



JOHNSON SERVICE GROUP
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SUMMARY OF BENEFITS FOR CONTRACT EMPLOYEES

Johnson Service Group, Inc. (JSG) is pleased to offer its contract employees a competitive benefits package. Please review this summary for more information on all of the benefits available to you as a JSG contract employee.

CENTURY HEALTHCARE (CHC) –

LIMITED FIXED INDEMNITY GROUP BENEFITS PLAN (specific plan information attached)

Enrollment in the voluntary health benefits through **Century Healthcare (CHC)** must be made **within thirty (30) days** following an employee's hire date. Employees must enroll through CHC's telephonic enrollment center at (888) 232-9431, Monday through Friday, from 7:00 AM to 7:00 PM CST. For claims and customer service, please call (877) 685-2432. *Note: Please be sure to provide the password "JOHNSON" when enrolling.*

If an employee wishes to enroll in these benefits after 30 days of employment, they will be allowed to enter into plans during the annual Open Enrollment period. Open Enrollment periods will be communicated to employees as they become available. For Qualifying Life Events (QLEs), such as child birth, divorce, loss of coverage through the spouse's employer, etc., changes to the employee's health insurance benefits can be made at the time of the event, as long as the change is requested within 30 days. ***Upon successful completion of a twelve month measurement period (as defined by the Affordable Care Act), where the employee has worked at least 1,560 hours, an additional medical benefit option will be made available.***

The CHC limited fixed indemnity group option is not comprehensive major medical insurance. It is a package of services and fixed indemnity benefits that pays benefits for specified medical services and is designed to help take care of the basic medical care needs of insured employees and their families. This option pays in addition to any other insurance in force and is not a Medicare Supplement plan. All premiums for CHC benefits are deducted from paychecks on a weekly basis. Additional information, including prices, can be found in the Employee Toolbox on the JSG web site at www.jsginc.com.

HEALTHCARE SOLUTIONS TEAM (HST) –

PORTABLE BENEFITS – MAJOR MEDICAL, INDEMNITY PLANS, DENTAL/VISION, ACCIDENT/CRITICAL ILLNESS

All employees have the option of designing a portable health plan tailored to suit their individual specific healthcare needs. These medical benefit options can be accessed exclusively through the **Healthcare Solutions Team (HST)**, JSG's partner in providing this benefit option. The Healthcare Solutions Team provides access to world class benefits from the nation's top-rated insurance carriers including United Healthcare, Manhattan Life, National General, Blue Cross Blue Shield, Anthem, and Aetna. *Note: Availability varies by state.*

Employees may select from several benefit options. The options are comprised of benefits that are more traditional in nature, benefits that include a Health Savings Account component, short term major medical benefits, benefits that address high risk individuals (for those individuals with most pre-existing conditions), and guaranteed acceptance plans.

There is **no waiting period to enroll** and upon acceptance coverage can begin. An employee pays 100% of the premium cost and may have the option to have premiums deducted from his or her weekly paycheck. These benefits are individually tailored to an employee's personal circumstances and remain with the individual upon termination from JSG employment.

For more information, please go to www.jsghealthplans.com or contact the Healthcare Solutions Team directly at (866) 934-9013. There is also a link to this web site in the Employee Toolbox located on the JSG web site at www.jsginc.com.

AFLAC ACCIDENT ADVANTAGE

Accident insurance can help an employee with the multiple costs of an unexpected accident. This plan pays a cash benefit to an employee for all types of off-the-job accidents. Coverage is available for employees, spouses, and dependent children. Benefits are eligible for One Day Pay, meaning claims filed by 3:00 PM EST are paid the next day. The plan also provides a wellness benefit that can be used for routine & preventive care. **This 100% employee paid plan is offered through Aflac on a pre-tax basis and is portable after one month of participation should an employee leave JSG.**

AFLAC CANCER CARE

This plan offers protection in the event an employee or a family member is diagnosed with cancer. Even with major medical insurance, the financial obligation can be devastating to an employee's savings or future income in a cancer situation. The benefits in this policy pay cash directly to the employee for treatments such as an initial diagnosis, surgery, hospitalization, radiation and chemotherapy, experimental therapy and bone marrow transplant. Since 96% of all cancers are now treatable if diagnosed early, this plan also offers a benefit for cancer screening. Benefits are eligible for One Day Pay, meaning claims filed by 3:00 PM EST are paid the next day. The plan also has a specified disease rider covering 31 diseases. This rider pays directly to the employee for an initial diagnosis of one of the specified diseases and if the employee or a covered person is confined in a hospital for treatment of one of the specified diseases. Coverage is available for employees, spouses, and dependent children. **This 100% employee paid plan is offered through Aflac on a pre-tax basis and is portable after one month of participation should an employee leave JSG.**

AFLAC CRITICAL CARE

This Specified Health Event Protection Plan provides coverage for sickness and injury, and provides specified health event coverage for critical illness. This plan offers protection should an employee or his/her spouse have a catastrophic event, such as a heart attack, stroke, kidney failure, major third-degree burns, or coronary artery bypass surgery. Additional benefits include intensive care, hospital confinement, and heart surgery benefits. The plan is designed to protect an employee against the financial burden created by these types of events. Benefits are eligible for One Day Pay, meaning claims filed by 3:00 PM EST are paid the next day. **This 100% employee paid plan is also offered through Aflac on a pre-tax basis and is portable after one month of participation should an employee leave JSG.**

SECTION 125 PREMIUM ONLY PLAN

All employees may take advantage of certain provisions permitted by Section 125 of the Internal Revenue Code. Under this program, employees may choose to pay for company sponsored benefits with a portion of their pay before federal or Social Security taxes are withheld. When an employee selects this program, their premium payment will be deducted from their gross income.

401(K) RETIREMENT PLAN

Johnson Service Group, Inc. offers a 401(K) investment option through Transamerica Retirement Services to aid employees in planning and meeting the financial needs for their retirement years.

Participation in the plan is voluntary and available to all contract employees age 21 or older. Contributions via JSG payroll can begin on or after the first of the month following thirty (30) days of service.

To have your information entered in the Transamerica database, please contact Johnson Service Group's Human Resources Department at (630) 655-3500 or at benefits@jsginc.com. Once your information has been entered into the Transamerica database, salary reduction contribution amounts may be changed, discontinued, and then resumed again at any time throughout the year. Also, participants may change the investment direction of their contributions at any time. Additional information is available on the JSG website at www.jsginc.com.

COMMUTER BENEFIT PROGRAM

The Commuter Benefit Program is designed to help JSG contract employees save time and money when they use public transit for their commute to work – whether it be by train, subway, bus, vanpool, etc. As part of the program, funds are deducted weekly from employees' paychecks on a pre-tax basis and moved to a commuter account. With funds loaded onto a commuter card, employees can then use this card to pay for their daily commute to work. The program is available to all contract employees at any time during their employment with JSG. If interested, please reach out to JSG's Human Resources Department at (630) 655-3500 or at benefits@jsginc.com for more details and to enroll in the program.



MEC BASIC PLAN OPTION

PREVENTIVE SERVICES

All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x-rays, and immunizations. Only covered at 100% through in-network providers.

Included
See the MEC Summary Page

DISCOUNT RX PROGRAM

Employees and their dependents pay the lesser of the pharmacy's usual and customary fee or the contract rate. Discounts are available on both generic and brand name drugs. Contraceptive drugs are included. Receive instant savings of up to 85% based on all FDA approved drugs (brand & generic) at the pharmacy filling the claim. No claim forms required. Prescriptions for 30-day supplies can be filled at more than 58,000 participating pharmacies nationwide including all of the national chains and over 90% of independent pharmacies. Your discount may also apply to certain over-the-counter medications, diabetic supplies that have an NDC (National Drug Code), and even for certain pet medications that have human equivalent medications. For additional savings, you may also utilize our mail order pharmacy for 90 day supplies. To learn more about the benefits or to locate a participating pharmacy call (844) 636-7506 or visit www.healthcarehighwaysrx.com.

Included

PHCS PREVENTIVE ONLY NETWORK

Covered individuals need to obtain all preventive services through providers that participate in the PHCS Preventive Only Network in order for the services to be covered at 100%. To locate participating providers call (888) 371-7427 or visit www.multiplan.com/chcmec.

Included

Please note that this plan only covers preventive services as required under the Affordable Care Act.

To learn more visit www.healthcare.gov

*The preventive services will only be covered at 100% when **utilizing in-network providers**.*

Century Healthcare's Customer Service Department

(877) 685-2432

Monday-Friday; 7:00 AM – 7:00 PM CST

Century Healthcare's Telephonic Enrollment Center

(888) 232-9431

Monday-Friday; 7:00 AM – 7:00 PM CST

Client Web Portal

(Access important plan documents, claim forms & temporary ID cards)

www.centuryhealthcare.com

Username: CHC5121

Password: johnson

WEEKLY COST

Employee Only	\$12.26
Employee + Spouse	\$17.19
Employee + Child(ren)	\$18.52
Employee + Family	\$24.23

Preventive Services are covered at 100% through participating providers. The following is a brief description of the preventive benefits available to members and is subject to change under the Affordable Care Act. To learn more visit www.healthcare.gov.

- Routine physical exam
- Well women exam (annual)
- Annual mammogram
- Annual pap smear and other routine lab work
- Breast thermography
- Bone density test
- Well baby / well child care exam
- Routine immunizations
- Flu and pneumonia vaccines
- Routine lab, x-rays, diagnostic testing and other medical screenings including:
 - Blood pressure
 - Diabetes
 - Cholesterol tests
- Contraception (FDA):
 - Approved contraceptive methods
 - Sterilization procedures
 - Patient education and counseling(Covered contraceptives do not include abortifacient drugs)
- Many cancer screenings including:
 - Cervical cancer
 - Breast cancer
 - Colorectal cancer

IMPORTANT DETAILS

Network providers: Health plans are required to provide these preventive services only through an in-network provider.

Office visit fees: Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

Coverage: Coverage is provided for preventive services only. Once a diagnosis has been made, the services are not covered under the MEC.

Talk to your health care provider: To find out which covered preventive services are right for you — based on your age, gender, and health status — ask your health care provider. For information on preventive practices, visit healthcare.gov.

Questions: If you have questions regarding your coverage, please call Customer Service at (877) 685-2432 or visit www.centuryhealthcare.com to review your Summary Plan Description (SPD).

Note: This is a self-funded plan.

Important Contacts

Century Healthcare

Customer Service and Claims
(877) 685-2432
Monday through Friday
7:00 AM – 7:00 PM CST

Telephonic Enrollment Center

(888) 232-9431
Monday through Friday
7:00 AM – 7:00 PM CST

Member Web Portal

(Access important plan documents, claim forms & temporary ID cards)
www.centuryhealthcare.com
Username: CHC5121
Password: johnson



PHCS Limited Benefit Network

www.multiplan.com/chc
(888) 371-7427



Pharmaceutical Benefits

www.cerpasrx.com
Pharmacy Customer Service: (844) 636-7506
Mail Order Number: (844) 636-7506

Please Note: A separate claim form is needed for the AD&D, Accident Medical & Life benefits. You may access the claims form through the client web portal or call the Century Healthcare's Customer Service Department.

Benefit Description

Preventive Services Covered at 100%

All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x rays, and immunizations. See the MFC Summary.

Outpatient Physician Office Visit

Benefits paid if a covered person visits a doctor's office or urgent care facility for medically necessary treatment, care or advice of an injury or sickness covered under the policy. Note that an urgent care facility visit will only be covered if billed as a doctor's office visit. Excludes FR clinics.

Outpatient Physical Therapy

Benefits paid for Outpatient Physical Therapy, as a result of an injury or sickness, for the treatment of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities, intended to restore or facilitate normal function or development. Physical Therapy does not include speech therapy or occupational therapy.

Outpatient Manipulative Therapy

Benefits paid if a covered person requires Manipulative Therapy in an outpatient basis as a result of a covered accident or sickness.

Outpatient X Ray & Laboratory

Benefits paid for outpatient lab tests and x rays when ordered by a doctor and performed by an appropriately licensed technician.

Outpatient Diagnostic Advanced Studies

Limited to CT Scan, PFT Scan, and MRI.

Emergency Room

Benefits paid for emergency room visits for a medical emergency caused by sickness.

In patient/Out patient Surgery Benefits

Benefits paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a covered injury or sickness.

In patient/Out patient Anesthesia

Benefits paid at 25% of the surgery benefit for anesthesia services for pre operative screening and during a surgical procedure.

Outpatient Minor Surgical

Benefits paid if a covered person undergoes a covered outpatient minor surgery as defined in the policy.

Ambulance Service

Benefits paid if a covered person requires transportation in an ambulance to the nearest hospital for treatment of an injury or sickness.

Daily In Hospital Benefit

Benefits paid if a covered person is confined as an inpatient in a hospital due to a covered injury or sickness.

Value

100% Covered through in network providers

Plan pays \$75 per day (6 days)

Plan pays \$50 per day (10 days)

Plan pays \$50 per day (10 days)

Plan pays \$100 per day (3 days)

Plan pays \$500 per day (1 day)

Plan pays \$250 per day (1 day)

Inpatient: Plan pays \$1,000
Outpatient: Plan pays \$500 (1 IP or 1 OP surgery)

Inpatient: Plan pays \$250
Outpatient: Plan pays \$125

Plan pays \$75 per day (1 day)

Plan pays \$500 per day (1 day)

Plan pays \$500 per day (30 days)

Select

100% Covered through in network providers

Plan pays \$80 per day (6 days)

Plan pays \$50 per day (10 days)

Plan pays \$50 per day (10 days)

Plan pays \$100 per day (4 days)

Plan pays \$1,000 per day (1 day)

Plan pays \$250 per day (1 day)

Inpatient: Plan pays \$2,000
Outpatient: Plan pays \$1,000 (1 IP or 1 OP surgery)

Inpatient: Plan pays \$500
Outpatient: Plan pays \$250

Plan pays \$80 per day (1 day)

Plan pays \$500 per day (1 day)

Plan pays \$1,000 per day (30 days)

Premier

100% Covered through in network providers

Plan pays \$90 per day (10 days)

Plan pays \$100 per day (10 days)

Plan pays \$100 per day (10 days)

Plan pays \$125 per day (5 days)

Plan pays \$1,000 per day (2 days)

Plan pays \$500 per day (1 day)

Inpatient: Plan pays \$3,000
Outpatient: Plan pays \$1,500 (1 IP or 1 OP surgery)

Inpatient: Plan pays \$750
Outpatient: Plan pays \$375

Plan pays \$90 per day (1 day)

Plan pays \$500 per day (1 day)

Plan pays \$1,500 per day (30 days)

Benefit Description	Value	Select	Premier
Maternity Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient Lab & X-ray, Surgery, and Hospital Confinement for pregnancy related expenses.	Included	Included	Included
Hospital Intensive Care Unit Confinement Pays in lieu of the Hospital Confinement Benefit.	Plan pays \$1,000 per day (30 days)	Plan pays \$2,000 per day (30 days)	Plan pays \$3,000 per day (30 days)
Daily In-Hospital Benefit for Substance Abuse Benefits paid for confinement in a rehabilitation facility for substance abuse.	Plan pays \$300 per day (30 days)	Plan pays \$500 per day (30 days)	Plan pays \$750 per day (30 days)
Daily In-Hospital Benefit for Mental Illness Benefits paid for confinement in a rehabilitation facility for mental or nervous disorders.	Plan pays \$300 per day (30 days)	Plan pays \$500 per day (30 days)	Plan pays \$750 per day (30 days)
Daily Skilled Nursing Facility Confinement Benefits Paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.	Plan pays \$300 per day (30 days)	Plan Pays \$500 per day (30 days)	Plan Pays \$750 per day (30 days)
Accident Medical	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence
Accidental Death & Dismemberment			
Employee	\$15,000	\$15,000	\$15,000
Spouse	\$7,500	\$7,500	\$7,500
Children	\$3,000	\$3,000	\$3,000
Term Life			
Employee	\$10,000	\$10,000	\$10,000
Pharmaceutical Benefits	Copay Rx – Plan 1	Copay Rx – Plan 2	Copay Rx – Plan 2
Copay Rx Plans			
Plan 1: Tier 1 (Most Generics): \$10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): \$50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Employees pay 100% of the cost after pharmacy discounts. Mail order option available for 90 day prescription supply at \$25 copay for tier 1 and \$125 or 50% for tier 2 medications. Monthly Maximum of \$100 Individual / \$200 Family. No Deductible. Restricted Formulary.			
Plan 2: Tier 1 (Most Generics): \$10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): \$50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Employees pay 100% of the cost after pharmacy discounts. Mail order option available for 90 day prescription supply at \$25 copay for tier 1 and \$125 or 50% for tier 2 medications. Monthly Maximum of \$250 Individual / \$500 Family. No Deductible. Restricted Formulary.			
PHCS PPO Limited Benefit Network			
All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates prior to the above benefits being applied.			

All benefits except Accident Medical, AD&D, and Term Life are subject to Benefit Year Maximums as shown above. Benefit Year means the 12 consecutive months from the group's original effective date. Please note that this is just a summary of the benefits and to know the full details of the policy the certificate of coverage needs to be reviewed once the policy is effective.

MEC PLUS PLAN WEEKLY COST

Coverage Level	Value	Select	Premier
Employee Only	\$37.94	\$52.24	\$70.71
Employee + Spouse	\$78.64	\$107.94	\$151.79
Employee + Child(ren)	\$68.89	\$90.81	\$118.50
Employee + Family	\$119.13	\$164.59	\$225.75

What is a Limited Benefit Medical Plan (LBMP)?

A Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from covered accident (or sickness) events such as physician office visits, emergency room trips, hospitalization, diagnostic tests and even prescription drugs up to certain preset limited benefit levels. This program is not basic health insurance or major medical insurance; and is not designed to replace, provide or modify major medical insurance.

What is a Minimum Essential Coverage (MEC) Plus Plan?

A Minimum Essential Coverage Plus Plan consists of a Fully Insured or Self-Funded Limited Benefit Medical Plan and a Self-Funded 100% Preventive Care Plan. The Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from a covered accident (or sickness) such as physician office visits, emergency room trips, hospitalization, diagnostic lab and X-rays, surgeries and prescription drugs up to certain benefit levels. This program is not major medical insurance. The Self-Funded 100% Preventive Care plan is designed to be compliant with the Affordable Care Act by meeting the Minimum Essential Coverage requirements of Healthcare Reform. This plan satisfies the Individual Mandate. Self-Funded plans in the large group market are not required to cover all of the essential benefits. An employer can offer minimum essential coverage and avoid the 4980 H (a) "no offer" penalty/tax/assessment.

The Century Healthcare program is packaged with access to Limited Benefit Medical insurance, certain non-insured benefits and PPO savings. This program is not designed to cover the level of expense found with treatment or care for rare disease or catastrophic illness.

How do I use the program if I need care or treatment for an accident or sickness?

Network:

If you chose an in network provider, you are entitled to a discount on your services. This means that you are able to save out of pocket expenses. Century Healthcare discounts the bill and sends the provider the benefit payment along with an explanation of benefits. Please note that in order to receive 100% coverage for preventive services in an MEC Plus Plan the services must be received from an in-network provider.

Find a Provider:

To locate a participating PHCS Limited Benefit Network provider in your area, please call PHCS at (877) 796-7427 or visit www.multiplan.com/chc.

Schedule an Appointment :

Call your selected provider and set up an appointment to see your doctor. We recommend you confirm your provider's continued participation in the PHCS Limited Benefit Network when you make your appointment.

Benefit Amounts:

The Plan pays based on a fixed schedule of benefits. If the plan states you are entitled to a \$75 office visit benefit per day, the benefit you are entitled to is \$75 even if you choose an out of network provider. This does not apply to the preventive services covered under the MEC plans; in order to obtain 100% coverage for preventive services under the MEC, the benefits need to be obtained through an in-network provider.

How to Use the Plan:

When a member goes in for service, the member simply has to show his/her Century Healthcare ID card. You do not need to pay anything at point of service, nor do you need to fill out a claim form. The provider will submit the claim to our third party administrator and the plan pays the provider directly. If the benefit amount is greater than the billed amount, the plan will pay the difference to the member. For example: Member goes to get an X-Ray which costs \$100 and the benefit for outpatient diagnostic testing is \$125; The plan will pay the \$100 to the facility and then pay the remaining \$25 to the member.

Assignment of Benefits:

Century Healthcare allows assignment of benefits. There are no deductibles or coinsurance. Only prescriptions are subject to co-pays.

Payment:

The provider will bill the plan directly. If the provider wishes you pay up front, have them call Century Healthcare customer service while you are at the provider's office. If you elect to pay up front you can easily file for reimbursement by submitting the claim to the plan.

If you have questions about your benefits or the status of claims, please call CHC Customer Service at (877) 685-2432 from 7:00 a.m. to 7:00 p.m. CDT/CST. WebTPA pays the claims for Century Healthcare.

Important Contacts

Century Healthcare
Customer Service and Claims
(877) 685-2432
Monday through Friday
7:00 AM – 7:00 PM CST

Member Web Portal
(Access important plan documents,
claim forms & temporary ID cards)
www.centuryhealthcare.com
Username: CHC5121
Password: johnson

Telephonic Enrollment Center
(888) 232-9431
Monday through Friday
7:00 AM – 7:00 PM CST



**PHCS Specific Services Network
(w/ MEC Enhanced Only)**
www.multiplan.com/chcmec
(888) 371-7427



Pharmaceutical Benefits
www.cerpassrx.com
Pharmacy Customer Service: (844) 636-7506
Mail Order Number: (844) 636-7506

Benefit Description

MEC Enhanced Advantage Plus PHCS PPO Network

	In-Network	Out-of-Network
Preventive Care Services All preventive care services as specified by the Affordable Care Act such as immunizations, mammograms and pap smears. Paid at 100% of eligible charges*.	100% Covered	Not Covered
Office Visit Copay	\$30 Physician \$60 Specialist Copay	50% Coinsurance
Deductible	\$0	\$500 Individual \$1,000 Family
Coinsurance	100%	50%
Out of Pocket Maximum Includes coinsurance, copayments, and deductible	\$2,500 per individual Family limit \$5,000	\$5,000 per individual Family limit \$10,000
Outpatient Laboratory & Diagnostics including X-rays	\$50 Copay	50% Coinsurance
Advanced Studies	\$400 Copay	50% Coinsurance
Outpatient Prescription Drugs** Generic Medications Preferred Brand Medications Non-Preferred Brand Medications Tier IV Specialty Medications	\$10 Copay \$35 Copay \$75 Copay Not Covered	Not Covered
Pregnancy as any other illness	Physician Visits and Diagnostic Charges Included	
PPO	PHCS Limited Benefit Network	
HealthiestYou Unlimited calls at no cost to the member	Provides covered individuals with 24/7 access to U.S. licensed physicians that can provide general advice and recommendations, diagnostic medical consultations, and write non-controlled prescriptions when appropriate. Healthiest You also provides members with access to an online wellness platform to help improve the member's overall health.	

*Any amount above Medicare rates is subject to balance billing.

**A high dollar limit of \$1,000 applies to the retail cost of prescriptions and a \$4,000 limit on mail orders. If high dollar limit is exceeded, the claim will be rejected and a clinical review as well as an override will be required. Please note that this is not a dollar cap per claim. Mail order option available for 90 day supply at 2.5 times the regular copay.

Service Category

What Is Covered?

Preventive Care Services

All preventive care services as specified by the Affordable Care Act such as immunizations, mammograms and pap smears. Paid at 100% of eligible charges.

Physician Office Visits

All services performed by a nurse or physician (primary care or specialist) while in a doctor's office or clinic, including urgent care facility. Includes treatment for orthopedic manipulation and allergy testing. Copay applies per visit.

Outpatient Laboratory & Diagnostics including X-rays

All charges for outpatient laboratory and diagnostic services including facility charges for X-Rays. Copay applies per bill. Charges for interpretation, if billed separately, are covered under Physician Services and are subject to a separate copay.

Complex Imaging

Facility charges for complex imaging services such as MRIs, CT Scans and PET Scans. Copay applies per bill. Charges for interpretation, if billed separately, are covered under Physician Services and are subject to a separate copay.

Outpatient Prescription Drugs

All outpatient prescription drugs except tier IV specialty drugs are covered. Each prescription is subject to a copay according to the formulary classification of the drug. Copay is per prescription fill. A high dollar limit of \$1,000 applies to the retail cost of prescriptions and a \$4,000 limit on mail orders. If high dollar limit is exceeded, the claim will be rejected and a clinical review as well as an override will be required. Please note that this is not a dollar cap per claim. Mail order option available for 90 day supply at 2.5 times the regular copay.

Excluded Services:

The following services are not covered under the MEC Enhanced Plan. In addition to these services, the Plan includes additional exclusions and limitations (see SPD for details).

- Inpatient services – any charge for services that take place on an in-patient basis are not covered. This includes any facility, physician, laboratory, diagnostic or imaging charges regardless of cause or diagnosis including pregnancy.
- Facility charges for any outpatient surgery or treatment. This includes surgery center, dialysis, radiation treatment, chemo therapy and any other service not specifically listed above as included. Physician charges for outpatient surgery are covered under Physician Services.
- Specialty drugs – tier IV (specialty) outpatient prescription drugs and chemotherapy drugs are not covered.
- Any services for mental/behavioral health (inpatient or outpatient) including substance abuse/chemical dependency are not covered.
- Rehabilitative therapy including speech therapy, physical therapy, occupational therapy and cardiac rehabilitation are not covered.
- Skilled nursing, home health care and hospice are not covered.
- Infertility testing and treatment are not covered.
- Emergency room services.

Questions: If you have questions regarding your coverage, exclusion & limitations please call Customer Service at (877) 685-2432 or visit www.centuryhealthcare.com to review your Summary Plan Description (SPD).



MEC Enhanced Advantage Plus (Hospital Indemnity Component)

Benefit Description	Advantage Plus
Emergency Room Benefits paid for emergency room visits for a medical emergency for a sickness.	Pays \$500 per day (2 days)
Hospital Confinement Benefits paid if a covered person is confined as an inpatient in a hospital because of a covered injury or sickness.	Pays \$500 per day (Maximum of 30 days)
Maternity Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient X-ray & Lab, Surgery or Hospital Confinement for pregnancy-related expenses.	Included
ICU Confinement Pays in lieu of the Hospital Confinement Benefit.	Pays \$1,000 per day (Maximum of 30 days)
Accident Medical	Up to \$5,000 per occurrence
Accidental Death & Dismemberment	
Employee	\$15,000
Spouse	\$7,500
Child(ren)	\$3,000

*All of the above benefits are per covered person per Benefit Year.
 "Benefit Year" means the 12 consecutive months beginning on the group's effective date of coverage.*

MEC ENHANCED ADVANTAGE PLUS PLAN WEEKLY COST



Employee Only	\$75.68
Employee + Spouse	\$135.95
Employee + Child(ren)	\$132.10
Employee + Family	\$196.29

Class Description	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	R&C 90 th Percentile
Calendar Year Maximum	\$1,000	\$1,000
Calendar Year Deductible Applies to:	B&C	B&C
▪ Individual	\$50	\$50
▪ Family	\$150	\$150
	Aggregate	Aggregate
Type A – Preventive Services	100%	100%
Type B - Basic Services	80%	80%
Type C - Major Services	50%	50%

When Will I Receive My I.D. Cards?

Team members who enroll in the MetLife Dental Plan will not receive a separate I.D. Card since dentists are able to verify coverage eligibility electronically. Eligibility can also be verified telephonically by calling (800) 275 4638.

I.D. cards are not required for dental services but Team Members may download a personalized I.D. card by visiting <http://mybenefits.metlife.com>.

When you choose to receive care from a preferred dentist participating in the MetLife Preferred Dentist Program (PDP), your out-of-pocket expense will generally be lower than when you visit a non-participating dentist.

To verify dental coverage, call 1-800-275-4638. Please review important information on reverse side. A Group Policy Number is not required to file a claim. The ID# for all insureds is their Social Security Number.

To find dental providers in your neighborhood visit call 1-877-638-3379 or visit www.metlife.com/dental.

This card is the property of MetLife fraudulent use may result in termination of benefits. Possession of this card in itself confers no right to benefits or guarantee of coverage. Persons must be currently enrolled. Promptly notify us if card is lost or stolen.

Send Dental Claims to:
 Group Policy No.: KM05930189-G
 MetLife Dental
 P.O. Box 981282
 El Paso, TX 79998-1282

0908-2499 21000000000002188(0809) Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10166

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Member Signature

DENTAL PLAN WEEKLY COST

Employee Only	\$7.86
Employee + Spouse	\$16.00
Employee + Child(ren)	\$17.62
Employee + Family	\$27.57

BENEFIT DESCRIPTION	FREQUENCY	COPAYMENTS
Eye Examination	12 Months	\$10
Spectacle Lenses	12 Months	\$15
Frame	24 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	\$0
Contact Lenses (in lieu of eyeglasses)	12 Months	

EYEGLOSS BENEFIT

Frame Allowance (Retail):	Up to \$150 plus a 20% discount on any overage
Davis Vision Frame Collection ³ (in lieu of Allowance):	
Fashion level	Covered
Designer level	Covered
Premier level	Covered
Clear plastic single-vision, lined bifocal, trifocal or lenticular	Covered
Tinting of Plastic Lenses	Covered
Scratch-Resistant Coating	Covered
Polycarbonate Lenses (Children / Adults)	\$0 - \$30
Ultraviolet Coating	\$12
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	\$35 / \$48 / \$60
High-Index Lenses	\$55
Polarized Lenses	\$75
Plastic Tints / Photochromic Lenses	\$0 / \$65
Progressive Lenses (Standard / Premium / Ultra)	\$50 / \$90 / \$140
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40
One-year eyeglass breakage warranty	Covered

CONTACT LENS BENEFIT (IN LIEU OF EYEGASSES)

Contact Lens: Materials Allowance	Up to \$150 Plus a 15% discount on any overage
Evaluation, Fitting & Follow-Up Care – Non-Davis Vision Collection (Standard & Specialty Lens Types)	15% Discount
Collection Contact Lenses (in lieu of Allowance):	
Disposable	Up to 8 boxes / multi-packs
Planned Replacement	Up to 4 boxes / multi-packs
- Evaluation, Fitting & Follow-up Care	Covered
Visually Required Contact Lenses (with prior approval)	
Materials, Evaluation, Fitting & Follow-Up Care	Covered

Davis Vision Contact:
www.davisvision.com
 1 (800) 999-5431
 Client Code: 8015

Out-of-Network Reimbursement

Eye Examination: \$50	Single Vision Lenses: \$50	Trifocal Lenses: \$100	Elective Contact Lenses: \$105
Frame: \$70	Bifocal/Progressive Lenses: \$75	Lenticular Lenses: \$100	Visually Required CL: \$225

Visit www.davisvision.com to find a provider and benefit details.

¹ Copayment applies to Collection Contact Lenses only.
² Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.
³ Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.
⁴ Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

VISION PLAN WEEKLY COST	
Employee Only	\$2.32
Employee + Spouse	\$3.79
Employee + Child(ren)	\$3.78
Employee + Family	\$6.10

The Optional Life Insurance Benefit is offered through The Standard to help provide peace of mind in the event of an eligible employee's covered death by promising to pay a pre-determined benefit amount. Additionally, employees may select Dependent Life to provide life insurance for eligible dependents. Please note that the Dependent Life benefit can only be selected in conjunction with the Employee Life benefit. Dependent Life cannot exceed the amount of Optional Life elected by the employee.

OPTIONAL LIFE	BENEFIT SCHEDULE	AGE BASED BENEFIT REDUCTION	GUARANTEED ISSUE
Benefit Option	Employees are able to select coverage in increments of \$25,000 up to \$250,000	To 65% at age 65-69 To 50% at age 70-74 To 35% at age 75-79 To 25% at age 80-84 To 20% at age 85-89 To 15% at age 90-94 To 10% at age 95+	All Amounts

OPTIONAL LIFE WEEKLY COST

Benefit Amount	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000
Ages 0-45	\$1.04	\$2.08	\$3.12	\$4.15	\$5.19
Ages 46-59	\$4.10	\$8.19	\$12.29	\$16.38	\$20.48
Ages 60+	\$19.50	\$39.00	\$58.50	\$78.00	\$97.50
Benefit Amount	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Ages 0-45	\$6.23	\$7.27	\$8.31	\$9.35	\$10.38
Ages 46-59	\$24.58	\$28.67	\$32.77	\$36.87	\$40.96
Ages 60+	\$117.00	\$136.50	\$156.00	\$175.50	\$195.00

DEPENDENT LIFE	BENEFIT OPTION
Spouse	\$25,000
Weekly Cost	\$3.05
Child(ren)	\$10,000
Weekly Cost	\$0.42
Guaranteed Issue	All Amounts

Important Life Benefit Requirement:

If you DID NOT have voluntary Optional/Dependent life coverage last year, if you increased the amount of coverage and/or changed tier levels, you will need to complete an evidence of insurability (EOI) form. Evidence of Insurability (EOI) is an application process in which past and present health information of an applicant is provided to the carrier in order to determine eligibility for insurance coverage. Applications are either approved or denied based on the information received. Approval by the Carrier is not guaranteed. In the event of a claim, if the EOI form has not been received and approved, the claim is subject to denial.

Please complete the EOI form for the state in which you live. State specific forms can be found here:

<https://www.standard.com/forms/ebid/mhsonly/>

SHORT-TERM DISABILITY



The Short-Term Disability benefit is provided through The Standard and offers the possibility of financial protection for eligible employees in the event of a covered disability by promising to pay a percentage of weekly earnings for a pre-determined period of time.

BENEFIT OPTION

Weekly Benefit	50%
Weekly Pre-disability Earnings	\$500
Weekly Benefit Maximum	\$250
Accident Benefits begin on day	15
Sickness Benefits begin on Day	15
Maximum Benefit Period	13 weeks
Weekly Cost	\$5.22



JOHNSON SERVICE GROUP

Dear JSG Contract Employee:

Since August 2012, the U.S. Department of Labor requires that 401(k) Plan Fee Disclosure statements are sent to new employees.

Please note this document is for informational purposes only. In order to enroll in the 401(k) Plan, please contact Johnson Service Group's Corporate Human Resources Department at benefits@jsginc.com.

The 401(k) fee disclosure notice is also posted on the Transamerica web site at www.ta-retirement.com and on JSG's website in the employee toolbox link.

If you have any questions or need additional information, please contact Human Resources.

Sincerely,

JOHNSON SERVICE GROUP, INC.

Human Resources Department
One East Oak Hill Drive
Suite 200
Westmont, IL 60559
Phone: (630) 655-3500
Fax: (630) 655-4689

Johnson Service Group, Inc. 401(k) Retirement Savings Plan - Contract Employees

Disclosure & Comparative Chart for Retirement Plan Participants

All individuals who have the right to direct investments in an employer-sponsored retirement plan are being provided with the attached detailed disclosure of fees, expenses and services provided in connection with such plan. This document is specific to your plan. You will see additional disclosures and an itemization of fees which may be assessed to your individual account on your next quarterly statement (and all future statements).

Why am I receiving this disclosure?

Because you have the right to direct investments under a retirement plan or because you are considered to be one of the following:

- An employee eligible to join your employer's retirement plan
- A retiree with a vested balance in the plan
- An active participant in the plan
- An active beneficiary of a former employee's plan account
- A former employee with a vested balance in the plan
- An alternate payee under a QDRO (qualified domestic relations order), typically as the result of a divorce

What do I need to do?

There is no action you need to take as a result of receiving this disclosure; however, you should consider reviewing the following pages carefully to learn more about the fees you pay and the services you receive related to your retirement plan.

This document describes investment information, services, fees and expenses contractually established and agreed upon by the sponsor of this employer-sponsored retirement plan and Transamerica. Any changes to the contractually established information set forth in this document that are not completed, or agreed upon in writing, by an authorized representative of Transamerica, either in part or in total, shall invalidate this disclosure and Transamerica will bear no responsibility for any liability whatsoever that may result, either directly or indirectly, as the result of such change, nor for any ensuing misperceptions on the part of disclosure recipients as a result of such changes.

DISCLOSURE & COMPARATIVE CHART
Johnson Service Group, Inc. 401(k) Retirement Savings Plan - Contract Employees (Plan)
IMPORTANT INFORMATION REGARDING YOUR PLAN
August 2, 2018

A retirement plan offers a convenient way to save for retirement and often provides unique features and benefits not available elsewhere. Individuals have the opportunity to make the plan work harder for them by committing to consistent savings early, taking full advantage of the tools and services available, maintaining a long-term investment strategy, and understanding how the plan works, including plan investment choices and fees. This document was prepared to aid you in that understanding.

General Plan Information	
Investment Vehicle	A Group Annuity Contract with separate account and general account investments (Investment Choices) issued by Transamerica Life Insurance Company, 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499 (Transamerica).
How to Direct Your Investments and Make Allocation Changes	<p><u>Direction of investments:</u> You may direct the investment of your Plan account.</p> <p><u>404(c) Compliance:</u> This plan intends to comply with the administrative requirements of ERISA section 404(c). ERISA section 404(c) was designed to ensure that you have the opportunity to (1) exercise control over the investment of your accounts available for your direction, and (2) choose from a broad range of investment alternatives.</p> <p><u>Timing for making investment allocation changes:</u> On any business day.</p> <p>To change your investment allocation, you may go to: ta-retirement.com or call 1-800-401-8726.</p> <p>For a complete description of investment direction rights, limitations, or restrictions under your Plan, refer to your Plan's Summary Plan Description (SPD), or similar document provided.</p>
Transfer Restrictions	Some Investment Choices may have transfer restrictions (See Table 1 for details, if applicable).
Voting, Tender and Similar Rights and Restrictions	For the Investment Choices in the Group Annuity Contract, the proxies are voted by the Plan Sponsor as the owner of the underlying shares. You do not participate in any proxy voting.
List of Investment Choices	For the listing of the Investment Choices active under your Plan, please see the section titled "Comparative Chart" under Table 1.
Potential General Administrative Fees	
Plan Fees	Plan Fees which may be paid directly by your employer or deducted from individual participant accounts include, but are not limited to:

	<ul style="list-style-type: none"> • Fees charged by Transamerica, including those for enrollment materials and workshops, base and per participant recordkeeping fees, hourly administrative consulting fees up to \$85 per hour, plan termination fees up to \$125 per hour, compliance consulting fees up to \$125 per hour, and outside asset fees, if applicable. • Fees directed by the plan sponsor to be allocated to participants, including auditor fees, and legal fees, when applicable, and as permitted to be charged to the plan. <p>The fees described above may be paid by your employer, or from: an expense account established for the plan; a deduction from each participant account on a pro-rata or per capital basis, or expenses collected from each investment choice selected for the plan. For those fees deducted from each participant account, the actual amount deducted, as well as a description of the services to which the fee relates, will be reported on the quarterly participant statement.</p>
Transaction Fees	<p>Refer to Exhibit A to see details regarding any base and per participant fees applicable to your Plan.</p> <p>Transaction fees which may be charged against individual participant accounts include:</p> <ul style="list-style-type: none"> • Fees charged by Transamerica for providing services related to the establishment and maintenance of loans, distributions and withdrawals. The actual amounts deducted, as well as a description of the services to which the fees relate, if any, are reported on your quarterly participant statement.
Asset-Based Fees	<p>Refer to Exhibit A to see a list of the Transaction Fees applicable to your Plan.</p> <p>Contract Asset Charges. Depending on the demographics of the Plan, a Contract Asset Charge (CAC) and/or other asset-based fees may apply. The CAC is expressed as a percentage of the assets held in each Investment Choice on a pro-rata basis. Other asset-based fees may be expressed as a percentage of the assets held in each Investment Choice on a pro-rata basis, or as a specified dollar amount charged to the Plan. Asset-based fees are used to subsidize costs for plan-related recordkeeping, administration, payment to financial advisors, and other retirement plan services that would otherwise be charged separately. A negative CAC represents a credit to the assets under the Contract. The actual dollar amounts are reported on your quarterly participant statement.</p> <p>Refer to Exhibit A to see a description of the Asset-Based Fees applicable to your Plan.</p>

Investment Information	<p>The information below is provided to help you compare the Investment Choices under your Plan. If you want additional information about your Investment Choices, including principal risks, current investment performance and a glossary of terms, you may go to: ta-retirement.com or call 1-800-401-8726.</p> <p>Table 1 below focuses on Investment Choices that do not have a fixed or stated rate of return, and shows fee and expense information, as well as investment performance for each choice and an appropriate benchmark performance (shown in <i>italics</i>). Past performance does not guarantee how the Investment Choice will perform in the future. Your investment in these choices could lose money.</p> <p>Total Annual Operating Expenses reduce the rate of return of each Investment Choice. Fund specific operating expense details are available at ta-retirement.com.</p> <p>The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's website for an example showing the long-term effect of fees and expenses at http://www.dol.gov/ebsa/publications/401k_employee.html.</p>
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Fees and expenses are only one of many factors to consider when you decide to invest. You may also want to think about whether investing in a particular Investment Choice will help you achieve your financial goals.

Comparative Chart - Table 1 - Variable Choices									
Name of Investment Choice/Inception (Mo/Yr)/ Benchmark	Asset Class	Sub-Asset Class	Total Annual Investment Choice Operating Expenses		Average Annual Total Return 06-30-2018			Shareholder-Type Fees / Comments	
			As %	Per \$1,000*	1 Yr.	5 Yr.	10 Yr. or Since Inception		
AEGON Cash Reserve Ret Opt FTSE Treasury Bill 3 Month	Short Bonds/Stable/Mkt	Cash Equivalent/Money Market	0.65%	\$6.50	1.47%	0.49%	0.37%		
JPMorgan Short Duration Bond Ret Opt Bloomberg Barclays US Government/Credit 1-3 Yr	Short Bonds/Stable/Mkt	Short-Term Bonds	1.25%	\$12.50	-0.76%	0.03%	0.95%		
Columbia Quality Income Ret Opt Bloomberg Barclays US MBS	Interm./Long-Term Bond	Intermediate-Term Bonds	1.16%	\$11.60	0.30%	1.75%	3.88%		See Type B - GAC note below for transfer restrictions
JPMorgan Core Bond Ret Opt Bloomberg Barclays US Aggregate Bond	Interm./Long-Term Bond	Intermediate-Term Bonds	1.00%	\$10.00	-0.72%	1.68%	3.49%		See Type A - GAC note below for transfer restrictions
Transamerica Partners High Yield Bond Ret Opt ICE BofAML US High Yield	Aggressive Bonds	High Yield Bonds	1.05%	\$10.50	1.67%	5.08%	7.14%		N/A
Oppenheimer International Bond Ret Opt FTSE WGBI NonUSD	Aggressive Bonds	World/Foreign Bonds	1.25%	\$12.50	-1.40%	1.84%	2.74%		N/A
Templeton Global Bond Ret Opt FTSE WGBI	Aggressive Bonds	World/Foreign Bonds	1.21%	\$12.10	-2.36%	1.38%	5.07%		N/A
American Funds Fundamental Investors Ret Opt S&P 500	Large-Cap Stocks	Large-Cap Blend Stocks	0.95%	\$9.50	14.03%	12.95%	8.76%		See Type A - GAC note below for transfer restrictions
WMC Core Equity Ret Opt Russell 1000	Large-Cap Stocks	Large-Cap Blend Stocks	1.05%	\$10.50	15.14%	13.16%	8.85%		N/A
Alger Capital Appreciation Ret Opt Russell 1000 Growth	Large-Cap Stocks	Large-Cap Growth Stocks	1.38%	\$13.80	23.31%	16.09%	11.20%		N/A
					22.51%	16.36%	11.83%		N/A

Comparative Chart - Table 1 - Variable Choices

Name of Investment Choice/Inception (Mo/Yr)/ Benchmark	Asset Class	Sub-Asset Class	Total Annual Investment Choice Operating Expenses		Average Annual Total Return 06-30-2018				Shareholder-Type Fees / Comments
			As %	Per \$1,000*	1 Yr.	5 Yr.	10 Yr. or Since Inception		
Virtus Ceredex Mid-Cap Value Equity Ret Opt <i>Russell Mid Cap Value</i>	Small/Mid-Cap Stocks	Mid-Cap Value Stocks	1.27%	\$12.70	7.44% 7.60%	10.68% 11.27%	11.31% 10.06%	N/A	
Goldman Sachs Mid-Cap Opportunities Ret Opt <i>Russell Mid Cap Growth</i>	Small/Mid-Cap Stocks	Mid-Cap Growth Stocks	1.30%	\$13.00	14.33% 18.52%	10.58% 13.37%	9.36% 10.45%	N/A	
TA Vanguard Small-Cap Value Index Ret Opt <i>Russell 2000 Value</i>	Small/Mid-Cap Stocks	Small-Cap Value Stocks	0.94%	\$9.40	11.57% 13.10%	11.51% 11.18%	10.34% 9.88%	See Type A - GAC note below for transfer restrictions	
Invesco Small Cap Growth Ret Opt S&P 500	Small/Mid-Cap Stocks	Small-Cap Growth Stocks	1.17%	\$11.70	23.77% 14.37%	14.44% 13.42%	11.82% 10.17%	See Type A - GAC note below for transfer restrictions	
Neuberger Berman Real Estate Ret Opt <i>FTSE NAREIT All Equity REITs</i>	Small/Mid-Cap Stocks	Real Estate	1.47%	\$14.70	4.53% 4.93%	7.37% 8.88%	8.45% 8.30%	N/A	
American Funds EuroPacific Growth Ret Opt <i>MSCI ACWI Ex USA</i>	International Stocks	World/Foreign Stocks	1.10%	\$11.00	8.68% 7.28%	7.75% 5.99%	4.26% 2.54%	See Type A - GAC note below for transfer restrictions	
Oppenheimer Developing Markets Ret Opt <i>MSCI EM</i>	International Stocks	Emerging Market Stocks	1.57%	\$15.70	11.89% 8.20%	5.29% 5.01%	5.10% 2.26%	N/A	
BlackRock Global Allocation Ret Opt <i>FTSE World Index</i>	Multi-Asset/Other	Balanced	1.30%	\$13.00	3.36% 11.14%	4.85% 10.13%	4.14% 6.59%	N/A	
Manning & Napier Pro-Mix Conservative Term Ret Opt <i>Morningstar Moderately Conservative Target Risk</i>	Multi-Asset/Other	Asset Allocation Investment Choices	1.25%	\$12.50	2.76% 4.66%	3.33% 5.23%	4.53% 5.27%	N/A	
Manning & Napier Pro-Mix Moderate Term Ret Opt <i>Morningstar Moderately Conservative Target Risk</i>	Multi-Asset/Other	Asset Allocation Investment Choices	1.30%	\$13.00	4.18% 4.66%	4.29% 5.23%	4.94% 5.27%	N/A	
Manning & Napier Pro-Mix Extended Term Ret Opt <i>Morningstar Moderate Target Risk</i>	Multi-Asset/Other	Asset Allocation Investment Choices	1.30%	\$13.00	6.24% 6.92%	5.58% 6.92%	5.76% 6.28%	N/A	

Comparative Chart - Table 1 - Variable Choices

Name of Investment Choice/Inception (Mo/Yr)/ Benchmark	Asset Class	Sub-Asset Class	Total Annual Investment Choice Operating Expenses		Average Annual Total Return 06-30-2018			Shareholder-Type Fees / Comments
			As %	Per \$1,000*	1 Yr.	5 Yr.	10 Yr. or Since Inception	
Manning & Napier Pro-Mix Maximum Term Ret Opt Morningstar Aggressive Target Risk	Multi-Asset/Other	Asset Allocation Investment Choices	1.30%	\$13.00	13.13% 11.42%	8.92% 9.93%	7.47% 7.55%	N/A

*This is the cost of each Investment Choice for a 12-month period of time.

Note Type A - GAC: Transfers into the investment choice are restricted for a rolling 30-day period once a transfer out has been made.

Note Type B - GAC: Transfers into the investment choice are restricted for a rolling 28-day period once a round trip transfer ("in" and "out") has been made.

Table 2 below focuses on Investment Choices that have a fixed or stated rate of return, and shows the annual rate of return, the term or length it is earned, and other information relevant to performance.

Comparative Chart - Table 2 – Fixed Choices

Name of Investment Choice	Return/Credited Rate	Term	Other (Explanation of Term)	Shareholder-Type Fees/Comments
There are no investment choices under your Plan that have a fixed or stated rate of return.				

Exhibit A – Summary of Plan Fees and Transaction Fees

- Generally, transaction fees are paid by participants.
- Plan fees may be paid by your employer or divided up among all participants.
- Under certain circumstances, service fee discounts, recordkeeping fee waivers, or the use of plan forfeitures may cover or reduce the fees stated below.

Type of Service, Feature or Benefit	Transamerica Charges	Basis
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	(Expressed in \$)	
Transaction Fees		
▪ Terminations / Lump Sum Distribution	\$0	Per distribution
▪ Death Benefits	\$0	Per distribution
▪ Disability Benefits	\$0	Per distribution
▪ QDRO Distribution Fee	\$0	Per distribution
▪ Installments	\$0	Per distribution
▪ Hardship Withdrawal	\$0	Per distribution
▪ In-Service Withdrawal	\$0	Per distribution
▪ Required Minimum Distributions	\$0	Per distribution
Plan Fees		
Participant Charges		
▪ 1 - 24	\$0	Per Participant
▪ 25 - 49	\$20	Per Participant
▪ 50 - 249	\$15	Per Participant
▪ 250 - 499	\$13	Per Participant
▪ 500 - 999999	\$11	Per Participant
Base Fees		
▪ 1 - 24	\$500	Per Year
▪ 25 - 999999	\$0	Per Year

Contract Asset Charges: CACs are calculated based on the total assets in the Plan and the actual amount deducted from, or credited to, a participant's account is based on the total account balance for the Plan. These charges may be used to subsidize costs for plan-related recordkeeping, administration, payment to financial advisors, and other retirement plan services that would otherwise be charged separately.

The annual CAC percentage is assessed on a Monthly basis. As of July 15, 2018, the annual CAC percentage was 0.20% based on the total assets in the Plan as of the date shown above. As the value of the assets in the Plan change, the CAC may decrease or increase on a Monthly basis according to the rate schedule in the Contract anywhere between 0.20% - 1.95%. For specific information, please contact your Plan Administrator.

Surrender Charges: Depending on the specific underwriting of the Contract, upon total or partial discontinuance of the Contract, an asset-based surrender/discontinuance charge may apply for a limited number of deposit years. Please contact the Participant Call Center at 1-800-401-8726 for specific details.