

Eligibility Provisions for Variable Employees as of 1/1/2015				Major Benefit Provisions as of 1/1/2015					
Plan	Eligibility Start Date	Hours Required for Initial Coverage	Hours Required for Continuing Coverage	Deductible	Out of Pocket Max	Coinsurance	Vision & Dental Benefits	Dependent Coverage	
								Spouse	Child
C	First day of the 4 th month	60 hours in 1 month	60 per Month	\$400	\$4,000	70%	Vision	N	N
E	First day of the 9 th month	780 hours in 6 months (130 per month x 6 months)	780 per Measurement Period	\$400 Individual \$1,200 Family	\$4,000 Individual \$8,000 Family	70%	Vision	N	Y
D	First day of the 13 th month	720 hours in 6 months or 1,200 hours in 12 months Measured beginning with 10 th month of employment	720 per Measurement Period	\$400 Individual \$1,200 Family	\$4,000 Individual \$8,000 Family	75%	Dental & Vision	Y	Y
B	First day of the 25 th month	192 hours in 6 months Measured beginning with 22 nd month of employment	192 per Measurement Period	\$300 Individual	\$4,000 Individual	75%	Dental & Vision	N	N
A	First day of the 25 th month	720 hours in 6 months Measured beginning with 22 nd month of employment	720 per Measurement Period	\$300 Individual \$900 Family	\$4,000 Individual \$8,000 Family	80%	Dental & Vision	Y	Y