

Dear Floors Employee,

Open enrollment for our employee benefit plans is upon us. Due to a significant increase in the medical insurance there will be several changes you will need to be aware of.

Please be reminded that if you intend to make any changes in what plan(s) you are enrolled in or the way you and or any of your dependents are currently enrolled in the plan, now is the time to make changes for the upcoming plan year.

Although many different options were considered, the medical plan will remain with United Healthcare. The first major change will be that the Health Reimbursement Arrangement (HRA) offered on the base plan **will no longer be offered**. In an attempt to offset the premium increase, the new base plan's deductible will increase from \$3,000 to \$5,000 and the co-insurance will change from an in-network level of 80/20 to 70/30 with a co-insurance maximum of \$10,000 rather than the \$6,000 max on last years plan. Keep in mind that the deductible and co-insurance only comes into play on very large expenses such as inpatient or out patient hospital stays, advanced imaging (i.e. MRIs, CAT Scans, Ultrasounds...) and you will still have reasonable co-pays for things such as office visits, prescriptions drugs, emergency room visits and urgent care. You will still be afforded the option to "buy up" to a richer plan that has lower deductibles, co-insurance and co-pays. Please see the attached comparison of last years plans both base and buy up versus this year's plan. Also attached is a rate sheet for the plans.

Our Cafeteria Plan/Flexible Spending Account will remain available with the only change being that the Flexible Spending Account maximum you can contribute will be increased from \$4,000 to \$5,000. **Every employee will need to complete a new election form whether participating in or not participating in any of the insurance plans, the Flexible Benefit Account or Dependent Care Account pursuant to Section 125 of the Internal Revenue Code.**

Dental Plans will continue with Dental Select. As you will recall, Dental Select offers a triple option choice for you to pick from. The discount plan is offered to you at no cost and only minimal cost if you elect to cover your dependents. On the discount plan you must see an in-network dentist to receive the discounts. The second plan offered is the Co-pay plan which allows you the privilege of a co-pay schedule of services as long as you see an in-network dentist. This list of co-pays are lower in cost than the discount plan which requires you to participate in the premium cost. Lastly, Dental Select offers an Indemnity plan that affords you the benefit of visiting any dentist and are not required to see dentists associated with a specific list. It does not have co-pays but rather pays a set percentage depending on what type of service you receive.

As for life insurance, Floors will continue to pay for \$20,000 worth of life & AD&D coverage for each employee and you will have the option to purchase additional coverage on yourself and your dependents. Details of coverage and cost are available upon request.

VBA Vision plan has not had a change in benefits or rates from last year.

The Cancer/Dread Disease/ICU plan offered last year through Allstate Worksite plans will again be offered as well as the Accident/Short Term disability plan. This plan will provide lump sum cash benefits to you based on a schedule for accidents and up to 60% of your salary if you can't work due to a sickness or accident for up to 12 months.

Representatives will be available at the times listed below. While there will not be formal communication meetings this year, the representatives will be available to answer questions about any of your benefits. **At the very least, you must make time to stop by and complete your paperwork for the upcoming year. Even if you are not making any changes you still have a couple of items that require your signature. This includes employees that are declining coverage.** These meetings are not mandatory, but considering all the changes this year it is strongly recommended that you try to attend.

Benefit Analysis Floors, Inc.
Base Plan
Effective May 1, 2009

Company	2008 Base Plan ~	2009 Base Plan
	UHC Choice+ Plan 7EL Mod 4	UHC Balanced 40/5000/70% Plan 9TV
Benefit Maximum	Combined \$5,000,000	\$5,000,000 (Combined)
Deductible	In Network: \$3,000 Ind./\$6,000 Family Out of Network: \$6,000 Ind./\$12,000 Family	In Network: \$5,000 Ind./\$10,000 Family Out of Network: \$10,000 Ind./\$20,000 Family (deductibles calculate separately)
Co-insurance	In Network: 80/20 after dedc. Out of Network: 60/40 after dedc.	In Network: 70/30 after dedc. Out of Network: 50/50 after dedc.
Coinsurance Maximum	In Network: \$6,000 Ind./\$12,000 Family Out of Network: \$12,000 Ind./\$24,000 Family	In Network: \$10,000 Ind./\$20,000 Family Out of Network: \$15,000 Ind./\$30,000 Family
Co-pay for Dr. Office visit	In Network \$25 co-pay (\$50 Specialist); 60/40 after dedc out of Network	In Network: \$45 co-pay Out of Network: 50/50 after dedc.
X-rays/Lab In office	In Network: Routine lab/x-ray and diagnostics covered at 100%, deductible does not apply; Out of Network: 60/40 after dedc. Lab/x-ray and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine-outpatient) deductible and coinsurance, in or out of NW	In Network: Routine lab/x-ray and diagnostics covered at 100%, deductible does not apply; Out of Network: 50/50 after dedc. Lab/x-ray and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine outpatient)-deductible and coinsurance, in or out of NW
Emergency Room/Urgent Care Center	Emergency Health Services - \$100 per visit In & Out of Network; Urgent Care: In Network \$50 co-pay, Out of Network 60/40 of eligible expenses after dedc	Emergency Health Services - \$200 per visit In & Out of Network; Urgent Care: In Network \$75 co-pay, Out of Network 50/50 of eligible expenses after dedc
Retail Prescriptions	\$10 Generic/\$35 Brand/\$60 Non-Formulary (In Network Pharmacy)	\$100/\$300 Dedc \$10 Tier 1/\$35 Tier2/\$60 Tier 3/\$100 Tier 4 (In Network Pharmacy)
Mail Order Prescriptions	2.5 x co-pay for 90 day supply	2.5 x co-pay for 90 day supply
Provider Network	www.uhc.com (Choice-Plus)	www.uhc.com (Choice-Plus)

This is not a policy. For illustrative purposes only. Actual rates and enrollment could vary.

Benefit Analysis Floors, Inc.
Buy-Up Plan
Effective May 1, 2009

Company	2008 Buy-up	2009 Buy-Up
	UHC Choice + Plan 5TB Mod 2	UHC Balanced 25/1000/80% Plan 7EL
Benefit Maximum	Combined \$5,000,000	\$5,000,000 (Combined)
Deductible	In Network: \$500 Ind/\$1,500 Family Out of Network: \$1,000 Ind/\$3,000 Family	In Network: \$1,000 Ind./\$2,000 Family Out of Network: \$2,000 Ind./\$4,000 Family (deductibles calculate separately)
Co-Insurance	In Network: 90/10 after dedc. Out of Network: 60/40 after dedc.	In Network: 80/20 after dedc. Out of Network: 60/40 after dedc.
Coinsurance Maximum	In Network: \$1,500 Ind/\$4,500 Family Out of Network: \$3,000 Ind/\$9,000 Family	In Network: \$3,000 Ind./\$6,000 Family Out of Network: \$10,000 Ind./\$20,000 Family
Co-pay for Dr. Office visit	In Network \$15 co-pay (\$30 Specialist); 60/40 after dedc out of Network	In Network: \$25 co-pay Out of Network: 60/40 after dedc.
X-rays/Lab In office	In Network: Routine lab/x-ray and diagnostics covered at 100%, deductible does not apply; Out of Network: 60/40 after dedc. Lab/x-ray and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine-outpatient) deductible and coinsurance, in or out of NW	In Network: Routine lab/x-ray and diagnostics covered at 100%, deductible does not apply; Out of Network: 60/40 after dedc. Lab/x-ray and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine outpatient)-deductible and coinsurance, in or out of NW
Emergency Room/Urgent Care Center	Emergency Health Services - \$100 per visit In & Out of Network; Urgent Care: In Network \$50 co-pay, Out of Network 60/40 after dedc	Emergency Health Services - \$100 per visit In & Out of Network; Urgent Care: In Network \$50 co-pay, Out of Network 60/40 after dedc
Retail Prescriptions	\$10 Generic/\$35 Brand/\$60 Non-Formulary (In Network Pharmacy)	\$10 Generic/\$35 Brand/\$60 Non-Formulary (In Network Pharmacy)
Mail Order Prescriptions	2.5 x co-pay for 90 day supply	2.5 x co-pay for 90 day supply
Provider Network	www.uhc.com (Choice-Plus)	www.uhc.com (Choice-Plus)

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