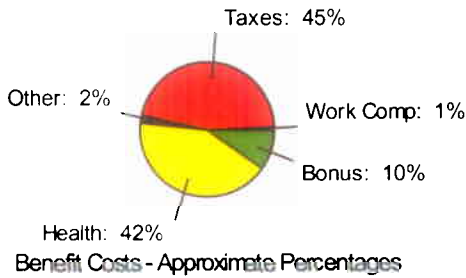


Dear John:

This benefit statement is a brief outline of your Company provided benefits as of 12/31/02. It is our way of showing you how much we appreciate your contribution to the success of Your Company Corp. Should you have any questions regarding this report, please do not hesitate to contact Human Resources.



SUMMARY OF BENEFIT COSTS	
BENEFIT	EMPLOYER COST
Medical/Rx Premium	\$ 5,064.98
Dental Premium	216.08
Vision Coverage	72.00
Workers' Compensation	180.00
State Unemployment	99.88
FICA/Medicare Tax (on Annual Base Income)	5,737.50
State Disability	117.50
Federal Unemployment	56.00
Employee Assistance Program	21.56
Total Benefits Cost	\$ 11,565.50
Earned Bonus	1,299.72
Annual Base Income	75,000.00
Actual Realized Income	\$ 87,865.22

Your total benefit costs equal an additional **15.42%** of your base income.
Pie Chart percentage calculations are based on Total Benefits Cost plus Earned Bonus or Earned Commission

Medical Insurance

Health care is provided through the Oxford POS Plan for you and your eligible dependents. Covered services require PCP (Primary Care Physician) direction of services. Covered services include: hospital services and preventive health services. See your Benefit Summary for plan specifics.

Prescription Drugs

Oxford's group medical plan through Merck-Medco provides benefits for prescription drugs and medicines for you and your eligible dependents. The plan requires a \$7 co-pay for generic drugs, and \$20 co-pay for brand name drugs.

Dental Expense Benefits

Dental expense benefits are provided for you and your eligible dependents through Delta Dental. Benefits are paid at different rates depending upon the procedure required. You are enrolled in the Core program which pays:

- 100% preventive and diagnostic services
- 50% basic services

Vision Care

Your Company offers coverage through Vision Service Plan. Co-Pays are \$10 for an eye exam and \$25 for materials. **Covered expenses include:**

- Eye exam once every 12 months
- Lenses once every 12 months
- Frames once every 24 months
- Medically necessary contact lenses
- Cosmetic contact lenses (\$105 towards the cost in lieu of lenses and frames.)

Flexible Spending Plan

Your Company established a Flexible Spending Plan for all employees, which is designed to provide a means of paying out-of-pocket health and dependent care expenses in a tax-effective manner. Through payroll deduction, you can contribute to a health care or dependent care account and at the same time lower your taxable income.

Workers' Compensation

