

BENEFITS PREVALENCE REPORT PREPARED FOR:

ABC ORGANIZATION

welcome to brighter

ABOUT THE REPORT - INTRODUCTION

Mercer conducts the Benefits Valuation Survey - an ongoing survey of benefit plans. The survey reports benefits information for more than 1,000 US organizations. The Summary of Plan Statistics Report summarizes this information into statistics and percentiles.

PRIMARY FUNCTION

The report is designed to provide a statistical breakdown of benefit plan features offered by the peer groups. The report is designed to show at-a-glance how your plan features compare to those of the peer groups.



BENEFIT PLANS

The report illustrates data for each of the following benefit categories:

- Retirement/Savings
- Health/Welfare

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CALCULATIONS AND STATISTICS

For each plan feature the statistics reported are number of plans (# plans) and percentage of plans (% plans). An organization may be counted in more than one area of an individual table due to multiple plans offered (excluding the category of Organization Data.)

Some results may have additional breakdowns to urther explain the information (i.e. medical coinsurance has an additional breakdown for copayments).

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Today's ever-changing work environment requires companies to rethink their approach to total rewards. The shift in trends has made it imperative for companies to expand their rewards strategy to focus on the whole rewards package instead of simply compensation and incentives. The United States Benefits Benchmarking Group (BBG) aims to assist companies in assessing and strengthening the benefits portion of their total rewards package.

VALUE-BASED REPORTS

BASIC BENEFITS VALUATION ANALYSIS

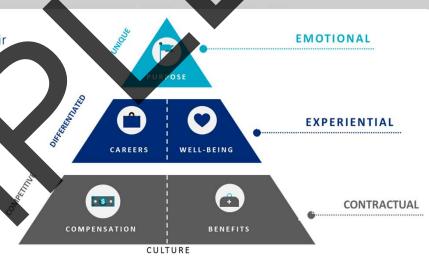
A condensed report highlighting your ranking and index compared a custom peer group; includes the most popular features of the Enhanced BVA with a comprehensive overview at a reduced price point.

ENHANCED BENEFITS VALUATION ANALYSIS

A custom, comparative, benchmarking report analyzing how benefit plans compare to the chosen 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 BVA displays the values and comparative results for 11 sample benchmark employees and a composite workforce.

TOTAL REMUNERATION INDEX (TRI)

The most in-depth analysis available, the TRI takes the BVA a step further to value both compensation and benefits programs for an accurate evaluation of your total rewards package.



PREVALENCE REPORTS SUMMARY OF PLAN STATISTICS (SPS)

This report offers basic benchmarking of plan details and counts where quantifiable statistics are available for the 10th, 25th, 50th, 75th, and 90th percentiles.

SUMMARY OF PLAN FEATURES (SPF)

Offers a side-by-side comparison providing the opportunity to examine the details of each plan provision.

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nization Data		oup 1
mographics		
Annual Sales	<u># Orgs</u>	<u>% 0</u>
Less than \$1 billion	281	39.3
\$1 < \$5 billion	239	33.4
\$5 - \$10 billion	58	8.1
Greater than \$10 billion	137	19.
Number of Employees	# Orgs	<u>% C</u>
Less than 2,000	308	39.
2,000 - 5,000	167	21.
5,001 - 10,000	101	13.
10,001 - 25,000	105	13.
25,001 - 50,000	49	6.3
Greater than 50,000	45	5.8
Fortune Rank	# Orgs	<u>% (</u>
Fortune 1-50	12	7.2
Fortune 51-100	16	9.
Fortune 101-250	34	20
Fortune 251-500	44	26
Fortune 501-1,000	61	36
Regions	<u># Orgs</u>	<u>% (</u>
North Central	197	23.
Northeast	145	17.
Southeast	183	21.
West Coast	179	21.
South Central	135	16.

ization Data	Gro	oup 1
ographics Industry Breakdown (Orgs may be in more than one group)	# Orgs	% Org
Accommodation and Food	12	1.4%
Broadcast/Telecommunications	9	1.1%
Chemical Manufacturing	15	1.8%
Computer/Electronics Manufacturing	10	1.2%
Durable Manufacturing	8	0.9%
Education	53	6.3%
Finance	47	5.6%
Health Care and Social Assistance	144	17.1
High Tech	31	3.79
Hospitals	109	12.9
Information	20	2.49
Insurance	60	7.19
Mining	44	5.29
Nondurable Manufacturing	37	4.49
Pharmaceutical	1	0.1
Professional, Scientific and Technical	54	6.4
Public Administration	50	5.99
Religious, Charitable	29	3.49
Retail	44	5.29
Transportation	35	4.19
Transportation Equipment Manufacturing	36	4.39
Utilities	78	9.29
Wholesale Trade	15	1.89
Other	23	2.7%

ganization Data	Gro	oup 1
ans Offered		
Health/Group Benefits		
Medical	<u># Orgs</u>	<u>% Or</u>
Offered	844	100.0
Not offered	0	0.0%
Not specified	0	0.09
Retiree Medical	# Orgs	<u>% Or</u>
Offered	299	35.4
Not offered	545	64.6
Not specified	0	0.0
Dental	<u># Orgs</u>	<u>% Oı</u>
Offered	844	100.
Not offered	0	0.0
Not specified	0	0.0
Vision	<u># Orgs</u>	<u>% Or</u>
Offered	841	99.6
Not offered	3	0.4
Not specified	0	0.0
Flexible Spending Accounts	<u># Orgs</u>	<u>% O</u>
Offered	815	96.6
Not offered	29	3.4
Not specified	0	0.0
Health/Group Benefits - Employer-paid Group Term Life Insurance		
Employee	<u># Orgs</u>	<u>% Oı</u>
Offered	814	96.4
Not offered	30	3.69
Not specified	0	0.0

anization Data	Gro	oup 1
ans Offered		
Health/Group Benefits - Employer-paid Group Term Life Insurance		
Spouse	<u># Orgs</u>	<u>% Or</u>
Offered	80	9.5%
Not offered	764	90.5
Not specified	0	0.0%
Dependent	# Orgs	<u>% Or</u>
Offered	82	9.79
Not offered	762	90.3
Not specified	0	0.0
Offered Not offered Not specified	782 62 0	92.7 7.3 0.0
Not specified	0	0.0
<u>Spouse</u>	<u># Orgs</u>	<u>% Or</u>
Offered	768	91.0
Not offered	76	9.0
Not specified	0	0.0
Dependent	<u># Orgs</u>	<u>% Oı</u>
Offered	761	90.2
Not offered	83	9.89
Not specified	0	0.09
Split Dollar	<u># Orgs</u>	<u>% Or</u>
Offered	10	1.29
Not offered	813	96.3
Not specified	21	2.59

ganization Data	Gro	oup 1
lans Offered		
Health/Group Benefits - Optional Group Term Life Insurance		
Employer-paid AD&D	# Orgs	<u>% Or</u>
Offered	690	81.8
Not offered	154	18.2
Not specified	0	0.0
Optional AD&D	# Orgs	<u>% 0</u>
Offered	649	76.9
Not offered	195	23.3
Not specified	0	0.0
Health/Group Benefits	•	
Whole Life (Employee)	<u># Orgs</u>	<u>% 0</u>
Offered	90	10.
Not offered	749	88.
Not specified	4	0.5
Whole Life (Dependent)	<u># Orgs</u>	<u>% 0</u>
Offered	77	9.1
Not offered	762	90.
Not specified	4	0.5
Retiree Life Insurance	<u># Orgs</u>	<u>% 0</u>
Offered	125	14.
Not offered	656	77.
Not specified	62	7.4
Optional Retiree Life Insurance	<u># Orgs</u>	<u>% 0</u>
Offered	100	11.9
Not offered	675	80.2
Not specified	67	8.0

ganization Data	Grou	up 1
lans Offered		
Time Loss Benefits		
Sick Days	# Orgs	<u>% Or</u>
Offered	810	96.09
Not offered	34	4.0%
Not specified	0	0.0%
Short-term Disability	# Orgs	<u>% Or</u>
Offered	785	93.0
Not offered	59	7.0
Not specified	0	0.0
Long-term Disability	<u># Orgs</u>	<u>% Oı</u>
Offered	831	98.5
Not offered	13	1.5
Not specified	0	0.0
Retirement/Savings Benefits	•	
Defined Benefit	<u># Orgs</u>	<u>% O</u>
Offered	203	24.1
Not offered	641	75.9
Not specified	0	0.0
Defined Contribution	<u># Orgs</u>	<u>% 0</u>
Offered	841	99.6
Not offered	3	0.4
Not specified	0	0.0
Stock Purchase	<u># Orgs</u>	<u>% Oı</u>
Offered	119	14.1
Not offered	725	85.9
Not specified	0	0.0

ALTH/GROUP BENEFITS	Grou	ирт
Plan Types Offered	# Plans	% Plar
Point of Service/HDHP POS	97	4.4%
PPO/HDHP PPO	1590	72.79
Health Maintenance Organization/HDHP HMO	369	16.99
Exclusive Provider Organization	115	5.3%
Indemnity	13	0.6%
Other	3	0.1%
Cost Management Features	<u># Plans</u>	<u>% Pla</u>
Hospital Pre-Certification	1316	29.7
Hospital Concurrent Review	613	13.8
Second Surgical Option	656	14.8
Outpatient Review	346	7.8%
Large Case Management	864	19.59
Manage Mental Health	632	14.3
Point of Service (POS) Plans - Employee Cost Sharing		
Employee Only	<u># Plans</u>	<u>% Pla</u>
None	5	6.6%
1% - 10.99%	15	19.7
	33	43.49
11% - 20.99%	18	23.7
<u>11% - 20.99%</u> 21% - 30.99%		
	4	5.3%
21% - 30.99%		5.3% 1.3%

ALTH/GROUP BENEFITS	Gro	oup 1
Aedical Coverage		
Point of Service (POS) Plans - Employee Cost Sharing		0 / DI
Employee + Spouse		<u>% Plan</u>
None	1	1.3%
1% - 10.99%	13	17.1%
11% - 20.99%	27	35.5%
21% - 30.99%	23	30.3%
31% - 40.99%	6	7.9%
41% - 50.99%	3	3.9%
Greater than 50.99%	3	3.9%
Employee + Child	<u># Plans</u>	<u>% Pla</u>
None	1	1.3%
1% - 10.99%	13	17.1%
11% - 20.99%	28	36.8%
21% - 30.99%	22	28.9%
31% - 40.99%	5	6.6%
41% - 50.99%	4	5.3%
Greater than 50.99%	3	3.9%
Employee + Family	<u># Plans</u>	<u>% Plai</u>
None	1	1.3%
1% - 10.99%	12	15.8%
11% - 20.99%	25	32.9%
21% - 30.99%	29	38.2%
31% - 40.99%	3	3.9%
41% - 50.99%	2	2.6%
Greater than 50.99%	4	5.3%

ALTH/GROUP BENEFITS	Gro	oup 1
Iedical Coverage		
Preferred Provider Organizations (PPO) - Employee Cost Sharing		
Employee Only	<u># Plans</u>	<u>% Plar</u>
None	119	9.0%
1% - 10.99%	334	25.1%
11% - 20.99%	481	36.29
21% - 30.99%	265	19.99
31% - 40.99%	91	6.8%
41% - 50.99%	26	2.0%
Greater than 50.99%	13	1.0%
Employee + Spouse	# Plans	<u>% Pla</u>
None	55	4.1%
1% - 10.99%	204	15.39
11% - 20.99%	426	32.09
21% - 30.99%	370	27.8
31% - 40.99%	170	12.8
41% - 50.99%	56	4.2%
Greater than 50.99%	50	3.8%
Employee + Child	<u># Plans</u>	<u>% Pla</u>
None	56	4.2%
1% - 10.99%	230	17.39
11% - 20.99%	473	35.59
21% - 30.99%	358	26.99
31% - 40.99%	136	10.29
41% - 50.99%	51	3.8%
Greater than 50.99%	28	2.1%

ALTH/GROUP BENEFITS	Gro	oup 1
edical Coverage		
Preferred Provider Organizations (PPO) - Employee Cost Sharing		
Employee + Family	<u># Plans</u>	<u>% Plan</u>
None	51	3.8%
1% - 10.99%	191	14.4%
11% - 20.99%	419	31.5%
21% - 30.99%	396	29.8%
31% - 40.99%	162	12.2%
41% - 50.99%	60	4.5%
Greater than 50.99%	51	3.8%
None	45	11.5
Employee Only	# Plans	<u>% Plaı</u>
1% - 10.99%	97	24.8%
11% - 20.99%	121	30.9%
21% - 30.99%	85	21.79
31% - 40.99%	35	9.0%
		9.0/0
41% - 50.99%	7	
41% - 50.99% Greater than 50.99%	7	1.8%
	•	1.8% 0.3%
Greater than 50.99%	1	1.8% 0.3% <u>% Plar</u>
Greater than 50.99% Employee + Spouse	1 <u># Plans</u>	1.8% 0.3% <u>% Plar</u> 5.1%
Greater than 50.99% Employee + Spouse None	1 <u># Plans</u> 20	1.8% 0.3%
Greater than 50.99% Employee + Spouse None 1% - 10.99%	1 <u># Plans</u> 20 71	1.8% 0.3% % Plan 5.1% 18.0% 28.1%
Greater than 50.99% Employee + Spouse None 1% - 10.99% 11% - 20.99%	1 <u># Plans</u> 20 71 111	1.8% 0.3% <u>% Plar</u> 5.1% 18.0%
Greater than 50.99% Employee + Spouse None 1% - 10.99% 11% - 20.99% 21% - 30.99%	1 # Plans 20 71 111 103	1.8% 0.3% % Plan 5.1% 18.0% 28.1% 26.1%

ALTH/GROUP BENEFITS	Gro	up 1
1edical Coverage		
HMO/EPO - Employee Cost Sharing		
Employee + Child	<u># Plans</u>	<u>% Plan</u>
None	21	5.3%
1% - 10.99%	76	19.3%
11% - 20.99%	112	28.5%
21% - 30.99%	106	27.0%
31% - 40.99%	61	15.5%
41% - 50.99%	13	3.3%
Greater than 50.99%	4	1.0%
Employee + Family	<u># Plans</u>	<u>% Pla</u>
None	19	4.8%
1% - 10.99%	65	16.5%
11% - 20.99%	112	28.4%
21% - 30.99%	111	28.19
31% - 40.99%	68	17.29
41% - 50.99%	14	3.5%
Greater than 50.99%	6	1.5%
Indemnity - Employee Cost Sharing		
Employee Only	<u># Plans</u>	<u>% Plai</u>
None	1	14.3%
1% - 10.99%	0	0.0%
11% - 20.99%	6	85.7%
21% - 30.99%	0	0.0%
31% - 40.99%	0	0.0%
41% - 50.99%	0	0.0%
Greater than 50.99%	0	0.0%

ALTH/GROUP BENEFITS	Gro	oup 1
1edical Coverage		
Indemnity - Employee Cost Sharing		
Employee + Spouse	<u># Plans</u>	<u>% Plar</u>
None	1	14.3%
1% - 10.99%	0	0.0%
11% - 20.99%	5	71.49
21% - 30.99%	0	0.0%
31% - 40.99%	1	14.39
41% - 50.99%	0	0.0%
Greater than 50.99%	0	0.0%
Employee + Child	<u># Plans</u>	<u>% Pla</u>
None	1	14.3
1% - 10.99%	0	0.0%
11% - 20.99%	5	71.49
21% - 30.99%	0	0.0%
31% - 40.99%	1	14.3
41% - 50.99%	0	0.0%
Greater than 50.99%	0	0.0%
Employee + Family	<u># Plans</u>	<u>% Pla</u>
None	1	14.39
1% - 10.99%	0	0.0%
11% - 20.99%	5	71.49
21% - 30.99%	0	0.0%
31% - 40.99%	1	14.39
41% - 50.99%	0	0.0%
Greater than 50.99%	0	0.0%

ALTH/GROUP BENEFITS	Gro	oup 1
Aedical Coverage		
POS - Premiums		
Employee Only	<u># Plans</u>	<u>% Plar</u>
\$0 - \$599.99	40	41.2%
\$600 - \$699.99	26	26.8%
\$700 - \$799.99	15	15.5%
\$800 - \$899.99	7	7.2%
\$900 - \$999.99	5	5.2%
\$1000 - \$1099.99	1	1.0%
Greater than \$1099.99	3	3.1%
Employee + Spouse	<u># Plans</u>	<u>% Pla</u>
\$0 - \$599.99	0	0.0%
\$600 - \$699.99	0	0.0%
\$700 - \$799.99	3	3.1%
\$800 - \$899.99	2	2.1%
\$900 - \$999.99	6	6.2%
\$1000 - \$1099.99	9	9.3%
\$1100 - \$1199.99	11	11.3
Greater than \$1199.99	66	68.0
Employee + Child	<u># Plans</u>	<u>% Pla</u>
\$0 - \$599.99	0	0.0%
\$600 - \$699.99	2	2.1%
\$700 - \$799.99	6	6.2%
\$800 - \$899.99	8	8.2%
\$900 - \$999.99	8	8.2%
\$1000 - \$1099.99	16	16.5
\$1100 - \$1199.99	7	7.2%
Greater than \$1199.99	50	51.5%

ALTH/GROUP BENEFITS	Gro	oup 1
Vedical Coverage POS - Premiums		<u> </u>
<u>Employee + Family</u>	<u># Plans</u>	% Plan
\$0 - \$799.99		0.0%
\$800 - \$899.99	0	0.0%
\$900 - \$999.99		0.0%
\$1000 - \$1099.99		1.0%
\$1100 - \$1199.99	2	2.1%
\$1200 - \$1299.99	2	2.1%
\$1,300 - \$1,399.99	- 6	6.2%
Greater than \$1,399.99	86	88.7%
PPO - Premiums		
Employee Only	<u># Plans</u>	<u>% Plar</u>
\$0 - \$599.99	829	52.7%
\$600 - \$699.99	349	22.2%
\$700 - \$799.99	214	13.6%
\$800 - \$899.99	85	5.4%
\$900 - \$999.99	39	2.5%
\$1000 - \$1099.99	20	1.3%
Greater than \$1099.99	36	2.3%
Employee + Spouse	<u># Plans</u>	<u>% Plar</u>
\$0 - \$599.99	14	0.9%
\$600 - \$699.99	9	0.6%
\$700 - \$799.99	28	1.8%
\$800 - \$899.99	76	4.8%
\$900 - \$999.99	116	7.4%
\$1000 - \$1099.99	173	11.0%
\$1100 - \$1199.99	243	15.5%
Greater than \$1199.99	913	58.1%

ALTH/GROUP BENEFITS	Gro	oup 1
Nedical Coverage PPO - Premiums		
Employee + Child	# Plans	% Plan
\$0 - \$599.99	27	1.7%
\$600 - \$699.99	32	2.0%
\$700 - \$799.99	97	6.2%
\$800 - \$899.99	171	10.9%
\$900 - \$999.99	226	14.4%
\$1000 - \$1099.99	210	13.49
\$1100 - \$1199.99	240	15.39
Greater than \$1199.99	569	36.29
Employee + Family	# Plans	<u>% Pla</u>
\$0 - \$799.99	12	0.8%
\$800 - \$899.99	7	0.4%
\$900 - \$999.99	12	0.8%
\$1000 - \$1099.99	18	1.1%
\$1100 - \$1199.99	31	2.0%
\$1200 - \$1299.99	71	4.5%
\$1,300 - \$1,399.99	104	6.6%
Greater than \$1,399.99	1317	83.89
HMO/EPO - Premiums		
Employee Only	<u># Plans</u>	<u>% Pla</u>
\$0 - \$599.99	186	39.39
\$600 - \$699.99	150	31.7%
\$700 - \$799.99	91	19.29
\$800 - \$899.99	12	2.5%
\$900 - \$999.99	19	4.0%
\$1000 - \$1099.99	8	1.7%
Greater than \$1099.99	7	1.5%

ALTH/GROUP BENEFITS	Gro	oup 1
Medical Coverage		
HMO/EPO - Premiums		
Employee + Spouse	<u># Plans</u>	<u>% Plan</u>
\$0 - \$599.99	2	0.4%
\$600 - \$699.99	2	0.4%
\$700 - \$799.99	4	0.8%
\$800 - \$899.99	19	4.0%
\$900 - \$999.99	27	5.7%
\$1000 - \$1099.99	46	9.7%
\$1100 - \$1199.99	43	9.1%
Greater than \$1199.99	330	69.8%
Employee + Child	<u># Plans</u>	<u>% Plai</u>
\$0 - \$599.99	8	1.7%
\$600 - \$699.99	7	1.5%
\$700 - \$799.99	11	2.3%
\$800 - \$899.99	40	8.5%
\$900 - \$999.99	42	8.9%
\$1000 - \$1099.99	71	15.09
\$1100 - \$1199.99	68	14.49
Greater than \$1199.99	226	47.89
Employee + Family	<u># Plans</u>	<u>% Plai</u>
\$0 - \$799.99	1	0.2%
\$800 - \$899.99	2	0.4%
\$900 - \$999.99	5	1.1%
\$1000 - \$1099.99	8	1.7%
\$1100 - \$1199.99	9	1.9%
\$1200 - \$1299.99	13	2.7%
\$1,300 - \$1,399.99	25	5.3%
Greater than \$1,399.99	410	86.7%

ALTH/GROUP BENEFITS	Grou	up 1
Medical Coverage		
Indemnity - Premiums		
Employee Only	<u># Plans</u>	<u>% Plar</u>
\$0 - \$599.99	6	54.5%
\$600 - \$699.99	1	9.1%
\$700 - \$799.99	2	18.29
\$800 - \$899.99	1	9.1%
\$900 - \$999.99	0	0.0%
\$1000 - \$1099.99	0	0.0%
Greater than \$1099.99	1	9.1%
Employee + Spouse	<u># Plans</u>	<u>% Pla</u>
\$0 - \$599.99	1	9.1%
\$600 - \$699.99	0	0.0%
\$700 - \$799.99	0	0.0%
\$800 - \$899.99	0	0.0%
\$900 - \$999.99	1	9.1%
\$1000 - \$1099.99	0	0.0%
\$1100 - \$1199.99	1	9.1%
Greater than \$1199.99	8	72.7
Employee + Child	<u># Plans</u>	<u>% Pla</u>
\$0 - \$599.99	1	9.1%
\$600 - \$699.99	0	0.0%
\$700 - \$799.99	0	0.0%
\$800 - \$899.99	1	9.1%
\$900 - \$999.99	1	9.1%
\$1000 - \$1099.99	2	18.2
\$1100 - \$1199.99	2	18.29
Greater than \$1199.99	4	36.49

ALTH/GROUP BENEFITS	Grc	oup 1
1edical Coverage Indemnity - Premiums		
<u>Employee + Family</u>	# Plans	<u>% Plan</u>
\$0 - \$799.99		9.1%
\$800 - \$899.99		0.0%
\$900 - \$999.99	0	0.0%
\$1000 - \$1099.99	0	0.0%
\$1000 - \$1199.99	0	0.0%
\$1200 - \$1299.99	0	0.0%
\$1,300 - \$1,399.99	<u> </u>	9.1%
Greater than \$1,399.99	9	81.89
POS (Inside Network)	•	
Waiting Period	<u># Plans</u>	<u>% Plar</u>
At hire	49	54.4%
30 days	10	11.1%
60 days	4	4.4%
90 days	0	0.0%
First of month following date of hire	22	24.4%
1 month	2	2.2%
2 - 5 months	0	0.0%
6 months	3	3.3%
Other	0	0.0%
Individual Deductible Amounts	<u># Plans</u>	<u>% Plar</u>
\$0	14	14.4%
\$1 - \$299	4	4.1%
\$300 - \$499	10	10.3%
\$500 - \$750	16	16.5%
Greater than \$750	53	54.6%
% of pay	0	0.0%

ALTH/GROUP BENEFITS	Gro	oup 1
Nedical Coverage		
POS (Inside Network)		
Family Deductible Amounts	<u># Plans</u>	<u>% Plan</u>
\$0	14	14.4%
\$1 - \$500	3	3.1%
\$501 - \$800	6	6.2%
\$801 - \$2,000	23	23.7%
Greater than \$2,000	51	52.6%
% of pay	0	0.0%
Per individual	0	0.0%
Individual Out of Pocket Limits	# Plans	<u>% Pla</u>
Less than \$1,000	0	0.0%
\$1,000 - \$1,499	2	2.1%
\$1,500 - \$1,999	5	5.2%
\$2,000 - \$2,500	25	25.8%
Greater than \$2,500	65	67.0
Unlimited	0	0.0%
% of pay	0	0.0%
Family Out of Pocket Limits	<u># Plans</u>	<u>% Pla</u>
Less than \$1,500	0	0.0%
\$1,501 - \$1,999	0	0.0%
\$2,000 - \$2,999	2	2.1%
\$3,000 - \$4,999	20	20.69
\$5,000 - \$7,500	41	42.39
Greater than \$7,500	34	35.19
Unlimited	0	0.0%
% of pay	0	0.0%
Per individual	0	0.0%

ALTH/GROUP BENEFITS	Gro	oup 1
Iedical Coverage POS (Inside Network) - Employee Copayment		
Inpatient Hospital	# Plans	% Plan
0%	16	16.5%
10%	18	18.6%
15%	4	4.1%
20%	37	38.1%
25%	2	2.1%
30%	2	2.1%
\$ Amount	12	12.4%
Other	6	6.2%
Outpatient Physician %	<u># Plans</u>	<u>% Plan</u>
0%	10	10.3%
10%	10	10.3%
15%	0	0.0%
20%	20	20.6%
\$ Amount	51	52.6%
Other	6	6.2%
Outpatient Physician \$	# Plans	<u>% Plan</u>
\$5	1	2.0%
\$10	4	7.8%
\$15	5	9.8%
\$20	14	27.5%
Other \$ amount	27	52.9%

ALTH/GROUP BENEFITS	Grc	oup 1
Nedical Coverage		
POS (Inside Network) - Employee Copayment		
Outpatient Hospital	<u># Plans</u>	<u>% Plar</u>
0%	20	20.6%
10%	18	18.69
15%	3	3.1%
20%	38	39.29
25%	2	2.1%
30%	2	2.1%
100%	0	0.0%
\$ Amount	9	9.3%
Other	5	5.2%
PPO (Inside Network)		
Waiting Period	<u># Plans</u>	<u>% Pla</u>
At hire	633	43.09
30 days	214	14.59
60 days	61	4.1%
90 days	22	1.5%
First of month following date of hire	409	27.8
1 month	96	6.5%
2 - 5 months	11	0.7%
6 months	1	0.1%
Other	24	1.6%
Individual Deductible Amounts	<u># Plans</u>	<u>% Pla</u>
\$0	69	4.3%
\$1 - \$299	101	6.4%
\$300 - \$499	112	7.1%
\$500 - \$750	269	17.09
Greater than \$750	1036	65.39
% of pay	0	0.0%

EALTH/GROUP BENEFITS	Gro	oup 1
Aedical Coverage		
PPO (Inside Network)		
Family Deductible Amounts	<u># Plans</u>	<u>% Plan</u>
\$0	72	4.5%
\$1 - \$500	74	4.7%
\$501 - \$800	92	5.8%
\$801 - \$2,000	387	24.3%
Greater than \$2,000	959	60.3%
% of pay	0	0.0%
Per individual	6	0.4%
Individual Out of Pocket Limits	# Plans	<u>% Plar</u>
Less than \$1,000	16	1.0%
\$1,000 - \$1,499	45	2.8%
\$1,500 - \$1,999	46	2.9%
\$2,000 - \$2,500	241	15.3%
Greater than \$2,500	1220	77.2%
Unlimited	12	0.8%
% of pay	0	0.0%
Family Out of Pocket Limits	<u># Plans</u>	<u>% Plar</u>
Less than \$1,500	15	0.9%
\$1,501 - \$1,999	3	0.2%
\$2,000 - \$2,999	32	2.0%
\$3,000 - \$4,999	150	9.5%
\$5,000 - \$7,500	658	41.5%
Greater than \$7,500	709	44.7%
Unlimited	17	1.1%
% of pay	0	0.0%
Per individual	1	0.1%

ALTH/GROUP BENEFITS /ledical Coverage	Gro	oup 1
PPO (Inside Network) - Employee Copayment		
Inpatient Hospital	# Plans	<u>% Plan</u>
0%	147	9.2%
10%	323	20.3%
15%	73	4.6%
20%	728	45.8%
25%	29	1.8%
30%	81	5.1%
\$ Amount	79	5.0%
Other	130	8.2%
Outpatient Physician %	# Plans	<u>% Plar</u>
0%	101	6.4%
10%	172	10.8%
15%	45	2.8%
20%	458	28.8%
\$ Amount	699	44.0%
Other	115	7.2%
Outpatient Physician \$	# Plans	<u>% Plar</u>
\$5	5	0.7%
\$10	47	6.7%
\$15	70	10.0%
\$20	177	25.3%
Other \$ amount	400	57.2%

ALTH/GROUP BENEFITS Medical Coverage	Gro	ирт
PPO (Inside Network) - Employee Copayment		
Outpatient Hospital	# Plans	<u>% Plan</u>
0%	158	9.9%
10%	335	21.1%
15%	93	5.8%
20%	770	48.4%
25%	31	1.9%
30%	89	5.6%
100%	0	0.0%
\$ Amount	57	3.6%
Other	57	3.6%
нмо/еро		
нмо/еро		
		<u>% Plar</u>
HMO/EPO Waiting Period	<u># Plans</u>	<u>% Plar</u> 32.7%
HMO/EPO <u>Waiting Period</u> <u>At hire</u> 30 days	<u># Plans</u> 149	<u>% Plar</u> 32.7% 14.9%
HMO/EPO Waiting Period At hire 30 days 60 days	<u># Plans</u> 149 68	<u>% Plar</u> 32.7% 14.9% 3.7%
HMO/EPO <u>Waiting Period</u> <u>At hire</u> 30 days	<u># Plans</u> 149 68 17	<u>% Plar</u> 32.7% 14.9% 3.7% 3.5%
HMO/EPO <u>Waiting Period</u> <u>At hire</u> <u>30 days</u> <u>60 days</u> <u>90 days</u>	<u># Plans</u> 149 68 17 16	<u>% Plar</u> 32.7% 14.9% 3.7% 3.5% 34.3%
HMO/EPO Waiting Period At hire 30 days 60 days 90 days First of month following date of hire	<u># Plans</u> 149 68 17 16 156	% Plan 32.7% 14.9% 3.7% 3.5% 34.3% 4.0% 6.2%
HMO/EPO Waiting Period At hire 30 days 60 days 90 days First of month following date of hire 1 month	<u># Plans</u> 149 68 17 16 156 18	% Plar 32.7% 14.9% 3.7% 3.5% 34.3% 4.0% 6.2%
Waiting Period At hire 30 days 60 days 90 days First of month following date of hire 1 month 2 - 5 months	<u># Plans</u> 149 68 17 16 156 18 28	% Plar 32.7% 14.9% 3.7% 3.5% 34.3% 4.0%

ALTH/GROUP BENEFITS		oup 1
Iedical Coverage HMO/EPO		
Individual Deductible Amounts	# Plans	% Plan
	264	54.8%
\$0		
<u>\$1 - \$299</u>	41	8.5%
\$300 - \$499	29	6.0%
\$500 - \$750 Greater than \$750	42 106	8.7% 22.0%
% of pay	0	0.0%
Family Deductible Amounts	# Plans	<u>% Plan</u>
\$0	265	54.9%
\$1 - \$500	27	5.6%
\$501 - \$800	30	6.2%
\$801 - \$2,000	79	16.4%
Greater than \$2,000	82	17.0%
% of pay	0	0.0%
Per individual	0	0.0%
Individual Out of Pocket Limits	<u># Plans</u>	<u>% Plan</u>
Less than \$1,000	14	2.9%
\$1,000 - \$1,499	26	5.4%
\$1,500 - \$1,999	136	28.2%
\$2,000 - \$2,500	91	18.8%
Greater than \$2,500	210	43.5%
Unlimited	6	1.2%
% of pay	0	0.0%

ALTH/GROUP BENEFITS	Gro	oup 1
1edical Coverage		
HMO/EPO		
Family Out of Pocket Limits	<u># Plans</u>	<u>% Plar</u>
Less than \$1,500	8	1.7%
\$1,500 - \$1,999	4	0.8%
\$2,000 - \$2,999	15	3.1%
\$3,000 - \$4,999	182	37.7%
\$5,000 - \$7,500	138	28.6%
Greater than \$7,500	130	26.9%
Unlimited	6	1.2%
% of pay	0	0.0%
Per individual	0	0.0%
Inpatient Hospital 0%	# Plans 101	
0%	101	20.99
10%		
	56	
15%	10	2.1%
15% 20%	10 81	2.1% 16.8
15% 20% 25%	10 81 4	2.19 16.8 0.89
15% 20% 25% 30%	10 81 4 17	2.1% 16.89 0.8% 3.5%
15% 20% 25% 30% \$ Amount	10 81 4 17 204	2.1% 16.8% 0.8% 3.5% 42.2%
15% 20% 25% 30%	10 81 4 17	2.1% 16.8% 0.8% 3.5% 42.2%
15% 20% 25% 30% \$ Amount	10 81 4 17 204	2.1% 16.89 0.8% 3.5% 42.29 2.1%
15% 20% 25% 30% \$ Amount Other	10 81 4 17 204 10	2.1% 16.8% 0.8% 3.5% 42.2% 2.1% % Pla
15% 20% 25% 30% \$ Amount Other Outpatient Physician	10 81 4 17 204 10 <u># Plans</u>	2.1% 16.8% 0.8% 3.5% 42.2% 2.1% % Pla 2.5%
15% 20% 25% 30% \$ Amount Other Outpatient Physician \$0	10 81 4 17 204 10 <u># Plans</u> 12	2.1% 16.8% 0.8% 3.5% 42.2% 2.1% % Pla 2.5% 2.1%
15% 20% 25% 30% \$ Amount Other Outpatient Physician \$0 \$5	10 81 4 17 204 10 <u># Plans</u> 12 10	11.69 2.1% 16.89 0.8% 3.5% 42.29 2.1% % Play 2.5% 2.1% 9.3% 11.69

ALTH/GROUP BENEFITS	Gr	oup 1
Aedical Coverage HMO/EPO - Employee Copayment		
Outpatient Hospital	<u># Plans</u>	% Plan
0%	86	17.8%
10%	52	10.7%
15%	14	2.9%
20%	83	17.19
25%	4	0.8%
30%	17	3.5%
100%	0	0.0%
\$ Amount	218	45.09
Other	10	2.1%
Chiropractic	<u># Plans</u>	<u>% Pla</u>
\$0	0	0.0%
\$5	1	0.2%
\$10	53	10.99
\$15	57	11.89
\$20	80	16.5
\$25	28	5.8%
Not covered	44	9.1%
% coinsurance	70	14.49
Other	152	31.39

ALTH/GROUP BENEFITS	Gro	oup 1
1edical Coverage		
Indemnity		
Waiting Period	<u># Plans</u>	<u>% Plan</u>
At hire	5	41.7%
30 days	2	16.7%
60 days	0	0.0%
90 days	0	0.0%
First of month following date of hire	4	33.3%
1 month	0	0.0%
2 - 5 months	0	0.0%
6 months	0	0.0%
Other	1	8.3%
Individual Deductible Amounts	<u># Plans</u>	<u>% Plai</u>
\$0	3	23.1%
\$1 - \$299	1	7.7%
\$300 - \$499	2	15.49
\$500 - \$750	4	30.89
Greater than \$750	3	23.19
% of pay	0	0.0%
Family Deductible Amounts	<u># Plans</u>	<u>% Pla</u>
\$0	3	23.19
\$1 - \$500	1	7.7%
\$501 - \$800	0	0.0%
\$801 - \$2,000	6	46.2%
Greater than \$2,000	3	23.19
% of pay	0	0.0%
Per individual	0	0.0%

ALTH/GROUP BENEFITS	Gro	oup 1
Iedical Coverage		
Indemnity		
Individual Out of Pocket Limits	<u># Plans</u>	
Less than \$1,000	1	7.7%
\$1,000 - \$1499	1	7.7%
\$1,500 - \$1,999	0	0.0%
\$2,000 - \$2,500	2	15.4%
Greater than \$2,500	7	53.8%
Unlimited	2	15.4%
% of pay	0	0.0%
Family Out of Pocket Limits	# Plans	<u>% Plar</u>
Less than \$1,500	0	0.0%
\$1,500 - \$1,999	1	7.7%
\$2,000 - \$2,999	0	0.0%
\$3,000 - \$4,999	3	23.1%
\$5,000 - \$7,500	2	15.4%
Greater than \$7,500	5	38.5%
Unlimited	2	15.4%
% of pay	0	0.0%
Per individual	0	0.0%
Indemnity - Employee Copayment		
Inpatient Hospital	<u># Plans</u>	<u>% Plar</u>
0%	2	15.4%
10%	1	7.7%
15%	1	7.7%
20%	7	53.8%
25%	0	0.0%
30%	1	7.7%
\$ Amount	0	0.0%
Other	1	7.7%

ALTH/GROUP BENEFITS	Gr	oup 1
Aedical Coverage		
Indemnity - Employee Copayment		
Outpatient Physician	<u># Plans</u>	<u>% Plar</u>
0%	2	15.4%
10%	0	0.0%
15%	1	7.7%
20%	6	46.29
25%	0	0.0%
30%	1	7.7%
\$ Amount	2	15.49
Other	1	7.7%
Outpatient Hospital	# Plans	<u>% Pla</u>
0%	1	7.7%
10%	1	7.7%
15%	1	7.7%
20%	8	61.5
25%	0	0.0%
30%	1	7.7%
100%	1	7.7%
\$ Amount	0	0.0%
Other	0	0.0%
Prescription Drugs (Inside Network) - Employee Copayment		
Formulary Generic	# Plans	<u>% Pla</u>
\$0 - \$5	314	15.29
\$6 - \$10	793	38.39
Greater than \$10	352	17.09
% coinsurance	613	29.69

ALTH/GROUP BENEFITS	Gro	oup 1
edical Coverage		
Prescription Drugs (Inside Network) - Employee Copayment		
Formulary Brand Name	<u># Plans</u>	<u>% Plar</u>
\$0 - \$10	75	3.6%
\$11 - \$15	23	1.1%
\$16 - \$20	89	4.3%
Greater than \$20	919	44.39
% coinsurance	969	46.79
Non-Formulary Brand Name	<u># Plans</u>	<u>% Pla</u>
\$0 - \$10	64	3.1%
\$11 - \$15	11	0.5%
\$16 - \$20	10	0.5%
Greater than \$20	928	45.69
% coinsurance	1020	50.29
Traditional Generic	# Plans	<u>% Pla</u>
\$0 - \$5	28	26.7
\$6 - \$10	41	39.09
Greater than \$10	14	13.39
% coinsurance	22	21.09
Traditional Brand Name	# Plans	<u>% Pla</u>
\$0 - \$10	16	16.09
\$11 - \$15	13	13.09
\$16 - \$20	13	13.09
Greater than \$20	34	34.09
% coinsurance	24	24.09

ALTH/GROUP BENEFITS	Gro	oup 1
ledical Coverage		
Prescription Drugs (Inside Network) - Employee Copayment		
Separate Deductibles	<u># Plans</u>	<u>% Plar</u>
None	1996	93.6%
\$1 - \$50	24	1.1%
\$51 - \$100	56	2.6%
\$101 - \$200	38	1.8%
Greater than \$200	19	0.9%
Mental Health - Employee Copayments		
Inpatient Inside Network	# Plans	<u>% Pla</u>
0%	276	12.7
10%	392	18.1
20%	847	39.0
100%	3	0.1%
\$50	10	0.5%
\$100	35	1.6%
\$200	14	0.6%
\$250	92	4.2%
Both amount and %	100	4.6%
Other	401	18.5
Inpatient Outside Network	<u># Plans</u>	<u>% Pla</u>
0%	17	1.0%
20%	103	6.1%
30%	273	16.0
40%	707	41.5
50%	355	20.9
100%	10	0.6%
\$ Amount	3	0.2%
Both amount and %	131	7.7%
Other %	103	6.1%

ALTH/GROUP BENEFITS	Gro	oup 1
1edical Coverage		
Mental Health - Employee Copayments		
Outpatient Inside Network	<u># Plans</u>	<u>% Plan</u>
0%	178	8.2%
10%	207	9.5%
20%	542	25.0%
30%	76	3.5%
50%	2	0.1%
100%	3	0.1%
\$ Amount	1054	48.5%
Both amount and %	13	0.6%
Other %	96	4.4%
Outpatient Copayment Inside Network	# Plans	<u>% Pla</u>
\$10	62	5.9%
\$15	111	10.5%
\$20	277	26.39
\$25	219	20.89
Other	385	36.5%
Outpatient Outside Network	<u># Plans</u>	<u>% Plai</u>
0%	18	1.1%
20%	113	6.6%
30%	291	17.19
40%	739	43.4%
50%	397	23.39
100%	3	0.2%
\$ Amount	23	1.4%
Both amount and %	7	0.4%
Other %	111	6.5%

ALTH/GROUP BENEFITS	Grou	up 1
1edical Coverage		
Substance Abuse - Employee Copayments		
Inpatient Inside Network	<u># Plans</u>	<u>% Plar</u>
0%	293	13.5%
10%	390	18.0%
20%	850	39.2%
100%	3	0.1%
\$50	1	0.0%
\$100	35	1.6%
\$200	14	0.6%
\$250	92	4.2%
Both amount and %	101	4.7%
Other	391	18.0%
		18.09 <u>% Plar</u>
Other		
Other Inpatient Outside Network	<u># Plans</u>	<u>% Pla</u>
Other Inpatient Outside Network 0%	<u># Plans</u> 18	<u>% Plai</u> 1.1%
Other Inpatient Outside Network 0% 20%	<u># Plans</u> 18 101	<u>% Pla</u> 1.1% 5.9% 16.2%
Other Inpatient Outside Network 0% 20% 30%	<u># Plans</u> 18 101 275	<u>% Play</u> 1.1% 5.9% 16.2% 41.5%
Other Inpatient Outside Network 0% 20% 30% 40%	<u># Plans</u> 18 101 275 707	% Play 1.1% 5.9% 16.2% 41.5% 21.0%
Other Inpatient Outside Network 0% 20% 30% 40% 50%	# Plans 18 101 275 707 358	<u>% Plan</u> 1.1% 5.9%
OtherInpatient Outside Network0%20%30%40%50%100%	# Plans 18 101 275 707 358 10	% Plan 1.1% 5.9% 16.2% 41.5% 21.0% 0.6%

ALTH/GROUP BENEFITS	Gro	oup 1
1edical Coverage		
Substance Abuse - Employee Copayments		
Outpatient Inside Network	<u># Plans</u>	<u>% Plan</u>
0%	196	9.0%
10%	209	9.6%
20%	539	24.8%
30%	76	3.5%
50%	2	0.1%
100%	3	0.1%
\$ Amount	1037	47.8%
Both amount and %	14	0.6%
Other %	95	4.4%
Outpatient Copayment Inside Network	# Plans	<u>% Pla</u>
\$10	59	5.7%
\$15	111	10.7%
\$20	276	26.6%
\$25	219	21.19
Other	372	35.9%
Outpatient Outside Network	<u># Plans</u>	<u>% Plai</u>
0%	17	1.0%
20%	111	6.5%
30%	291	17.1%
40%	739	43.4%
50%	398	23.4%
100%	3	0.2%
\$ Amount	23	1.4%
Both amount and %	7	0.4%
Other %	113	6.6%

EALTH/GROUP BENEFITS	Gro	oup 1
Medical Coverage		
Retiree Medical		
Retiree Medical Offered	<u># Plans</u>	<u>% Plar</u>
Offered	299	35.4%
Not Offered	545	64.6%
Not Specified	0	0.0%
Coverage Type Greater Than 65	<u># Plans</u>	<u>% Pla</u>
Medicare Supplement	288	80.29
Carve Out	9	2.5%
СОВ	13	3.6%
Exclusion	• 0	0.0%
Medicare HMO	49	13.6
Dental Coverage		
Dental Plan		
Waiting Period	<u># Plans</u>	<u>% Pla</u>
At hire	496	35.2
30 days	214	15.2
60 days	47	3.3%
90 days	22	1.6%
First of month following date of hire	390	27.6
1 month	72	5.1%
2 - 5 months	37	2.6%
6 months	8	0.6%
Other	125	8.9%
Reimbursement Methodology	<u># Plans</u>	<u>% Pla</u>
Percent of charge	508	72.5
Scheduled	161	23.09
Percent of R&C	32	4.6%

ALTH/GROUP BENEFITS	Gro	oup 1
Dental Coverage		
Dental Plan - Employee Cost Sharing		
Employee Only	# Plans	<u>% Plar</u>
None	169	12.9%
1% - 10.99%	68	5.2%
11% - 20.99%	139	10.69
21% - 30.99%	163	12.4
31% - 40.99%	163	12.4
41% - 50.99%	156	11.9
Greater than 50.99%	453	34.6
Employee + Spouse	# Plans	<u>% Pla</u>
None	92	7.09
1% - 10.99%	56	4.39
11% - 20.99%	128	9.8%
21% - 30.99%	152	11.6
31% - 40.99%	195	14.9
41% - 50.99%	180	13.8
Greater than 50.99%	506	38.7
Employee + Child	<u># Plans</u>	<u>% Pla</u>
None	95	7.39
1% - 10.99%	63	4.89
11% - 20.99%	119	9.1%
21% - 30.99%	163	12.5
31% - 40.99%	187	14.3
41% - 50.99%	184	14.1
Greater than 50.99%	498	38.0

ALTH/GROUP BENEFITS	Gro	oup 1
ental Coverage		
Dental Plan - Employee Cost Sharing		
Employee + Family	<u># Plans</u>	<u>% Plar</u>
None	90	6.9%
1% - 10.99%	61	4.7%
11% - 20.99%	127	9.7%
21% - 30.99%	139	10.6%
31% - 40.99%	184	14.1%
41% - 50.99%	178	13.6%
Greater than 50.99%	530	40.5%
Dental Plan - Premiums Employee Only	# Plans	<u>% Pla</u>
\$0 - \$9.99	5	0.4%
\$10 - \$19.99	158	11.5%
\$20 - \$29.99	301	21.89
\$30 - \$39.99	374	27.19
\$40 - \$49.99	304	22.19
\$50 - \$59.99	149	10.89
Greater than \$59.99	87	6.3%
Employee + Spouse	<u># Plans</u>	<u>% Plai</u>
\$0 - \$24.99	34	2.5%
\$25 - \$39.99	130	9.4%
\$40 - \$54.99	206	14.9%
\$55 - \$69.99	252	18.3%
\$70 - \$84.99	285	20.7%
\$85 - \$99.99	215	15.6%
Greater than \$99.99	256	18.6%

ALTH/GROUP BENEFITS Dental Coverage	Grou	up 1
Dental Plan - Premiums		
Employee + Child	<u># Plans</u>	<u>% Plan</u>
\$0 - \$24.99	24	1.7%
\$25 - \$39.99	125	9.1%
\$40 - \$54.99	203	14.7%
\$55 - \$69.99	239	17.3%
\$70 - \$84.99	286	20.8%
\$85 - \$99.99	227	16.5%
Greater than \$99.99	274	19.9%
Employee + Family	<u># Plans</u>	<u>% Plar</u>
\$0 - \$24.99	1	0.1%
\$25 - \$39.99	36	2.6%
\$40 - \$54.99	81	5.9%
\$55 - \$69.99	88	6.4%
\$70 - \$84.99	140	10.2%
\$85 - \$99.99	156	11.3%
Greater than \$99.99	876	63.6%
PPO Inside Network - Employee Coinsurance		
Preventive	<u># Plans</u>	<u>% Plar</u>
Not covered	0	0.0%
Less than 80%	0	0.0%
80%	5	1.2%
81% - 99%	1	0.2%
100%	412	98.6%

ALTH/GROUP BENEFITS	Grou	рт
ental Coverage		
PPO Inside Network - Employee Coinsurance		
Basic	<u># Plans</u>	<u>% Plan</u>
Not covered	0	0.0%
Less than 80%	53	12.7%
80%	213	51.0%
81% - 99%	126	30.19
100%	26	6.2%
Major	<u># Plans</u>	<u>% Pla</u>
Not Covered	13	3.1%
Less than 50%	12	2.9%
50%	225	54.2
Greater than 50%	165	39.89
Orthodontia	<u># Plans</u>	<u>% Pla</u>
Not covered	• 95	22.69
Less than 50%	1	0.2%
50%	272	64.8
Greater than 50%	52	12.4
PPO Inside Network - Deductibles		
Individual - Preventive	<u># Plans</u>	<u>% Pla</u>
No deductible	417	99.0
Less than \$50	1	0.2%
\$50	3	0.7%
	0	0.0%

ALTH/GROUP BENEFITS	Grou	тиг
ental Coverage PPO Inside Network - Deductibles		
	# Plans	% Dlan
Family - Preventive		
Per individual	1	0.2%
No deductible	417	99.0%
\$1-\$100	0	0.0%
Greater than \$100	3	0.7%
Individual - Basic/Major	# Plans	<u>% Plar</u>
No deductible	97	22.8%
\$25	59	13.89
\$50	224	52.69
\$75	17	4.0%
\$100	15	3.5%
Other	14	3.3%
Family - Basic/Major	<u># Plans</u>	<u>% Plai</u>
Per individual	40	9.4%
No deductible	97	22.89
\$50	4	0.9%
\$75	47	11.09
\$100	29	6.8%
\$150	171	40.19
Greater than \$150	27	6.3%
Other	11	2.6%
Individual - Orthodontia	<u># Plans</u>	<u>% Pla</u>
No deductible	253	76.49
\$25	16	4.8%
\$50	50	15.19
Greater than \$50	6	1.8%
Other	6	1.8%

<u># Plans</u>	<u>% Plar</u>
21	6.3%
253	76.4%
3	0.9%
11	3.3%
2	0.6%
31	9.4%
10	3.0%
<u># Plans</u>	<u>% Pla</u>
10	2.4%
9	2.1%
87	20.7
140	33.3
175	41.6
	253 3 11 2 31 10 <u># Plans</u> 10 9 87 140

ALTH/GROUP BENEFITS	Gro	oup 1
Dental Coverage		
PPO Inside Network - Maximum Lifetime Orthodontia		
(Benefit Per Individual)	<u># Plans</u>	<u>% Plan</u>
Not covered	95	22.6%
No maximum	1	0.2%
Less than \$500	0	0.0%
\$500	1	0.2%
\$501 - \$749	0	0.0%
\$750	1	0.2%
\$751 - \$999	0	0.0%
\$1,000	48	11.49
\$1,001 - \$1,499	7	1.7%
\$1,500	140	33.39
\$1,501 - \$1,999	12	2.9%
\$2,000	77	18.39
Greater than \$2,000	38	9.0%
DHMO - Employee Coinsurance		
Preventive	<u># Plans</u>	<u>% Pla</u>
Not covered	0	0.0%
Less than 80%	0	0.0%
80%	0	0.0%
81% - 99%	0	0.0%
100%	99	100.0
Basic	<u># Plans</u>	<u>% Pla</u>
Not covered	1	2.2%
Less than 80%	5	10.99
80%	11	23.99
81% - 99%	3	6.5%
100%	26	56.5%

ALTH/GROUP BENEFITS Dental Coverage	Gro	up 1
DHMO - Employee Coinsurance		
Major	# Plans	<u>% Plan</u> :
Not Covered	2	4.5%
Less than 50%	2	4.5%
50%	11	25.0%
Greater than 50%	29	65.9%
Orthodontia	# Plans	<u>% Plan</u>
Not covered	8	16.7%
Less than 50%	1	2.1%
50%	29	60.4%
Greater than 50%	10	20.8%
Individual - Preventive No deductible	# Plans 189	<u>% Plan</u> 100.0%
Less than \$50	0	0.0%
\$50	0	0.0%
Greater than \$50	0	0.0%
Family - Preventive	<u># Plans</u>	<u>% Plan</u>
	0	0.0%
Per individual		
Per individual No deductible	189	100.0%
		100.0% 0.0%

ALTH/GROUP BENEFITS		oup 1
ental Coverage DHMO - Deductibles		
Individual - Basic/Major	# Plans	% Plan
No deductible	177	93.7%
\$25	4	2.1%
\$50	6	3.2%
\$75	0	0.0%
\$100	0	0.0%
Other	2	1.1%
Family - Basic/Major	<u># Plans</u>	<u>% Pla</u>
Per individual	4	2.1%
No deductible	177	93.79
\$50	0	0.0%
\$75	2	1.1%
\$100	0	0.0%
\$150	4	2.1%
Greater than \$150	0	0.0%
Other	2	1.1%
Individual - Orthodontia	<u># Plans</u>	<u>% Plai</u>
No deductible	175	96.7%
\$25	2	1.1%
\$50	4	2.2%
Greater than \$50	0	0.0%
Other	0	0.0%

I Coverage	616	oup 1
TCoverage		
10 - Deductibles	•	
Family - Orthodontia	<u># Plans</u>	<u>% Plar</u>
Per individual	2	1.1%
No deductible	175	96.79
\$50	0	0.0%
\$75	1	0.6%
\$100	0	0.0%
\$150	3	1.7%
Other	0	0.0%
Maximum Annual Benefit	<u># Plans</u>	<u>% Pla</u>
No maximum	164	88.2
Less than \$1,000	3	1.6%
\$1,000 - \$1,499	3	1.6%
\$1,500	4	2.2%
Greater than \$1,500	12	6.5%

ALTH/GROUP BENEFITS	Gro	oup 1
ental Coverage		
DHMO - Maximum Lifetime Orthodontia		
<u>(Benefit Per Individual)</u>	<u># Plans</u>	<u>% Plan</u>
Not covered	8	4.4%
No maximum	145	79.7%
Less than \$500	0	0.0%
\$500	0	0.0%
\$501 - \$749	0	0.0%
\$750	2	1.1%
\$751 - \$999	0	0.0%
\$1,000	2	1.1%
\$1,001 - \$1,499	0	0.0%
\$1,500	9	4.9%
\$1,501 - \$1,999	4	2.2%
\$2,000	10	5.5%
Greater than \$2,000	2	1.1%
ndemnity / Silent PPO - Employee Coinsurance Preventive	<u># Plans</u>	<u>% Plai</u>
Not covered	2	0.3%
Less than 80%	6	0.8%
80%	16	2.0%
81% - 99%	12	1.5%
100%	756	95.5%
Basic	<u># Plans</u>	<u>% Plar</u>
Not covered	8	1.0%
Less than 80%	93	11.8%
80%	595	75.8%
81% - 99%	49	6.2%
100%	40	5.1%

ALTH/GROUP BENEFITS ental Coverage	Group	
Indemnity / Silent PPO - Employee Coinsurance		
Major	<u># Plans</u> <u>%</u>	% Plan
Not Covered	47	6.0%
Less than 50%	15	1.9%
50%	535 6	68.29
Greater than 50%	188 2	23.99
Orthodontia	<u># Plans</u> <u>%</u>	% Plai
Not covered	164 2	20.69
Less than 50%	4 (0.5%
50%	566 7	71.1
50% Greater than 50% ndemnity / Silent PPO - Deductibles	62	7.8%
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive	62 <u># Plans</u> <u>%</u>	7.8% <u>% Pla</u>
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive No deductible	62	7.8% <u>% Pla</u> 98.49
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive No deductible Less than \$50	62 <u># Plans</u> <u>%</u> 783 9 8	7.8% <u>% Pla</u> 98.4% 1.0%
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive No deductible Less than \$50 \$50	62 <u># Plans</u> % 783 9 8 5	7.8% % Pla 98.4% 1.0% 0.6%
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive No deductible Less than \$50 \$50 Greater than \$50	62 ************************************	98.49 1.0% 0.6% 0.0%
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive No deductible Less than \$50 \$50 Greater than \$50 Family - Preventive	62 ************************************	7.8% % Pla 98.4% 1.0% 0.6% 0.0% % Pla
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive No deductible Less than \$50 \$50 Greater than \$50 Family - Preventive Per individual	62 ************************************	7.8% <u>% Pla</u> 98.4% 1.0% 0.6% 0.0% <u>% Pla</u> 0.4%
50% Greater than 50% Indemnity / Silent PPO - Deductibles Individual - Preventive No deductible Less than \$50 \$50 Greater than \$50 Family - Preventive	62 <u># Plans</u> % 783 9 8 5 0 0 <u># Plans</u> % 3 0 783 9	7.8% % Pla 98.4% 1.0% 0.6%

ALTH/GROUP BENEFITS Dental Coverage		up 1
Indemnity / Silent PPO - Deductibles		
Individual - Basic/Major	# Plans	% Plan
No deductible	99	12.4%
\$25	103	12.9%
\$50	513	64.4%
\$75	33	4.1%
\$100	28	3.5%
Other	20	2.5%
Family - Basic/Major	# Plans	<u>% Plan</u>
Per individual	88	11.1%
No deductible	99	12.4%
\$50	17	2.1%
\$75	72	9.0%
\$100	57	7.2%
\$150	401	50.4%
Greater than \$150	45	5.7%
Other	17	2.1%
Individual - Orthodontia	<u># Plans</u>	<u>% Plan</u>
No deductible	468	74.1%
\$25	20	3.2%
\$50	118	18.7%
Greater than \$50	24	3.8%
Other	2	0.3%

tal Coverage		
lemnity / Silent PPO - Deductibles		
ientity / Sient PPO - Deddetibles		
Family - Orthodontia	<u># Plans</u>	<u>% Plar</u>
Per individual	38	6.0%
No deductible	468	74.19
\$50	3	0.5%
\$75	15	2.4%
\$100	17	2.7%
\$150	73	11.6
Other	18	2.8%
lemnity / Silent PPO		
Maximum Annual Benefit	<u># Plans</u>	<u>% Pla</u>
No maximum	15	1.9%
Less than \$1,000	44	5.5%
\$1,000 - \$1,499	164	20.6
\$1,500	270	33.9
Greater than \$1,500	303	38.1

EALTH/GROUP BENEFITS	Gro	oup 1
Dental Coverage		
Indemnity / Silent PPO - Maximum Lifetime Orthodontia		
<u>(Benefit Per Individual)</u>	<u># Plans</u>	<u>% Plan</u>
Not covered	164	20.7%
No maximum	3	0.4%
Less than \$500	0	0.0%
\$500	1	0.1%
\$501 - \$749	0	0.0%
\$750	5	0.6%
\$751 - \$999	0	0.0%
\$1,000	101	12.7%
\$1,001 - \$1,499	16	2.0%
\$1,500	236	29.7%
\$1,501 - \$1,999	13	1.6%
\$2,000	156	19.6%
Greater than \$2,000	99	12.5%
ife Insurance		
100% Employer Paid Life (Basic Life)		
Basic Life Offered	<u># Plans</u>	<u>% Plar</u>
Employee	788	100.0
Spouse	76	9.6%
Dependent	77	9.8%
Employee Basic Life as a % of Pay	<u># Plans</u>	<u>% Plar</u>
Less than 1.00 x pay	1	0.1%
1.00 x pay	328	42.3%
1.50 x pay	64	8.3%
2.00 x pay	308	39.7%
3.00 x pay	34	4.4%
Other	40	5.2%

ALTH/GROUP BENEFITS	Gro	oup 1
ife Insurance		
100% Employer Paid Life (Basic Life)		
Employee Basic Life as a Flat Amount	<u># Plans</u>	<u>% Plar</u>
Less than \$5,000	3	2.5%
\$5,000	0	0.0%
\$5,001 - \$9,999	3	2.5%
\$10,000	11	9.2%
\$10,001 - \$49,999	43	35.8%
\$50,000	40	33.3%
Greater than \$50,000	20	16.7%
Employee Basic Life Maximum Benefit	<u># Plans</u>	<u>% Pla</u>
No maximum	83	10.89
Less than \$50,000	0	0.0%
\$50,000	49	6.4%
\$50,001 - \$100,000	17	2.2%
	45	5.9%
\$100,001 - \$200,000	68	8.9%
\$100,001 - \$200,000 \$200,001 - \$300,000		
	168	21.99
\$200,001 - \$300,000	168 255	
\$200,001 - \$300,000 \$300,001 - \$500,000		33.29
\$200,001 - \$300,000 \$300,001 - \$500,000 \$500,001 - \$1,000,000	255	33.29 10.89
\$200,001 - \$300,000 \$300,001 - \$500,000 \$500,001 - \$1,000,000 Greater than \$1,000,000	255 83	33.29 10.89 <u>% Pla</u>
\$200,001 - \$300,000 \$300,001 - \$500,000 \$500,001 - \$1,000,000 Greater than \$1,000,000 Basic AD&D	255 83 <u># Plans</u>	21.99 33.29 10.89 <u>% Plan</u> 11.59 66.99

ALTH/GROUP BENEFITS	Gro	upı
fe Insurance		
Basic AD&D		
Basic AD&D as a % of Pay (Not Equal to Life)	<u># Plans</u>	<u>% Plar</u>
Less than 1.00 x pay	1	1.3%
1.00 x pay	30	39.59
1.01 - 1.99 x pay	2	2.6%
2.00 x pay	24	31.69
2.01 - 2.99 х рау	6	7.9%
3.00 x pay	9	11.8
Greater than 3.00 x pay	4	5.3%
Basic AD&D Maximum (Not Equal to Life) Less than \$50,000	# Plans 0	<u>% Pla</u> 0.09
		0.07
	2	
\$50,000 \$50,001 - \$249,999		2.6%
\$50,000	2	2.69 13.2
\$50,000 \$50,001 - \$249,999	2 10	2.69 13.2 6.69
\$50,000 \$50,001 - \$249,999 \$250,000	2 10 5	2.69 13.2 6.69 2.69
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999	2 10 5 2	2.69 13.2 6.69 2.69 14.5
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999 \$500,000	2 10 5 2 11	2.69 13.2 6.69 2.69 14.5 6.69
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999 \$500,000 \$500,001 - \$999,999	2 10 5 2 11 5	2.69 13.2 6.69 2.69 14.5 6.69 27.6
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999 \$500,000 \$500,001 - \$999,999 \$1,000,000	2 10 5 2 11 5 21	2.6° 13.2 6.6° 2.6° 14.5 6.6° 27.6 11.8
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999 \$500,000 \$500,001 - \$999,999 \$1,000,000 Greater than \$1,000,000 Unlimited	2 10 5 2 11 5 21 9	2.69 13.2 6.69 2.69 14.5 6.69 27.6 11.8
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999 \$500,000 \$500,001 - \$999,999 \$1,000,000 Greater than \$1,000,000 Unlimited	2 10 5 2 11 5 21 9 11	2.69 13.2 6.69 2.69 14.5 6.69 27.6 11.8 14.5
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999 \$500,000 \$500,000 \$500,001 - \$999,999 \$1,000,000 Greater than \$1,000,000 Unlimited Subsidized/Supplemental Life Voluntary Life Offered	2 10 5 2 11 5 21 9 11 11 <i>#</i> Plans	2.69 13.2 6.69 2.69 14.5 6.69 27.6 11.8 14.5
\$50,000 \$50,001 - \$249,999 \$250,000 \$250,001 - \$499,999 \$500,000 \$500,001 - \$999,999 \$1,000,000 Greater than \$1,000,000 Unlimited	2 10 5 2 11 5 21 9 11	0.07 2.69 13.2 6.69 2.69 14.5 6.69 27.6 11.8 14.5 14.5 <i>%</i> Pla 94.8 96.2

ALTH/GROUP BENEFITS	Gro	oup 1
ife Insurance		
Subsidized/Supplemental Life		
Employee Maximum Coverage Offered as a % of Pay	<u># Plans</u>	<u>% Pla</u>
1.00 x pay	13	2.6%
1.50 x pay	5	1.09
2.00 x pay	9	1.8
3.00 x pay	38	7.6
4.00 x pay	71	14.3
5.00 x pay	200	40.2
6.00 x pay	45	9.1
Other	116	23.3
Spouse Maximum Flat Amount	# Plans	<u>% Pla</u>
Less than \$5,000	6	0.7
\$5,000	3	0.4
\$5,001 - \$9,999	1	0.1
\$10,000	23	2.9
\$10,001 - \$49,999	77	9.6
\$50,000	82	10.2
\$50,001 - \$99,999	4	0.5
\$100,000	192	23.8
Greater than \$100,000	418	51.9

ALTH/GROUP BENEFITS ife Insurance	Grou	1.
Subsidized/Supplemental Life		
Dependent Maximum Flat Amount	# Plans	<u>% Plans</u>
Less than \$2,000	0	0.0%
\$2,000	8	1.0%
\$2,001 - \$4,999	8	1.0%
\$5,000	45	5.4%
\$5,001 - \$9,999	9	1.1%
\$10,000	549	65.7%
\$10,001 - \$19,999	64	7.7%
\$20,000	96	11.5%
<i><i>4</i>23666671111111111111</i>		
Greater than \$20,000	56	6.7%
Greater than \$20,000 Maximum AD&D as a % of pay (Not Equal to Life)	# Plans	<u>% Plar</u>
Greater than \$20,000 <u>Maximum AD&D as a % of pay (Not Equal to Life)</u> Less than 1.00 x pay		<u>% Plar</u> 0.0%
Greater than \$20,000 <u>Maximum AD&D as a % of pay (Not Equal to Life)</u> Less than 1.00 x pay 1.00 - 2.99 x pay	<u># Plans</u> 0 3	<u>% Plar</u> 0.0% 2.6%
Greater than \$20,000 <u>Maximum AD&D as a % of pay (Not Equal to Life)</u> Less than 1.00 x pay	<u># Plans</u> 0 3 22	<u>% Plar</u> 0.0% 2.6% 19.3%
Greater than \$20,000Maximum AD&D as a % of pay (Not Equal to Life)Less than 1.00 x pay1.00 - 2.99 x pay3.00 - 4.99 x pay	<u># Plans</u> 0 3 22	<u>% Plar</u> 0.0% 2.6% 19.3% 13.2%
Greater than \$20,000Maximum AD&D as a % of pay (Not Equal to Life)Less than 1.00 x pay1.00 - 2.99 x pay3.00 - 4.99 x pay5.00 x pay	# Plans 0 0 3 22 15 35	<u>% Plar</u> 0.0% 2.6% 19.3% 13.2% 30.7%
Greater than \$20,000 Maximum AD&D as a % of pay (Not Equal to Life) Less than 1.00 x pay 1.00 - 2.99 x pay 3.00 - 4.99 x pay 5.00 x pay 5.01 - 9.99 x pay	# Plans 0 0 3 22 15 35	<u>% Plar</u> 0.0% 2.6% 19.3% 13.2% 30.7% 32.5%
Greater than \$20,000 Maximum AD&D as a % of pay (Not Equal to Life) Less than 1.00 x pay 1.00 - 2.99 x pay 3.00 - 4.99 x pay 5.00 x pay 5.01 - 9.99 x pay 10.00 x pay	# Plans 9 0 3 22 15 35 37	<u>% Plar</u> 0.0% 2.6% 19.3% 13.2% 30.7% 32.5%
Greater than \$20,000Maximum AD&D as a % of pay (Not Equal to Life)Less than 1.00 x pay1.00 - 2.99 x pay3.00 - 4.99 x pay3.00 - 4.99 x pay5.00 x pay5.01 - 9.99 x pay10.00 x payGreater than 10.00 x payFlexible Spending Accounts	# Plans 0 0 3 22 15 35 35 37 2	<u>% Plar</u> 0.0% 2.6% 19.3% 13.2% 30.7% 32.5% 1.8%
Greater than \$20,000 Maximum AD&D as a % of pay (Not Equal to Life) Less than 1.00 x pay 1.00 - 2.99 x pay 3.00 - 4.99 x pay 5.00 x pay 5.01 - 9.99 x pay 10.00 x pay Greater than 10.00 x pay Flexible Spending Accounts Plans Offered	# Plans 0 3 22 15 35 37 2 # Plans	<u>% Plar</u> 0.0% 2.6% 19.3% 13.2% 30.7% 32.5% 1.8% <u>% Plar</u>
Greater than \$20,000Maximum AD&D as a % of pay (Not Equal to Life)Less than 1.00 x pay1.00 - 2.99 x pay3.00 - 4.99 x pay5.00 x pay5.01 - 9.99 x pay10.00 x pay10.00 x payGreater than 10.00 x payFlexible Spending Accounts	# Plans 0 3 22 15 35 37 2 # Plans	6.7% % Plar 0.0% 2.6% 19.3% 13.2% 30.7% 32.5% 1.8% % Plar 96.3% 2.6%

ALTH/GROUP BENEFITS	Gro	oup 1
e Insurance Flexible Spending Accounts		
	# Diana	
Maximum Employee Contributions to Health Care FSA	<u># Plans</u>	
Less than \$2,000	2	0.3%
\$2,000 - \$2,999	786	99.5
\$3,000 - \$4,999	1	0.19
Greater than \$4,999	1	0.19
Maximum Employee Contributions to Dependent FSA	<u># Plans</u>	<u>% Pla</u>
Less than \$5,000	5	0.69
\$5,000 (IRS limit)	795	99.4

/IE LOSS	Grou	JP 1
ick Pay		
Plan Structure	<u># Plans</u>	<u>% Plar</u>
Informal	87	9.1%
Formal	536	56.2%
Included with PTO	331	34.79
hort Term Disability		
Cost Sharing	# Plans	<u>% Plai</u>
100% employee paid	216	22.39
Shared	23	2.4%
100% employer paid	729	75.39
Waiting Period for Hospitalization	# Plans	<u>% Pla</u>
0 days	209	21.89
1 - 4 days	16	1.7%
5 days	88	9.2%
6 days	2	0.2%
7 days	428	44.6
8 - 9 days	9	0.9%
10 days	18	1.9%
11 - 29 days	147	15.39
30 days	28	2.9%
Greater than 30 days	14	1.5%

E LOSS	Gro	oup 1
nort Term Disability		
Waiting Period for Accident	<u># Plans</u>	<u>% Plan</u>
0 days	197	20.5%
1 - 4 days	23	2.4%
5 days	91	9.5%
6 days	2	0.2%
7 days	432	45.0%
8 - 9 days	9	0.9%
10 days	18	1.9%
11 - 29 days	146	15.2%
30 days	28	2.9%
Greater than 30 days	14	1.5%
Waiting Period for Sickness	<u># Plans</u>	<u>% Plan</u>
0 days	121	12.6%
1 - 4 days	19	2.0%
5 days	96	10.0%
6 days	2	0.2%
7 days	500	52.1%
8 - 9 days	10	1.0%
10 days	18	1.9%
11 - 29 days	152	15.8%
30 days	28	2.9%
Greater than 30 days	14	1.5%
ng Term Disability		
Cost Sharing	<u># Plans</u>	<u>% Plan</u>
100% employee paid	380	30.6%
Shared	63	5.1%
100% employer paid	799	64.3%

LOSS	Gro	oup 1
g Term Disability		
Benefit Levels as a Fixed Percent of Pay (Excluding Buy-up or	<u># Plans</u>	<u>% Plan</u>
supplemental)		
40.00%	31	3.3%
50.00%	161	17.1%
60.00%	624	66.1%
66.67%	67	7.1%
70.00%	14	1.5%
Other	47	5.0%
Maximum Monthly Benefit	# Plans	<u>% Plar</u>
Less than \$2,500	23	1.9%
\$2,500 - \$5,000	108	8.7%
\$5,001 - \$7,500	99	8.0%
\$7,501 - \$10,000	334	26.9%
\$10,001 - \$15,000	386	31.1%
Greater than \$15,000	207	16.7%
Unlimited	84	6.8%
Maximum Percentage All Sources	<u># Plans</u>	<u>% Plai</u>
Less than 50%	35	2.8%
50%	168	13.6%
51% - 59%	1	0.1%
60%	728	58.9%
61% - 69%	235	19.0%
70%	54	4.4%
71% - 79%	11	0.9%
80%	0	0.0%
81% - 99%	1	0.1%
100%	3	0.2%

ME LOSS	Gro	oup 1
ong Term Disability		
Period for Own Occupation		
Years	<u># Plans</u>	<u>% Plai</u>
0	5	0.4%
1	31	2.5%
2	766	61.2
2.5	4	0.39
3.0	20	1.69
5.0 and greater	12	1.0
Age 65	53	4.29
Life	22	1.8
Other	339	27.1
Integration with Social Security	<u># Plans</u>	<u>% Pla</u>
None	26	2.19
Individual	184	14.9
Family	1029	83.1
Paid Leave Plans		
Prevalence of PTO Policy	<u># Plans</u>	<u>% Pla</u>
	<u># Plans</u> 575	<u>% Pla</u> 47.4

ME LOSS	Gro	oup 1
aid Leave Plans		
Non-PTO		
Holidays	<u># Plans</u>	<u>% Plan</u>
None	0	0.0%
6 days	42	6.5%
7 days	32	5.0%
8 days	66	10.2%
9 days	115	17.8%
10 days	135	20.9%
11 days	73	11.3%
Greater than 11 days	155	24.0%
Other	27	4.2%
Personal Days	<u># Plans</u>	<u>% Plar</u>
None	358	62.4%
.1 - 1 day	23	4.0%
1.1 - 2 days	68	11.8%
2.1 - 3 days	67	11.7%
3.1 - 4 days	22	3.8%
4.1 - 5 days	28	4.9%
Greater than 5 days	8	1.4%
Vacation at Date of Hire	<u># Plans</u>	<u>% Plai</u>
None	143	22.5%
Less than 10 days	27	4.3%
10 - 14 days	226	35.6%
15 - 19 days	165	26.0%
20 - 24 days	64	10.1%
Greater than 24 days	10	1.6%

ME LOSS	Gro	up 1
aid Leave Plans		
Non-PTO		
Vacation at 1 Year of Service	<u># Plans</u>	<u>% Plar</u>
Less than 10 days	18	2.8%
10 - 14 days	313	49.2%
15 - 19 days	213	33.5%
20 - 24 days	82	12.9%
Greater than 24 days	10	1.6%
Vacation at 5 Years of Service	<u># Plans</u>	<u>% Pla</u>
Less than 10 days		0.2%
10 - 14 days	52	8.2%
15 - 19 days	398	62.6
20 - 24 days	166	26.1
Greater than 24 days	19	3.0%
Vacation at 10 Years of Service	# Plans	<u>% Pla</u>
Less than 10 days	1	0.2%
10 - 14 days	6	0.9%
15 - 19 days	184	28.9
20 - 24 days	390	61.39
Greater than 24 days	55	8.6%
Vacation at 15 Years of Service	<u># Plans</u>	<u>% Pla</u>
Less than 20 days	46	7.2%
20 - 24 days	493	77.59
25 - 29 days	87	13.79
Greater than 29 days	10	1.6%

ME LOSS	Gro	oup 1
Paid Leave Plans		
Non-PTO		
Vacation at 20 Years of Service	# Plans	<u>% Plar</u>
Less than 20 days	24	3.8%
20 - 24 days	347	54.69
25 - 29 days	246	38.79
Greater than 29 days	19	3.0%
Vacation at 25 Years of Service	# Plans	<u>% Pla</u>
Less than 20 days	24	3.8%
20 - 24 days	274	43.1
25 - 29 days	306	48.1
Greater than 29 days	32	5.0%
Vacation at 30 Years of Service	# Plans	<u>% Pla</u>
Less than 20 days	24	3.89
20 - 24 days	265	41.7
25 - 29 days	278	43.7
Greater than 29 days	69	10.8
Carryover Allowed	# Plans	<u>% Pla</u>
Allowed	468	72.6
Not allowed	159	24.7
Not specified	18	2.89
Maximum Carryover Allowed	<u># Plans</u>	<u>% Pla</u>
1-5 days	106	23.7
6-10 days	47	10.5
11-20 days	36	8.09
21-40 days	147	32.8
Greater than 40 days	112	25.0

ME LOSS	Gro	oup 1
aid Leave Plans		
РТО		
<u>Holidays</u>	<u># Plans</u>	<u>% Plar</u>
None	0	0.0%
6 days	49	8.5%
7 days	38	6.6%
8 days	82	14.39
9 days	91	15.89
10 days	84	14.69
11 days	31	5.4%
Greater than 11 days	43	7.5%
Other	157	27.3
Personal Days	<u># Plans</u>	<u>% Pla</u>
None	66	82.5
.1 - 1 day	1	1.2%
1.1 - 2 days	0	0.0%
2.1 - 3 days	2	2.5%
3.1 - 4 days	2	2.5%
4.1 - 5 days	2	2.5%
Greater than 5 days	7	8.8%
PTO at Date of Hire	<u># Plans</u>	<u>% Pla</u>
None	78	14.09
Less than 10 days	11	2.0%
10 - 14 days	60	10.89
15 - 19 days	161	28.99
20 - 24 days	148	26.59
Greater than 24 days	100	17.99

/IE LOSS	Gro	oup 1
aid Leave Plans		
РТО		
PTO at 1 Year of Service	<u># Plans</u>	<u>% Plan</u>
Less than 10 days	8	1.4%
10-14 days	60	10.8%
15-19 days	187	33.6%
20-24 days	175	31.5%
Greater than 24 days	126	22.7%
PTO at 5 Years of Service	# Plans	<u>% Plar</u>
Less than 10 days		0.2%
10 - 14 days	11	2.0%
15 - 19 days	80	14.4%
20 - 24 days	226	40.6%
Greater than 24 days	238	42.8%
PTO at 10 Years of Service	# Plans	<u>% Plar</u>
Less than 10 days	1	0.2%
10 - 14 days	0	0.0%
15 - 19 days	36	6.5%
20 - 24 days	133	24.09
Greater than 24 days	385	69.4%
PTO at 15 Years of Service	# Plans	<u>% Plai</u>
Less than 20 days	12	2.2%
20 - 24 days	90	16.2%
25 - 29 days	213	38.4%
Greater than 29 days	240	43.2%

/IE LOSS	Gro	oup 1
aid Leave Plans		
РТО		
PTO at 20 Years of Service	<u># Plans</u>	<u>% Plan</u>
Less than 20 days	10	1.8%
20 - 24 days	64	11.5%
25 - 29 days	176	31.7%
Greater than 29 days	305	55.0%
PTO at 25 Years of Service	# Plans	<u>% Plar</u>
Less than 20 days	10	1.8%
20 - 24 days	56	10.1%
25 - 29 days	143	25.89
Greater than 29 days	346	62.3%
PTO at 30 Years of Service	# Plans	<u>% Plaı</u>
Less than 20 days	10	1.8%
20 - 24 days	56	10.1%
25 - 29 days	138	24.99
Greater than 29 days	351	63.29
Carryover Allowed	<u># Plans</u>	<u>% Plai</u>
Allowed	453	78.89
Not allowed	77	13.49
Not specified	45	7.8%
Maximum Carryover Allowed	<u># Plans</u>	<u>% Plai</u>
1 - 5 days	76	17.39
6 - 10 days	33	7.5%
11 - 20 days	22	5.0%
21 - 40 days	151	34.39
Greater than 40 days	158	35.9%

	Gru	oup 1
Defined Benefit Plans		
Type of Plan	<u># Plans</u>	<u>% Plar</u>
Final Average	152	70.7%
Career Average	2	0.9%
Career Average with upgrade	2	0.9%
Cash Balance	56	26.0%
Service Credit	0	0.0%
Retirement Equity	3	1.4%
Eligibility	<u># Plans</u>	<u>% Plai</u>
Immediate coverage	115	53.59
Age 21 with 1 year service	30	14.09
Age 21	3	1.4%
1 year service	47	21.99
Less than age 21	6	2.8%
Other	14	6.5%
Final Average Plans		
Type of Integration	<u># Plans</u>	<u>% Pla</u>
PIA offset	1	0.7%
Covered compensation offset	0	0.0%
Covered compensation excess	8	5.3%
Other integrated	0	0.0%
Not integrated	143	94.19

TIREMENT/SAVINGS	Gro	up 1
efined Benefit Plans		
Final Average Plans		
Maximum Years of Credited Service	<u># Plans</u>	<u>% Plan</u>
Less than 25	0	0.0%
25	1	0.7%
26-29	0	0.0%
30	9	6.1%
31-34	1	0.7%
35	4	2.7%
36-39	0	0.0%
40	10	6.8%
Greater than 40	0	0.0%
Unlimited	123	83.1%
Averaging Period	<u># Plans</u>	<u>% Pla</u>
Less than 3 years / 36 months	3	2.0%
3 years / 36 months	44	28.99
5 years / 60 months	82	53.99
10 years / 120 months	0	0.0%
Other	23	15.19
Averaging Detail - 5 Year/60 Month	<u># Plans</u>	<u>% Pla</u>
High 5/60 non-consecutive in last 10/120	24	29.3%
High 5/60 consecutive in last 10/120	7	8.5%
High 5/60 consecutive	20	24.49
	0	0.0%
Last 5/60		37.89

TREMENT/SAVINGS	Gro	oup 1
efined Benefit Plans		
Final Average Plans		
Averaging Detail - 3 Year/36 Month	# Plans	<u>% Pla</u>
High 3/36 non-consecutive in last 10/120	1	2.3%
High 3/36 consecutive in last 10/120	3	6.89
High 3/36 consecutive	31	70.5
Last 3/36	4	9.19
Other	5	11.4
Vesting Schedule	<u># Plans</u>	<u>% Pla</u>
Immediate	2	1.3
5 year cliff	101	66.4
5 year graded	0	0.0
Other	49	32.2
Earliest Age For Unreduced Benefit	# Plans	<u>% Pla</u>
Age 55	0	0.0
Age 60	14	9.2
Age 62	26	17.1
Age 65	90	59.2
Unknown	1	0.7
Other	21	13.8
Cost of Living Adjustments	<u># Plans</u>	<u>% Pla</u>
None	67	44.1
Automatic	65	42.8
Ad - hoc	20	13.2
Lump Sum Payment Options	<u># Plans</u>	<u>% Pla</u>
Limited	21	10.9
Unlimited	79	40.9
Not allowed	93	48.2

TIREMENT/SAVINGS		oup 1
efined Benefit Plans		
Cash Balance Plans		
Cost of Living Adjustment	<u># Plans</u>	<u>% Plar</u>
None	53	94.6%
Automatic	3	5.4%
Ad-hoc	0	0.0%
Vesting Schedule	<u># Plans</u>	<u>% Pla</u>
Immediate	1	1.8%
5 year cliff	11	19.6
5 year graded	0	0.0%
Other	44	78.6
Investment Credit Rate	<u># Plans</u>	<u>% Pla</u>
Fixed rate	14	25.9
Variable rate	40	74.1
Variable Rate Basis	<u># Plans</u>	<u>% Pla</u>
3 month T-Bill	0	0.0%
1 year T-Bill	0	0.0%
1 year Treasury	0	0.0%
5 year Treasury	5	12.5
10 year Treasury	9	22.5
30 year Treasury	16	40.0
Other	10	25.0

IREMENT/SAVINGS	Gro	oup 1
efined Contribution Plans		
Types of Plans	<u># Plans</u>	<u>% Plan</u>
403b	189	17.4%
401(k)	667	61.2%
Profit Sharing	5	0.5%
Stock Purchase	117	10.7%
ESOP	6	0.6%
LESOP	0	0.0%
Money Purchase	53	4.9%
Other	52	4.8%
Vesting Schedule	<u># Plans</u>	<u>% Plan</u>
Immediate	356	48.2%
3 year	133	18.0%
5 year graded	90	12.2%
5 year cliff	10	1.4%
7 year graded	0	0.0%
Other	149	20.2%
Hardship Withdrawals	<u># Plans</u>	<u>% Plan</u>
Not allowed	114	13.5%
Hardship Withdrawals		
Allowed	<u># Plans</u>	<u>% Plan</u>
403(b)	147	17.4%
401(k)	556	65.6%
Profit Sharing	1	0.1%
Stock Purchase	0	0.0%
ESOP/LESOP	0	0.0%
Money Purchase	6	0.7%
Other	23	2.7%

TIREMENT/SAVINGS	Gro	oup 1
Defined Contribution Plans		
401(k) Plans		
Percentage of Pay Matched (One Fixed Match Rate)	# Plans	<u>% Pla</u>
Less than 6%	178	39.7
6.00%	211	47.1
Greater than 6.00%	59	13.2
Employer Matching Rate (One Fixed Match Rate)	# Plans	<u>% Pla</u>
Less than 50.00%	15	3.4
50.00%	126	28.2
50.01%-99.99%	37	8.3
100.00%	253	56.6
Greater than 100.00%	16	3.6
Employer Investment Options	# Plans	<u>% Pl</u>
1 fund	10	5.1
2 - 5 funds	0	0.0
6 - 10 funds	9	4.6
11 - 15 funds	32	16.
Greater than 15 funds	145	74.
Loans Allowed for 401(k) or 403(b)	# Plans	<u>% Pl</u>
Loans are allowed	748	93.4
Loans are not allowed	53	6.6
403(b) Plans		
Percentage of Pay Matched (One Fixed Match Rate)	<u># Plans</u>	<u>% Pla</u>
Less than 6%	58	65.9
6.00%	24	27.3
Greater than 6.00%	6	6.8

TIREMENT/SAVINGS	Gro	oup 1
efined Contribution Plans		
403(b) Plans		
Employer Matching Rate (One Fixed Match Rate)	# Plans	<u>% Plan</u>
Less than 50.00%	3	3.5%
50.00%	39	45.9%
50.01%-99.99%	3	3.5%
100.00%	31	36.5%
Greater than 100.00%	9	10.6%
Employer Investment Options	<u># Plans</u>	<u>% Plai</u>
1 fund	1	4.3%
2 - 5 funds	10	43.5%
6 - 10 funds	4	17.4%
11 - 15 funds	4	17.4%
Greater than 15 funds	4	17.4%
cock Purchase		
Market Value Determination Method	<u># Plans</u>	<u>% Plar</u>
Lower beginning/end of purchase period	6	5.1%
Lower beginning/end of offering period	18	15.4%
Price at end of purchase period	38	32.5%
Avg. price during purchase period	16	13.7%
Lower avg./end of purchase period	1	0.9%
Price at beginning of purchase period	23	19.7%
Other	15	12.8%
Employer Contribution Type	<u># Plans</u>	<u>% Plai</u>
Discount	89	82.49
Match	19	17.6%

REMENT/SAVINGS	Gro	oup 1
ck Purchase		
Employer Discount	<u># Plans</u>	<u>% Pla</u>
0%	9	10.1
5%	15	16.9
10%	9	10.1
15%	51	57.3
Other	5	5.6
Employee Maximum Contribution Percentage	# Plans	<u>% Pla</u>
0%	0	0.0
1 - 9%	2	1.8
10%	46	41.8
11 - 14%	0	0.0
15%	18	16.4
Greater than 15%	14	12.7
Unlimited	30	27.3

RK LIFE BENEFITS	Gro	oup 1
nefits Offered		
Work Flexibility	# Orgs	<u>% Or</u>
Flextime	434	65.7
Free/Subsidized Parking	533	77.1
Telecommuting	402	60.8
Satellite Workplace	135	21.4
Work at Home	342	53.1
Business Casual	560	87.2
Job Sharing	116	18.2
Wellness/Fitness	# Orgs	<u>% Or</u>
Subsidized Eating Facility	218	33.3
Wellness Program	643	84.6
Onsite Fitness Facility	386	55.1
Paid/Subsidized Offsite Fitness	265	38.8
Family Assistance	<u># Orgs</u>	<u>% Oı</u>
Funeral Leave	701	95.2
College Scholarships	205	30.8
Employee Assistance Plan	762	97.6
Child/Elder Care	352	51.6
Lactation Rooms	590	89.3
Adoption Benefits	364	52.9
Onsite Child Care	100	14.9
Financial Assistance	# Orgs	<u>% Oı</u>
Discount Purchasing	527	74.8
Legal Counseling	463	65.7
Financial Planning Assistance	436	64.6
Gambling Addiction Counseling	241	37.9

