

# WELCOME TO JOHNSON MACHINERY COMPANY

Revised 05/01/09

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 5-1-09 for our health plans.

	<b>MEDICAL INSURANCE</b>			<b>DENTAL INSURANCE</b>	
	<b><u>KAISER HMO</u></b>	<b><u>BLUE CROSS HMO</u></b>	<b><u>BLUE CROSS HSA</u></b>	<b><u>JMC DENTAL</u></b>	<b><u>UNITED CONCORDIA</u></b>
<b>Associate</b>	\$50	\$55	\$55	\$16	\$7
<b>Associate + Spouse</b>	\$220	\$260	\$260	\$26	\$12
<b>Associate + Child</b>	\$210	\$240	\$240	\$28	\$12
<b>Associate + Children</b>	Same as Associate + Child				\$18
<b>Family</b>	\$315	\$405	\$405	\$41	\$18

**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 Blue Cross HMO:** \$20 co-payment for physician/specialist visit. \$10 Generic/ \$20 Brand Name/ \$40 non-formulary. Chiropractic benefit \$15 visit/30 visits year. \$100 emergency room co-pay. \$250 hospitalization co-pay. See summary booklets for each plan for detailed information and requirements.

**PLAN C Blue Cross HSA:** High deductible plan with compatible Health Savings Account (HSA). Access to Prudent Buyer PPO network. Calendar year Deductible is: \$2,500 single coverage and \$5,000 if more than one person is covered. 100% coverage after deductible met. 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.