



NEVADA
YOUR BENEFITS AT A GLANCE
 2009-2010 Plan Year

PLAN	ELIGIBILITY	COST	BENEFITS
HEALTH PLAN	1 st of the month following 90 days of employment. Dependents can be added at that time or during open enrollment, unless there is a "qualifying event"	Biweekly: Employee only: -0- Employee plus one dependent: \$33.30 Employee plus Child(ren) \$34.56 Employee plus two or more dependents: \$41.06	HMO – Tier 1 No deductible and the lifetime maximum is unlimited. Expanded Plan Provider – Tier II Calendar year deductible (CYD) of \$500/member or \$1,500/family and an annual coinsurance maximum of \$2,000/member or \$6,000/family. Annual lifetime maximum is \$2,000,000 of eligible medical expenses (EME). Expanded Plan Provider – Tier II Calendar year deductible of \$500/member or \$1,500/family and an annual coinsurance maximum of \$4,000/member or \$12,000/family. Annual lifetime maximum is \$2,000,000 of eligible medical expenses.
HOSPITALIZATION	Same as Health Care Plan	Included in Health Premium	HMO – Tier 1 \$400/admission (inpatient, including emergency post stabilization care). \$50.00/admission (outpatient). Expanded Plan Provider – Tier II After CYD has been met, member pays 20% of EME. Expanded Plan Provider – Tier II After CYD has been met, member pays 40% of EME plus all charges in excess of EME.
PRESCRIPTION DRUGS	Same as Health Care Plan	Included in Health Premium	\$10 per 30-day therapeutic supply for preferred generic covered drugs \$35 per 30-day therapeutic supply for preferred brand name covered drugs when no generic is available. \$10, plus the difference between the generic and brand name eligible medical expense, per 30-day therapeutic supply for preferred brand name covered drugs when a generic is available \$50 per 30-day therapeutic supply for non-preferred generic or brand name covered drugs.
DENTAL PLAN	Same as Health Care Plan	Included in Health Premium	Annual deductible of \$50.00 per person and \$150 per family. Calendar year maximum per person is \$1,500. Plan will pay 100% for diagnostic/preventive services, 80% for basic services, endodontics and periodontics and 50% oral surgery, major restorative services, prosthetic repairs and adjustments and prosthetics. Orthodontics is not covered.
VISION PLAN	Same as Health Care Plan	Included in Health Premium	Co-pays do not apply to exams or contacts. There is a \$20.00 co-pay for prescription glasses. VSP – Network Eye exams and prescription lenses are covered in full every 12 months. Frames are covered up to \$120.00 every 24 months or every 12months for contact lens care. VSP – Non-Network Eye examinations will be reimbursed up to \$46.00, lenses up to \$95.00, and frames up to \$45.00.
VOLUNTARY BENEFITS	91st day of full employment	Varies, dependent upon Plan(s)	Plans available are: Disability Insurance, Life Insurance, Accident Insurance, Cancer Insurance, Critical Illness Insurance and Hospital Confinement Insurance
SECTION 125 FLEXIBLE SPENDING PLAN (FSA)	One year of employment	Administrative costs \$0 biweekly. for Medical Premium Only \$2.31 biweekly. for all other FSA Premiums	Contributions are made voluntarily by employees on a pre-taxed basis for Medical Premiums, Out-of-pocket Medical Expenses and Dependent Care.

STATEMENT REGARDING BENEFIT PROGRAMS

The company has established a number of employee benefit programs for its eligible employees. Although this Benefits at a Glance document does not restate all of the features of these benefit programs, it provides brief summaries to acquaint employees with some of the key features of the programs. It is important that employees remember that additional terms conditions and limitations regarding program eligibility and benefit entitlement often exist. Official plan documents should be consulted for further information regarding each benefit program. In case of an actual or apparent conflict between the benefit summaries set forth in the Benefits at a Glance document and the terms of the official plan documents, the provisions of the official plan documents, as interpreted in the sole and absolute discretion of the plan administrator, shall control.

In addition, while it is the company's present intention to continue these benefits, the company reserves the right, whether in an individual case or more generally, to modify, curtail, reduce or eliminate any benefit, in whole or in part, either with or without notice. Finally, neither the benefit programs nor their descriptions are intended to create any guarantee regarding employment or continued employment. Employment relationships are for an indefinite term and are terminable at will, either at the option of the employee or the company.



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LONG TERM DISABILITY AD&D	First day of the month following 1 year of employment	Fully paid by the Company	Pays 60% of monthly salary up to a maximum payment of \$10,000 per month after an elimination period of 90 days. Pays 1 times the employee's annual salary up to a maximum of \$150,000.
DEATH BENEFIT	First day of the month following 90 days of employment	Fully paid by the Company	Equal to 2 times the employee's annual salary up to \$50,000 maximum coverage.
401(K) RETIREMENT PLAN COMPANY MATCH	91 st day of full employment One year of employment	Fees: \$1.50 per Quarter	Contributions are made voluntarily by employees up to 25% of eligible pay. The Company will match dollar for dollar, the first 6% of employee contributions per pay period.
SICK LEAVE	91 st day of full employment (All full-time employees)	Fully paid by the Company	Sick leave credits are accrued from the date of employment at the rate of 1.85 hours biweekly up to maximum of 6 days per calendar year.
BEREAVEMENT LEAVE	All full-time employees	Fully paid by the Company	Leave of three to five days given for immediate family members. Length of leave determined by travel time and responsibility for decedent.
EMPLOYMENT REFERRALS	For employees in positions below that of an Assistant Manager	Fully paid by the Company	Once the person you have referred has been employed for 6 months, you will receive \$250, and after the person has been employed for 1 year, you will receive an additional \$250.
HOLIDAYS	All full-time employees	Fully paid by the Company	All full-time employees will be compensated at their regular base pay for the holidays as designated by the annual update to the personnel manual plus one personal holiday.
VACATION	91 st day of full employment (All full-time employees) After 5 years of continuous employment After 10 years of continuous employment	Fully paid by the Company	3.70 hours biweekly for each month of continuous employment during the first 5 years of employment Those in positions of assistant manager or above accrue at the rate of 4.62 hours biweekly 5.54 hours biweekly 7.39 hours biweekly
JURY DUTY	All full-time employees	Fully paid by the Company	Up to 5 days pay equal to your regular salary from company while serving on jury duty.
EDUCATIONAL ASSISTANCE PLAN	91 st day of full employment (All full-time employees)	Fully paid by the Company	Wide range of job related programs available. Minimum grade standards must be met. Expenses reimbursed upon successful completion.
EMPLOYEE ASSISTANCE PROGRAM	All employees and their dependents	Fully paid by the Company	Program provides up to 8 sessions at no charge. Fees will apply on additional services and/or treatments.

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