

## **2007 INSURANCE OVERVIEW**

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All full time employees are eligible for group insurance after 90 days of employment. Our group plan offers a combination of major medical, short term disability, dental, and life insurance. Employees that choose not to be enrolled are advised that they may be required to provide proof of insurability if at some future date they wish to participate. They will also be asked to sign a waiver of benefits. Employees whose spouses have health insurance coverage available through another source will be charged the full current premium rate for single coverage if they elect to be covered under the Keen Transport plan.

If you choose to participate in our group plan you will receive detailed information including our Health Care Benefits Handbook and coverage cards prior to the effective date of coverage. Keen Transport Inc. reserves the right to amend the plans or coverage at any time. Read your plan booklet carefully. As with most types of insurance there may be provisions, exclusions, or cost containment features that affect your coverage.

Keen also provides for employees to have their insurance contributions deducted in pre-tax dollars through the Flex-Plan provision available under IRS Code 79,105,106,125 & 129, as amended from time to time. Employees that participate in insurance coverage must make an election as to how their insurance will be funded. Our 125 Plan also includes a Medical Reimbursement Account and Dependent Care Account options.

### **Overview of Group Plan**

Employee contributions are deducted each pay period. The plan permits group Life Insurance and Short Term Disability coverage to be selected without the major medical portion. Employees may elect to waive all coverage. Dental insurance may be elected independent of other coverage; costs are detailed later in this section.

**Option One:** Enroll in Health, Life & Short Term Disability Coverage:

<b>Membership category</b>	<b>2007 Employee contribution per month</b>
Member only	\$85.00
Member and child(children)	\$140.00
Member & Spouse	\$170.00
Family coverage	\$225.00

**Option Two:** Waive Health coverage and enroll in Life and Short Term Disability only  
Employee Contribution:           Cost for both.....\$10.00 @ month

### **Health Insurance: Highmark Blue Shield**

Refer to your handbook for specific coverage, exclusions, deductibles and plan provisions. General highlights of the plan include:

- The plan year begins January 1<sup>st</sup> and ends December 31<sup>st</sup> each calendar year.
- To take full advantage of plan benefits, participants must stay within the PPO provider network.
- Employees may go to any provider to receive services however going outside the PPO network will result in higher charges to the participant.
- Deductibles and co-pay amounts are the same for all employees.
- Coverage cards and handbook will be provided prior to the effective date of coverage.

**It is the responsibility of each group member to review the handbook to obtain detailed information about our coverage.**

**Prescription Drug Benefit**

Prescription card for short term (30 day) treatment. There is a \$50 deductible per family member, per calendar year; payable the first time the card is used each calendar year.

- Card charges are as follows:
  - Deductible \$50.00 per person per calendar year
  - Generic \$15.00 co-pay
  - Brand \$30.00 co-pay
  - Non-Formulary \$60.00 co-pay

Long term or maintenance prescriptions are available through **Medco Pharmacy Service**.

- Mail in (90 day supply) charges are as follows:
  - Generic \$30.00 co-pay
  - Brand \$60.00 co-pay
  - Non-Formulary \$95.00 co-pay

Coverage ID card will be provided prior to the effective date of coverage. One card serves both the health and prescription service.

**Short term disability coverage**

A weekly Short Term Disability benefit of \$150 per week after a 7 day waiting period for illness. The maximum benefit period is 26 weeks.

- After one year of full time employment, a supplementary schedule of benefits is available based on years of service with Keen Transport Inc. This schedule is provided as a Company benefit and is not a part of the STD insurance benefit.
- Employees pay one premium for both the life and STD coverage if elected without participating in the group health plan.

**Life Insurance Coverage**

New employees are enrolled with \$10,000 term coverage including an AD&D provision. Employees pay one premium for both the life and STD coverage if elected without participating in the group health plan.

**Dental Insurance Coverage- United Concordia, “Advantage Plus” network.**

Available to all full time employees on a fully contributory basis, the employee pays 100% of the cost of coverage. As of January 1, 2007, the premiums are:

<b>Membership category</b>	<b>Base Plan per month</b>	<b>Buy- up Plan per month</b>
Member only	• \$14.97	• \$20.80
Member and child(children)	• \$31.30	• \$43.50
Member & Spouse	• \$34.34	• \$47.87
Family coverage	• \$50.81	• \$70.63

Complete information regarding coverage will be discussed at the time of hire.

*This overview is provided for informational purposes to assist you in your enrollment decision. Detailed information regarding plan coverage will be mailed to you should you elect to participate. The information and cost provided is subject to change and neither implies or expresses any guarantee of coverage or plan provisions.*