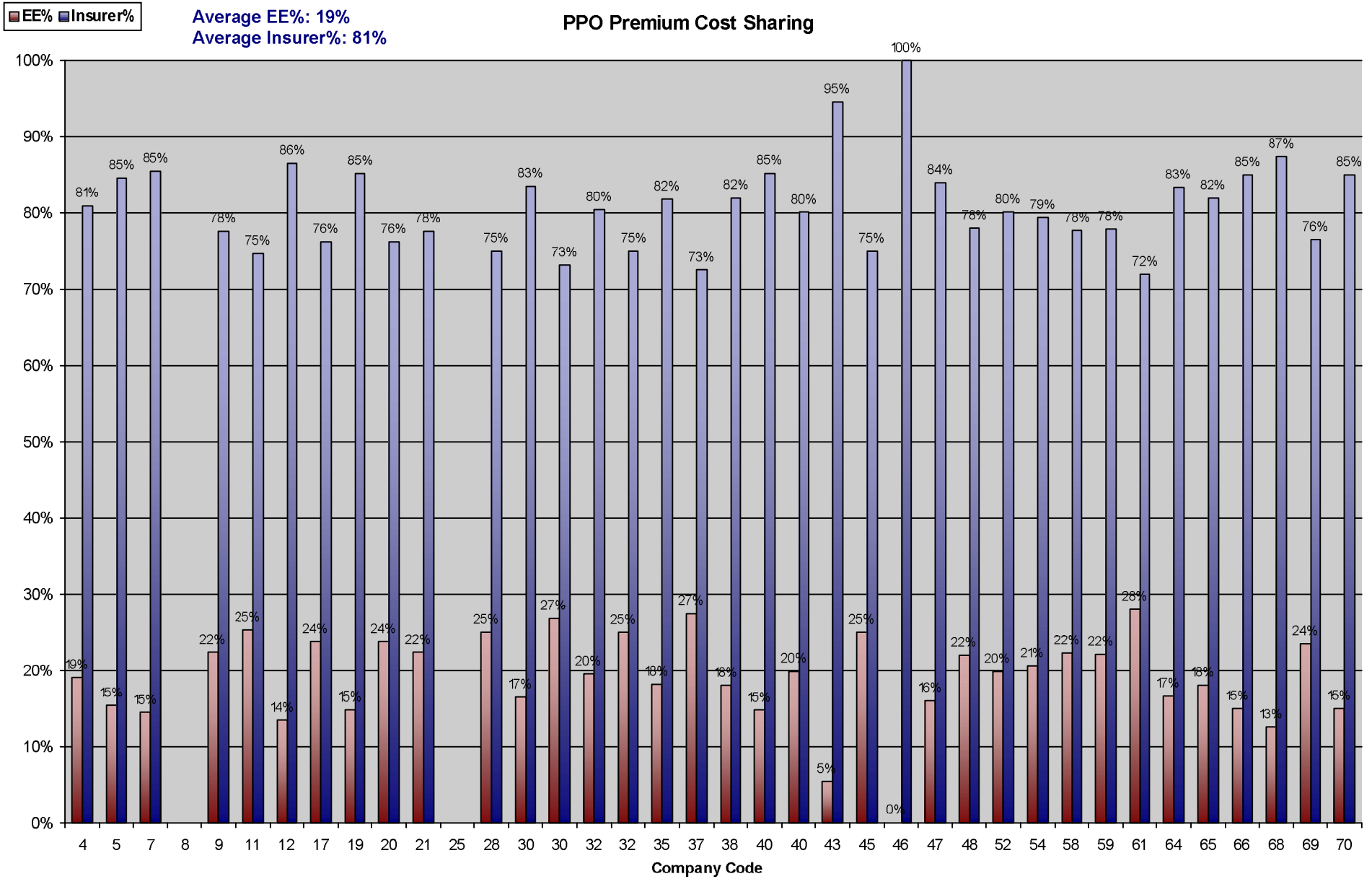
### Health and Welfare Benefits-Average Medical Benefits

Plan Type	# of Plans		Average Monthly Premium		Avg % Enrolled	Avg EE Contribution %	Avg Co Contribution %
			Paid to Provider	Paid by EE			
<b>EPO</b>	7	EE	\$500.72	\$105.89	43.1%	20.9%	79.1%
		EE+Spouse	\$991.85	\$226.35			
		EE+Child	\$910.98	\$173.83			
		EE+Children	\$1,019.19	\$218.60			
		EE+Family	\$1,365.63	\$314.43			
<b>HighDeductible</b>	24	EE	\$417.47	\$49.48	12.5%	12.6%	87.4%
		EE+Spouse	\$834.12	\$122.70			
		EE+Child	\$792.57	\$100.37			
		EE+Children	\$898.58	\$121.21			
		EE+Family	\$1,166.25	\$176.66			
<b>HMO</b>	13	EE	\$433.61	\$118.58	24.1%	27.5%	72.5%
		EE+Spouse	\$891.00	\$255.53			
		EE+Child	\$847.41	\$235.39			
		EE+Children	\$1,093.22	\$311.59			
		EE+Family	\$1,286.90	\$362.65			
<b>PPO</b>	38	EE	\$475.63	\$89.14	60.2%	19.1%	80.9%
		EE+Spouse	\$957.96	\$211.15			
		EE+Child	\$916.02	\$193.92			
		EE+Children	\$1,074.34	\$233.84			
		EE+Family	\$1,354.26	\$304.90			
<b>TradMajorMed</b>	7	EE	\$463.50	\$69.06	34.1%	14.3%	85.7%
		EE+Spouse	\$978.52	\$206.81			
		EE+Child	\$1,011.67	\$180.18			
		EE+Children	\$1,070.42	\$197.06			
		EE+Family	\$1,400.51	\$281.87			

Note: Of the 24 High Deductible Plans, 15 are HSAs, 2 are HRAs and 7 are neither.

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### Medical Plans



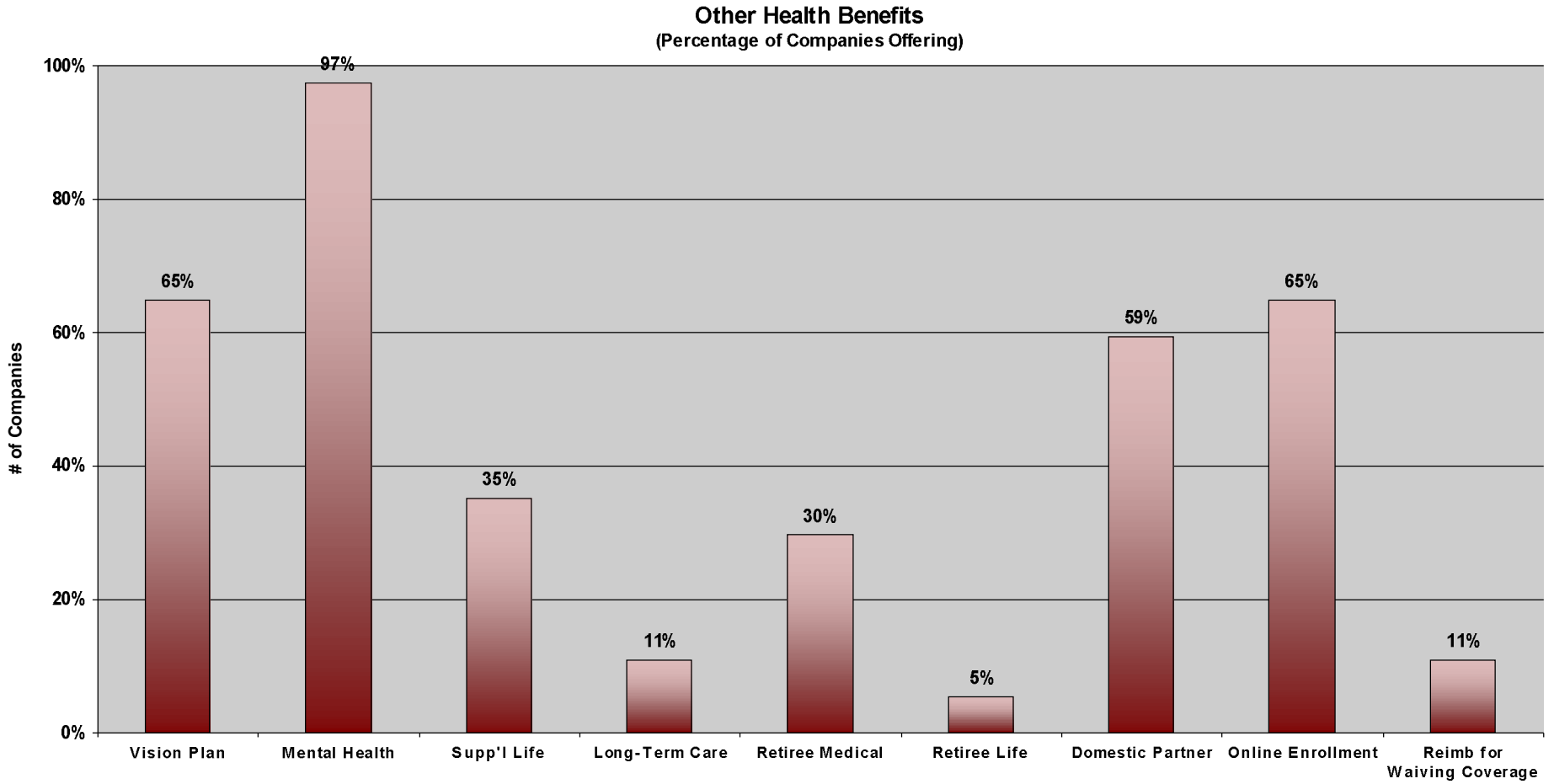
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Medical Plans

Plans listed in order of EE contribution percentage.

CO#	Total Monthly Premiums	Monthly EE Contribution	COST SHARING		Premium Comments	DEDUCTIBLE		CO-INSURANCE		CO-PAYS			OUT-OF-POCKET MAX			PRESCRIPTION COSTS			Plan Design Comments
			EE	Co		Ind	Family	In-Network	Out-of-Network	Doctor	Spclst.	Hospital	Ind	Family	Lifetime Max	Retail	Generic		
<b>PPO</b>																			
8																			
EE Only						\$500	\$1,000	20%	40%				\$2,000	\$4,000	\$2,000,000	# Elig	10,000	Generic	15%
EE+ Spouse																# Enrll	9,700	Brand	30%
EE+ Child																% Enrll	97.0%	Non-Form.	
EE+ Children																			
EE+ Family																			
25																			
EE Only		\$55			Self-Funded plan so we do not pay any amount per EE, just administration cost. Higher smoker rate. charge an additional \$135.42 per overage dependent (19-25 yr old) per month.	\$500	\$1,000	20%	50%	\$20	\$20	\$100	\$1,750	\$3,500	\$5,000,000	# Elig	585	Generic	\$15
EE+ Spouse		\$109														# Enrll	482	Brand	\$30
EE+ Child		\$109														% Enrll	82.4%	Non-Form.	\$60
EE+ Children		\$150																	\$60
EE+ Family		\$150																	
46																			
EE Only	\$442	\$0	0%	100%						\$15	\$15	\$250				# Elig	140	Generic	\$10
EE+ Spouse	\$998	\$0	0%	100%										Unlimited	# Enrll	139	Brand	\$30	
EE+ Child	\$906	\$0	0%	100%											% Enrll	99.3%	Non-Form.	\$70	
EE+ Children	\$906	\$0	0%	100%															\$70
EE+ Family	\$1,471	\$0	0%	100%															
43																			
EE Only	\$715	\$39	5%	95%	Plan is POS not a PPO. Have three POS options.					\$20	\$20	200/400				# Elig	3,300	Generic	\$15
EE+ Spouse	\$715	\$181	25%	75%										Unlimited	# Enrll	2,524	Brand	\$25	
EE+ Child	\$715	\$181	25%	75%											% Enrll	76.5%	Non-Form.	\$40	
EE+ Children																			\$80
EE+ Family	\$715	\$266	37%	63%															
68																			
EE Only	\$688	\$87	13%	87%	Self-insured	\$0	\$0	0%	20%	\$20	\$40	\$0 In-network			\$3,000,000	# Elig		Generic	\$10
EE+ Spouse	\$1,300	\$173	13%	87%												# Enrll		Brand	\$20
EE+ Child	\$1,300	\$173	13%	87%												% Enrll		Non-Form.	\$40
EE+ Children	\$1,522	\$217	14%	86%															\$70
EE+ Family	\$1,522	\$217	14%	86%															
12																			
EE Only	\$502	\$68	14%	86%	Self-insured. These are Cobra rates for amount paid to carrier. EE+Spouse and EE+Child = EE+1.	\$300	\$600	10%	30%	\$20	\$30	\$100	\$1,500	\$3,000		# Elig		Generic	\$10
EE+ Spouse	\$980	\$134	14%	86%											Unlimited	# Enrll		Brand	\$25
EE+ Child	\$980	\$134	14%	86%												% Enrll		Non-Form.	\$50
EE+ Children	\$1,633	\$222	14%	86%															\$100
EE+ Family	\$1,633	\$222	14%	86%															
7																			
EE Only	\$481	\$70	15%	85%		\$600	\$1,200	20%	40%			20%	\$2,500	\$5,000	\$1,000,000	# Elig	2,930	Generic	>\$12 or 20%
EE+ Spouse	\$994	\$255	26%	74%												# Enrll	875	Brand	>\$30 or 30%
EE+ Child																% Enrll	29.9%	Non-Form.	N/A
EE+ Children	\$853	\$225	26%	74%															N/A
EE+ Family	\$1,365	\$407	30%	70%															

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### Professional Development

CO#	% of Tuition Costs	Max Annual Reimburse	Relate to Job Duties	FT PT	Grade Reimbursement				Offer Training	Reimburse for License	Pay for License Renewal	Membership in Prof Societies	Comments
					A	B	C	D or Below					
4	80%	\$5,000	Yes	No	80%	80%	80%	0%	Yes	Yes	Yes	Yes	"B" or better for graduate program, "C" or better for undergraduate program.
5	100%		Yes	No	100%	100%	100%	0%	Yes	Yes	Yes	Yes	
7	75%		Yes	No	75%	75%	75%	0%	Yes	Yes	Yes	Yes	
8	75%	\$3,000	Yes	No	75%	75%	75%	0%	Yes	Yes	No	Yes	
9	80%	\$4,000	Yes	No	80%	80%	80%	0%	Yes	Yes	Yes	Yes	
11		\$5,250	Yes	No	100%	90%	80%	0%	No	Yes	Yes	Yes	
12	100%	\$5,250	Yes	No	100%	100%	100%	0%	Yes	Yes	Yes	Yes	
17	75%	\$5,250	Yes	Yes					Yes	Yes	Yes	Yes	
19	80%	\$4,000	No	No	80%	80%	80%	0%	Yes	Yes	Yes	Yes	
20	100%		Yes	No	100%	100%	100%	0%	Yes	Yes	Yes	Yes	
21	100%	\$10,000	Yes	No					Yes	Yes	Yes	Yes	
24	100%	\$5,250	Yes	No					Yes	Yes	Yes	Yes	
25	25%	\$2,500	Yes	No					Yes	Yes	Yes	Yes	