

McElroy Truck Lines, Inc.

Schedule of Benefits for Plan Year 2008

Medical Insurance- UnitedHealthcare; find doctors and hospital- www.myuhc.com

Dental Providers- www.deltadentalins.com

MEDICAL INSURANCE	SILVER PLAN	GOLD PLAN	PLATINUM PLAN
Plan Cost (Weekly)			
Employee/Employee+1/Family	\$18.00 / \$36.00 / \$53.00	\$32.00 / \$62.00 / \$93.00	\$48.00 / \$87.00 / \$147.00
Plan Coverage			
Deductible/Coinsurance/Out of Pocket Max			
PPO	\$2,000 / 70% / \$4,000	\$1,000 / 80% / \$2,000	\$500 / 90% / \$1,000
Non-PPO	\$4,000/50%/Unlimited	\$3,000 / 50% / Unlimited	\$1,500 / 50% / Unlimited
Office Visit Co-pay			
Primary Care	None	\$30.00	\$25.00
Specialist Care	None	\$60.00	\$50.00
	<i>Subject to deductible and Coinsurance</i>		
Diagnostic Services (X-Ray and Lab)			
PPO	70%	80%	80%
Non-PPO	50%	50%	50%
	<i>After applicable deductible</i>	<i>After applicable Deductible</i>	<i>IP/OP- After applicable deductible</i>
		<i>With OV- No deductible</i>	<i>With OV- No deductible</i>
Hospital Services (IP and OP)			
PPO	70%	80%	90%
Non-PPO	50%	50%	50%
	<i>After applicable deductible</i>	<i>After applicable Deductible</i>	<i>After applicable Deductible</i>
Hospital Services (ER)			
PPO	70%	80%	90%
		<i>After \$250 co-pay</i>	<i>After \$150 co-pay</i>
Non-PPO	50%	50%	50%
	<i>After applicable deductible</i>	<i>After applicable Deductible</i>	<i>After applicable deductible</i>
Preventative Care/Newborn Care			
PPO	Not Covered	100% / 80%	100%
Non-PPO	Not Covered	Not Covered	Not Covered
		<i>\$30 Co-pay</i>	<i>\$25 Co-pay</i>
All Other			
PPO	70%	80%	90%
Non-PPO	50%	50%	50%
	<i>After applicable deductible</i>	<i>After applicable deductible</i>	<i>After applicable deductible</i>
Prescription Drug Co-pay (30 day/90 day)			
Generic	\$10 / \$20	\$10 / \$20	\$10 / \$20
Preferred Brand	Not Covered	\$40 / \$80	\$30 / \$60
Non-Preferred	Not Covered	\$60 / \$120	\$50 / \$100
	<i>After \$50 annual deductible</i>	<i>After \$50 annual deductible</i>	<i>After \$50 annual deductible</i>

TURN OVER

LIFE INSURANCE	SILVER PLAN	GOLD PLAN	PLATINUM PLAN
Plan Cost			
Employee (Basic Coverage) Employee (Additional Coverage) Spouse Child(ren)	No Charge Age-Based Age-Based Amount-Based	No Charge Age-Based Age-Based Amount-Based	No Charge Age-Based Age-Based Amount-Based
Plan Coverage			
Employee (Basic Coverage) Employee (Additional Coverage) Spouse Child(ren)	1 Times Earnings 1 or 2 Times Earnings 1 or 2 Times Earnings \$5,000 or \$10,000	1 Times Earnings 1 or 2 Times Earnings 1 or 2 Times Earnings \$5,000 or \$10,000	2 Times Earnings 1 or 2 Times Earnings 1 or 2 Times Earnings \$5,000 or \$10,000
SHORT-TERM DISABILITY	SILVER PLAN	GOLD PLAN	PLATINUM PLAN
Plan Cost			
Employee	Salary-based \$.50/\$10 covered payroll	Salary-based \$.40/\$10 covered payroll	No Charge for \$750.00/week
Plan Coverage			
Employee	60% of Weekly Earnings; max \$500.00/week	60% of Weekly Earnings; max \$500.00/week	60% of Weekly Earnings; max \$750.00/week
VISION INSURANCE	SILVER PLAN	GOLD PLAN	PLATINUM PLAN
Plan Cost			
Employee Employee + 1 Family	NO CHARGE	NO CHARGE	NO CHARGE
Plan Coverage			
Based on medical plan selection	Annual Exam- 1/year Lenses- Every 2 years Frames- Every 2 years	Annual Exam- 1/year Lenses- 1/year Frames- Every 2 years	Annual Exam- 1/year Lenses- 1/year Frames- 1/year
DENTAL INSURANCE	SILVER PLAN	GOLD PLAN	PLATINUM PLAN
Plan Cost (Weekly)			
Employee/Employee + 1/Family	\$4.00 / \$8.00 / \$12/00	\$5.00 / \$10.00 / \$16.00	\$6.00 / \$12.00 / \$20.00
Plan Coverage			
Deductible Individual Family (3 Individuals) Orthodontic (Lifetime) Annual Plan Maximums Individual Orthodontic (Lifetime)	\$50 \$150 Not Covered \$1,000 Not Covered	\$50 \$150 \$50 \$1,200 \$750	\$50 \$150 \$50 \$1,500 \$1,500
Preventative Services	80% <i>No deductible</i>	90% <i>No deductible</i>	100% <i>No deductible</i>
Basic Services	80% <i>After deductible</i>	80% <i>After deductible</i>	80% <i>After deductible</i>
Major Services	Not Covered	50% <i>After deductible</i>	60% <i>After deductible</i>
Orthodontic Services <i>Limited to dependent children</i>	Not Covered	50% <i>After deductible</i>	50% <i>After deductible</i>