

Overview of Benefits Effective 5/1/09						
Medical						
			Employee Contribution	TPCA Portion	Total Premium	10 Month EmPLY Rate
Aetna HMO						
\$35 PCP Copay	Employee Only		\$ 20.14	\$ 315.57	\$ 335.71	\$ 24.17
\$60 Specialist Copay	Employee/Spouse		\$ 487.08	\$ 315.57	\$ 802.65	\$ 584.50
No deductible	Employee/Children		\$ 335.67	\$ 315.57	\$ 651.24	\$ 402.80
No In-Network Coinsurance	Family		\$ 716.46	\$ 315.57	\$ 1,032.03	\$ 859.75
OOP Max: \$2K/\$4K						
Prescriptions: \$10/\$30/\$50						
Aetna POS						
\$20 Office Visit Copay	Employee Only		\$ 77.71	\$ 292.35	\$ 370.06	\$ 93.25
\$40 Specialist Copay	Employee/Spouse		\$ 592.41	\$ 292.35	\$ 884.76	\$ 710.89
\$1000 Individual In-Network deductible	Employee/Children		\$ 425.51	\$ 292.35	\$ 717.86	\$ 510.61
\$2000 Family In-Network deductible	Family		\$ 845.24	\$ 292.35	\$ 1,137.59	\$ 1,014.29
100% paid after deductible (In Network)						
Prescriptions: \$10/\$30/\$50						
Aetna POS						
\$20 Office Visit Copay	Employee Only		\$ 113.56	\$ 278.03	\$ 391.59	\$ 136.27
\$40 Specialist Copay	Employee/Spouse		\$ 658.21	\$ 278.03	\$ 936.24	\$ 789.85
\$500 Individual In Network Deductible	Employee/Children		\$ 446.99	\$ 278.03	\$ 725.02	\$ 536.39
\$1000 Family In Network Deductible	Family		\$ 870.43	\$ 278.03	\$ 1,148.46	\$ 1,044.52
100% paid after deductible (in-network)						
Prescriptions: \$10/\$30/\$50						
Dental						
MetLife PPO						
Annual Maximum	Year 1	\$ 1,000.00	\$ 4.80	\$ 20.46	\$ 26.58	\$ 5.76
	Year 2	\$ 1,250.00	\$ 28.99	\$ 20.46	\$ 52.04	\$ 34.79
	Year 3	\$ 1,500.00	\$ 33.45	\$ 20.46	\$ 56.72	\$ 40.14
			\$ 62.95	\$ 20.46	\$ 87.73	\$ 75.54
\$50 Individual annual deductible			Preventive Services: 100%			
\$150 Family annual deductible			Basic Services: 80%			
			Major Services: 50%			
			Orthodontia: 50%			
			Orthodontia lifetime max: \$1000			
Life Insurance						
\$40,000 Basic Term Life Insurance per Employee paid by Twin Peaks						
Voluntary Life Insurance						
Employees can purchase additional Term Life Insurance						
Employees are eligible for up to \$100,000 of coverage with no underwriting requirement						
Short and Long Term Disability						
Monthly cost for a \$40,000 salary employee: \$5.27						
Employees's salary is protected at 60% (untaxed) to a weekly maximum of \$1000						
Benefit begins after 7 day waiting period						

Employees choosing not to participate in TPCA Insurance program will receive \$100/month to offset insurance expense elsewhere. Insurance premiums are Payroll deducted in the month prior to effective coverage date.