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The information provided in this Benefits Guide is intended to be a general summary of benefits provided by Farm Credit Foundations. In the event that any information is in conflict with the vendor contract or the policy, the contract or policy language will prevail. The employers participating in the Farm Credit Foundations intend to provide these programs on an ongoing basis; however, they reserve the right to amend or terminate any program at any time.

Eligibility

You're eligible for benefits if you are employed by a Farm Credit employer that participates in the Farm Credit Foundations Benefit Plans and you are:

- A full-time employee (regularly scheduled to work at least 32 hours per week), or
- A part-time benefits-eligible employee (regularly scheduled to work between 20 and 32 hours per week)

In addition, your eligible dependents are eligible for coverage under most benefit plans. Your eligible dependents include:

- Spouse, (domestic partner and common law spouse where legally recognized by the state of residence);
- Unmarried dependent child(ren) under age 19 including biological child(ren), adopted child(ren) and stepchild(ren);
- Unmarried child(ren), ages 19 to 25, who are full-time students at an accredited institution and who are dependent on you for support;*
- Unmarried children of any age who are physically or mentally challenged and depend on you for support. A child will be considered to be physically or mentally challenged if he or she is incapable of self-sustaining employment because of a physical or mental disability.

For plan purposes, child(ren) means:

- Your own or legally adopted child;
- Child(ren) & stepchild(ren) who live in a parent/child relationship with you at least half the time;
- Child not living in your home with coverage required by a Qualified Medical Child Support Order (QMCSO);
- Child other than the above with a court document granting guardianship.

* If your child is a student and over age 18, you may be required to certify and/or provide proof of full-time student status.



Enrollment Periods

Farm Credit Foundations benefit plans operate on a calendar year basis - January 1 through December 31. Many of the plans are offered through a Cafeteria plan which allows enrollment or changes only during special enrollment periods:

New Hire Enrollment Period

Your New Hire Enrollment Period is the first 45 days of hire. Benefits will be effective the 1st or 16th day of the month on/or following enrollment.

If you do not enroll within 45 days of hire, you will automatically be enrolled in the employer-provided benefits (Basic Employee Term Life and Accidental Death and Dismemberment, Business Travel Accident, Long-Term Disability insurance and the 401(k) program).

Annual Enrollment Period

Your Annual Enrollment Period for each year is generally the first two weeks in November. During this period, you have the opportunity to review your benefits and make changes. An election filed during the Annual Enrollment period is effective January 1*, and applies throughout the next year.

Special Enrollment Periods

If you meet the requirements for changing one or more of your pre-tax elections in mid-year, the 31-day period immediately thereafter is a special enrollment period.

Qualified Status Change

You may make mid-year pre-tax election changes if you have a Qualified Status Change:

- Marriage, divorce or legal separation;
- Birth, adoption or placement for adoption;
- Death of your spouse or dependent;
- Loss or reinstatement of dependent status;
- Significant change in your spouse's coverage;
- Loss of your or your dependents' group coverage due to layoff or termination.

If you have a Qualified Status Change and would like to change your coverage, you must submit a change within 31 days of the qualified event. Your benefit changes will be effective the date of the event. Any changes made to coverage must be consistent with the Qualified Status Change under IRS Section 125.

* Certain coverages may become effective upon approval from the vendor. Review the information in the life insurance and AFLAC sections for more information.

Pre-Tax Plan Options

- Medical
- Dental
- Vision
- Flexible Spending Accounts
- Health Savings Account¹
- Optional Basic Life and AD&D
- Voluntary AD&D
- AFLAC

¹ A qualified status change is not required to change your Health Savings Account (HSA) contribution throughout the year.



Medical Special Enrollment

- **Newly Acquired Spouse:** If you acquire a spouse through marriage, you can enroll your spouse without waiting until the next Annual Enrollment date. If you are not enrolled for coverage, you also can enroll yourself for medical coverage at that time. You can enroll prior to or within 31 days after your date of marriage. Coverage will start on your date of marriage.
- **Newly Acquired Children:** If you acquire an eligible dependent child through birth, adoption or placement for adoption, you can enroll the child without waiting until the next Annual Enrollment date. If you and/or your spouse are not enrolled for coverage, you also can enroll yourself and your spouse for medical coverage at that time. Coverage must be elected within 31 days of birth, adoption or placement of adoption. Coverage will start on the date of birth, adoption or placement for adoption.
- **Loss of Other Coverage:** You may initially have declined coverage for yourself or an eligible dependent because you or your eligible dependent had coverage under a prior employer's plan or because you or your eligible dependent had other health coverage (for example, coverage under a health plan of your spouse). You can elect to enroll when this other coverage expires, if:
 - You or your eligible dependent lose eligibility for such other coverage (for example, you exhaust prior plan coverage, or your spouse changes to part-time employment and is no longer eligible under his/her employer's plan) other than as a result of a failure to pay premiums or a loss of coverage for cause; or
 - All employer contributions toward such coverage have stopped.

You can enroll within 31 days after the loss of other coverage and coverage will start on the day after loss of coverage. If you do not enroll yourself or an eligible dependent within such 31-day period, you cannot enroll until the next Annual Enrollment Period.



Benefits at a Glance

Some benefits are Employer-Provided; your employer pays the entire cost for you. Other benefits are Employer-Subsidized; that is, your employer will pay a substantial portion of the cost of your coverage. Additional benefits are optional—you pay the full cost but save money by participating in group coverage provided by your employer.

Employer Provided

- **Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance Plans:** You automatically receive Employer-Provided coverage equal to one times your total compensation.
- **Business Travel Accident Insurance:** You automatically receive coverage equal to three times your total compensation at no cost to you.
- **Long-Term Disability (LTD) Insurance:** You are automatically enrolled in coverage that provides 66⅔% of your monthly total compensation in the event you become disabled and unable to work.
- **Defined Contribution/401(k) Plan:** Participating in the 401(k) Plan allows you to take advantage of company matching funds.

Employer Subsidized

- **Medical Coverage:** Select from three levels of PPO coverage including a Consumer Choice PPO Plan with a Health Savings Account (HSA). Depending on your work location, you may also have an HMO plan available. Your premiums are paid pre-tax.
- **Dental Coverage:** Choose between two passive PPO options—Basic Plan and Comprehensive Plan. Your premiums are paid pre-tax.

Optional

- **Vision Plan:** Coverage for eye exams, lenses, frames and contact lenses. Receive discounts on certain procedures. You pay for vision coverage on a pre-tax basis.
- **Tax Advantage Accounts:** Contribute to one or more accounts available on a pre-tax basis:
 - Health Care Flexible Spending Account
 - Limited Purpose Health FSA
 - Health Savings Account (HSA)
 - Dependent Care Flexible Spending Account
- **Optional Basic Employee Term Life and Accidental Death & Dismemberment (AD&D) Insurance:** Elect coverage for an additional one times your total compensation. You pay the full cost on a pre-tax basis.
- **Group Universal Life (GUL) Insurance:** Purchase benefits up to ten times your total compensation for yourself, up to \$250,000 for your spouse and you can also take advantage of the added benefit of building long-term savings via the cash accumulation fund option. You pay the full cost on an after-tax basis.
- **Dependent Child(ren) Life:** Purchase up to \$25,000 in life insurance for each eligible dependent child.
- **Voluntary Accidental Death & Dismemberment (AD&D) Insurance:** Elect coverage for you and/or your family up to ten times your base pay to a maximum of \$750,000. You pay on a pre-tax basis.
- **AFLAC:** Elect supplemental cancer and other specified-disease coverage for you, your spouse or your family. You pay on a pre-tax basis.
- **Defined Contribution/401(k) Plan:** You can also increase or decrease your 401(k) contribution percent at any time. Contributions are available on a pre-tax and after-tax basis. Roth 401(k) contributions are also available.

You have the flexibility to decide who to cover under the Medical, Dental and Vision Plans.

- 1 Coverage for you;
- 2 Coverage for you and your spouse;
- 3 Coverage for you and your child(ren); and
- 4 Coverage for you and your family.

Your Medical Options or Medical Plans

Farm Credit Foundations offers three different medical options for you and your family:

- 1 Premium PPO Plan
- 2 Standard PPO Plan
- 3 Consumer Choice PPO Plan (this plan is a qualified High Deductible Health Plan)

All three are Preferred Provider Organization (PPO) options and are administered by BlueCross BlueShield of Illinois (BCBSIL). BCBSIL has a large network of providers. To locate a participating provider in your area you can find a provider directory on www.bcbsil.com/foundations or by calling BCBSIL at 866-563-8366.

A PPO is a medical plan that uses a network of “Participating Providers” who charge discounted fees for medical services and cannot balance bill due to contractual agreements between BlueCross BlueShield of Illinois and the provider. You may choose to see any medical provider whether in or out-of-network — and no referrals are necessary. However, when you choose a participating provider, you will typically receive plan-negotiated discounts in addition to a higher level of in-network benefits.

Wellness Benefits

All three of the PPO plans provide the same eligible benefits and each Plan includes Wellness Benefits. Wellness Benefits pay 100% of in-network eligible charges up to \$750 for routine preventive care services for each covered person. This \$750 per person preventive care is not subject to your deductible or coinsurance. Preventive care charges in excess of the \$750 maximum will be applied to your deductible and coinsurance.

Wellness Benefits include routine physical exams (no limit on visits), routine diagnostic tests (lab and x-ray), routine eye exams (includes contact lens fitting and refractions) and routine hearing exams. Some examples of routine preventive care:

ROUTINE PHYSICAL EXAM	ANNUAL PROSTATE EXAM
BLOOD PRESSURE SCREENING	FLU SHOT (INFLUENZA IMMUNIZATION)
ANNUAL MAMMOGRAM	ANNUAL FASTING BLOOD SUGAR TEST
CLINICAL BREAST EXAM	ANNUAL CHOLESTEROL TEST
ANNUAL PAP SMEAR	TETANUS-DIPHTHERIA BOOSTER
WELL-BABY CARE	ROUTINE LAB (BLOOD & URINE) TESTING

In addition, the following Wellness Benefits are paid at 100% of in-network eligible charges and do not count toward the annual maximum:

ROUTINE SIGMOIDOSCOPY	BEGINNING AT AGE 50	ONCE EVERY 3 YEARS
ROUTINE COLONOSCOPY	BEGINNING AT AGE 50	ONCE EVERY 10 YEARS
BONE MINERAL DENSITY	BEGINNING AT AGE 50	ONCE EVERY 3 YEARS
IMMUNIZATIONS	ANY AGE	(IMMUNIZATIONS FOR FOREIGN TRAVEL ARE NOT COVERED)

If you elect the Consumer Choice PPO plan for your medical coverage, you are eligible to enroll in the Farm Credit Foundations group sponsored Health Savings Account and the Limited Purpose Health Flexible Spending Account.

Depending on your location, you may also be able to select coverage under a Health Maintenance Organization (HMO) or a fully insured PPO. If an HMO or a fully insured PPO is available to you, your Enrollment Kit will include more information on enrolling.

2008 PPO Plan Highlights

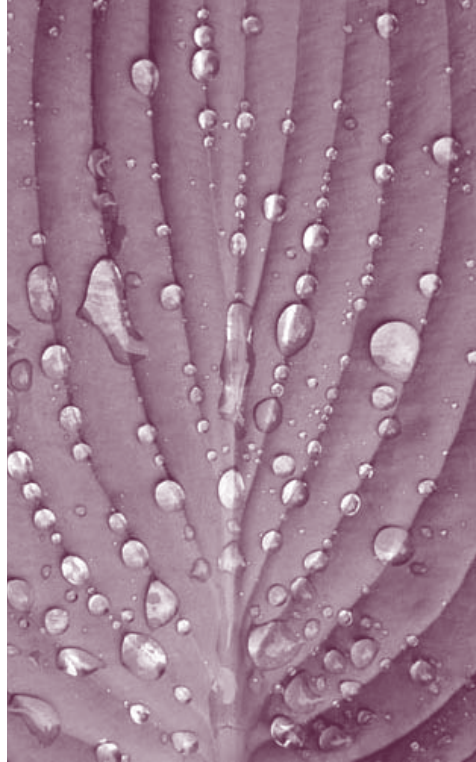
	PREMIUM PPO PLAN		STANDARD PPO PLAN		CONSUMER CHOICE PPO PLAN	
PRE-EXISTING CONDITION EXCLUSION	NONE		NONE		NONE	
OUT-OF-POCKET EXPENSES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	<i>Individual: \$400 Family: \$800 maximum</i>		<i>Individual: \$1,000 Family: \$2,000 maximum</i>		<i>Individual: \$2,700 Family: \$5,450 (full family deductible must be met before the plan starts to pay)</i>	
ANNUAL OUT-OF-POCKET MAXIMUM (includes deductible)	<i>\$1,600 Indiv. \$3,200 Family</i>	<i>\$2,000 Indiv. \$4,000 Family</i>	<i>\$3,000 Indiv. \$6,000 Family</i>	<i>\$4,000 Indiv. \$8,000 Family</i>	<i>\$2,700 Indiv. \$5,450 Family</i>	<i>\$5,400 Indiv. \$10,900 Family</i>
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
COINSURANCE PAID AFTER DEDUCTIBLE (applies to all professional services except as noted below)	YOU PAY 20%	YOU PAY 40%	YOU PAY 20%	YOU PAY 40%	PLAN PAYS 100%	YOU PAY 40%
OFFICE VISIT COPAYS (copays do not apply to deductible or out-of-pocket maximum)	YOU PAY 35%	<i>subject to deductible and coinsurance</i>	YOU PAY 35%	<i>subject to deductible and coinsurance</i>	<i>subject to deductible and coinsurance</i>	<i>subject to deductible and coinsurance</i>
LABWORK/PROFESSIONAL SERVICES	<i>subject to deductible and coinsurance</i>		<i>subject to deductible and coinsurance</i>		<i>subject to deductible and coinsurance then plan pays 100%</i>	
EMERGENCY ROOM VISIT COPAYMENT	<i>subject to deductible and coinsurance</i>		<i>subject to deductible and coinsurance</i>		<i>subject to deductible and coinsurance then plan pays 100%</i>	
WELLNESS BENEFIT (Wellness Benefits over \$750 are subject to deductible and coinsurance)	100% OF IN-NETWORK ELIGIBLE CHARGES (up to \$750 annually)		100% OF IN-NETWORK ELIGIBLE CHARGES (up to \$750 annually)		100% OF IN-NETWORK ELIGIBLE CHARGES (up to \$750 annually)	
MAXIMUM LIFETIME BENEFIT	UNLIMITED		UNLIMITED		UNLIMITED	

	PREMIUM PPO PLAN			STANDARD PPO PLAN			CONSUMER CHOICE PPO PLAN		
BENEFITS	RETAIL (30-day supply)	RETAIL (90-day supply)	MAIL ORDER (90-day supply)	RETAIL (30-day supply)	RETAIL (90-day supply)	MAIL ORDER (90-day supply)	RETAIL (30 day supply)	RETAIL (90 day supply)	MAIL ORDER (90 day supply)
GENERIC COPAY	\$10	\$30	\$20	\$10	\$30	\$20	<i>subject to medical deductible and coinsurances</i>		
PREFERRED BRAND COPAY	\$30	\$90	\$75	\$30	\$90	\$75			
NON-PREFERRED BRAND COPAY	\$60	\$180	\$150	\$60	\$180	\$150			

	PREMIUM PPO PLAN	STANDARD PPO PLAN	CONSUMER CHOICE PPO PLAN
PRE-TAX ACCOUNTS			
FLEXIBLE SPENDING HEALTH CARE	<i>Maximum annual contribution up to \$5,000 pre-tax</i>	<i>Maximum annual contribution up to \$5,000 pre-tax</i>	<i>Not Available</i>
LIMITED PURPOSE HEALTH FSA	<i>Not Available</i>	<i>Not Available</i>	<i>Maximum annual contribution up to \$2,500 pre-tax</i>
HEALTH SAVINGS ACCOUNT	<i>Not Available</i>	<i>Not Available</i>	<i>Maximum annual contribution amount up to federal limit minus employer premium rebate</i>
FLEXIBLE SPENDING DEPENDENT CARE	<i>Maximum annual contribution up to \$5,000 pre-tax</i>	<i>Maximum annual contribution up to \$5,000 pre-tax</i>	<i>Maximum annual contributions up to \$5,000 pre-tax</i>

Premium PPO Plan Features

- **Deductibles:** The Premium PPO plan has a \$400 per individual deductible and an \$800 per family deductible. The combination of deductible expenses for the entire family will not exceed \$800.
- **Coinsurance:** Once you have met the deductible, the plan will pay at 80% of covered expenses from in-network providers or 60% of covered expenses from out-of-network providers.
- **Annual Out-of-Pocket Maximums:** Your annual out-of-pocket maximum, including deductible, is \$1,600 in-network/\$2,000 out-of-network for individual and \$3,200 in-network/\$4,000 out-of-network for employee + spouse, employee + child(ren) & family coverage.
- **In-Network Office Visit Coinsurance:** You will pay 35% of an office visit charge. The 35% coinsurance of office visits does not count toward the deductible nor out-of-pocket maximum requirements. Out-of-network office visit charges are paid at 60% after deductible and coinsurance are satisfied.
- **Prescription Drug Coverage (administered by Caremark):** Prescription drugs are not subject to your deductible or coinsurance. Instead, you have a copayment for each prescription. Prescription drug copayments do not count towards your deductible or annual out-of-pocket maximum.



Standard PPO Plan Features

- **Deductibles:** The Standard PPO plan has a \$1,000 per individual deductible and a \$2,000 per family deductible. The combination of deductible expenses for the entire family will not exceed \$2,000.
- **Coinsurance:** Once you have met the deductible, the plan will pay at 80% of covered expenses from in-network providers or 60% of covered expenses from out-of-network providers.
- **Annual Out-of-Pocket Maximums:** Your annual out-of-pocket maximum, including deductible, is \$3,000 in-network/\$4,000 out-of-network for individual and \$6,000 in-network/\$8,000 out-of-network for employee + spouse, employee + child(ren) & family coverage.
- **In-Network Office Visit Coinsurance:** You will pay 35% of an office visit charge. The 35% coinsurance of office visits does not count toward the deductible nor out-of-pocket maximum requirements. Out-of-network office visit charges are paid at 60% after deductible and coinsurance are satisfied.
- **Prescription Drug Coverage (administered by Caremark):** Prescription drugs are not subject to your deductible or coinsurance. Instead, you have a copayment for each prescription. Prescription drug copayments do not count towards your deductible or annual out-of-pocket maximum.

Office Visits: Participants pay a 35% coinsurance for an in-network office visit charge, including visits to Urgent Care facilities. Other services connected with the office visit will be subject to the Plan's deductible and out-of-pocket maximums. The 35% coinsurance for office visits does not apply to visits to a Pathologist, Psychologist, Psychiatrist, Radiologist, Anesthesiologist, Chiropractors or Social Workers. These professional services are subject to deductible and coinsurance.

Everyone's situation is different, so you will need to carefully consider all aspects of the different options to determine what best fits your needs. Be sure to check out Farm Credit Foundations Medical ToolKit, which will help model your health care expenses and more! This on-line tool is available at www.FarmCreditMedicalToolKit.com.

Consumer Choice PPO Plan Features

The Consumer Choice PPO Plan is a qualified High Deductible Health Plan (HDHP). A High Deductible Health Plan (HDHP) is a health plan that when combined with a Health Savings Account (HSA) provides insurance coverage and a tax-advantage way to help save for future health care expenses.

Claim Filing Deadline: Medical claims must be submitted within 12 months from date of service in order to be considered.

- **Deductibles:** The Consumer Choice PPO Plan has a \$2,700 deductible for employee coverage or \$5,450 deductible for all other tiers. One family member or a combination of family members can satisfy the family deductible and the full family deductible must be met before post-deductible benefits are paid.
- **Coinsurance:** Once the deductible is met the Consumer Choice PPO Plan will pay 100% of covered expenses from in-network providers or 60% of covered expenses from out-of-network providers.
- **Annual Out-of-Pocket Maximums:** Your maximum annual out-of-pocket expenses from in-network providers for the plan year is \$2,700 for employee only coverage and \$5,450 for all other tier levels (employee + spouse, employee + child(ren) or family). Out-of-network annual out-of-pocket maximum is \$5,400 for employee only and \$10,900 for all other tier levels.
- **Office Visit Charges:** Under the Consumer Choice PPO Plan, office visits are subject to your deductible. Copays do not apply for the Consumer Choice PPO Plan – you are responsible for the entire office visit charge until you have satisfied the deductible.
- **Prescription Drug Coverage (administered by Caremark):** Under the Consumer Choice PPO Plan, prescription drugs are subject to your deductible. Copays do not apply for the Consumer Choice PPO Plan – you are responsible for payment of 100% of the cost of prescription drugs until you have satisfied the deductible.

Dispense As Written (DAW) Provision: If you purchase a Preferred or Non-preferred drug at retail when a Generic is available, you will pay the Generic copay plus the difference between the cost of the Generic drug and the drug dispensed unless the doctor substantiates "Dispense As Written" (DAW).

Maintenance Medications: On-going maintenance drug refills may be dispensed by mail-order; however, you may also purchase a 90-day supply at participating retail pharmacies; go to www.caremark.com to find a participating provider. The cost of the 90-day supply at retail will be 3x the 30-day cost.

Prescription Drug Coverage

Farm Credit Foundations prescription drug coverage is administered by Caremark. The cost of your medication will vary depending on your medical plan election and the type of medication prescribed.

Medication Categories

- **Generic Drugs:** A generic drug is identical, or bioequivalent to a brand name drug in dosage, safety, strength, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.
- **Preferred Drugs:** These are prescription drugs that have been placed on a list of preferred drugs for a medical plan. The cost for preferred drugs is generally less than non-preferred drugs but higher than a generic drug copay.
- **Non-Preferred Brand Drugs:** These are medications that have been patented for name and chemical content. Once the patent expires, generic drugs with a different name but the same chemical make-up usually become available. Non-preferred drugs are all other prescription drugs that are not generic or on the list of Preferred drugs. Usually non-preferred named drugs are the most expensive and/or have a comparable drug that is either generic or on the preferred list.
- **Lifestyle Drugs:** These are prescription drugs that are not generally considered medically necessary. You will pay the full cost of the prescription after a discount has been applied. Lifestyle drugs are typically drugs that are prescribed for non-medically necessary uses such as cosmetic Botox® and Propecia® for hair loss.

Prescription Drug Copay

PREMIUM PPO PLAN	RETAIL (30-day supply)	RETAIL (90-day supply)	MAIL ORDER (90-day supply)
GENERIC COPAY	\$10	\$30	\$20
PREFERRED BRAND COPAY	\$30	\$90	\$75
NON-PREFERRED BRAND COPAY	\$60	\$180	\$150
LIFESTYLE DRUGS*	100% OF DISCOUNTED PRICE		
STANDARD PPO PLAN	RETAIL (30-day supply)	RETAIL (90-day supply)	MAIL ORDER (90-day supply)
GENERIC COPAY	\$10	\$30	\$20
PREFERRED BRAND COPAY	\$30	\$90	\$75
NON-PREFERRED BRAND COPAY	\$60	\$180	\$150
LIFESTYLE DRUGS*	100% OF DISCOUNTED PRICE		
CONSUMER CHOICE PPO PLAN	RETAIL (30-day supply)	RETAIL (90-day supply)	MAIL ORDER (90-day supply)
GENERIC COPAY	SUBJECT TO SAME DEDUCTIBLE AND COINSURANCE AS OTHER MEDICAL BENEFITS		
PREFERRED BRAND COPAY	SUBJECT TO SAME DEDUCTIBLE AND COINSURANCE AS OTHER MEDICAL BENEFITS		
NON-PREFERRED BRAND COPAY	SUBJECT TO SAME DEDUCTIBLE AND COINSURANCE AS OTHER MEDICAL BENEFITS		
LIFESTYLE DRUGS*	100% OF DISCOUNTED PRICE		

*Charges do not count toward deductible

Diabetic Supplies

Your diabetic supply kit (swabs, lancets, syringes and strips) are free-of-charge when ordered with your insulin prescription/refill (mail order and retail). In addition, Caremark has a disease management program available to help you manage your diabetes. Contact Caremark for more information about this program.

Caremark's Specialty Pharmacy

Certain medications may need to be filled through Caremark's Specialty Pharmacy. Specialty Pharmacy medications are typically drugs that need to be refrigerated, have short shelf-life, are bio-tech drugs, and/or expensive medications that are not typically stocked by other pharmacies.

Be sure to work with your doctor and pharmacist to discuss which prescription drugs provide the best value and effectiveness for your needs.



2008 Medical Rates

FULL-TIME MEDICAL RATES-PER MONTH (Rates for active employees who work 32+ hours or more per week.)			
PREMIUM PPO PLAN	MEDICAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$367.00	\$319.00	\$48.00
EMPLOYEE + SPOUSE	\$735.00	\$577.00	\$158.00
EMPLOYEE + CHILD(REN)	\$643.00	\$512.00	\$131.00
FAMILY	\$1,102.00	\$833.00	\$269.00
STANDARD PPO PLAN	MEDICAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$322.00	\$319.00	\$3.00
EMPLOYEE + SPOUSE	\$644.00	\$577.00	\$67.00
EMPLOYEE + CHILD(REN)	\$564.00	\$512.00	\$52.00
FAMILY	\$966.00	\$833.00	\$133.00
CONSUMER CHOICE PPO PLAN	MEDICAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$263.00	\$319.00	(\$56.00)
EMPLOYEE + SPOUSE	\$526.00	\$577.00	(\$51.00)
EMPLOYEE + CHILD(REN)	\$460.00	\$512.00	(\$52.00)
FAMILY	\$789.00	\$833.00	(\$44.00)

PART-TIME MEDICAL RATES-PER MONTH (Rates for active employees who work 20 - 31 hours per week.)			
PREMIUM PPO PLAN	MEDICAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$367.00	\$159.50	\$207.50
EMPLOYEE + SPOUSE	\$735.00	\$288.50	\$446.50
EMPLOYEE + CHILD(REN)	\$643.00	\$256.00	\$387.00
FAMILY	\$1,102.00	\$416.50	\$685.50
STANDARD PPO PLAN	MEDICAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$322.00	\$159.50	\$162.50
EMPLOYEE + SPOUSE	\$644.00	\$288.50	\$355.50
EMPLOYEE + CHILD(REN)	\$564.00	\$256.00	\$308.00
FAMILY	\$966.00	\$416.50	\$549.50
CONSUMER CHOICE PPO PLAN	MEDICAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$263.00	\$159.50	\$103.50
EMPLOYEE + SPOUSE	\$526.00	\$288.50	\$237.50
EMPLOYEE + CHILD(REN)	\$460.00	\$256.00	\$204.00
FAMILY	\$789.00	\$416.50	\$372.50

Dental Plan Options

Your dental plan is a Preferred Provider Plan administered by Delta Dental of Kansas. Two levels of coverage are offered:

- Basic Coverage: Provides benefits for diagnostic, preventive & basic care eligible charges (including exams, cleanings, fillings and X-rays).
- Comprehensive Coverage: Provides all of the above, plus offers coverage for a more extensive range of dental care including orthodontia.

Orthodontia coverage is available under the comprehensive plan. The plan pays 50% after deductible with a lifetime maximum of \$2,000 per person.

DENTAL PLAN OPTIONS SUMMARY	
BASIC PLAN	
DEDUCTIBLE PER PERSON	\$50
PREVENTIVE/DIAGNOSTIC	100% (not subject to deductible)
BASIC SERVICES	80% (after deductible)
MAJOR SERVICES	NOT COVERED
ANNUAL BENEFIT MAXIMUM	\$750 PER PERSON
COMPREHENSIVE PLAN	
DEDUCTIBLE PER PERSON	\$100
PREVENTIVE/DIAGNOSTIC	100% (not subject to deductible)
BASIC SERVICES	80% (after deductible)
MAJOR SERVICES	50% (after deductible)
ANNUAL BENEFIT MAXIMUM	\$1,500 PER PERSON



Preventive Services

- Routine Dental Examinations: Twice per calendar year
- Cleaning: Twice per calendar year
- Topical fluoride application for children under age 19: Twice per calendar year
- Total mouth x-ray: Once every 36 months
- Bitewing x-rays: Twice per calendar year

Basic Services

- Restorations (fillings): Amalgam, silicate cement, acrylic and composite
- Oral Surgery: Extractions (uncomplicated surgical removal of an erupted tooth), incision/drainage of abscess, cyst or tumor removal
- General anesthesia and postoperative care
- Periodontics: Root planning/scaling, gingivectomy/gingivoplasty
- Endodontics: Root canals (including necessary x-rays/cultures, excluding final restoration), denture or bridge work repairs

Major Services

- Inlays and crowns
- Artificial teeth
- Removable bridge
- Dentures

Visit www.FarmCreditFoundations.com for more information on dental benefits.

Network Savings

Both the Basic and Comprehensive Dental options are Preferred Provider Organization (PPO) plans administered by Delta Dental of Kansas. Delta Dental offers an extensive two-tier nation-wide network of providers – the Delta Dental Premier Network and the Delta Dental PPO Network. The level of eligible charges (based on network discount) will vary depending on whether you use a network provider and/or the network in which your provider participates.

Delta Dental Premier Network

- Larger Network – 118,000 dentists in 163,000 offices
- Delta Premier Discounts
- No Balance Billing
- No Paperwork

Delta Dental PPO Network

- Smaller Network – 57,000 dentists in 88,000 offices
- Deepest Discounts
- No Balance Billing
- No Paperwork

A directory of network providers is available at www.deltadentalks.com

Ask your dentist to submit a pre-treatment review prior to starting any major dental work.

EXAMPLE OF PREVENTIVE PAYMENT (not subject to deductible)			
CLEANING, BITEWING X-RAYS & EXAM	PREMIER NETWORK	PPO NETWORK	OUT-OF-NETWORK
DENTIST CHARGE	\$115	\$115	\$115
DELTA'S MAXIMUM ALLOWANCE (MPA)*	\$108	\$91	\$82
PLAN PAYS 100% OF MPA	\$108	\$91	\$82
PATIENT COINSURANCE = 0% OF MPA	\$0	\$0	\$0
ADDITIONAL AMOUNT PROVIDER CAN CHARGE (balance bill)	\$0	\$0	\$33
TOTAL PATIENT CHARGE	\$0	\$0	\$33

EXAMPLE OF MAJOR PROCEDURE (assume deductible has been met)			
CROWN	PREMIER NETWORK	PPO NETWORK	OUT-OF-NETWORK
DENTIST CHARGE	\$725	\$725	\$725
DELTA'S MAXIMUM ALLOWANCE (MPA)*	\$700	\$616	\$525
PLAN PAYS 50% OF MPA	\$350	\$308	\$262.50
PATIENT COINSURANCE = 50% OF MPA	\$350	\$308	\$262.50
ADDITIONAL AMOUNT PROVIDER CAN CHARGE (balance bill)	\$0	\$0	\$200
TOTAL PATIENT CHARGE	\$350	\$308	\$462.50

* Maximum Allowable Charges (MPA) for a covered procedure means the fee established by Delta Dental. Delta develops the MPA from a number of sources, including but not limited to contract with dentists, input from dental consultants, the billed charges for the same procedures by dentists in that state, and other pertinent information. The MPA for in-network procedures ranges between approximately 70-80% of retail cost. The MPA for out-of-network procedures ranges between 50-60% of retail cost. Other insurance companies or your dental provider may refer to this as "reasonable and customary" or R&C maximums. In addition, if a Delta Dental provider is used, the contract between the dentist and Delta Dental does not allow the dentist to bill you for the charges over the MPA (balance billing). However, using an out-of-network provider will put more of the cost on the participant because of the lower MPA and balance billing.



2008 Dental Rates

FULL-TIME DENTAL RATES-PER MONTH <i>(Rates for active employees who work 32+ hours or more per week.)</i>			
BASIC DENTAL PLAN	DENTAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$25.00	\$20.00	\$5.00
EMPLOYEE + SPOUSE	\$49.00	\$34.00	\$15.00
EMPLOYEE + CHILD(REN)	\$43.00	\$31.00	\$12.00
FAMILY	\$74.00	\$49.00	\$25.00
COMPREHENSIVE DENTAL PLAN	DENTAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$38.00	\$20.00	\$18.00
EMPLOYEE + SPOUSE	\$76.00	\$34.00	\$42.00
EMPLOYEE + CHILD(REN)	\$66.00	\$31.00	\$35.00
FAMILY	\$114.00	\$49.00	\$65.00

PART-TIME DENTAL RATES-PER MONTH <i>(rates for active employees who work 20 - 31 hours per week.)</i>			
BASIC DENTAL PLAN	DENTAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$25.00	\$10.00	\$15.00
EMPLOYEE + SPOUSE	\$49.00	\$17.00	\$32.00
EMPLOYEE + CHILD(REN)	\$43.00	\$15.50	\$27.50
FAMILY	\$74.00	\$24.50	\$49.50
COMPREHENSIVE DENTAL PLAN	DENTAL PLAN COST	EMPLOYER SUBSIDY	EMPLOYEE COST
EMPLOYEE ONLY	\$38.00	\$10.00	\$28.00
EMPLOYEE + SPOUSE	\$76.00	\$17.00	\$59.00
EMPLOYEE + CHILD(REN)	\$66.00	\$15.50	\$50.50
FAMILY	\$114.00	\$24.50	\$89.50

Vision Service Plan

Your Vision Plan through VSP offers coverage for you and your eligible dependents for eye exams, lenses, frames and contact lenses. VSP will also cover laser vision correction surgery at a discounted fee when you use a participating provider. VSP pays for the majority of expenses for a number of services when you use a participating provider. Providers can be found on VSP's website, www.vsp.com.

When considering whether or not to elect vision coverage, consider how often you can obtain these benefits:

- Exam – once every 12 months
- Frames – once every 24 months
- Eyeglass Lenses and Contact Lenses – once every 12 months; the contact lenses benefit is not available in the same year that frames and lenses are purchased.



VISION BENEFITS SUMMARY	
IN-NETWORK PROVIDER	
COPAYMENT	\$10 FOR EXAM; \$25 FOR GLASSES
EYE EXAM <i>(every 12 months)</i>	PLAN PAYS 100% <i>(after copay)</i>
EYEGLASS LENSES <i>(every 12 months)</i>	100% FOR SINGLE VISION, LINED BIFOCAL, OR LINED TRIFOCAL LENSES <i>(after copay)</i>
CONTACT LENSES – EVALUATION AND FITTING <i>(every 12 months)</i>	PLAN PAYS UP TO \$130
EYEGLASS FRAMES <i>(every 24 months)</i>	PLAN PAYS UP TO \$130 ALLOWANCE
LASER CORRECTION SURGERY	PLAN PROVIDES DISCOUNT
OUT-OF-NETWORK PROVIDER	
COPAYMENT	\$10 FOR EXAM; \$25 FOR GLASSES
EYE EXAM <i>(every 12 months)</i>	PLAN PAYS UP TO \$35 ALLOWANCE
EYEGLASS LENSES <i>(every 12 months)</i>	PLAN PAYS UP TO \$25 FOR SINGLE VISION PLAN PAYS UP TO \$40 FOR LINED BIFOCAL PLAN PAYS UP TO \$55 FOR LINED TRIFOCAL
CONTACT LENSES – EVALUATION AND FITTING <i>(every 12 months)</i>	PLAN PAYS UP TO \$105
EYEGLASS FRAMES <i>(every 24 months)</i>	PLAN PAYS UP TO \$45 ALLOWANCE
LASER CORRECTION SURGERY	NOT COVERED

VISION SERVICE PLAN RATES-PER MONTH	
VSP PLAN	EMPLOYEE COST
EMPLOYEE ONLY	\$10.76
EMPLOYEE + SPOUSE	\$16.90
EMPLOYEE + CHILD(REN)	\$17.22
FAMILY	\$27.78

If a vision claim for services or materials is obtained through an out-of-network provider you will need to pay the entire bill at the time of service and submit a claim for reimbursement to VSP. Out-of-network claims must be submitted to VSP within six months from the date of service.

Tax Advantage Accounts

It is important that you keep copies of your receipts as the IRS may require you to verify an expense is eligible for reimbursement.

You have access to various pre-tax accounts through Bank of America. This means you can use tax-free money and lower your taxable income. The following accounts are designed to help you pay out-of-pocket health care and dependent care expenses on a pre-tax basis:

- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Limited Purpose Health Flexible Spending Account (FSA)
- Health Savings Account (HSA)

Exploring your benefits options and deciding how to maximize your health care choices and associated benefits costs is vital to your health and healthy financial future. That’s why the Foundations offers a selection of tax advantaged choices for you and your family.

Review the features and benefits of each account to determine which combination is right for your personal situation.

TAX ADVANTAGE ACCOUNT	MEDICAL COVERAGE	FEATURES
HSA	CONSUMER CHOICE PPO	<ul style="list-style-type: none"> • Contribute through payroll deduction in addition to your employer’s premium rebate contribution. You may also make personal, after tax contributions and file for an income tax deduction for 2008 • Maximum 2008 contribution is \$2,900/individual and \$5,800/family (this includes premium rebates from your employer) • Use pre-tax contributions now and/or save and invest for future health care expenses. You will earn interest on your cash account and once you have \$1,000 or more in your account, you can invest in mutual funds • Your HSA is portable and belongs to you • There is no “use it or lose it” rule • You can also enroll in a Dependent Care FSA • For a comprehensive list of eligible expenses visit www.IRS.gov (Publication 502)
LIMITED PURPOSE HEALTH FSA	CONSUMER CHOICE PPO	<ul style="list-style-type: none"> • Provides pre-tax savings limited to dental and vision expenses such as orthodontia, deductibles, co-insurance, eye examinations, prescription glasses and more. Visit www.IRS.gov to review eligible dental and vision expenses • Combines with the Consumer Choice PPO and HSA programs only • \$2,500 plan year maximum • “Use it or lose it” rule applies • Pre-tax payroll deductions are automatic • You can also enroll in a Dependent Care FSA
HEALTH CARE FSA	PREMIUM PPO PLAN STANDARD PPO PLAN OTHER COVERAGE (i.e. HMO coverage or coverage through spouse)	<ul style="list-style-type: none"> • For a comprehensive list of eligible expenses visit www.IRS.gov (Publication 502) • \$5,000 plan year maximum • “Use it or Lose it” rule applies • Pre-tax payroll deductions are automatic * Not available to HSA participants
DEPENDENT CARE FSA		<ul style="list-style-type: none"> • For a comprehensive list of eligible expenses visit www.IRS.gov (Publication 502) • \$5,000 plan year maximum • “Use it or Lose it” rule applies • Pre-tax payroll deductions are automatic

Health Care Flexible Spending Account

You may contribute up to \$5,000 a year to the Health Care Flexible Spending Account if your medical plan is one of the following:

- Premium PPO Plan
- Standard PPO Plan
- Other medical coverage (i.e. HMO Plan or coverage through spouse)

Qualified expenses eligible for reimbursement with Flexible Spending Accounts include:

- Deductibles and copayments not covered by insurance;
- Prescription drugs not covered by insurance;
- Eyeglasses and contact lenses;
- Hearing aids;
- Certain medically required supplies and equipment;
- Your portion of orthodontic expenses; and
- Certain over-the-counter drugs and supplies.

Limited Purpose Health FSA

If you enroll in the Consumer Choice PPO Plan with Health Savings Account for 2008, you can participate in the Limited Purpose Health Flexible Spending Account. This pre-tax feature allows you to save up to the IRS limit in your Health Savings Account while contributing up to \$2,500 (pre-tax) per calendar year for *non-medical* reimbursable expenses such as dental or vision charges not covered under a group plan.

Qualified expenses eligible for reimbursement with a Limited Purpose Health Flexible Spending Account include:

- Dental and vision deductibles and copayments not covered by insurance;
- Eyeglasses and contact lenses;
- Your portion of orthodontia expenses; and
- Certain over-the-counter drugs and supplies such as contact lens solution.

Important Tax Information

If you are reimbursed for an expense through your Flexible Spending Account, you cannot claim that expense as a deduction on your federal income tax return.

Over-the-Counter Drugs: *Over-the-counter drugs that are used to alleviate or treat personal injuries or sickness are eligible for reimbursement from a Health Care Flexible Spending Account.*

- *What is covered...Antacids, allergy medicines, pain relievers, and cold medicines.*
- *What is not covered...Items to maintain general health (e.g., vitamins and dietary supplements) and personal hygiene items (e.g., cotton balls, cleansers, etc).*

“Use it or Lose it” Rule Applies to all FSA Accounts: Funds not used for services will be lost—in other words, you need to use the money in your account or you’ll lose it.



Family Coverage includes:

- Employee + Spouse
- Employee + Child(ren)
- Family Coverage

If you become eligible to contribute to an HSA at any point after the 1st of the year you can still contribute up to the IRS annual maximum. However, there are requirements to be eligible to make the full contribution amounts. Specifically, the account owner must have qualifying HDHP coverage for at least one full month by December 1st. In addition, you must maintain HDHP coverage and continue to be an HSA-eligible individual during the 13-month period beginning with that month of that calendar year and ending at the end of the following calendar year. Failure to maintain HSA eligibility may result in additional income tax and a penalty on the contribution amounts attributable to the months before you had HDHP coverage.

Changing Your HSA Contribution Amount:

You can change your HSA contribution amount at any time. Be sure to review your HSA contribution election amounts so you stay within IRS regulations. Visit the IRS website for more information on HSA contribution limits at www.IRS.gov (Publication 969).

Health Savings Account (HSA)

An HSA is a Health Savings Account that allows you to save money in a tax-free* account. Because these accounts have certain tax advantages you must meet the following IRS requirements to be eligible and qualify for an HSA:

- Participant in a qualified high deductible health plan (HDHP), such as Consumer Choice;
- Have no other medical coverage (unless it is also a qualified HDHP);
- Are not enrolled in Medicare; and
- You are not claimed as a dependent on someone else's tax return.

An HSA is a health care savings account that provides a 3-way tax advantage:

- 1 You can contribute to the account on a tax free basis – and receive monthly employer premium rebate credits. You decide when to spend or save your deposits;
- 2 Your account earns interest income right away - tax free! When you have a minimum account balance of \$1,000, you can choose to invest in a wide selection of mutual funds offered through Bank of America's program;
- 3 When you withdraw your funds to pay for eligible health care expenses, they are typically tax free.

The money in your HSA can be used on a tax-free basis to pay for:

- Your medical plan deductibles;
- Eligible health care expenses not covered by insurance (IRS Publication 502);
- Health expenses during retirement;
- You can use your money for any purpose (subject to income and penalty tax if it's not an eligible expense);
- After reaching age 65, you can use HSA savings for any purpose (subject to normal income tax).

HSA Contributions

The annual maximum HSA contribution allowed for 2008 is \$2,900 for individual (Employee only) and \$5,800 for Family Coverage (all other coverage tiers). If you are 55 or older in 2008 you can contribute an additional \$900 "catch-up" contribution.

Maximum contribution amounts include medical premium rebates but not HSA rollover funds from previous years. Unused funds are not forfeited; money not used in the account will roll forward from year to year.

Tax Form Filing

The IRS requires you file a Form 8889 with your federal tax return if you made contributions or took withdrawals from an HSA during the tax year.

A Health Saving Account Offers You

- Flexibility – unused money rolls over from year to year
- Portability – money in your account goes with you if you retire or leave the company
- Value – account is tax-free* and contributions up to the federal limit can be made each year. In addition, HSA money can be invested!

* Applies to federal and most state taxation.

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account reimburses you for expenses associated with the care of a dependent while you and/or your spouse work or attend school. You may contribute up to \$5,000 a year to this account. If you are married and file income taxes separately, your contributions to the Dependent Care Account are limited to \$2,500 annually. If you are married and file income tax jointly, the total amount both you and your spouse can contribute combined to a Dependent Care account is \$5,000, under IRS rules.

Your eligible dependents include:

- Your dependent children under age 13;
- Your spouse who is physically or mentally unable to care for himself or herself; or
- Other dependents (such as elderly parents) who are physically or mentally unable to care for themselves.

Eligible Dependent Care expenses include:

- Daycare provided in a home, daycare center or preschool, subject to certain legal requirements;
- Adult daycare facility;
- Before- and after-school expenses through grade school for children under age 13;
- Nanny or au pair;
- Care for children when they're sick and you're at work; and
- Summer day camp.



Accessing Your Tax Advantage Accounts

After you elect a tax advantage account, Bank of America will send you a Welcome Kit which provides simple instructions for setting up your on-line account and establishing a User ID and Password.

Visa Debit Card: When you enroll in the HSA, Limited Purpose Health FSA or Health FSA you will receive a Debit Card. You can use your Debit Card for HSA and FSA expenses at most pharmacies and physician offices wherever Visa debit cards are accepted.

VISA Debit Card for HSA Participants:

- Save your receipts – you may have to show the IRS the expense was qualified;
- Your HSA account balance must have sufficient funds in order for you to be reimbursed for your expense. Otherwise the transaction may not process properly or you could be charged an overdraft fee, or both.

VISA Debit Card for FSA Participants:

- Health care claims will be substantiated at time of checkout. If approved, you will be paid up to the plan year contribution amount you have elected – even if you do not have those funds yet available.
- Dependent care expenses can not be reimbursed through the debit card. Log into your account at www.bankofamerica.com/benefitslogin for payment options.

On-line Account Management: Your Bank of America Welcome Kit provides easy instructions for setting up your on-line account, which will provide you access to your account 24/7. On-line account management allows you to:

- View your account activity and balance online.
- Request an electronic check, one time or recurring bill payments, such as orthodontia.
- Invest and manage your funds.
- Update your contact information.
- Order additional Debit Cards.
- Invest and Save for Your Financial Future: Bank of America offers an array of mutual funds with varying risk spectrums. You can invest in these funds once your Account balance is above \$1,000. Fund information is available on www.FarmCreditFoundation.com or Bank of America’s website.



Voluntary Accidental Death & Dismemberment Insurance

Voluntary AD&D Coverage - Employee: You can purchase optional coverage for yourself in increments of \$25,000 up to ten times your base salary, to a maximum of \$750,000. You may also choose family coverage, which includes coverage for yourself, your spouse and your dependent children.

Voluntary AD&D Coverage – Family Coverage: Based on your Voluntary AD&D coverage and depending on your family situation at the time of the incident, the coverage percentage for your family would be as follows:

FAMILY STATUS	SPOUSE	CHILD(REN)
SPOUSE ONLY	60%	–
SPOUSE AND DEPENDENTS	50%	15%
DEPENDENTS ONLY	–	20%

COST FOR VOLUNTARY AD&D INSURANCE	
VOLUNTARY AD&D INSURANCE – EMPLOYEE ONLY	\$0.021 PER \$1,000
VOLUNTARY AD&D COVERAGE – FAMILY COVERAGE	\$0.032 PER \$1,000



Long-Term Disability (LTD) Insurance

Your employer provides you with LTD coverage equal to 66⅔% of your total compensation to a maximum monthly benefit of \$20,000. You automatically receive this coverage and do not need to enroll. LTD benefits begin after you have been disabled for six months (180 days). LTD benefits are offset by any disability benefits you receive from certain other sources, such as Social Security and Workers Compensation. Any benefit you receive will be increased each year you are disabled with a 3% cost-of-living adjustment (COLA).

So that Long-Term Disability benefits will be tax-free upon receipt, an after-tax deduction will be taken from your paycheck and your employer will “cancel out” your deduction with a reimbursement on the same paycheck.

Plan Maximums

- Maximum coverage for Basic and Optional Basic Employee Term Life Insurance is \$1,500,000.
- Maximum coverage for Employer paid AD&D and Employee paid AD&D coverage is \$2,000,000 combined per insured person.

If you do not enroll in Optional Basic Term Life when you are first eligible evidence of insurability will be required for future participation.

Term Life Insurance and Accidental Death & Dismemberment Insurance Options

Basic Employee Term Life and Accidental Death & Dismemberment (AD&D) Insurance: Your basic life insurance coverage is a term life policy. AD&D coverage pays benefits to you or your beneficiary(ies) if you die or are injured as a result of an accident. You automatically receive life and AD&D insurance coverage of one times your total compensation. This coverage is provided by your employer at no cost to you.

Business Travel Accident Coverage: Business Travel Accident coverage pays benefits to you or your beneficiary(ies) if you die or are injured as the result of an accident while you are traveling on business. You automatically receive business travel accident coverage of three times your total compensation. This coverage is provided by your employer at no cost to you.

Optional Basic Employee Term Life and AD&D Insurance Coverage: You can purchase a benefits package that includes additional life insurance and AD&D coverage for yourself of one times your total compensation.

MONTHLY COST	TOTAL
OPTIONAL BASIC EMPLOYEE TERM LIFE AND AD&D	\$0.145 PER \$1,000

Child Term Life Insurance

Life insurance coverage is available for eligible dependent child(ren).

COVERAGE AMOUNT	MONTHLY RATE
\$5,000	\$0.60
\$10,000	\$1.20
\$15,000	\$1.80
\$20,000	\$2.40
\$25,000	\$3.00

For Plan purposes, child(ren) means:

- Your own or legally adopted child(ren);
- Child(ren) who have been placed in your home for the purpose of adoption;
- Your stepchild(ren) or any other child(ren) who you have legal guardianship for, are related to you by blood or marriage, live with you in a regular parent-child relationship and who are primarily dependent on you for financial support. You must claim them on your income tax return; and
- Children not living in your home, if a court order requires you to cover them.

Group Universal Life Insurance Coverage

Employee Coverage

- You have the opportunity to elect GUL coverage in multiples of one to ten times your Total Compensation*, to a maximum of \$1,500,000.
- GUL coverage of one times your Total Compensation up to a maximum of \$500,000 is guaranteed — no health questions or medical exam required — as long as you elect coverage within 45 days of your hire date or within 31 days after your date of marriage.

** Total Compensation is equal to your current base salary plus all prior year variable pay. As a new hire your Total Compensation is your current base salary.*

For your spouse

- Your spouse is eligible to elect GUL coverage in increments of \$25,000 up to \$250,000.
- Spouse GUL coverage of up to \$50,000 is guaranteed — no health questions or medical exam — as long as you elect coverage within 45 days of your hire date or within 31 days after marriage.

Cash Value Account

In addition to life insurance protection, GUL gives you the option to set aside money in the cash value account. With GUL, the money earns a fixed rate of interest and grows tax-deferred — you don't pay taxes on any earnings unless you withdraw more than you've contributed.

GROUP UNIVERSAL LIFE INSURANCE RATES			
AGE	MONTHLY COST	AGE	MONTHLY COST
UNDER 25	\$0.038 PER \$1,000	50-54	\$0.165 PER \$1,000
25-29	\$0.038 PER \$1,000	55-59	\$0.270 PER \$1,000
30-34	\$0.045 PER \$1,000	60-64	\$0.420 PER \$1,000
35-39	\$0.050 PER \$1,000	65-69	\$0.683 PER \$1,000
40-44	\$0.075 PER \$1,000	70-74	\$1.665 PER \$1,000
45-49	\$0.105 PER \$1,000	75+	\$2.530 PER \$1,000

GUL On-line enrollment is easy!

Log on to www.LifeBenefits.com using your User ID and initial password:

- Your User ID and initial password
 - *User ID:* FC plus your six digit Ceridian Clock Number (e.g., FC123456) (Note: Your Ceridian Clock Number is provided to you by your Farm Credit HR Representative).
 - *Initial Password:* Your date of birth plus the last four digits of your Social Security number (e.g., MMDDYYYY####).
- Social security number for you and your spouse
- If you are enrolling for coverage over your guaranteed issue amount, you will need:
 - Name and address of physicians, hospitals and clinics visited in the past three years.
 - Reason for visits, diagnosis, etc.
 - Full name and Social Security number of any beneficiary you wish to designate.

Follow the instructions on the website to enroll for Group Universal Life insurance for yourself and/or your spouse and designate your beneficiaries.

Group Universal Life Insurance coverage is an insured policy through Minnesota Life. Coverage can be elected on-line at any time at www.LifeBenefits.com. If you do not enroll when first eligible, evidence of insurability will be required.

Use LifeBenefits to designate and manage your beneficiaries for all life coverages you are enrolled in through Minnesota Life.

On-line Enrollment Questions:
Contact Minnesota Life at 800-843-8358.

AFLAC

Your employer offers a Supplemental Cancer Policy through AFLAC. Coverage election options:

- Single Coverage - Yourself or your spouse;
- 1 Parent Coverage - Coverage for you or your spouse and child(ren); or
- Family Coverage - Coverage for your entire family.

To enroll or learn more about AFLAC coverage go to www.kansas-afl.com/foundations

This coverage includes a Personal Cancer Indemnity Plan with Wellness Benefits as well as an Optional Specified-Disease Benefit Rider covering more than 30 specified conditions. Visit www.FarmCreditFoundations.com for the list of specified conditions.

AFLAC coverage is offered as a group benefit, however, if you enroll you will be covered under an individual policy that is portable should you leave your employment. Payroll deductions for premiums will be taken on a pre-tax basis.

The cost for AFLAC coverage varies by State. Contact AFLAC directly at www.kansas-afl.com/foundations for cost information.



Defined Contribution / 401(k) Plan

Your employer provides you with access to a Defined Contribution / 401(k) Plan through New York Life Retirement Plan Services. Your Plan offers a range of investment options, including:

- Various Mutual Funds (Public Investment Funds open to all investors)
- Commingled Funds (typically only available to participants in company sponsored retirement plans)
- Separately Managed Accounts (portfolios of securities that are managed by a registered Investment Manager exclusively to participants in the Farm Credit Foundations 401(k) Plan)
- Self-directed brokerage

Investment options for the Farm Credit Foundations Defined Contribution/401(k) Plan are available on-line at www.FarmCreditFoundations.com or on Benefits Complete at www.Bcomplete.com.

PLAN HIGHLIGHTS FOR NEW HIRES (hired 1/1/2007 and later)	
ENTRY DATE	As a new hire, you are eligible to participate in the 401(k) plan once you receive your first system generated paycheck. Fixed employer contribution is deposited into your 401(k) account at New York Life Retirement Services
TO ENROLL	Go to New York Life's website www.bcomplete.com or call the Participant Service Center at 1-800-294-3575 Monday through Friday from 9:00 AM Eastern Time to 8:00 PM Eastern Time
AUTOMATIC ENROLLMENT (New Hires)	If you do not elect to contribute to or waive participation in the 401(k) plan, automatic enrollment will commence after 45 days from date of hire <ul style="list-style-type: none"> • 3% pre-tax contribution (with automatic 1% annual increases until contribution is equal to 6%) • Default Investment Fund – age appropriate Target Investment Fund • If you do not want to participate in the 401(k) plan, you must opt out by contacting New York Life Retirement Services
FIXED EMPLOYER CONTRIBUTION	Fixed Employer Contribution - 3%
EMPLOYER MATCHING CONTRIBUTION	Employer Match = \$1 for \$1 match on the first 6% you save of total compensation
MAXIMUM EMPLOYER CONTRIBUTION	9%
MINIMUM DEFERRAL PERCENT	1%
MAXIMUM DEFERRAL PERCENT	75%
CONTRIBUTION OPTIONS	<ul style="list-style-type: none"> • Pre-Tax Contributions – reduce your taxable income. Subject to taxation upon withdrawal • After-Tax Contributions – pay taxes on contributions now (investment earnings subject to taxation upon withdrawal). • Roth 401(k) - in addition to elective pre-tax and after-tax elective 401(k) contributions, you are able to designate some or all of your elective contributions as after-tax Roth 401(k) contributions. While both the elective pre-tax contributions and the after-tax Roth 401(k) contributions are subject to the Internal Revenue Service contribution limits, this feature provides another valuable option to save for your future.
VESTING	25% / year; fully vested after 4 years
LOANS	Maximum of 2 - 1 general purpose and 1 home loan; or 2 general purpose

If you do not make an active contribution election or if you elect a contribution rate less than 6% of your pay, your contribution rate will automatically increase by 1% each year on the anniversary date of your participation, until your deferral rate equals 6% of pay. If you do not want to have your contribution rate automatically increased, contact New York Life at 1-8

Automatic 401(k) Enrollment for New Hires

If you do not make an active contribution election or if you elect a contribution rate less than 6% of your pay, your contribution rate will automatically increase by 1% each year on the anniversary date of your participation, until your deferral rate equals 6% of pay. If you do not want to have your contribution rate automatically increased, contact New York Life at 1-8

To enroll, increase or decrease your contribution rate, simply visit Benefits Complete at www.bccomplete.com

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- **Pre-Tax**
Pre-tax contributions are deducted from your pay before taxes are applied. Contributions are made on a pre-tax basis, meaning you do not pay taxes on the money until you withdraw it. Pre-tax contributions can grow tax-deferred.
- **After-Tax**
After-tax contributions are made with money that has already been taxed. Contributions are made on an after-tax basis, meaning you pay taxes on the money when you contribute it. After-tax contributions can grow tax-deferred.
- **Roth 401(k)**
Roth 401(k) contributions are made with money that has already been taxed. Contributions are made on an after-tax basis, meaning you pay taxes on the money when you contribute it. Roth 401(k) contributions can grow tax-free.

Auto Rebalancing

Rebalancing is the process of adjusting your investment portfolio to maintain the target asset allocation. The automatic rebalancing feature will automatically adjust your investment portfolio to maintain the target asset allocation.

The automatic rebalancing feature will automatically adjust your investment portfolio to maintain the target asset allocation.

B

As a participant in the 401(k) Plan, you have access to several ways to change your beneficiary designation. There are two ways to do this:

- **On-line:** You can change your beneficiary designation online through the Benefits Complete website.
- **On the Telephone:** You can call 1-800-368-7637 to change your beneficiary designation. Hours of operation are 8:00 a.m. to 5:00 p.m. Eastern Standard Time, Monday through Friday, excluding Exchange Business days.

Contribution Limits: Visit www.irs.gov for contribution limits.

To elect the Auto Rebalancing feature, go online to Benefits Complete (www.bccomplete.com) under the "Manage My Account" tab.

Glossary

Terms to know

Terms to Know

Balance Billing: When you go to an out-of-network provider you may be responsible for the difference between the full cost and Reasonable and Customary, in addition to any coinsurance amounts.

Basic Dental Services: Routine dental procedures such as root canals and cavity fillings.

Cafeteria Plan: An employee benefit arrangement allowed by IRS Code Section 125, under which employees are allowed to pay for certain employee benefits on a pre-tax rather than an after-tax basis.

Coinsurance: A percentage of the cost of eligible medical expenses you are responsible for paying, after the deductible is met.

Copayment: A fixed dollar or percentage you pay each time you receive certain medical services.

Deductible: The amount of money you pay each year before the plan pays a benefit.

Evidence of Insurability: Any statement of proof of a person's physical condition affecting his/her acceptance of insurance.

Eligible Charges: Charges for services that are covered under a benefit plan.

Flexible Spending Account (FSA) - Dependent Care: Allows employees to use pre tax dollars from their paychecks to pay for the cost of care for children or elderly dependents.

Flexible Spending Account (FSA) - Health Care: Allows employees to use pre tax dollars from their paychecks to pay for eligible medical expenses.

Flexible Spending Account (FSA) - Limited Purpose: Allows employees to use pre tax dollars from their paychecks to pay for the cost of eligible dental and vision expenses. You are only allowed to participate in this plan if you are enrolled in a High Deductible Health Plan (Consumer Choice PPO Plan).

Generic Drugs: Generic drugs have the same chemical make-up of a corresponding non-preferred brand drug whose patent has expired.

Health Maintenance Organization (HMO): An organization that provides pre-paid health benefits and most medical services through its network of facilities.

Health Savings Account (HSA): A Health Savings Account is the vehicle that allows employees in a high deductible health plan (HDHP) to set aside tax-exempt contributions for current and future qualified medical expenses in an account made available through your employer or financial institution.

High Deductible Health Plan (HDHP): An HDHP allows you to save money on your insurance premium in exchange for a higher deductible. When you are covered under a traditional medical plan, you pay a substantial monthly premium, whether you use the plan or not.

Major Dental Services: Extensive dental procedures such as crowns, bridges and dentures.

Non-Preferred Brand Drugs: A medication that has been patented for name and chemical content. Once the patent expires, generic drugs with a different name but the same chemical make-up usually become available. Non-preferred brand drugs are all other prescription drugs that are not generic or on the list of Preferred drugs. The highest copay is charged for these drugs because they are either the most expensive and/or have a comparable drug that is either generic or on the preferred list.

Preferred Provider Organization (PPO): An organization in which networks are created with Preferred Providers (Medical/Dental professionals who have contracts with the organization to provide services at a discounted rate). Generally benefits

will be greater and costs will be lower if the participant uses an in-network provider.

Pre-Existing Condition: A medical condition that could exclude you from receiving benefits associated with that condition for a defined period of time.

Preferred Drugs: These are prescription drugs that have been placed on a list of preferred drugs for a medical plan with prescription copay. The copay for preferred drugs is generally less than non-preferred brand drugs but higher than a generic drug copay.

Preventive Dental Services: Routine services such as cleanings and checkups.

Qualified Status Change: An event that allows you to make coverage changes you could not otherwise make under a pre-tax plan as long as you make those changes within 31 days of the event.

Reasonable & Customary (R&C): The average fee charged by a particular type of provider within a geographic area. Medical and Dental plans use this amount to determine the amount they will approve for a service.

Routine Care: Includes doctor visits, exams and other services for the purpose of monitoring a diagnosed condition.

Total Compensation: Current base salary in addition to the previous year's variable pay (which includes base pay, incentive payments, commissions, overtime, intermittent pay, shift differential, retroactive pay adjustments, lump-sum merit pay, business/performance related bonuses and salary continuation plans—e.g., sick pay and short-term disability).

Wellness Benefits: Certain services whose priority is the prevention and early detection of conditions. It does not include care or monitoring of an existing condition.

Vendor Directory

Benefit Vendor Directory

COVERAGE	VENDOR INFORMATION	COMMENTS
MEDICAL PLAN INFORMATION Premium PPO Plan Standard PPO Plan Consumer Choice PPO Plan	BlueCross BlueShield of Illinois www.bcbsil.com/foundations 866-563-8366 24/7 Nurseline: 800-299-0274 Overseas: 800-810-2583	<ul style="list-style-type: none"> • ID card(s) contain BCBS ID and group # • All ID cards will have employee's information (ID cards not specific by participants)
DENTAL PLAN INFORMATION Basic Plan Comprehensive Plan	Delta Dental of Kansas www.deltadentalks.com 800-234-3375	<ul style="list-style-type: none"> • ID card(s) contain BCBS ID and group # • All ID cards will have employee's information (ID cards not specific by participants)
PRESCRIPTION DRUG PLAN	Caremark www.Caremark.com 800-565-5827	Rx information included on one Medical/Rx ID Card from Blue Cross Blue Shield
VISION SERVICE PLAN:	www.vsp.com 800-877-7195	No ID card for this benefit – confirm coverage by calling VSP
TAX ADVANTAGE ACCOUNTS Healthcare FSA Limited Purpose Health FSA Health Savings Account (HSA)	Bank of America www.bankofamerica.com/benefitslogin 866-791-0250	Debit card and on-line banking available – No claim forms!
Dependent Care FSA	www.bankofamerica.com/benefitslogin 866-791-0250	On-line banking – No claim forms!
LIFE INSURANCES Basic Term Life and AD&D Optional Basic Term Life and AD&D Child(ren) Term Life Group Universal Life	Minnesota Life www.LifeBenefits.com 800-843-8358	Beneficiary designations completed on-line
TRAVEL ASSISTANCE	Hartford US or Canada: 800-243-6108 International: 800-243-6108 Fax: 202-331-1528	Pre-trip information, Emergency Medical Assistance and Personal Assistance while traveling
EMPLOYEE ASSISTANCE PROGRAM	MagellanHealth EAP www.MagellanHealth.com 800-937-2112	Participation in Magellan EAP varies by employer – check with your HR Representative/ Benefit Contact
DEFINED CONTRIBUTION/401(k) PLAN	New York Life Retirement Services www.Bcomplete.com 800-294-3575	Beneficiary designations completed on-line
SUPPLEMENTAL CANCER POLICY	AFLAC www.kansas-afl.com/foundations	Enroll on-line

2008 Benefits Price Sheet

	EMPLOYEE	EMPLOYER	TOTAL
FULL-TIME MEDICAL			
PREMIUM PPO PLAN			
EMPLOYEE ONLY	\$48.00	\$319.00	\$367.00
EMPLOYEE + SPOUSE	\$158.00	\$577.00	\$735.00
EMPLOYEE + CHILD(REN)	\$131.00	\$512.00	\$643.00
FAMILY	\$269.00	\$833.00	\$1,102.00
STANDARD PPO PLAN			
EMPLOYEE ONLY	\$3.00	\$319.00	\$322.00
EMPLOYEE + SPOUSE	\$67.00	\$577.00	\$644.00
EMPLOYEE + CHILD(REN)	\$52.00	\$512.00	\$564.00
FAMILY	\$133.00	\$833.00	\$966.00
CONSUMER CHOICE PPO PLAN			
EMPLOYEE ONLY	\$(56.00)	\$319.00	\$263.00
EMPLOYEE + SPOUSE	\$(51.00)	\$577.00	\$526.00
EMPLOYEE + CHILD(REN)	\$(52.00)	\$512.00	\$460.00
FAMILY	\$(44.00)	\$833.00	\$789.00
FULL-TIME DENTAL			
BASIC DENTAL PLAN			
EMPLOYEE ONLY	\$5.00	\$20.00	\$25.00
EMPLOYEE + SPOUSE	\$15.00	\$34.00	\$49.00
EMPLOYEE + CHILD(REN)	\$12.00	\$31.00	\$43.00
FAMILY	\$25.00	\$49.00	\$74.00
COMPREHENSIVE DENTAL PLAN			
EMPLOYEE ONLY	\$18.00	\$20.00	\$38.00
EMPLOYEE + SPOUSE	\$42.00	\$34.00	\$76.00
EMPLOYEE + CHILD(REN)	\$35.00	\$31.00	\$66.00
FAMILY	\$65.00	\$49.00	\$114.00
FULL-TIME VISION RATES			
VSP			
EMPLOYEE ONLY	\$10.76	\$0.00	\$10.76
EMPLOYEE + SPOUSE	\$16.90	\$0.00	\$16.90
EMPLOYEE + CHILD(REN)	\$17.22	\$0.00	\$17.22
FAMILY	\$27.78	\$0.00	\$27.78

	EMPLOYEE	EMPLOYER	TOTAL
FLEXIBLE SPENDING ACCOUNTS			
HEALTH CARE CONTRIBUTIONS <i>(\$5,000 maximum)</i>	<i>A minimum of \$5.00 per pay period and maximum of \$208.00 per pay period (Health Care and Dependent Care)</i>	\$0.00	<i>Up to the annual maximum of \$5,000 per FSA plan for Health Care and Dependent Care</i>
DEPENDENT CARE CONTRIBUTIONS <i>(\$5,000 maximum)</i>			
LIMITED PURPOSE CONTRIBUTIONS		\$0.00	<i>Up to the annual maximum of \$2,500 for Limited Purpose.</i>
TERM LIFE AND AD&D INSURANCE			
EMPLOYER PROVIDED COVERAGE <i>1 x Total compensation</i>	\$0.00	<i>Life Insurance: \$0.12 per \$1,000 AD&D Insurance: \$0.015 per \$1,000</i>	<i>\$0.135 per \$1,000.00 (\$0.12 per \$1,000 Life + \$0.015 per \$1,000 AD &D)</i>
OPTIONAL TERM LIFE AND AD&D <i>1 x Total Compensation</i>	\$0.145	\$0.00	<i>\$0.145 per \$1,000.00</i>
VOLUNTARY AD&D INSURANCE <i>Minimum \$25,000 up to 10 x base salary for maximum of \$750,000</i>	<i>employee: \$0.021 per \$1,000 + family: \$032 per \$1,000</i>	\$0.00	<i>employee: \$0.021 per \$1,000 + family: \$032 per \$1,000</i>
GROUP UNIVERSAL LIFE	AGE RATE * under 30 \$0.038 30-34 \$0.045 35-39 \$0.050 40-44 \$0.075 45-49 \$0.105 50-54 \$0.165 55-59 \$0.270 60-64 \$0.420 65-69 \$0.683 70-74 \$1.665 75 and over \$2.530 * per \$1,000	\$0.00	AGE RATE * under 30 \$0.038 30-34 \$0.045 35-39 \$0.050 40-44 \$0.075 45-49 \$0.105 50-54 \$0.165 55-59 \$0.270 60-64 \$0.420 65-69 \$0.683 70-74 \$1.665 75 and over \$2.530 * per \$1,000
BUSINESS TRAVEL ACCIDENT INSURANCE			
EMPLOYER PROVIDED COVERAGE <i>3 x Total compensation</i>	\$0.00	<i>Premium determined by number of employees</i>	<i>Employer-specific</i>
LONG-TERM DISABILITY – CLASS I (for employees participating in a defined benefit pension plan)			
EMPLOYER PROVIDED COVERAGE <i>(66⅔%) up to \$20,000 monthly maximum</i>	\$0.00	<i>\$0.26 per \$100</i>	<i>\$0.26 per \$100</i>
LONG-TERM DISABILITY – CLASS II (for employees not participating in a defined benefit pension plan)			
EMPLOYER PROVIDED COVERAGE <i>(66⅔%) up to \$20,000 monthly maximum</i>	\$0.00	<i>\$0.31 per \$100</i>	<i>\$0.31 per \$100</i>
CANCER AND DREAD DISEASE (AFLAC)			
SINGLE	\$21.50*	\$0.00	\$21.50*
1 PARENT + CHILD(REN)	\$25.90*	\$0.00	\$25.90*
FAMILY	\$36.40*	\$0.00	\$36.40*
<i>* Premium rates may vary in some states</i>			

¹ If you elect the Consumer Choice plan, you can only contribute to the Dependent Care Account and/or Limited Purpose Account

	EMPLOYEE	EMPLOYER	TOTAL
PART-TIME MEDICAL RATES			
PREMIUM PPO PLAN			
EMPLOYEE ONLY	\$207.50	\$159.50	\$367.00
EMPLOYEE + SPOUSE	\$446.50	\$288.50	\$735.00
EMPLOYEE + CHILD(REN)	\$387.00	\$256.00	\$643.00
FAMILY	\$685.50	\$416.50	\$1,102.00
STANDARD PPO PLAN			
EMPLOYEE ONLY	\$162.50	\$159.50	\$322.00
EMPLOYEE + SPOUSE	\$355.50	\$288.50	\$644.00
EMPLOYEE + CHILD(REN)	\$308.00	\$256.00	\$564.00
FAMILY	\$549.50	\$416.50	\$966.00
CONSUMER CHOICE PPO PLAN			
EMPLOYEE ONLY	\$103.50	\$159.50	\$263.00
EMPLOYEE + SPOUSE	\$237.50	\$288.50	\$526.00
EMPLOYEE + CHILD(REN)	\$204.00	\$256.00	\$460.00
FAMILY	\$372.50	\$416.50	\$789.00
PART-TIME DENTAL RATES			
BASIC DENTAL PLAN			
EMPLOYEE ONLY	\$15.00	\$10.00	\$25.00
EMPLOYEE + SPOUSE	\$32.00	\$17.00	\$49.00
EMPLOYEE + CHILD(REN)	\$27.50	\$15.50	\$43.00
FAMILY	\$49.50	\$24.50	\$74.00
COMPREHENSIVE DENTAL PLAN			
EMPLOYEE ONLY	\$28.00	\$10.00	\$38.00
EMPLOYEE + SPOUSE	\$59.00	\$17.00	\$76.00
EMPLOYEE + CHILD(REN)	\$50.50	\$15.50	\$66.00
FAMILY	\$89.50	\$24.50	\$114.00
PART-TIME VISION RATES			
VSP			
EMPLOYEE ONLY	\$10.76	\$0.00	\$10.76
EMPLOYEE + SPOUSE	\$16.90	\$0.00	\$16.90
EMPLOYEE + CHILD(REN)	\$17.22	\$0.00	\$17.22
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