

**WELCOME TO JOHNSON MACHINERY COMPANY**

**Revised 05/01/08**

We would like to welcome you to Johnson and give you information regarding your health and welfare benefits.

**LIFE INSURANCE**

Johnson Machinery Company pays for a life insurance policy for you. It is effective after 90 days of service. The policy value increases with your length of service:

- 90 days = \$30,000
- 1 year = \$40,000
- 2 years = \$50,000
- 3 years = \$60,000

**PROFIT SHARING**

You are eligible for participation in the Profit Sharing Trust after completing one full calendar year of employment. Please see the Profit Sharing Trust Summary Plan Booklet for additional information.

**401k PLAN**

You are eligible to participate in the Plan on the first of the month after your hire date. Pre-tax contributions of up to 50% by you are allowed. After 12 months of service Johnson will match your contributions dollar-for-dollar up to 5%. Please see the 401k Plan Summary for additional information.

**MEDICAL / DENTAL PLANS**

You are eligible for medical and dental coverage on the first of the month following 90 (ninety) days of service. The following **monthly** rates are effective 5-1-08 for our health plans.

	<b>MEDICAL INSURANCE</b>		<b>DENTAL INSURANCE</b>	
	<b><u>KAISER HMO</u></b>	<b><u>PACIFICARE HMO</u></b>	<b><u>JMC DENTAL</u></b>	<b><u>UNITED CONCORDIA</u></b>
<b>Associate</b>	<b>\$39</b>	<b>\$48</b>	<b>\$16</b>	<b>\$6</b>
<b>Associate + Spouse</b>	<b>\$195</b>	<b>\$230</b>	<b>\$22</b>	<b>\$11</b>
<b>Associate + Child</b>	<b>\$188</b>	<b>\$215</b>	<b>\$24</b>	<b>\$11</b>
<b>Associate + Children</b>	<b>Same as Associate + Child</b>			<b>\$17</b>
<b>Family Coverage</b>	<b>\$287</b>	<b>\$372</b>	<b>\$35</b>	<b>\$17</b>

**PLAN A Kaiser HMO:** \$25 co-payment for physician visit. Prescriptions: \$15 Generic/\$30 Brand name. Chiropractic benefit \$15 visit/30 visits year. \$100 emergency room co-payment. \$500 hospitalization co-pay. See summary booklets for each plan for detailed information and requirements.

**PLAN B PacifiCare HMO:** \$15 co-payment for physician visit /\$30 for specialist. \$20 Generic\$30 Brand Name/\$50 non-formulary. Chiropractic benefit \$15 visit/30 visits year. \$100 emergency room co-pay. \$400 hospitalization co-pay. See summary booklets for each plan for detailed information and requirements.

**United Concordia HMO DENTAL:** A dental maintenance organization where you choose a participating dental office to receive your care. Exams, X-rays, and cleaning twice a year with no charge. Small co-payments apply according to the procedure necessary. No deductible or claim forms. See Schedule of Benefits for additional information.

**JMC Assurant PPO DENTAL:** An insured plan in which you can receive treatment from any dentist. Annual deductible for each member with a family maximum. Plan pays 80% of exam, x-rays, cleanings, and basic services (preventative services limited to twice a year); pays 60% of major services; pays up to \$1,500 for orthodontic services. Please refer to the summary plan booklet for additional provisions.