



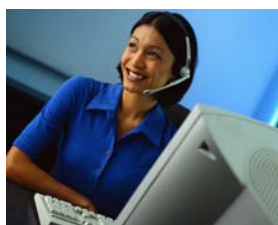
Your 2009 Employee Benefits

The Bosselman Companies offer you a competitive package of employee benefits. This program is designed to protect and promote your financial, physical and emotional wellbeing.

Eligibility

Your benefits begin on the first day of the month on or after 3 months of employment. You must participate in the medical plan to be eligible for life insurance, short term disability and dental benefits. All full-time employees are eligible for voluntary life and flexible spending accounts.

Your Contacts



For answers to your questions, please contact:	
Medical / Prescription Drugs / Dental	First Administrators, Inc. (800) 206-0827 www.firstadministrators.com
Flexible Spending Accounts	First Administrators, Inc. (800) 941-4404 Firstview.firstadministrators.com
Other Benefits	The Bosselman Companies Insurance Department (308) 381-2800 x182 kbartunek@bosselmanmail.com

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YOUR MEDICAL BENEFITS

Participating Providers

This plan pays greater benefits when you use PPO providers. See your medical plan ID card for the name of your PPO. To locate a PPO provider:

States	PPO	Phone	Website
Nebraska, Iowa	Midlands Choice	(800) 605-8259	www.midlandschoice.com
South Dakota	SelectFirst	(800) 206-0827	www.firstadministrators.com
Kansas	PHP	(800) 544-3014	www.phpkc.com
Other	PHCS	(888) 680-7427	www.phcs.com

A PPO provider listing is available upon request.

Notification Requirements

- **Precertification** - You are required to contact CareAllies at (800) 222-3711 for the following services:
 - ◆ **Inpatient Care** - Call in advance of a scheduled admission or within 2 business days of an emergency admission. If you do not call, your benefits will be reduced by \$500. You are not required to call for maternity stays of less than 48 hours for normal delivery and 96 hours for C-section.
 - ◆ **Maternity Care** - Call during the first 3 months of pregnancy or within 31 days of your effective date to receive important maternity and childbirth information. If you do not call, you will not be eligible for the \$250 well child care benefit.
- **Case Management** - Failure to participate in the plan case management program when requested to do so will result in a benefit reduction of \$1,750.

Pre-existing Conditions

Any condition existing 6 months prior to your eligibility date (or your effective date if you qualify for Special Enrollment) will not be covered until 12 months from your eligibility date. You may receive credit toward this waiting period for your prior coverage by submitting a certificate of creditable coverage.

Your Bi-weekly Cost	
You	\$47.00
You, Your Spouse and Your Children	\$134.00

Your cost includes medical and dental coverage.

Filing Your Claims

Participating providers should file your claims for you. You are responsible for filing any claims not filed by your medical providers. Refer to your medical plan ID card for claim filing instructions.

All claims must be received within 12 months of the date of service, or they will be denied.

Stay Healthy By Increasing Your Emotional Wellness

Emotional wellness is often over-looked. Emotional wellness can help you maintain a healthy balance between work and family life. Emotional wellness can also decrease the negative effects that stress can have on your physical health. The following tips can help to increase your emotional wellness:

- ◆ **Be positive.** Focus on the good things in your life.
- ◆ **Prioritize.** Make a to-do list to help you get and stay organized.
- ◆ **Recognize your emotions.** Ignoring anxiety and stress can cause physical health issues.
- ◆ **Accept your mistakes.** Remember that no one is perfect and realize that you can learn from your mistakes.
- ◆ **Get involved.** Joining an organization or a club can help build your support system.
- ◆ **Create life balance.** Work hard, but have some fun too!

MEDICAL	First Administrators, Inc.	
	PPO Providers	Other Providers
Deductible¹ per year		
Individual	\$750	\$1,500
Family	\$1,500	\$3,000
Coinsurance²	80%	60%
Out-of-Pocket Maximum³		
Individual	\$1,750	\$3,500
Family	\$3,500	\$7,000
Lifetime Maximum[†]	\$1,000,000	\$1,000,000
Physician Office Services	\$30 copay ⁴ - \$250 per visit, then, deductible and coinsurance apply	60% after deductible
Prescription Drugs		
Retail		
-Generic	Greater of \$15 or 10% copay	<ul style="list-style-type: none"> • Prescription drugs covered under the drug plan must be purchased at a participating pharmacy to be covered by the plan • Prescription drugs administered by a physician must be purchased at a participating pharmacy when directed to do so by the plan
-Preferred Brand	Greater of \$30 or 20% copay	
-Nonpreferred Brand	Greater of \$45 or 30% copay	
-Supply	30 days	
	Separate \$3,000 out-of-pocket maximum applies	
Emergency Room	80% after deductible	60% after deductible
Cancer Screening		
Human Papillomavirus (HPV) vaccine, pap smear, mammogram, prostate screening	100%	100%
Colonoscopy – Age 50, 1 per 10 years	80% after deductible	60% after deductible
Preventive Care[†]	100%; \$500 per year	100%; \$500 per year
Includes: Vision/eyewear exams		
Well Child Care[†]		
Preventive care under age 2 – In addition to Preventive Care and Immunization benefits	100%; \$250 lifetime REQUIRES MATERNITY CARE CERTIFICATION (SEE PAGE 2)	100%; \$250 lifetime REQUIRES MATERNITY CARE CERTIFICATION (SEE PAGE 2)
Immunizations under age 7	100%	100%
Chiropractic Services[†]	\$30 copay - \$250 per visit, then, deductible and coinsurance apply	60% after deductible
Lesser of 20 visits or \$500 per year		
Mental Health/Substance Abuse[†]		
-Inpatient 30 days per year	80% after deductible	60% after deductible
-Outpatient 30 visits per year	80% after deductible	60% after deductible

Understanding Your Medical Benefits

¹Deductible

You must satisfy a calendar year deductible before certain benefits are payable.

Note: Claims for all family members may be combined to meet the family deductible. Deductible amounts for PPO and Other Providers apply toward the deductible for both PPO and Other Providers.

²Coinsurance

This is the percentage paid by the plan after the deductible is met.

³Out-of-Pocket Maximum

This is the limit of deductible and coinsurance amounts you must pay in a calendar year. **Note:** Claims for all family members may be combined to meet the family out-of-pocket maximum. Out-of-pocket amounts for PPO and other providers apply toward the out-of-pocket maximum for both PPO and Other Providers.

⁴Copayment (Copay)

A copay is a dollar amount or percentage you must pay for certain services. **Note:** Copayments do not apply to the deductible or out-of-pocket maximum.

[†] This is the maximum benefit available for PPO and Other Providers combined.

YOUR DENTAL BENEFITS

Filing Your Claims

You are responsible for filing any claims not filed by your dental providers. Refer to your dental plan ID card for claim filing instructions.



All claims must be received within 12 months of the date of service, or they will be denied.

Your Bi-weekly Cost

Included with medical (see page 2)

Pretreatment Review

A treatment plan for dental services expected to exceed \$300 may be forwarded to First Administrators, Inc. for an estimate of benefits payable.

DENTAL	First Administrators, Inc.
Deductible per year	
Individual	\$50
Family	\$150
Annual Maximum[†]	\$1,500
Preventive Services	100%
Includes cleanings, exams, fluoride, x-rays, sealants	
Basic Services	80% after deductible
Includes fillings, gum treatment, root canals, surgery	
Major Services	50% after deductible
Includes bridges, crowns, dentures	
Orthodontic Services[†]	50% after deductible
\$1,500 lifetime	
Dependent children only	

YOUR DISABILITY BENEFITS

	SHORT TERM DISABILITY First Administrators, Inc.
Waiting Period	7 days of disability
Benefit	60 % of earnings
Maximum	12 weeks

YOUR LIFE INSURANCE BENEFITS

	BASIC LIFE & AD&D¹ Paid for by your employer Reliastar Life Insurance Company	VOLUNTARY LIFE Available via payroll deduction Reliastar Life Insurance Company
For You	1 times your Basic Yearly Earnings with a maximum of \$100,000 ²	\$10,000 to \$500,000 in multiples of \$10,000 up to 5 times your Basic Yearly Earnings ³
For Your Spouse	NA	\$5,000 to \$250,000 in multiples of \$5,000 up to 50% of employee amount ⁴
For Your Eligible Children	NA	\$5,000 or \$10,000 up to 50% of employee amount ⁵

Monthly Voluntary Life Costs	
Age	For You/Your Spouse (per \$1,000)
<30	\$0.08
30-34	\$0.10
35-39	\$0.12
40-44	\$0.21
45-49	\$0.32
50-54	\$0.56
55-59	\$0.88
60-64	\$1.35
65-69	\$2.30
70-74	\$3.87
75-79	\$6.20
80-84	\$8.56
85-89	\$18.24
90-94	\$25.92
95+	\$33.75
For Your Children	
	\$5,000 - \$1.00
	\$10,000 - \$2.00

¹ AD&D – Accidental death and dismemberment

² Benefits reduce at age 70

³ Amounts over \$100,000 require medical questions and coverage may be denied; benefits reduce at age 70

⁴ Amounts over \$40,000 require medical questions and coverage may be denied; benefits reduce at age 70

⁵ Coverage is provided for eligible children age 14 days to 19th birthday (23rd birthday for full-time students). Coverage for children birth to 14 days is \$0.

YOUR FLEXIBLE SPENDING ACCOUNTS

The flexible spending plan allows you to pay certain expenses before Federal, Social Security, and State income tax in most states.

Pre-Tax Premiums. Your medical and dental plan contributions are automatically paid with pre-tax dollars. If you wish to pay your premiums with after-tax dollars, you must notify Human Resources in writing.

Medical Spending Account. You may set aside up to \$5,000 on a pre-tax basis to pay non-covered, qualifying health care expenses. Examples include your deductibles, copays, coinsurance and other out-of-pocket costs.

Dependent Care Spending Account. You may set aside up to \$5,000 on a pre-tax basis for qualifying dependent care expenses. This includes care for your dependents under the age of 13 while you and your spouse are working and/or attending school full-time.



Filing Your Claims

Send your claims to:

First Administrators, Inc.
PO Box 9900
Sioux City, IA 51102-0479
Fax: (712) 279-8479

All claims must be received by March 31st of the following year, or they will be denied.

This summary is not intended to be a complete description of your benefits. Please consult your summary plan description and/or insurance certificate for additional details including plan limitations and exclusions.

IMPORTANT NOTICES

Changes in Enrollment

OPEN ENROLLMENT: *The medical and dental plan does not have an annual open enrollment. If you do not enroll when you are first eligible, you may only enroll if you qualify for special enrollment outlined below.*

SPECIAL ENROLLMENT: You and your eligible dependents may enroll if you get married, have a child, adopt a child or lose other coverage. You must notify Human Resources within 30 days of a special enrollment event.

CHANGES IN PRE-TAX ELECTIONS: Your medical and dental contributions are effectively reduced by pre-tax payment through the flexible benefit plan. IRS regulations permit you to change your pre-tax elections only on January 1 unless you experience a qualifying status change. Changes in status include: changes in legal marital status, number of dependents, employment for you or your dependent, number of hours worked, eligibility of your dependent, entitlement to Medicare or Medicaid, or a spouse's open enrollment.

Your flexible spending account deductions are also paid on a pre-tax basis. Consult your summary plan description for information concerning when you can change your medical and dependent care spending account elections.

Any mid-year change in election must be consistent with and because of the event. You must notify Human Resources within 30 days of a change in status.

Occupational Coverage

As a reminder, the health care plan does not cover occupational injuries.

Injuries received as a result of employment by the Bosselman Companies will be covered by Workers' Compensation. If you are employed by another employer, injuries resulting from that employment should be covered by that employer's Workers' Compensation coverage.

If you or your dependent are self-employed, you are responsible for providing your own Workers' Compensation coverage. Injuries and sickness resulting from self-employment are not covered by our health plan.

Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits, under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 1) All stages of reconstruction of the breast on which the mastectomy was performed;
- 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- 3) Prostheses; and
- 4) Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan. See page 3 for deductible and coinsurance information.

If you would like more information on WHCRA benefits, see page 1 for medical plan contacts.

Notice of Availability of Privacy Practices

Each group health plan in which you participate (the "Plan") is required by Federal and state law to maintain the privacy of your personal health information. The Plan is also required to maintain a Notice which describes its privacy practices, its legal duties and your rights concerning such information. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources.