



BENEFIT CONCEPTS, INC. BENEFIT SUMMARY

BENEFIT SOLUTIONS FOR EVERYONE

ABC ENTERPRISES

Effective June 1, 2006, Benefit Concepts, Inc. (BCI) is the Claims Processor for the ABC Enterprises Employee Medical, Prescription Drug, Dental, and Vision Benefit Plans.

BCI is at the forefront of the employee benefits industry. BCI provides you with a claim processing staff that is second to none and has prepared this brochure to explain the Medical, Prescription Drug, Dental and Vision Benefit Plans. The customer service staff is available weekdays from 8:00 am through 8:00 pm (Eastern Time). For additional information, visit www.bcitpa.com or call BCI at 1-800-220-2600 to verify benefits, eligibility, and claim submission information. When you call, please refer to your BCI Group Number 61553 and the employee's identification number.

YOUR PLAN OPTIONS

Only you can determine the coverage that will best suit your family's needs. ABC Enterprises is providing you the opportunity to choose the level of benefits you desire. Simply review the options presented and determine which one will best meet your needs for the coming Benefit Year.

PROVIDER NETWORKS

A Provider Network is a negotiated arrangement in which selected health care providers (e.g. physicians and hospitals) contract to provide services for a pre-determined price. You may see any covered health care provider in or out of the network for covered health care services whenever you like. However, when you see a health care provider who is not a network provider, you will receive a lesser benefit as outlined on the Schedule of Medical Benefits, and your out-of-pocket expenses will be greater.

It is important to note that an individual physician who practices in an office with network physicians or in a hospital or health care facility that participates with the network may not be a member of the network. When you choose a network provider it does not mean that every provider related to your care will also participate in the network. In order to have services and supplies paid at the network benefit level, ask your physician to refer you to network providers (e.g. laboratories, x-ray specialists, etc.).

When treatment is received from a network provider, the provider will submit claims on your behalf. The network provider may ask you to pay your co-payment or coinsurance at the time of service, or may bill you later, but only for any billable difference between the pre-determined price and co-payment or coinsurance amount.

To obtain network provider information, call the telephone number or visit the website indicated on your identification card:

MD, NC, VA	Alliance PPO, LLC	1-800-342-3289	www.alliancepollc.com
KS, NJ, PA	CCN	1-800-432-1776	www.ccnusa.com
AZ, CO, CT	Beech Street	1-800-226-5116	www.beechstreet.com

PRECERTIFICATION

Precertification is required before a hospital admission. Emergency admissions must be precertified within 48 hours following the admission. For precertification call Benefit Concepts, Inc. at 1-800-883-2000.

SCHEDULE OF MEDICAL BENEFITS								
MEDICAL PLAN		1		2		3		Limitations and Explanations
		PLATINUM PLAN		GOLD PLAN		SILVER PLAN		
		Network	Non-Network	Network	Non-Network	Network	Non-Network	
1	Individual Lifetime Maximum Benefit	\$2,000,000		\$2,000,000		\$2,000,000		Medical and prescription drug benefits are covered under the lifetime maximum benefit.
2	Individual Deductible	\$250	\$500	\$500	\$1,000	\$500	\$1,000	Deductibles are combined for Network and Non-Network services. The family deductible applies collectively to all covered persons in the same family.
3	Family Deductible	\$750	\$1,500	\$1,000	\$2,000	\$1,000	\$2,000	
4	Individual Coinsurance	100%	80% of the next \$10,000	90% of the next \$10,000	70%of the next \$10,000	90% of the next \$10,000	70%of the next \$10,000	
5	Individual Maximum Out-Of-Pocket Amount	N/A	\$2,500	\$1,500	\$4,000	\$1,500	\$4,000	Includes deductible. Maximum Out-Of-Pocket Amount is combined for Network and Non-Network services. When a covered person or family reaches the annual maximum, the Plan pays 100% of additional covered expenses for the remainder of the calendar year. Co-pays, penalties, and your portion of outpatient Mental Nervous and Substance Abuse treatment does not apply to the Out-Of-Pocket Amount.
6	Family Maximum Out-Of-Pocket Amount	N/A	\$7,500	\$4,500	\$12,000	\$4,500	\$12,000	
7	Well Child Care (Birth to Age 6)	100% after \$15 co-pay	80%*	100% after \$25 co-pay	70%*	100% after \$25 co-pay	70%*	Eligible expenses include well child examinations, related routine laboratory and x-ray testing, and immunizations.
8	Routine Physical Examination (Age 6 and Over)	100% after \$15 co-pay	80%*	100% after \$25 co-pay	70%*	100% after \$25 co-pay	70%*	Limited to a maximum of \$500 per calendar year. Eligible expenses include routine physical examination, related routine laboratory and x-ray testing, routine gynecological examination, routine mammogram, routine Pap smear, prostate screening, and immunizations.
9	Physician Office Visit	100% after \$15 co-pay	80%*	100% after \$25 co-pay	70%*	100% after \$25 co-pay	70%*	For medically necessary treatment of a covered illness or injury.
10	Physician Inpatient Visit	100%*	80%*	90%*	70%*	90%*	70%*	
11	Inpatient Hospital Services	100%*	80%*	90%*	70%*	90%*	70%*	Prior Notification is required.
12	Outpatient Hospital Services	100%*	80%*	90%*	70%*	90%*	70%*	
13	Emergency Room Treatment	100% after \$100 co-pay	100% after \$100 co-pay	100% after \$100 co-pay	100% after \$100 co-pay	100% after \$100 co-pay	100% after \$100 co-pay	Limited to treatment of a Medical Emergency. Co-pay waived if admitted.
14	Ambulance	100%	100%	100%	100%	100%	100%	Limited to a transport during a Medical Emergency.
15	Surgery	100%*	80%*	90%*	70%*	90%*	70%*	
16	Anesthesia	100%*	80%*	90%*	70%*	90%*	70%*	
17	Outpatient Diagnostic X-ray and Laboratory Services	100%*	80%*	90%*	70%*	90%*	70%*	
18	Physical Therapy	100% after \$15 co-pay	80%*	100% after \$25 co-pay	70%*	100% after \$25 co-pay	70%*	Limited to 30 outpatient visits per calendar year.
19	Occupational Therapy	100% after \$15 co-pay	80%*	100% after \$25 co-pay	70%*	100% after \$25 co-pay	70%*	Limited to 30 outpatient visits per calendar year.
20	Speech Therapy	100% after \$15 co-pay	80%*	100% after \$25 co-pay	70%*	100% after \$25 co-pay	70%*	Limited to 30 outpatient visits per calendar year.

MEDICAL PLAN		PLATINUM PLAN		GOLD PLAN		SILVER PLAN		Limitations and Explanations
		Network	Non-Network	Network	Non-Network	Network	Non-Network	
21	Chiropractic Care	100% after \$15 co-pay	80%*	100% after \$25 co-pay	70%*	100% after \$25 co-pay	70%*	Limited to a maximum of 40 visits per calendar year, further limited to a maximum benefit of \$30 per visit.
22	Skilled Nursing Facility	100%*	80%*	90%*	70%*	90%*	70%*	Limited to 50% of the prior hospital's semiprivate room rate and a maximum of 90 days each calendar year. Prior Notification is required.
23	Home Health Care	100%*	80%*	90%*	70%*	90%*	70%*	Limited to a maximum of 40 visits each calendar year (4 hours = 1 visit).
24	Private Duty Nursing	100%*	80%*	90%*	70%*	90%*	70%*	Limited to \$25,000 per calendar year.
25	Hospice Care	100%*	80%*	90%*	70%*	90%*	70%*	Limited to \$25,000 per lifetime.
26	Durable Medical Equipment	100%*	80%*	90%*	70%*	90%*	70%*	
27	Allergy Injections	100% after \$15 co-pay per visit	80%*	100% after \$15 co-pay per visit	80%*	100% after \$15 co-pay per visit	80%*	
28	Allergy Testing	100%*	80%*	100%*	80%*	100%*	80%*	
29	Treatment of TMJ	100%*	80%*	100%*	80%*	100%*	80%*	Non-surgical treatment of TMJ Temporomandibular Joint Dysfunction is limited to \$1,000 per lifetime.
30	Inpatient Treatment of Mental/Nervous Conditions and Substance Abuse	100%*	80%*	100%*	80%*	100%*	80%*	Limited to a maximum of 30 days per calendar year, further limited to 90 days per lifetime. 1 day of partial inpatient hospitalization equals ½ inpatient day. Prior Notification is required.
31	Outpatient Hospital Treatment of Mental/Nervous Conditions and Substance Abuse	100%*	80%*	100%*	80%*	100%*	80%*	Limited to a maximum of 60 days per calendar year, further limited to 180 days per lifetime. 1 day of partial inpatient hospitalization equals ½ inpatient day. Prior Notification is required.
32	Physician Inpatient or Outpatient Hospital Visit for Mental/Nervous Conditions and Substance Abuse	100%*	80%*	100%*	80%*	100%*	80%*	
33	Outpatient Treatment of Mental/Nervous Conditions and Substance Abuse	100% after \$30 co-pay	80%*	100% after \$30 co-pay	80%*	100% after \$30 co-pay	80%*	
34	All Other Covered Expenses	100%*	80%*	100%*	80%*	100%*	80%*	

* Deductible applies

PRESCRIPTION DRUG PLAN		Pharmacy	Mail Order	Pharmacy	Mail Order	Pharmacy	Mail Order	Limitations and Explanations
1	Generic Drug Co-pay	\$10	\$20	\$15	\$20	\$15	\$30	In all cases, the Plan will pay up to the generic price, less the generic co-payment, whenever a generic drug is dispensed. If a brand name drug is dispensed, the covered person must pay the difference between the cost of the brand name drug and the generic equivalent, plus the generic co-payment, unless the physician specifies "Dispense as Written".
2	Preferred Drug Co-pay	\$20	\$40	\$25	\$40	\$25	\$50	
3	Brand Name Drug Co-pay	\$40	\$80	\$50	\$80	\$50	\$100	
4	Maximum Supply	34 days	90 days	34 days	90 days	34 days	90 days	

PRESCRIPTION DRUG PLAN

The Caremark Drug Plan, also being implemented, allows easy access to retail pharmacies, provides mail and on-line prescription drug services, member services, and information on cost-effective alternatives for the appropriate utilization of prescription drugs and therapies. You will receive an identification card when you become covered. In order to use your prescription drug card, simply go to any participating pharmacy. Present your identification card to the pharmacist, sign the signature log, and pay your appropriate co-payment.

Visit www.caremark.com to locate a participating pharmacy and learn important information about the Prescription Drug Plan.

NEW AND IMPROVED PLAN SERVICES

Health Advocate

ABC Enterprises has also arranged for Health Advocate to provide you with a great new healthcare benefit. Health Advocate helps solve problems you might encounter while navigating the healthcare system. Simply call Health Advocate at 1-866-695-8622 for the assistance of a Personal Health Advocate.

BCI eServices

In the near future, you will have convenient access to your personal plan information at www.bcitpa.com. Plan Participants will have access to:

- View real-time claim status.
- View current benefit documents.
- Download or print forms.
- Search for a network provider.
- Link to health & wellness sites.
- Request Medical or Dental ID card.
- View Medical/Illness Educational Video.
- Compare Hospitals.
- Health News.

FILING A CLAIM

A Claim of Benefits must be submitted for each expense. When you use a network provider, the provider will submit the claim on your behalf. If another plan is the primary payor, a copy of that plan's Explanation of Benefits (EOB) must accompany the claim. Additional information may be needed from you, the patient, or the health care Provider in order to establish the circumstances of a claim or the correct benefit. If so, you will receive a notification of a delay and/or a request for information. Your prompt response will assist in the quick processing of the claim.

Alliance PPO Enrollees:

Submit claims to:
EDI Payor ID: 52149
or mail claims to:
ALLIANCE PPO, LLC
P.O. Box 934
Frederick, MD 21705-0934

All Other Enrollees:

Submit All Other Claims to:
EDI Payor ID: 51037
or mail to:
Benefit Concepts, Inc.
P.O. Box 60608
King of Prussia, PA 19406-0608

This benefit summary is intended to provide only a general description of your benefits. It does not list all benefits included in the Plan. Please refer to your Employee Benefit Booklet/Plan Document for a detailed description of the available benefits.

B R O K E R A G E C O N C E P T S , I N C .

Atlantic Administrators, Inc. Benefit Concepts, Inc. Brokerage Concepts of Delaware, Inc. The Group Source Health Claim Services, Inc.

NATIONAL HEADQUARTERS • 1021 WEST 8TH AVENUE • KING OF PRUSSIA • PA • 19406
WWW.BCITPA.COM • 610.337.2600