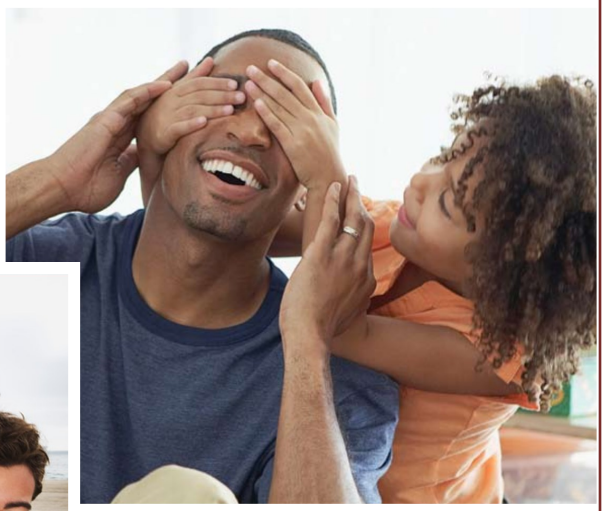
MUSTANG CREEK ESTATES

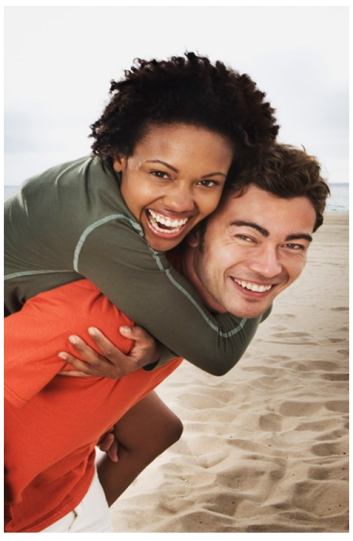
BENEFIT HIGHLIGHTS

OPEN ENROLLMENT DECEMBER 14–18, 2015

WE THINK OF OUR TEAM MEMBERS AS OUR GREATEST ASSETS AND BELIEVE OUR SUCCESS DEPENDS ON HIRING AND RETAINING THE FINEST PEOPLE.

WE ENCOURAGE YOU TO READ THIS GUIDE CAREFULLY AND **CHOOSE THE MOST VALUABLE BENEFIT SOLUTION FOR YOU!**





2016

Mustang Creek is proud to offer our Full-Time Team Members benefit programs that provide protection for your income and health. We are excited to share important information regarding the benefit programs that we make available to you. This year we are offering new benefit programs which are outlined below. We encourage you to review this information with your family and carefully consider your options.

Because we want to make sure that you have the benefits you need, each employee will meet with a benefit counselor to discuss these new programs and get help determining which benefits best fit your needs. This meeting with the counselor will be on-site at your location and will be your opportunity to ask questions, get more information, and enroll.

If you currently have voluntary benefits through Mustang Creek, please bring your policy information to your benefits meeting. The counselor will review your options with you and help you decide which plans are best for you.

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This Benefit Overview is only intended to highlight some of the major benefit provisions of the Mustang Creek plan and should not be relied upon as a complete, detailed representation of the Plan. Please refer to the Summary Plan Descriptions (SPD) for further detail. Should this Overview differ from the SPD, the SPD will prevail.

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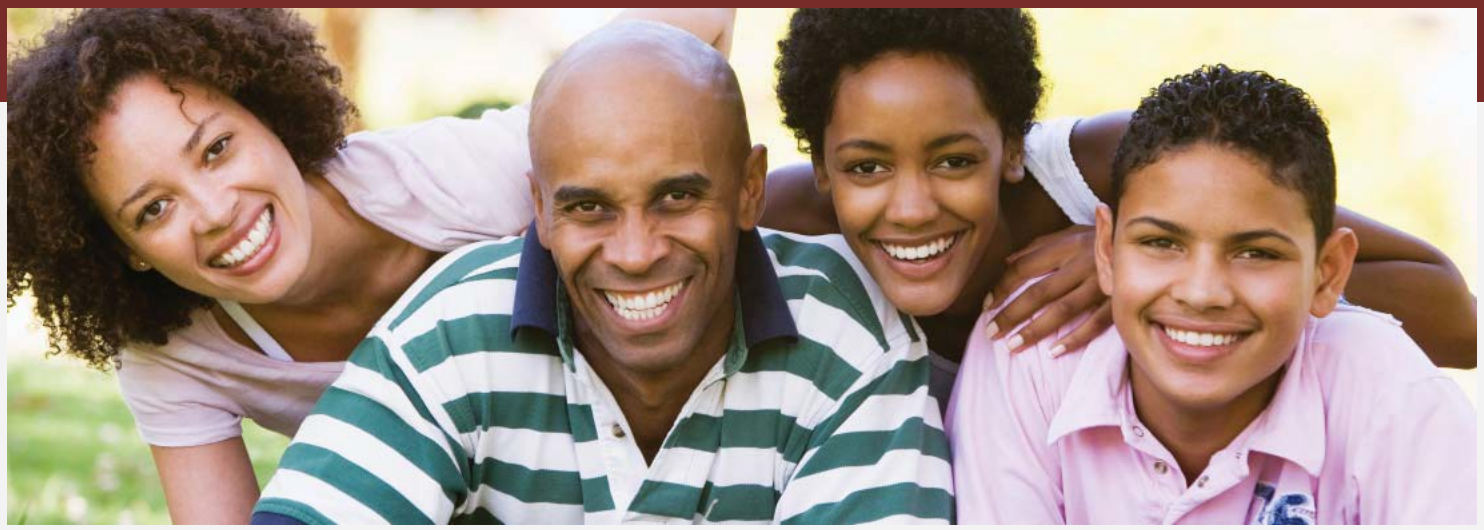

Eligibility

As a Full-Time Team Member, you are eligible to receive employer paid OptiMed Minimal Essential Coverage Plan at no cost to you, as well as being able to enroll in a variety of benefits on a voluntary basis. For your convenience, these benefits are paid through payroll deduction. Therefore, you do not have to worry about sending in payment each month.

Qualifying Events

Qualifying Events include:

- Birth or adoption of a child
- Marriage, domestic partnership, divorce, or death
- Court ordered benefits for dependents
- Loss of coverage for you or your dependents
- Gain of coverage through another group
- Changes in employment status (Part-Time to Full-Time)

Important Note: Changes due to qualifying events will need to be approved by the H.R. Director upon receipt of the required documentation WITHIN 30 DAYS OF YOUR QUALIFYING EVENT. If you do not meet this deadline, you will not be able to make changes until the next Open Enrollment.

Enrollment Process

Professional benefit counselors will be available on-site to help you understand your benefits package and help you to enroll yourself and your dependents in coverage that best fits your individual needs. Please have your dependent information, including dates of birth and social security numbers available for your meeting with a counselor at your location.

During your initial enrollment period, you will have the opportunity to get coverage without answering any medical questions! Should you choose not to enroll at this time, you will not have another opportunity to enroll until the annual open enrollment period or if you experience a qualifying life event.

Your Benefit Choices

- Minimal Essential Coverage (Health)
- Voluntary Dental
- Voluntary Vision
- Voluntary Universal Life Insurance
- Voluntary Accident Insurance
- Voluntary Short-Term Disability Insurance

Minimal Essential coverage Plan

OptiMed Minimal Essential Coverage Plans	Network Benefit (PPO) Plan	Non-Network Benefit (Non-PPO) Plan
Plan Coverage Highlights - ***Employee Only 100% company Paid***		
Plan Year Maximum Benefit	Unlimited	Unlimited
Calendar Year Deductible: Individual / Family	$0 / $0	$0 / $0
Coinsurance (Plan Pays)	100%	40%
Coinsurance (Member Pays)	0%	60%
Out of Pocket Maximum (plus deductible)	$0 Individual / Family	60% of all covered charges
Various Screenings and Counseling: *Abdominal Aortic Aneurysm Screening, Alcohol* ***Abuse Screening & Counseling, Blood Pressure Screening, Cholesterol Screening, Colorectal Cancer Screening*** *(Members over age 50), Depression Screening, Diet Counseling, HIV Screening, Type 2Diabetes Screening for adults with high blood pressure,* ***Immunizations/Vaccines for adults: Hepatitis A, Hepatitis B, Herpes Zoster, Influenza (flu shot) Mumps, Measles, Rubella,*** *Pneumococcal, Tetanus, diphtheria, Pertussis and Varicella, Obesity Screening & Counseling (Adults)*	100%	40%
Preventive Care Services for Women: *Breast Cancer Mammography (screening every 1 to 2 years for women over 40), Cervical Cancer, Contraception, Well-Women Visits (to obtain recommended preventive services for women under 65), Osteoporosis (for women over 60)*	100%	40%
Preventive Care Services for Children: *Autism (at age 18 and 24 months), Developmental screening for children under age 3, Hearing for all newborns, Vision for all children, Immunizations*	100%	40%
Preventive Care Only Prescription Benefits: Copays (Retail & Mail Order: 3 month supply)	$0	*No Benefit*

For more detailed information: Please see the brochure and plan design for complete list of benefits covered.

PER PAYCHECK / BI-WEEKLY RATES	
Employee	$0.00
Employee + 1	12.00
Family	$25.87

How Does OptiMed Medical Work? It's Simple...

1. Find a Provider: Locate a participating network provider. **Call OptiMed Customer Service at: 1-800-482-8770,** or go to **www.optimedhealth.com/providers**

2. Schedule an Appointment: Set up an appointment and see your doctor.

3. Benefit Amounts: OptiMed pays based on a fixed Indemnity schedule of benefits. If the plan design states that you are entitled to a $60 office visit, the benefit you are entitled to is $60.

4. Assignment of Benefits: OptiMed also allows an assignment of benefits. You should have to pay nothing up front.

5. Payment: The provider should bill OptiMed directly. If the provider wishes you to pay up front have them call OptiMed customer service while you are at the provider's office. If you elect to pay up front you can easily file a claim with OptiMed.

6. Network*: If you chose an in network provider, you are entitled to a discount. This means that you are able to save out of pocket expenses. OptiMed discounts the bill and sends the provider the benefit payment along with an explanation of benefits. You also receive an explanation of benefits. Should there be a balance due, the provider then bills you for the difference. If you choose an out of network provider, you are still entitled to your benefit, but not a discount.

EXAMPLE: ***Figures below are for illustrative purposes only. Actual Provider bills will vary.***

In-Network:		Out-of-Network:	
Physician office visit bill:	$100	Physician office visit bill:	$100
Sample discount 20%:	-$20	No discount:	-$00
Benefit payment	$60	Benefit payment	$60
Member out of Pocket	$20	Member out of Pocket	$40

- **No Health Questions Asked**
- **No Deductible**
- **No Coinsurance**
- **No Co-pays on the Medical**
- **No Pre-existing Condition Clause**
- **Benefits May Be Paid Directly to the Provider**
- **National Medical PPO Network**
- **Patient Advocacy**

**Not an insurance benefit.* ***Employee Only 100% Company Paid*

Indemnity Plans

OptiMed Indemnity Plans	Med-Choice Plan	Value Care Plan
AVAILABLE OPTIMED BENEFIT OPTIONS *(All medical benefit maximums shown are per person per benefit period, Benefit period is calendar year unless otherwise stated)*	**Benefit Amounts**	**Benefit Amounts**
Outpatient Physician Office Visit Benefit - both general and specialist - 6 day benefit period maximum	$40 per day	$50 per day
Emergency Room Benefit for Sickness - *3 day benefit period maximum*	$50 per day	$50 per day
Wellness Benefit - day maximum based on age *under age 1—4 day benefit period maximum* *1 and older - 3 day benefit period maximum*	$50 per day	$50 per day
Hearing Exam Benefit - *Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child*	$70 exam	$70 exam
Outpatient Diagnostic Laboratory Tests	N/A	$20 per day
Outpatient Diagnostic Tests	N/A	$50 per day
Outpatient Advanced Diagnostic Testing Level 1 - Ultrasound, Mammogram, Stress test, Electroencephalogram (EEG) test, Electrocardiogram (EKG) test, Echocardiogram Level 2 - CT (CATS) scan, Magnetic Resonance Imaging (MRIS) Scan, Magnetic Resonance Angiogram (MRA) scan, Positron Emission Tomography (PETS) scan	N/A	$50 per day $150 per day *(3 days per person per Benefit Period Level 1 & Level 2 combined maximum)*
Ambulance Trip - 3 day benefit period maximum Ground / Water Air	$150 per day 3 x the ground/water benefit	$150 per day 3 x the ground/water benefit
Emergency Room Benefit for Injury -*For treatment in an emergency room if performed within 72 hours of accident / 3 day benefit period maximum*	$300 per day	$500 per day
Inpatient Surgery - *2 day benefit period maximum*	N/A	N/A
-**Outpatient Surgery** - 2 day benefit period maximum	N/A	N/A
-Anesthesiology - *Inpatient and Outpatient*	N/A	N/A
Hospital Indemnity Benefit (for sickness or accidents) -Requires 24 hour stay	$100 per day	$200 per day
-Intensive Care - *30 day benefit period maximum (paid in addition to Hospital Indemnity Benefit)*	$100 per day	$200 per day
-Skilled Nursing - *For stays in a Skilled Nursing Facility within 14 days following a 3+ day hospital stay, 60 day maximum per benefit period /120 day maximum lifetime*	$50 per day	$100 per day
Employee Term Life Insurance / AD&D	$5,000 / $5,000	$5,000 / $5,000
Dependent Life Term Life Insurance Only *-Spouse / Children 6 months to 19 (25 if full time student) / Infant 14 days to 6 months*	$2,500 / $1,250 / $125	$2,500 / $1,250 / $125
Outpatient Indemnity Prescription Drug Insurance - *Member pays 100% of discounted price for drugs not covered under the formulary.*	Discount Card	Generic Only Average Tier Insured Cost Generic is $10 Annual Maximum $3,000 Per Insured -subject to drug formulary. Cost may vary by Formulary Tier and Pharmacy.

Per Paycheck / Bi-Weekly Rates	Med-Choice Plan	Value Care Plan
Employee	$22.59	$35.73
Employee + 1	$36.98	$60.89
Family	$49.82	$82.88

MUSTANG CREEK ESTATES

BENEFIT HIGHLIGHTS

VOLUNTARY DENTAL–DENTAL SELECT

Part of Staying healthy includes obtaining quality dental care for you and your family.

DENTAL SELECT PLATINUM NETWORK	CO-PAY PLAN		INDEMNITY CLASSIC PLAN MAX REWARDS	
SERVICES	**Contracted Dentist**	**Non-Contracted Dentist**	**Contracted Dentist**	**Non-Contracted Dentist**
Preventive: routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See out of Network Payment	100%	100% of R&C
Basic: Fillings, extractions, oral surgery	Fixed Co-Pays, Refer to Co-Pay Schedule	See out of Network Payment	80% No Waiting Period	80% of R&C No Waiting Period
Major: Crowns, bridges, dentures, Endodontics (Root Canal), Periodontics (Gum Surgery)	Fixed Co-Pays, Refer to Co-Pay Schedule	See out of Network Payment	50% No Waiting Period	50% of R&C No Waiting Period
Orthodontics: All Members	No Waiting Period, No Lifetime Maximum	No COVERAGE	No Benefit	No Benefit
Maximum Benefit: Applies to Preventive, Basic, and Major Services	No Maximum	No Maximum	$1,000	$1,000
Deductible: Applies to Basic and Major Services	$0 for 6 or more enrolled, $25/$75 for 2-5 enrolled	$0 for 6 or more enrolled, $25/$75 for 2-5 enrolled	$50 per person / $150 per family maximum	$50 per person / $150 per family maximum

DENTAL PLANS		
PER PAYCHECK / BI-WEEKLY RATES	**Dental Select Co-Pay Plan**	**Dental Select Indemnity Classic Plan**
Employee	**$5.05**	**$15.11**
Employee + Spouse	**$10.74**	**$32.13**
Employee + Child(ren)	**$11.52**	**$34.92**
Family	**$15.31**	**$50.12**

VOLUNTARY VISION CARE –DENTAL SELECT

Your eyes deserve the best care to keep them healthy year after year. Keep your eyes healthy with Vision Care.

EYEMED SELECT NETWORK	CHOICE VISION 6		CHOICE VISION 7	
SERVICES	**In-Network (Member costs)**	**Out-of-Network (Reimbursement)**	**In-Network**	**Out-of-Network**
Exam with dilation as necessary (Once every 12 months)	$10	Up to $35	$10	Up to $45
Contact Lens Options: Standard fit and follow-up / Premium fit and follow-up	Up to $40 / 10% off retail	N/A / N/A	Up to $40 / 10% off retail	N/A / N/A
Standard Plastic Lenses: Single vision / Bifocal / Trifocal	$10 / $10 / $10	Up to $25 / Up to $40 / Up to $55	$25 / $25 / $25	Up to $40 / Up to $60 / Up to $80
Frames: Any frame at provider location (**Choice Vision 6:** Once every 24 months **Choice Vision 7:** Once every 12months)	$0 Copay, $100 allowance; 20% off balance over $100	Up to $50	$0 Copay, $130 allowance; 20% off balance over $130	Up to $45
Lens Options: UV Coating / Tint / Standard Scratch-Resistance / Standard Polycarbonate / Standard Progressive (add on to bifocal) / Standard Antireflective / Other add-ons and services	$15 UV Coating, $15 Tint $15 Standard Scratch-Resistance, $40 Standard Polycarbonate Standard Progressive ($65 add on to bifocal) $45 Standard Antireflective 20% discount Other add-ons and services	N/A	$0 UV Coating, $0 Tint $0 Standard Scratch-Resistance $0 Standard Polycarbonate $25 Standard Progressive $45 Standard Antireflective 20% discount Other add-ons and services	N/A
Contact Lenses (Once every 12 months)				
Conventional	$0 Copay; $115 allowance, 15% off balance over $115	Up to $100	$0 Copay; $150 Allowance, 15% off balance over $150	Up to $150
Disposables	$0 Copay; $115 Allowance; member responsible for balance over $115	Up to $100	$0 Copay; $150 Allowance; member responsible for balance over $150	Up to $150
Medically Necessary	$0 Copay: Paid in full	Up to $200	$0 Copay: Paid in full	Up to $210
Laser Correction (US Laser Network) Lasik or PRK	15% off retail price or 5% off promotional price	Not covered	15% off retail price or 5% off promotional price	Not covered

VISION PLANS		
PER PAYCHECK / BI-WEEKLY RATES	**Dental Select Choice Vision Plan 6**	**Dental Select Choice Vision Plan 7**
Employee	**$4.44**	**$4.76**
Employee + Spouse	**$8.42**	**$9.04**
Employee + Child(ren)	**$8.87**	**$9.52**
Family	**$13.31**	**$14.28**

Voluntary Benefits

Universal Life Insurance

Universal Life Insurance helps you protect your family from the unexpected. The cost of the coverage will not increase during your initial term. Select the right coverage level for you and your family.

You can elect:

- Employee up to $150,000 (without medical questions; not to exceed 5 X salary)
- Spouse $15,000 (without medical questions)
- Child(ren) $10,000 Child Term Rider or $25,000 Individual Coverage
  - Benefit of $10,000 or $25,000 for each child
  - All children will be insured for the same amount of coverage
- Portable
- Accelerated Death Benefit for Qualified Terminal Condition Rider included
- Accelerates up to the lesser of $100,000 or 75%
- Waiver of Monthly Premium for layoff or strike included

**The premium you pay is based on the death benefit you select as well as your age and tobacco status.*

Ask the benefit counselor about adding Universal Life Insurance to your benefit package!

Accident Insurance Plans Highlights

Accident Insurance provides Off-The-Job accident only coverage for those unexpected accidents. Having an unexpected accident can cause more than physical injury, it can hurt your bank account, too. Since accidents can happen at any time, 24 hours a day, 7 days a week, it's important to prepare for the unexpected. Since the policy does not coordinate with any other coverage, you can still receive benefits on top of what other plans provide.

OFF-THE-JOB ACCIDENT INSURANCE	
PLAN HIGHLIGHTS	**CASH BENEFIT PAID TO YOU**
Accident Emergency Treatment Benefit	**$125**
Follow-up Doctor *Up to 3 sessions*	**$40**
Major Diagnostic Examination Benefit *(MRI, CT, EEG)*	**$200**
Hospital Admission	**$1,050**
Hospital Confinement Daily Benefit *Per day up to 365 days per covered accident*	**$125**
Intensive Care Unit Daily Benefit *Per day up to 15 days per covered accident*	**$375**
Coma	**$9,000**
Ambulance *Ground / Air*	**$210 / $1,050**
Surgery	**Up to $1,500**
Fractures *(per fracture)*	**Up to $5,000**
Dislocations *(per injury)*	**Up to $4,000**

PER PAYCHECK / BI-WEEKLY RATES	
Employee	**$6.24**
Employee + Spouse	**$8.30**
Employee + Child(ren)	**$9.67**
Family	**$12.02**

Voluntary Benefits

Short Term Disability Insurance

Goes to work when you can't!

Disability insurance replaces a portion of your income when you are recovering from a covered injury or illness.

BENEFIT FEATURES	Short Term Disability
Elimination Period	7 Days Accident / 7 Days Sickness
Maximum Benefit Duration	6 Months
Maximum Benefit	Monthly Benefit not to exceed 60% of salary
Pre-existing Condition exclusion	12 Months / 12 Months

Please note: ***The rates illustrated below are sample rates only for illustration purposes only! Speak with a benefit counselor to learn about all the options available to you and to get personalized rates and plan design to fit your needs.***

SHORT-TERM DISABILITY EMPLOYEE ONLY: SAMPLE BI-WEEKLY RATES (PER PAYCHECK)			
EMPLOYEE ONLY	AGE: 18 - 49	AGE: 50 - 59	AGE: 60+
MONTHLY BENEFIT			
$300 Monthly Benefit	$4.21	$5.26	$7.89
$500 Monthly Benefit	$5.61	$7.02	$10.52
$1,000 Monthly Benefit	$14.03	$17.54	$26.31
Speak with a benefit counselor for other options.			

Ask the benefit counselor about adding Short Term Disability to your benefit package!

Employee Benefits Resource Directory

PLAN	CARRIER	PHONE NUMBER	WEBSITE
Minimal Essential Coverage	OptiMed	(800) 482-8770	www.optimedhealth.com
Preventive Plan	OptiMed	(800) 482-8770	www.optimedhealth.com
Voluntary Dental	Dental Select	(800) 999-9789	www.dentalselect.com
Voluntary Vision	Dental Select	(800) 999-9789	www.dentalselect.com
Voluntary Universal Life Insurance	Transamerica	(800) 400-3042	www.transamericaemployeebenefits.com
Voluntary Accident Insurance	Transamerica	(800) 400-3042	www.transamericaemployeebenefits.com
Voluntary Short-Term Disability Insurance	Transamerica	(800) 400-3042	www.transamericaemployeebenefits.com

WATCH FOR APPOINTMENT SIGN UP SHEETS AT YOUR LOCATION!

DON'T MISS THE OPPORTUNITY TO ENROLL IN THE BENEFITS MADE AVAILABLE TO YOU BY MUSTANG CREEK!