



HEALTH INSURANCE * DENTAL INSURANCE * VISION INSURANCE * LIFE INSURANCE * DISABILITY INSURANCE * PENSION

BENEFITS SUMMARY

Exclusively for the Employees of

Hamaspik of Orange County



Directory of Plans

Major Medical Insurance

Provided by Oxford Health Plans

Contact:

P.O. Box 7085
Bridgeport, CT 06601
800-444-6222
www.oxhp.com

Dental Insurance

Provided By Guardian Life Insurance

Contact:

888-278-4542
www.glic.com

Vision Insurance

Provided By Guardian Life Insurance

Contact:

888-278-4542
www.glic.com

Life & AD&D

Provided By Guardian Life Insurance

Contact:

888-278-4542
www.glic.com

Long Term Disability

Provided By Guardian Life Insurance

Contact:

888-278-4542
www.glic.com

Pension

Provided by John Hancock

Contact:

800-333-0963
www.jhancock.com

MEDICAL INSURANCE

SUMMARY OF COVERAGE

Provided by Oxford Health Plans

BENEFIT		IN-NETWORK	OUT-OF-NETWORK
FINANCIAL			UCR: 90TH PERCENTILE
Deductible:	Single Family	None None	\$1000 \$2000
Coinsurance		None	30%
Maximum Out-Of-Pocket:	Single Family	Not Applicable Not Applicable	\$4000 (Including Deductible) \$8000 (Including Deductible)
Maximum Lifetime Benefit Per Member		Unlimited	Unlimited
PREVENTIVE CARE			
Physical Examination, Children		No Charge	Subject to Deductible & Coinsurance, \$300 maximum ****
Physical Examination, Adults		No Charge	Subject to Deductible & Coinsurance, \$300 maximum ***
Preventive dental for children (Under age 12)		No Charge	No Charge
OUTPATIENT CARE			
Primary Care Physician office visits ***		\$10 copay per visit *	Subject to Deductible & Coinsurance ***
Specialist Office Visits ***		\$15 copay per visit *	Subject to Deductible & Coinsurance ***
Facility Surgery ***		No Charge	Subject to Deductible & Coinsurance ***
Laboratory services		At Participating Laboratories Only; No Charge	Subject to Deductible & Coinsurance ***
Magnetic Resonance Imaging (MRI)***		No Charge	Subject to Deductible & Coinsurance ***
ALLERGY CARE			
Initial visit, and all subsequent visits		\$15 copay per visit	Subject to Deductible & Coinsurance
HOSPITAL CARE			
Physician's and surgeon's services ***		No Charge	Subject to Deductible & Coinsurance ***
Semi-private room and board ***		No Charge	Subject to Deductible & Coinsurance ***
All drugs and medication		No Charge	Subject to Deductible & Coinsurance
EMERGENCY CARE			
Ambulance service when Medically Necessary At hospital emergency room <i>(If member is admitted to the hospital, notification is required)</i>		No Charge \$50 copay, waived if admitted	No Charge \$50 copay, waived if admitted
Emergency Care in Urgi-Center ***		\$15 copay per visit	Subject to Deductible & Coinsurance ***
MATERNITY CARE			
Prenatal and post-natal care ***		\$10 copay per initial visit	Subject to Deductible & Coinsurance ***
Hospital services for mother and child ***		No Charge	Subject to Deductible & Coinsurance ***
ELECTIVE TERMINATION OF PREGNANCY			

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
FINANCIAL		UCR: 90TH PERCENTILE
We pay a maximum benefit of \$350 per procedure, we cover one procedure per Member per contract year	No Charge	Subject to Deductible & Coinsurance ***
SHORT TERM REHABILITATION		
60 consec. inpatient days per condition / lifetime*** 90 outpatient visits per condition / lifetime	No Charge \$15 copay per visit	Subject to Deductible & Coinsurance *** Subject to Deductible & Coinsurance
HOME HEALTH CARE		
Home care visits *** Physician house calls	\$15 copay per visit \$15 copay per visit *	Subject to 20% Coinsurance *** Subject to Deductible & Coinsurance
SKILLED NURSING FACILITY		
30 days per calendar year ***	No Charge	Subject to Deductible & Coinsurance ***
SUBSTANCE ABUSE		
7 days of inpatient detox. per calendar year *** 30 days of inpatient rehab. per calendar year *** 60 outpatient rehab. visits per calendar year ***	No Charge No Charge No Charge	Subject to Deductible & 50% Coinsurance *** Subject to Deductible & 50% Coinsurance *** Subject to Deductible & Coinsurance ***
NYLG_Classic/Access_01.01.05_v.7		
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH CARE		
30 days of inpatient care per calendar year *** 30 outpatient visits per calendar year ***	No Charge \$15 copay per visit	IN-NETWORK BENEFIT ONLY Subject to Deductible & 50% Coinsurance***
CHIROPRACTIC CARE		
Chiropractic care	\$15 copay per visit	Subject to Deductible & Coinsurance
HOSPICE CARE (210 days)		
Inpatient care*** Outpatient care***	No Charge No Charge	Subject to Deductible & Coinsurance *** Subject to Deductible & Coinsurance ***
ADVANCED INFERTILITY TREATMENT (10,000 PER LIFETIME)		
Specialist office visits*** Outpatient facility services***	\$15 copay per visit No Charge	IN-NETWORK BENEFIT ONLY IN-NETWORK BENEFIT ONLY
EXERCISE FACILITY		
Subscriber Spouse	\$200 reimbursement per 6 month period \$100 reimbursement per 6 month period	\$200 reimbursement per 6 month period \$100 reimbursement per 6 month period
DURABLE MEDICAL EQUIPMENT		
When Medically Necessary and Pre-certified by Oxford in advance and ordered by an Oxford Participating Physician ***	No Charge	Subject to Deductible & Coinsurance ***
MEDICAL SUPPLIES		
Prosthetic Devices	OUT-OF-NETWORK BENEFIT	Subject to Deductible & Coinsurance ***
No Charge for an internal prosthetic device	External devices have no copayment ***	External devices are subject to Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
FINANCIAL		UCR: 90TH PERCENTILE
PRESCRIPTION DRUGS	(Includ	
Tier One****	\$7 Copay	Not Covered
Tier Two****	\$20 Copay	Not Covered

DEPENDENT ELIGIBILITY:

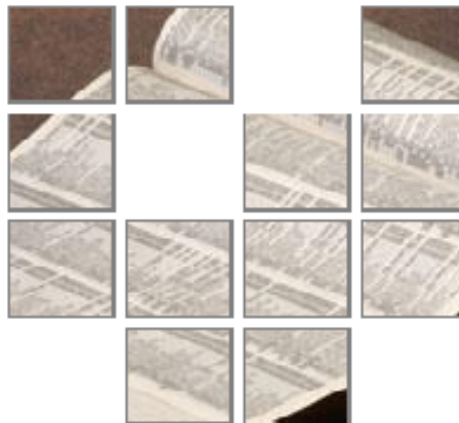
Eligible dependents include the employee's spouse and dependent children until the child reaches age 19, or age 23 if a full time student. Benefits discontinue at the end of the Calendar Year.

* If the provider is your selected PCP, the lower copay will apply. If the provider is a Specialist, the higher copay applies (unless he/she has been authorized by OXHP as your PCP).

*** Please see your Certificate for procedures requiring **precertification** through Oxford. You must call Oxford at 800-444-6222 at least 14 days in advance of treatment to request precertification. Out-of-network Urgent Care, when properly precertified may be paid at member's copay.

Mental health and substance abuse services can be precertified through Oxford's Behavioral Health Department by calling 1-800-201-6991.

****Prescription medication ordered through the Mail Order Drug Program are subject to two applicable retail pharmacy copays.



WHY CHOOSE OXFORD?

About Oxford

Founded in 1984, Oxford Health Plans provides health coverage to employers and individuals in New York, New Jersey, Connecticut, Delaware, and Pennsylvania. Oxford's commercial insured products and services include traditional health maintenance organizations, preferred and exclusive provider organizations, point-of-service plans and consumer directed health plans. Oxford also offers Medicare plans and third party administration of employer-funded benefits plans.

In July of 2004, Oxford merged with UnitedHealthcare. This event brought together two highly complementary companies and has enabled Oxford to better serve its members due to increased flexibility, new products, and enhancements in service. Oxford's employers can expect numerous opportunities to emerge, such as increased national access and new ancillary product opportunities.

For more company information, please visit Oxford's website: www.oxfordhealth.com.

PERFORMANCE

How robust is Oxford's provider network?

The network remains strong with over 85,000 providers at over 120,000 office locations and over 300 hospitals.

Freedom Network – June 30, 2006

State	Family Practice	OB/Gyn	Pediatrician	Internal Medicine	Total PCP	Total Specialist	Grand Total
CT	445	557	774	1,659	3,435	8,194	11,629
NJ	1,262	1,128	1,518	2,657	6,565	12,176	18,741
NY	1,480	1,958	2,652	5,891	11,981	28,282	40,263
Total	3,187	3,643	4,944	10,207	21,981	48,652	70,633
PA	1,333	559	851	1,593	4,336	9,209	13,545
DE	138	64	159	218	579	959	1,538
Total	4,658	4,266	5,954	12,018	26,896	58,820	85,716

Liberty Network – June 30, 2006

State	Family Practice	OB/Gyn	Pediatrician	Internal Medicine	Total PCP	Total Specialist	Grand Total
NJ	1,119	1,023	1,374	2,279	5,795	10,039	15,834
NY	1,207	1,568	2,065	4,595	9,435	20,070	29,505
Total	2,326	2,591	3,439	6,874	15,230	30,109	45,339

Do Members have access to UnitedHealthcare's network?

Yes. Since July 1, 2005, all Oxford members with out-of-network benefits have had in-network access to the national UnitedHealthcare Choice Plus network when outside of the tri-state area. This is great news for parents with college students and travelers of all kinds. Please contact an Oxford service associate at 800-444-6222 to find out if you have access to the UnitedHealthcare Choice Plus network.

Members are encouraged to log on to Oxford’s website to access our enhanced provider search, which now includes United Choice Plus Network doctors outside of the Oxford service area.

United Choice Plus Network:

- 500,000 physicians
- 4,600 hospitals
- 20,000 facilities and professional ancillary providers

Does Oxford provide outstanding service to its Members?

Member satisfaction is a critical measure of Oxford’s success. The following statistics demonstrate how Oxford is committed to providing quality customer service.

Criteria	2005 Average	1Q 2006	2Q 2006
Abandonment Rate (%)	3		6 ¹
Average Claims Turnaround Time (Paid days/Adjudication days)	17.68 (7.84)	16.1 (9.1)	18.2 (8.4)
ID Card Turnaround Time (%) ²	99.9	100	100
Stability of Network Providers: Disenrollment Rate (%) ³		3.6 ⁴	0.9
Claim Financial Accuracy (%)	98.47	98.81	98.6
ID Card Accuracy (%)	99.7	100	99.99
CAG Turnaround Time (days) ⁵	5.9	6.4	6

¹Average of the first two quarters of 2006.

²The percent of cards turned around in 7-10 business days upon receipt of an accurate and complete eligibility file.

³Tri-state providers only.

⁴Larger percent due to network integration between Oxford and UnitedHealthcare, 2005 data only.

⁵Complaints, Appeals, and Grievances.

How many Members and Employer Groups does Oxford have?

The table below illustrates a breakdown of Oxford’s membership:

Criteria	June 30, 2006
POS, PPO and Other Plans	1,157,027
HMO	295,941
Total Fully-Insured Commercial	1,452,968
Medicare	83,141
Third Party Administration	37,193
Total Membership	1,573,302
Employer Groups	86,998

Is Oxford NCQA-accredited?

Oxford Health Plans received “Excellent Accreditation” from the National Committee for Quality Assurance (NCQA), an independent, non-profit organization dedicated to improving managed care quality and service.

According to the NCQA’s accreditation process and review classification, “Excellent Accreditation” is awarded to a managed care organization for service and clinical quality that meets or exceeds NCQA’s rigorous requirements for consumer protection and quality improvement. NCQA’s Standards for Accreditation involve a thorough review of a health plan’s consumer protection and quality improvement systems, and submission of audited data on key clinical service measures (e.g., mammography screening rates, smoking cessation programs, consumer satisfaction, etc.).

Oxford's final NCQA Assessment report and accreditation status, which will last from 6/28/2005 to 6/28/2008, is as follows:

Plan	Accreditation Status	Score
NY Commercial (HMO/POS)	Excellent	91.70
NY Medicare	Commendable	86.96
NJ Commercial (HMO/POS)	Excellent	95.17
NJ Medicare	Commendable	86.48
CT Commercial (HMO/POS)	Excellent	95.99
CT Medicare	Excellent	93.42

How financially stable is Oxford?

See below for Oxford's financial stability according to various Financial Rating Agencies:

Company	Agency Ratings			
	S&P	A.M. Best	Fitch	Moody's
United Health Group, Inc	A	A	A	A3
Oxford Health Insurance Inc.	N/A	A-	A+	N/A
Oxford Health Plans (CT) Inc.	N/A	A-	A+	N/A
Oxford Health Plans (NJ) Inc.	N/A	A-	A+	N/A
Oxford Health Plans (NY) Inc.	A	A-	A+	N/A

Are Oxford Members, BAs and physicians satisfied?

- 94% of Oxford Members are satisfied with our plans.¹
- 93.1% of BAs (Benefit Administrators) intend to renew with Oxford.²
- Providers in the tri-state area identify Oxford as "The best managed care company" by a two-to-one margin over other managed care companies in a recent survey. They have also rated Oxford above other competitors as a company that is financially stable, and also possessing a strong and stable management team.³

¹Based on a survey by Walker Information, Q3/04. Results based on Top 3 box scores.

²Based on a survey by Walker Information, Q2/04.

³Based on a survey by Walker Information, Q3/04.

How is Oxford simplifying administration for BAs and Members?

At their convenience, BAs and Members can perform a number of administrative functions at our award-winning web site, www.oxfordhealth.com. For example, BAs can check employee eligibility, enroll employees or dependents, and perform monthly bill inquiries. Members can check benefits, request materials or ID cards, and search for physicians. And, we will continue to add new functionality to make doing business with Oxford even easier.

Idea Management SystemSM (IDEA): IDEA Group enrollment gives you the ability to enroll your small Groups online, which can save you time, reduce your administrative costs and increase the efficiency of your transactions with Oxford. After we receive the necessary documentation, you will be able to track the status of your submission. Following the completion of the Group's enrollment, you can download the Approval Letter and Group Application. On your anniversary you will be able to renew your group online, including the option to quote alternate renewal plan designs.

Direct Debit Program: As of June 1st, 2006, Oxford began offering direct debit (Electronic Funds Transfer) to our new and renewing groups. Direct debit is the most convenient, secure, and cost effective method to remit monthly premium payments. This process allows new and existing commercial groups to authorize

Oxford Health Plans to electronically withdraw the group's monthly premiums directly from a specified bank account. The group will continue to receive an invoice summary indicating the amount due. Oxford will debit the amount due located on the invoice summary, including all adjustments generated after the invoice summary. This program is available to all commercial and Public Sector group accounts.

MEDICAL PROGRAMS

Which programs differentiate Oxford from its competitors?

Along with quality healthcare coverage, our health plans offer our Members access to the following programs, designed to provide education and guidance for living a healthier life.

Subimo® Healthcare Advisor™

We believe that our Members should be empowered with the necessary information to better understand and manage their health. That is why we have contracted with Subimo®, a Leapfrog-approved vendor, to educate our Members and help them make informed decisions about their healthcare. The Subimo® Healthcare Advisor™ provides our Members with objective information about specific conditions and procedures, treatment options, questions to ask their doctor or insurance company, and expectations during recovery.

Subimo® PharmaAdvisor™

Members get even more guidance when selecting and researching quality care. The new Subimo® PharmaAdvisor™ helps Members make informed pharmacy-related decisions. This interactive tool is condition-based, and it allows users to access customized information about prescription and non-prescription drugs commonly used to treat a specific condition. Users can also research drug alternatives, compare drugs and even obtain a list of questions to ask their doctor.

Rare Chronic Care (RCC) Program

Our Rare Chronic Care (RCC) program is designed for Members identified as having Multiple Sclerosis, Myasthenia Gravis, Hemophilia, Cystic Fibrosis, or Lupus. The program assists Members with all aspects of their healthcare needs, resulting in improved health status and quality of life. Through this program, nurses provide education and telephonic intervention regarding symptom management and medication adherence, focusing on lifestyle modification and education.

Active Partner® Education and Outreach

Our Active Partner® Education and Outreach programs are designed to assist our Members with such chronic conditions as asthma or heart disease. We have expanded our programs to assist all of our Members with these conditions, regardless of severity. Our programs promote understanding to help Members take an active role in managing their condition. These programs include:

Better Breathing®

This program is designed to support children and adults who suffer from asthma and help them better manage their condition. Better Breathing® complements the care a Member receives from his or her doctor by providing additional information and answers to their questions. Members enrolled in this program learn more about asthma triggers and how to avoid them, as well as the proper way to administer their medication.

Living With DiabetesSM

This program is designed to educate diabetic Members about their condition and to encourage them to work with their physician on a personal treatment plan to control their diabetes. Through such resources as educational materials and support organizations, Members in this program can learn how to monitor their

diabetes through education, diet, and awareness. Members will also receive general support and assistance in managing their condition.

Oxford Cancer Support ProgramSM

Oxford's extensive Oxford Cancer Support ProgramSM is designed for high-risk cancer patients when they are undergoing active treatment. Patients entering the program are assigned a case management team consisting of a registered nurse and a social worker. Together they offer customized support to the Member, his or her physicians and family caregivers, providing a wealth of services that support medical treatment. The program focuses primarily on assisting Members with a potential to develop complication associated with cancer treatment and is offered to Members who are over the age of 18 and in active treatment.

Active Care EngagementSM (ACE) Program

Our Active Care EngagementSM (ACE) Program is for high-risk Members with congestive heart failure, coronary artery disease and/or diabetes. The program is designed to help Members manage their chronic condition, resulting in improved health status and quality of life. Through this program, nurses provide education and telephonic intervention regarding symptom management and medication adherence, focusing on lifestyle modification and education. Additionally, the ACE program assists physicians in their successful management of such chronically ill Members.

Heart SmartSM

This program helps Members with cardiovascular disease (CVD) and congestive heart failure (CHF) who are not in the high-risk ACE program described above understand to improve their health and quality of life. Materials are available to educate Members about hypertension, cholesterol management, the immediate and long-term needs associated with medication compliance, and lifestyle modification.

Welcome Home Program

The Welcome Home Program was implemented at Oxford Health Plans in the second quarter of 2005. It targets many of our Medicare and Commercial Members prior to hospitalization and/or after discharge from an inpatient facility. The goal of the program is to ensure an appropriate discharge plan is in place for each Member once they transition to home. A dedicated team of Case Managers place a phone call to the Member's home and assess the plan for timeliness and to check if any additional services or referrals are required.

Transition Coach Program

The Transition Coach Program has been introduced to Medicare and Commercial Members who meet certain criteria following a hospital stay. The Members are contacted and visited in their home by a Nurse Practitioner soon after a hospitalization to assist with the transition from hospital to home. The goal is to improve the Member's health outcomes through secondary prevention.

Active Partner[®] Preventive Programs

Our Members want to be healthy, and we want to help. Oxford's preventive programs include:

Healthy Bonus[®]

The Healthy Bonus[®] program offers Members discounts on a wide variety of health-related products including spa services, weight loss, fitness, nutrition, and publications. The program includes offers from vendors such as Brookstone[®], Safe Beginnings[®], Princeton Ski Shops, Quitnet and Foot Solutions.

Exam Reminders

We want our Members to recognize the key to total health and wellness: preventive care. Reminder mailings are sent to Members who have not received a preventive exam within the recommended time period, based upon clinical guidelines. These mailings are personalized to meet the unique healthcare needs of our Members.

Healthy Mother, Healthy Baby®

Healthy Mother, Healthy Baby® focuses on the importance of prenatal care throughout the expectant Member's pregnancy, as well as postnatal care for mother and child. We send the expectant Member a comprehensive mailing to both educate and prepare her for the birth of her baby. After the child is born, the mother will receive a second mailing, with important information about immunizations.

Healthy Mind Healthy Body® Magazine

Healthy Mind Healthy Body®, mailed to Members twice a year, features articles on prevention, exercise, condition management and nutrition. It also includes important benefits update information, regulatory updates and information about external support organizations.

Additional Programs

Complementary and Alternative Medicine (CAM) Program

Oxford was the first health plan in the area to offer a comprehensive Complementary and Alternative Medicine (CAM) Program with a credentialed network of providers, including nutritionists, acupuncturists, chiropractors, yoga, and massage therapists (providers vary by state). This program provides our Members with more choices on their path to wellness.

Gym Reimbursement Program (not part of Healthy Bonus)

Members must complete a minimum of 50 visits per six-month period to receive a \$200/\$100 reimbursement toward their membership. Covered spouses/domestic partners receive up to \$100/\$50 per six-month period. Members must submit a Gym Reimbursement Form to Oxford to qualify.*

*Please note that the Gym Reimbursement is not available with all plans. Check your Certificate of Coverage to determine eligibility. Reimbursement for domestic partners is limited to Members of Groups that purchased domestic partners coverage. These amounts represent the most common level of reimbursement. Some Groups may purchase a higher level of reimbursement. Reimbursement levels vary by location.

DENTAL INSURANCE

SUMMARY OF COVERAGE

Provided by Guardian Life Insurance

Preventive Care benefits are payable at 100% for the following services: Oral Examination (evaluation) or a Routine Examination once in six months, Prophylaxis (cleaning) once in six months, X-Rays, and Bitewing. The following services will be covered for dependents only: Sealant and Space Maintainers are covered up to age sixteen, Fluoride Treatment and Appliances for control of oral habits are covered up to age fourteen..

Basic Care benefits are payable at 90% in network and 80% out of network for the following services: Consultation once in twelve months, Oral Surgery, Root Canal Therapy, Fillings limited to one per surface, Biopsy of Oral Tissue, Stainless Steel Crowns, Emergency Exams, Anesthesia, Antibiotic Injection, Periodontal Scaling.

Major Care benefits are payable at 60% in network and 50% out of network for the following services: Crown, Bridgework, Repair of complete or partial denture, bridge or crown, Tissue conditioning , Posts and buildups, Inlays, Onlays, Labial Veneers or Amalgam for teeth that had root canal therapy.

A **\$50 annual deductible** applies combined for all Basic and Major Services in & out of network as well as for Preventive Care out of network. The deductible only applies to a maximum of three members of a family.

The maximum payable for all services mentioned above is **\$1,500** per family member every year without a family maximum. This maximum does not include orthodontic benefits.

Orthodontic Coverage is covered at 50% for dependents up to age 19 the following services: Formal, full banded retention and treatment (braces) including x-rays and other diagnostic procedures. The ortho maximum payable is \$1,500 per dependent.

Network In order to avoid higher charges and reduced benefit payment, the insured person may obtain care from Guardian's PPO network. You may find a dentist at www.glic.com or urge your personal specialist to enlist with the plan. You may also utilize any doctor of your choice at an out of network basis to be reimbursed at the UCR level.



VISION INSURANCE

SUMMARY OF COVERAGE

Provided by Guardian Life Insurance

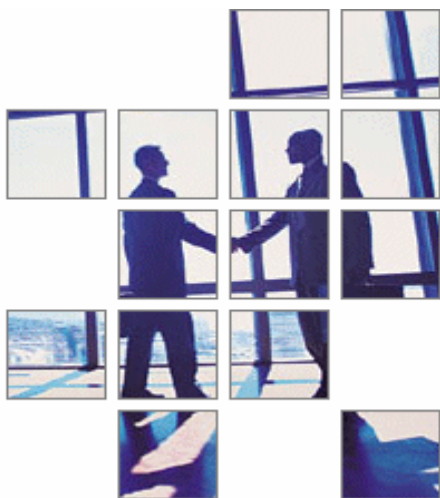
Vision Care covers a routine eye exam every 12 months and ONE of the following:

Up to \$100 for a set of frames each 24 months and two lenses (one pair)

OR

Up to \$100 for two Contact lenses (one pair) every 24 months.

In addition, if hardware is purchased at a Preferred Provider you will receive a 20% discount on



the hardware. Guardian will cover only the charges for the initial purchase of glasses, lenses, or contacts. For example, if a covered person purchases a pair of glasses for \$60.00 the remaining \$40.00 of the \$100 allowance will be unused. Even if a member only purchased only frames and wishes to purchase the lenses at a later date, the remaining allowance will not be banked. One must purchase all of the allowance at once. There will be a new \$100 allowance starting 24 months from date of purchase.

Exams

No cost if performed by a VSP (in network) provider or reimbursed up to \$46 for out of network exams.

Hardware:

Glasses Combined Lenses and Frames up to \$100 plus a 20% discount when purchased in network.

Contact Lenses up to \$100.

In any 24 month Guardian pays benefits for either glasses or contact lenses, but not both.

TERM LIFE AND AD&D

SUMMARY OF COVERAGE

Provided By Guardian Life Insurance

Group Term Life Insurance **Coverage Amount \$25,000**

There is a \$25,000 life insurance policy for the company employee.

There is a 35% reduction of benefits at age 65 and additional 25% reduction at age 70.

Employees may be eligible for the benefit during disability benefit.

Accidental Death & Dismemberment Insurance

Coverage Amount \$25,000

Coverage for employees harmed by an accident.

Benefit Amounts

Full benefit is paid when an employee loses:

Life

Both hands and both legs

Both hands

Both legs

Complete loss of sight

Complete loss of hearing

Complete loss of speech

Half benefit is paid when an employee loses:

One Hand

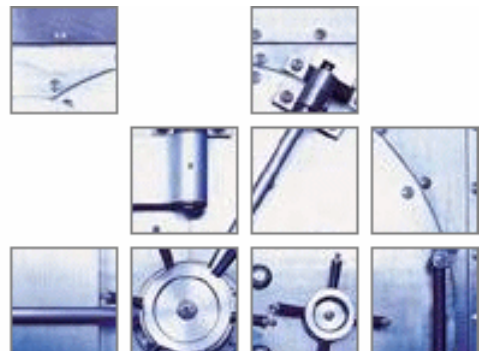
One Foot

Sight of one eye

Hearing in one ear

Quarter of the benefit is paid when an employee loses:

Thumb or index finger

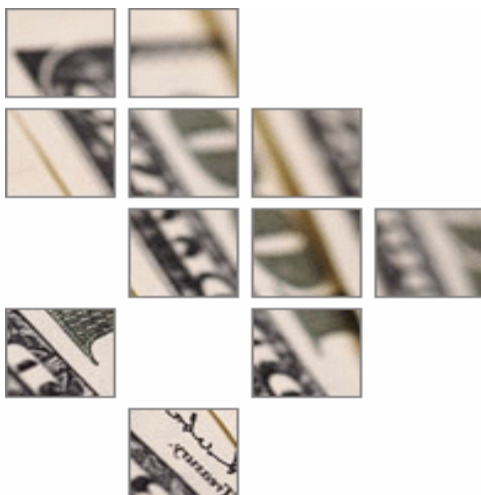


LONG TERM DISABILITY

SUMMARY OF COVERAGE

Provided by Guardian Life Insurance

Long Term Disability coverage reimburses the employee a percentage of the regular earning when confined to extended leave of absence due to disability.



Waiting Period 90: Days from date of disability

Benefit Duration: Covered until age 65

Benefits Payable: 66 2/3%

Monthly Benefit Maximum: \$10,000

Definition of Disability: Inability to hold own occupation or any occupation.

Minimum Benefits: \$50

Other Coverage Features:

Rehabilitation Services when deemed appropriate entitling employee to 110% of prior benefit amount.

Mental Health and substance abuse benefits limited to a combined lifetime max of 24 months.

Plan Highlights: Innovative Managed Disability Services help the disabled employee return to his or her maximum potential and help employers minimize the indirect cost of a disability. Highly skilled specialists work closely with the employer, disabled employees and their doctors to encourage and support return to work efforts.

Services Include: Social Security Filing Assistance, Vocational Rehabilitation Services, Return-to-Work assistance, Early Alert Program, ADA Infoline, W-2 Preparation with Employer IFA Matching.

Definition of Earnings:

An employee's basic weekly wage in effect on the date of disability, including any deferred earnings under a qualified deferred compensation plan. Commissions, bonuses, overtime pay and tips are excluded.

HAMASPIK NETWORK Retirement Savings Plan Plan Highlights

Introduction:

This document is intended as a guide, to acquaint you with the highlights of the Hamaspiik Network Retirement Savings Plan (the "Plan"). The actual provisions of the Plan are contained in a formal Plan document. You may also refer to the Plan's Summary Plan Description, which contains more details about the following and other Plan provisions, as required by law.

General

This plan is effective as of January 1, 2005, and is being sponsored by your Employer to help you save towards retirement. Your Employer will pay contributions into the plan on behalf of the employees who meet the plan's eligibility requirements. No employee contribution is necessary in order to benefit from this plan.

If you satisfy the eligibility requirements, you will automatically enter the plan effective as of the next January 1 or July 1 following completion of one year of employment.

Examples:

Hire Date	1 Year completed	Entry Date
2/15/2004	2/15/2005	7/01/2005
9/15/2005	9/15/2006	1/01/2007

Eligibility Requirements and Entry Date

To be eligible to participate in this plan, you must be at least age 21, you must work at least 1,000 hours per year, and must be employed in any of the following job classifications:

Assistant Director
Auditor
Bookkeeper
Comptroller
Coordinator
Directors
Executive assistant
Liaison
Manager
Quality Assurance
Registered Nurse (RN)
Supervisor
Surveyor

Anyone who is not employed in one or more of the above job classifications, or is performing services as an independent contractor, is NOT eligible to participate in the plan.

Company Contributions

Each year, your Employer will make a contribution to the plan on your behalf, based upon the following schedule:

- I. Salaried Employees 5% of pay
(must work at least 40 hours or more combined at all Hamaspiiks)
- II. Hourly Employees:
 - a) Employees who work between 25-30 hours per week: 2.5% of pay
 - b) Employees who work between 31-39 hours per week: 4% of pay
 - c) Employees who work 40 hours or more per week: 5% of pay.

Although it is the intention of the Employer to maintain this contribution schedule, the Employer retains the right to increase or decrease, temporarily suspend or even eliminate the contributions entirely, depending upon budgetary requirements and availability. Proper advance notice, as required by law, will be given in advance of any change before the change becomes effective.

HAMASPIK NETWORK

Retirement Savings Plan

Plan Highlights

Vesting

You will accrue vested rights to your share of Company Contributions based on your years of service with your Employer, as stated below:

1 year:	0%
2 years:	0%
3 years:	0%
4 years:	0%
5 years or more:	100%

Years of Service are counted beginning with the effective date of this plan (1/1/05) or your date of hire, whichever later).

Miscellaneous Features

Investment Options and Investment Changes

Contributions will be deposited into an account which is earmarked on your behalf.

You will have the opportunity to direct the investment of the contributions made on your behalf from among any or all of the investment options made available in the Plan. You may change your investment elections daily.

Information about the value of your account and how it is being invested will be available to you via an automated phone system and via the Internet, 24 hours a day.

Rollovers from other Qualified Plans

A participant who has accounts from other qualified plans may voluntarily roll over those balances into this plan. Rollover accounts will be accounted for separately, and may be withdrawn at any time, subject to income tax requirements as above.

401(k) Savings

Salary Deferral Contributions

Effective 1/1/06, you may also contribute (save), on a pre-tax basis, up to 100% of your pay each pay period, up to the annual IRS maximum. (The IRS maximum for 2006 is \$15,000; if you are age 50 or older, you may make an additional catch-up contribution of up to \$5,000.) You may begin salary deferrals on the first day of any month after you enter the Plan. You may also change your salary deferral savings amount quarterly.

Vesting

You are always 100% vested in your own 401(k) contributions.

Withdrawals

You may receive money from your account for the following events:

- Age 60 and fully vested
- Death
- Disability
- Termination of employment

Note: Distributions from the plan are subject to income taxes in the year of receipt, unless the distribution is directly rolled over to another qualified retirement plan or IRA. If the distribution is not rolled over, the IRS requires 20% federal tax withholding. In addition, if you are under age 59-½, a 10% IRS early distribution penalty may apply.

Loans

Loans are not available from this plan.

This is a brief summary of your Plan and is not intended to supercede or supplement the Plan document or Summary Plan Description. If there is any discrepancy between this summary and the Plan document, the Plan document will govern. Please contact your Employer if you have any questions or would like to review the Plan document. This information is not intended to be tax or legal advice. If you have questions about your particular situation, consult your own tax advisor.

Please call us with
Questions or Concerns...

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This is not a contract. This is only a benefit summary. For complete information of all your benefits, refer to your evidence of coverage. In the event a conflict exists between the information contained on this summary and the actual terms of a group policy, the terms of the policy will prevail.