

2010 Benefits at a Glance

If you are a member of The Advisors Forum you are eligible for health and welfare benefits on the first day of your enrollment. You must provide proof of enrollment in order to participate.

Enrollment Fees

New offices entering into the plan: \$320.00 per participant. Current plan participant calendar year renewal fees: \$200 annually in November of each year and \$12 per month thereafter through end of plan year.

Medical – Blue Cross/Blue Shield

The medical plans provide coverage for you and your eligible dependents, if dependent coverage is elected.

| | Plan A | | Plan B (HSA Qualified) | |
|--|----------------|----------------|---------------------------|----------------|
| | What you Pay: | | What you Pay: | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Calendar Year Deductible | | | | |
| Individual | \$2,000 | \$4,000 | \$3,000 | \$3,000 |
| Family | \$6,000 | \$12,000 | \$6,000 | \$6,000 |
| Out-of-Pocket Expense Max | | | | |
| Individual | \$2,000 | \$4,000 | \$5,000 | \$10,000 |
| Family | \$6,000 | \$12,000 | \$10,000 | 20,000 |
| Lifetime Maximum | \$5,000,000 | | \$5,000,000 | |
| Coverage Levels | | | | |
| Preventive Care | \$25 copay | 40% after Ded. | Plan Pays 100% | 30% |
| Office Visits (PCP/Specialist) | \$25 copay | 40% after Ded. | Plan pays 100% after Ded | 30% after Ded. |
| Inpatient or Outpatient Hospital Care (Daily room, board and other medically necessary hospital charges) | 20% after Ded. | 40% after Ded. | Plan pays 100% after Ded | 30% after Ded. |
| Inpatient or Outpatient Physician Care (surgeon, anesthesiologist, radiologist, pathologist, etc.) | 20% after Ded. | 40% after Ded. | Plan pays 100% after Ded. | 30% after Ded. |
| Pharmacy | | | | |
| Retail (31-day supply) | | | | |
| Preferred Generic | \$15 | | 20% after Ded | |
| Preferred Brand | \$30 | | 20% after Ded | |
| Non-Preferred Brand | \$60 | | 20% after Ded | |
| Mail Order (Maintenance Only, 90-day supply) | \$60 | | Not Covered | |

Monthly Cost of Coverage

| | Plan A | Plan B |
|-----------------------|------------|------------|
| Employee Only | \$655.75 | \$464.89 |
| Employee + Spouse | \$1,311.49 | \$929.76 |
| Employee + Child(ren) | \$1,245.92 | \$883.33 |
| Employee + Family | \$1,967.23 | \$1,394.64 |

Dental - Guardian Life

This plan provides dental benefit coverage for you and your eligible dependents, if dependent coverage is elected.

| Deductible | |
|------------------------------|----------------------|
| Single | \$50 |
| Family | \$150 |
| Percentage Covered by Plan | |
| Preventive | 100% |
| Basic | 80% after deductible |
| Major | 50% after deductible |
| Orthodontia | 50% after deductible |
| Annual Maximum | \$1,000 |
| Orthodontia Lifetime Maximum | \$1,000 |
| Orthodontia Limiting Age | 19 |

*\$250 of unused annual maximum is rolled over at the end of each calendar year.

Monthly Cost of Coverage

| | Premium |
|-----------------------|----------|
| Employee Only | \$41.52 |
| Employee + Spouse | \$83.89 |
| Employee + Child(ren) | \$109.23 |
| Employee + Family | \$151.67 |

Vision - VSP

This plan provides vision coverage for you and your eligible dependents, if dependent coverage is elected.

| Vision Service Plan | Renewal |
|----------------------------|--------------------------------|
| Eye Exam | \$10 |
| Material Co-Pay | \$25 |
| Frames | Covered once every (24) months |
| Lenses | Covered once every (12) months |
| Contact Lenses (necessary) | \$120 elective allowance |

Monthly Cost of Coverage

| | Premium |
|---------------|---------|
| Employee Only | \$ 7.48 |
| Employee + 1 | \$10.84 |
| Family | \$19.44 |

Life and AD&D - Guardian Life

You may also purchase Life Insurance for yourself and Dependent Life Insurance for your spouse, and/or children.

| Life Insurance You May Purchase | | | |
|------------------------------------|--|-----------------------------|------------------------------------|
| Coverage | Amount | Premium/Mo. | Other Notes |
| Employee Life | (1), (2.), or (3) times base salary to a maximum of \$750,0000 | \$.23/\$1,000 | Guarantee Issue to \$375,000 |
| Spousal Life | \$10,000 or \$25,000 | \$1.54/\$10,000 or \$25,000 | EOI question for \$25,000 coverage |
| Child(ren) Life | \$5,000 | \$1.54/\$5,000 | |
| Accidental Death and Dismemberment | Equal to Employee Life | \$.035/\$1,000 | Amount matches Employee Life |

IMPORTANT: Midyear changes/terminations must be due to a qualifying event and require a 30 day notice.

Disability - Guardian Life

Disability coverage provides coverage in the event you are unable to work due to an extended illness,

Short Term Disability provides a weekly benefit equal to 60% of salary to a weekly maximum of \$2,000. Benefits are payable after a 15 day elimination period. The maximum benefit duration is 90 days.

Long Term Disability provides a monthly benefit equal to 60% of salary up to a monthly benefit maximum of \$10,000. Benefits are payable after a 90 day waiting period.

Monthly Cost of Coverage

| | Premium |
|-----|--|
| STD | \$0.28 / \$10 weekly covered benefit |
| LTD | \$0.76 / \$100 monthly covered payroll |

Note: All state mandated disability (short term disability) plans are coordinated in conjunction with the appropriate state law and max benefit limits

Discount Programs

The Advisors Forum Benefit Plan offers many employee discounts. They include:

- ◆ 15% off Brooks Brothers regularly-priced merchandise everyday
- ◆ Amusement park tickets
- ◆ Broadway theatre tickets
- ◆ Movie tickets
- ◆ Sporting events
- ◆ Hotels
- ◆ Zoos, Museums, and aquariums
- ◆ Merchant gift certificates
- ◆ Online shopping and service discounts
- ◆ New this year a discount on pet insurance thru VPI a trusted insurance provider. Just go to www.petinsurance.com/nbg and sign up through the online enrollment. Rates given will reflect discount.