Collective Bargaining Agreement

Between

INTERNATIONAL BROTHERHOOD OF
TEAMSTERS
Local Union No. 416

and

Call Henry Inc.
NASA Glenn Research Center

(Maintenance Trades and Grounds)

January 1, 2012 to December 31, 2016

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AGREEMENT

THIS AGREEMENT is made and entered into this 1st day of January, 2012, by and between CALL HENRY INC. Brookpark, Ohio, hereinafter called the "COMPANY" and the INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL UNION NO. 416, 709 Brookpark Rd., Cleveland, OH, 44109, hereinafter referred to as "LOCAL 416" or "the Union."

ARTICLE I. RECOGNITION

The Company recognizes Local 416 as the sole collective bargaining agent for employees in the following bargaining unit. All mechanical maintenance and facilities maintenance employees listed by classification in Exhibit "A", employed by the Company at the NASA Glenn Research Center, Brookpark, Ohio, excluding temporary employees, office clerical employees, guards and supervisors as defined in the Act.

ARTICLE II. UNION SECURITY

It is agreed and understood that all employees shall be members of the Union, as is more fully set forth below, in good standing, as a condition of employment. All new employees shall, after thirty-one (31) calendar days of employment, become and remain members of the Union, in good standing, as a condition of employment. The Union shall make membership available to new employees without discriminating in accordance with all applicable federal regulations / laws.

Failure of an employee to maintain membership in the Union in good standing shall be cause for discharge upon written request of said Union.

ARTICLE III DUES CHECK-OFF

The Company shall deduct, as to each employee(s) who shall so authorize it in writing, in a form required by law, while this Agreement is in effect and such written authorization is in force, the regular monthly dues of the Union. Deductions shall be remitted to the Union within ten (10) days of said deductions. Deductions shall be made from the Second Paycheck received each month. The Union agrees to indemnify and save the Company harmless against any and all claims, demands, suits or other form of liability that may arise out of, or by reason of, action taken or not taken by the Company in

complying with any provision of this Article, in reliance upon the written authorization forms which have been furnished to the Company. Initiation will be deducted after thirty-one (31) days at the rate of Twenty- Five Dollars ($25.00) a week until paid in full.

ARTICLE IV. HOURS OF WORK

The normal workday schedule shall be eight (8) hours except as provided below. The normal workweek shall be forty (40) hours, and shall be worked during the period beginning with the start of the night shift on Sunday and concluding with the end of the afternoon shift on Sunday.

An employee's workday is the 24-hour period beginning with his or her regularly assigned starting time during the workweek. When a change is made in his or her regularly assigned starting time, his or her previous workday will end, provided the employee has not worked in the previous 24-hour period. Hours worked which fall within two overlapping work days may only be applied in one work day to establish overtime pay.

The daily and weekly work schedules and the number of hours per day per week to be worked may be changed from time to time by the Company, to meet the varying conditions of business, provided the changes are announced as far in advance as practicable.

The COMPANY agrees to a six (6) minute grace period for purposes of docking only.

A. SHIFT

Shifts shall be identified in accordance with the following:

1. Day shifts include all those regularly scheduled to commence between 6:00 a.m. and 9:00 a.m., inclusive.
2. Afternoon shifts include all those regularly scheduled to commence between 2:30 p.m. and 5:00 p.m, inclusive.
3. Night shifts include all those regularly scheduled to commence between 10:30 p.m. and 1:00 a.m., inclusive.

ARTICLE V. OVERTIME, PREMIUM PAY AND SHIFT DIFFERENTIAL

The Company agrees to make overtime available on an equal basis among all employees within respective job classifications if practicable, but nothing in this clause shall be

construed to make the Company schedule overtime. The Company agrees to notify employees of scheduled weekend overtime no later than the end of their shifts on Thursday. Employees will not be charged with refusal of overtime if notified after the end of the shift Thursday.

The Company and the Union agree an "Overtime Roster" to be managed and up-dated by the Company and the Head Steward to insure the distribution of equal overtime as much as possible given due consideration to skills, requirements and safety issues.

A. Bargaining Unit employees whose workweek is Monday through Friday (Except For Steam Plant):

Premium pay at one and one-half (1 1/2) times the straight time rate shall be paid for all hours worked as follows:

1. Any hours worked in excess of eight **(8)** hours in one **(1)** normally scheduled working day.
2. Up to and including the first eight (8) hours worked on a Saturday or holiday, or sixth (6th) consecutive workday.

Double time will be paid for work as follows:

1. Any hours worked in excess of eight (8) hours on Saturday or sixth (6th) consecutive work day.
2. Any hours worked on a Sunday or seventh (7th) consecutive workday.

B. **However,** those employees whose regular work week includes either Saturday or Sunday will receive premium pay at one and one-half (1 1/2) times the straight time rate for up to, and including, the first eight (8) hours worked o a sixth (6th) consecutive work day or holiday and double time for any hours worked in excess of eight (8) hours on the ~~sixth~~ (6th) consecutive work day or any hours worked on the seventh (7th) consecutive work day.

Differential Pay: One ($1.00) Dollar per hour additional will be paid for hours worked on Second (2nd) shift and also to those employees who work on an off-shift schedule for that time that is other than their normal working hours One Dollar Twenty-five cents ($1.25) per hour additional will be paid for hours worked on Third (3rd) shift.

NOTE: If an employee is transferred to different shift for what ever reason, they will be reinstated to their previous shift/position when openings occur, first, by qualifications and second, by seniority if qualifications are deemed equal.

ARTICLE VI. HOLIDAYS

The following holidays, or day(s) observed as such, shall be paid holidays under this Agreement:

NEW YEARS DAY	VETERAN'S DAY
WASHINGTON'S BIRTHDAY	THANKSGIVING DAY
MEMORIAL DAY	CHRISTMAS DAY
INDEPENDENCE DAY	COLUMBUS DAY
LABOR DAY	MARTIN LUTHER KING'S BIRTHDAY

EMPLOYEE'S BIRTHDAY (To be taken month of birthday)

It is agreed that the phrase above "or day(s) observed as such," means the day(s) on which the Government substantially reduces the normal activities at NASA Lewis Research Center, the Center is in a "holiday or weekend mode" and the Government employees at NASA Lewis Research Center celebrate the holiday.

On days which are not enumerated in the first paragraph above, when because of special events or occasions, i.e., administrative holiday, inclement weather or other acts of God, or situation restricting operations for short durations, the Government substantially reduces the normal activities at NASA Lewis Research Center because of the special occasion or event, the following provisions apply:

Any employee required to work on a holiday will receive holiday pay plus one and one- half (1-1/2) times the regular hourly rate for the first eight (8) hours worked. The number of employees required will be restricted to the number essential to maintain services.

ARTICLE VII. VACATIONS

Each full time employee shall be paid vacation on the following basis:

On the **FIRST** anniversary
of full employment: Eighty (80) Hours

On the **THIRD** anniversary

of full time employment:	One Hundred Twenty (120) Hours
On the **TENTH** anniversary of full time employment:	One Hundred Sixty (160) Hours
On the **TWENTY-FIFTH** anniversary of full time employment:	Two Hundred (200) Hours

The Company may, as its discretion, permit vacation time to be taken by an employee at any time during a contract year with the understanding that any time so taken prior to being earned will be deducted from payable hours in final paycheck in event of termination. Advanced vacation time may be given upon request of the employee. While every effort will be made by the Company to accommodate employee vacation preference, vacation scheduling will be determined solely by the Company. All vacation anniversary dates are per Article XXXI.

ARTICLE VIII. INSURANCE COVERAGES

The minimum Insurance benefits are the benefits the Company is currently providing which is United Health Care and will provide employees access to the same network of Physicians and Hospitals/Medical Facilities. Benefits and benefit levels are listed in Appendix "1". There will be no change in carriers absent the mutual agreement of the Company and the Union.

The total premium payment by the COMPANY shall not exceed the following:

A. One Hundred Percent (100%) of an employee.

B. Eighty Percent (80%) of the employee and the family plan. The employee will pay the remaining twenty (20%) percent.

C. One Hundred Percent (100%) of a Fifty Thousand Dollar (50,000.00) life insurance policy.

See Appendix "1"

ARTICLE IX. HAZARDOUS WASTE ABATEMENT

Employees assigned to hazardous waste abatement will receive at least two (2) hours' pay for such assignment, with a premium of Two Dollar ($2.00) per hour.

ARTICLE X. WORK BREAKS/CLEANUP TIME

The Company's existing policy regarding work breaks and cleanup time, as set forth in the Memorandum of February 14, 1994, will be maintained during the life of this Agreement.

ARTICLE XI. EMPLOYEE DISCIPLINE

The Company has established a set of work rules and provided a copy to the Union. Any changes in the Work Rules will be communicated to the UNION and subject to the grievance procedure as provided herein.

After twelve (12) consecutive months with no repetition of an offense any previously taken disciplinary action for that particular offense will not form the basis of disciplinary action for a repeat violation of the same offense.

ARTICLE XII. WORK BY SUPERVISORS AND MANAGERS

The Company will maintain in effect its policy that supervisory personnel are not to perform bargaining unit work except in an emergency; for purposes of training; to secure an unsafe condition; where bargaining unit employees are unavailable; or to provide assistance to the journeymen in maintaining the efficient, productive performance of the government contract.

ARTICLE XIII. NO STRIKE AND/OR LOCKOUT

The employees shall not strike, cease work, or purposely slow down or absent themselves without good cause while this Agreement is in effect. The Company agrees not to lock out its employees while this Agreement is in effect. All disputes and disagreements shall be handled in a manner set forth in Article XVI and, if necessary, Article XVII entitled "Grievance Procedure" and "Arbitration."

ARTICLE XIV. UNION RIGHTS

The Company agrees that the Union may conduct Union business at the work site provided all visitor requirements of the Government are fulfilled and such business does not interfere with employee(s) scheduled work or operation of the contract with the Government.

ARTICLE XV. NEW EMPLOYEES

New Full-time hourly employees will become members of Teamsters Local 416 and be eligible for benefits after thirty-one (31) calendar days and shall serve a probationary period of ninety (90) calendar days before becoming regular employees. During each probationary period, the employee may be disciplined, suspended or discharged, and any such action shall not be subject to the Grievance Procedure or Arbitration as contained in Articles XVI and XVII of this Agreement. Upon the completion of the probationary period, an employee shall accumulate seniority from the most recent date of hire.

It is further agreed that the Union recognizes the right of the Company to establish Part-time non-union employees. Part-time employees shall work less than twenty-four (24) hours per week. Part-time employees will not be used to displace Full-time bargaining unit employees. All Full-time employees will be exhausted before any overtime is offered to any Part-time employee. Part-time employees will work forty (40) hours or less per week unless due to inclement weather or an emergency situations.

When an employee becomes a full-time or regular part-time employee, such temporary employees shall be credited with seniority from their original date of hire.

ARTICLE XVI. GRIEVANCE PROCEDURE

Should a difference arise between the Company and the Union, or between the COMPANY and an employee, as to the meaning and application of this Agreement, the difference will be settled as is described below:

Step 1. The employee will present the grievance to, or discuss the matter verbally with his immediate supervisor and steward, and the supervisor will respond verbally to the employee within three (3) working days.

Step 2. If no agreement is reached, the grievance shall be reduced to writing and presented to the supervisor within six (6) working days. The supervisor will meet within the next six (6) working days with the employee and steward and will

present a written disposition to the Union with forty-eight (48) hours of the meeting.

Step 3. If no agreement is reached, the grievance shall be referred by the Union to the Home Office of the Company within five (5) days, the Company will advise the Union, in writing, of its position regarding said grievance.

The time limits above may be extended by mutual agreement, in the event of employee discharge, Steps 1 thru 3 may be bypassed at the action of either the Company or the Union.

ARTICLE XVII. ARBITRATION

If the grievance is not settled under the provisions of Article XVI, then within ten (10) calendar days of third step disposition, the issue shall be submitted to arbitration. The parties hereto shall ask the American Arbitration Association to submit a list of five (5) recognized arbitrators within five (5) days of receipt of a request for arbitration. The Company shall strike two (2) names; the Union shall strike two (2) names; and the fifth arbitrator, not stricken, will settle the difference.

Before submission to the Arbitrator, the Company and the Union shall set forth specifically, in writing, the issue(s) to be submitted. The Arbitrator shall confine his decision to the said stipulation(s) of the issue or issues. The Arbitrator shall have no authority to add to, detract from, or alter in any way any provision of this Agreement.

The Arbitrator shall be instructed to act upon the issue(s) within one (1) month, unless such period is extended by mutual agreement.

Each party shall pay one-half (1/2) of the expenses of the Arbitrator.

ARTICLE XVIII. SUBORDINATION

All provisions of this Agreement are subordinated to the contract between the Government and the Company and NASA Glenn Research Center and, in case of a conflict, provisions of the Government contract take precedence. In the event of the termination of Company's contract with the Government, the Union will receive a copy of the termination notice as soon as possible.

The Union and employees will cooperate fully with the Company to maintain the highest standards of productivity and efficiency in following the objectives of the Company's contract with NASA.

ARTICLE XIX. SAVINGS CLAUSE

If any provision of this Agreement is struck down or ruled illegal by a court of competent jurisdiction, the remainder of this Agreement will remain in full force and effect.

ARTICLE XX. EQUAL EMPLOYMENT OPPORTUNITY

The Company and the Union herein recognize their respective responsibilities under federal law, regulations, directives and Executive Orders and Ohio law regarding nondiscrimination in employment and Union membership matters and agree jointly to promote and to assure equal employment and promotion opportunities for all qualified persons without regard to race, color, creed, national origin, age, sex or handicap, employed or seeking employment under the Government contract covered by this Agreement.

ARTICLE XXI. JURY DUTY

Each full time employee serving as a jury member will be compensated for time lost because of jury duty on the basis of the difference between regular straight tine earnings and the amount received as jury fees. Compensation will be limited to eight (8) hours daily, forty (40) hours weekly.

ARTICLE XXII. MANAGEMENT RIGHTS

The management of the business, the control of the business, the control of the premises and the direction of the work forces are vested exclusively with the COMPANY. The right to manage includes, but shall not be limited to the right to hire, direct, transfer, classify, promote, demote, assign, test, evaluate, suspend, or discharge for just cause or otherwise discipline, and o lay-off employees for economic or other reasons; to determine the shifts, staffing patterns and number of hours to be worked by the employees; to determine the classification, size and organization of the work force; to assign duties to employees in accordance with the needs and requirements determined by the Company; to determine or change the methods and means by which its operations are to be carried on; to promulgate and enforce reasonable rules and regulation, and otherwise to generally carry out the ordinary and customary functions of management, including the right to subcontract work as long as no current member of the bargaining unit who is available and capable of performing the work as required by schedule is displaced. This provision is subject to such

restrictions governing the exercise of these rights as are expressly specified in this Agreement. Provided that the Company's actions under this article are not based on favoritism or discrimination, the Company's determination as to fitness, ability and quality of performance shall be conclusive. However, the Company will exercise its rights and responsibility with due regard for the rights of the employee under the Agreement; the rights and responsibilities will not be used in a manner which constitutes a violation of any article of this Agreement; and the Union may grieve any new rule provided the grievance is submitted in writing within thirty (30) days from the date the new rule is posted or made known to the employees.

ARTICLE XXIII. PENSION

The Employer agrees to pay into The Teamsters Local 416's Pension Fund, located at 709 Brookpark Road, Cleveland, Ohio 44109 the agreed amount during the term of this Agreement, for all hours for which said employee received pay, but not to exceed a total of forty (40) hours per week, for each employee covered under the classifications of this Agreement who has been on the payroll ninety (90) days or more with retro payments back to the employee's hire date, but no contribution will be made before the January 1, 2003 Pension implementation date.

The agreed payment set forth by the Employer shall be used by the Pension Fund to provide retirement benefits for eligible employees in accordance with the pension plan of the Fund as determined by the Trustees of the Pension Fund. The Employer agrees to become a party to the Agreement and Declaration of Trust establishing said Teamsters Local 416 of Cleveland, Ohio Pension Fund; and to be bound by all of the terms and provisions thereof; and does hereby irrevocably designate as its representatives on the Board of Trustees such Trustees as are named therein as Employer Trustees pursuant the terms therein contained.

Contributions to the Pension Fund must be made for each month on each eligible employee. Company contributions to the Pension Fund will in no way be distributed as wages.

The Company will contribute to the Local 416 Pension Fund as follows:

The Company will contribute Two Dollars and Sixty cents (2.60) plus, (23.1%) per hour each year, up to forty (40) hours per week for all employees, commencing January 1, 2012 and continuing for the life of this Agreement. Contributions for "Red Circled" employee Michael Sliva of the grounds crew will be Three Dollars and Ten cents ($3.10)

plus, (23.1%) per hour each year, up to forty (40) hours per week commencing January 1, 2012 and continuing for the life of this Agreement.

Additional Pension Language:

Whereas the undersigned Union and Employer are parties to a collective bargaining agreement that provides for contributions to the Maintenance Employees Teamsters Local 416 of Cleveland Pension Fund; and

Whereas, the Pension Fund's Board of Trustees has adopted an updated Rehabilitation Plan ("Plan"), dated January 12, 2011, to improve the Fund's funding status over a period of years as required by the Pension Protection Act of 2008 ("PPA"); and

Whereas, a copy of the Plan has been provided to the Union and the Employer; and

Whereas, the Plan, in accordance with the PPA, requires that the signatories to every collective bargaining agreement providing for contributions to the Pension Fund adopt the new Schedule of contributions and benefits included in the Plan; and

Whereas, the Union and the Employer have agreed to adopt the Plan's Schedule and wish to document that agreement;

It is hereby agreed by the undersigned Union and Employer as follows:

1. This Addendum shall be considered as part of the collective bargaining agreement. The provisions of the Addendum supersede any inconsistent provision of the collective bargaining agreement.

2. The current contribution rate to the Pension Fund of $2.60 per hour paid shall be increased by 23.1% to the rate of $3.20 per hour effective February 1, 2012. On each anniversary of that effective date for the term of the collective bargaining agreement, the contribution rate then in effect shall be increased by another 23.1% (rounded to the next highest penny). This increase in the contribution rate, or future increases required under this Collective Bargaining Agreement or through operation of law, shall be the responsibility of the Employer to pay and shall not be borne by the Employees.

3. With regard to benefits under the Pension Fund, the Plan's Schedule provides that the Fund's current plan of benefits for the group will be amended to eliminate all adjustable benefits

   (a). All Benefit accruals for periods after adoption of the Schedule will continue to be frozen.

   (b). Effective January 28, 2009 and until the Plan succeeds, the Pension Fund is not permitted by the PPA to pay and lump sum benefits or pay any other

benefit in excess of the monthly amount that would be payable to the pensioner under a single life annuity.

(c). All early retirement subsidies are eliminated effective for any retirements which occurred on or after October 1, 2007, which includes early, disability, death and service pensions.

(c). The Board of Trustees continues to have discretionary authority to amend the Rules & Regulations of the Pension Fund, including the Rehabilitation Plan, within the bounds of applicable law.

4. The Plan as a whole is deemed to be part of the Schedule.

5. This Addendum shall be effective as of February 1, 2012, which date is the same date on which the contribution rate increase under paragraph 2 is first effective.

To acknowledge their agreement to this Addendum, the Union and the Employer have caused their authorized representatives to place their signatures below:

ARTICLE XXIV. 401(k) SAVINGS PLAN

Employees will be eligible for the C.H.I. (401-k) Savings Plan on a voluntary basis for those employees who choose to participate, and the Company will make the necessary payroll deductions and remittance.

ARTICLE XXV. WAGES

A. All employees on the active payroll will receive a lump sum NET BONUS of Five Hundred and Fifty Dollars ($550.00) to be payable the first full pay period after ratification.

B. All employees will receive a wage increase as follows:

January 1, 2012 - 3% January 1, 2013 - 3% January 1, 2014 - 3%
January 1, 2015 - 3% January 1, 2016 - 3%

See Exhibit "A"

ARTICLE XXVI. WORKING ASSIGNMENTS

There shall be no restriction on the Company's right to assign and to transfer any employees to any work station or location within the confines of the NASA Lewis Research Center or to any work that the employee is capable of performing; nor shall there be any restriction on the right of any employees to fill other jobs within the bargaining unit, provided that a vacancy exists

and that the employee is immediately qualified to perform the work. This provision may not be used to displace an employee currently filling the job, and will not be exercised in an arbitrary or discriminatory manner. If a member of the bargaining unit is temporarily assigned duties covered by a different wage scale, he will be paid the higher wage.

ARTICLE XXVII. PAID PERSONAL TIME

Each employee will receive three (3) "Paid Personal Days" in one-half hour increments three (3) "Paid Sick Days" for each year of this agreement. An employee can carry over up to eighty (80) hours of paid personal/sick time up to two (2) years. Employees may use personal/sick time on a call-in basis in one (1) hour increments. Employees may also use one (1) one half (1/2) hour increments of vacation, sick or personal days if one (1) day's notice is given. Steam Plant employees will be based on four (4) hour increments.

A new employee will receive two (2) "Paid Personal Days and one (1) "Paid Sick Day" from his or her hire date to the Call Henry's / Government Contract anniversary date. These days may also be carried over as stated above.

ARTICLE XXVIII. LEAVES OF ABSENCE

A. Family and Medical Leave of Absence

The Company provides eligible employees with a leave of absence of up to twelve (12) workweeks during a 12-month period beginning with the date the employee first uses such leave. This leave may be used for any of the following reasons:

1. because of the birth of the employee's son or daughter, and in order to care for such child ("family leave");
2. because of the placement of a son or daughter with the employee for adoption or foster care ("family leave");
3. in order to care for the employee's spouse, son, daughter or parent if such person has a serious health condition ("family leave");
4. Because of a serious health condition makes the employee unable to perform the function of the employee's position ("medical leave"). (Upon on-going medical verification, the medical leave of an employee will be extended up to an additional forty (40) weeks.

5. The (up-to) forty (40) week medical leave extension will be applied to employee "medical leave" periods exceeding Federal FMLA allowances. The forty (40) week extension may be used incrementally for the life of the contract. If an extenuating circumstance arises and said employee has exhausted all leave time, the Company and the Union will review each case on individual basis and conclude if additional time is warranted.

The leave is without pay except as described below.

Definitions.

"Son or daughter" means a biological, adopted or foster child, stepchild, legal ward or a child of a person standing in place of the parent, who is under 18 years of age or older and incapable of self care because of a mental or physical disability.

"Parent" means the employee's biological parent or an individual who stood in lieu of parents to the employee when the employee was under 18 years of age.

A "serious health condition" is an illness, injury, impairment or physical or mental condition that involves: (a) in-patient care in a hospital, hospice or residential medical care facility, or (b) any period of incapacity requiring absence of more than three (3) calendar days that also involves continuing treatment by or under the supervision of a health care provider, or (c) continuing treatment by or under the supervision of a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period that incapacity of more than three (3) calendar days.

Eligibility:

To be eligible for a leave of absence under this policy, an employee must have been continuously employed by the Company for at least twelve (12) months and must have worked at last 1,250 hours for the Company during the twelve (12) month period immediately preceding the commencement of the leave. Entitlement to leave due to the birth or placement of the employee's son or daughter for adoption or foster care expires at the end of the 12-month period beginning on the date of the child's birth or placement. Employees are required to substitute all earned, unused vacation time and paid personal days for an equivalent part of any family leave. However, the substitution of any earned vacation, sick hours and/or personal days as part of any leave under this policy will not extend the employee's leave beyond the 12-week maximum entitlement.

Short-term disability insurance may be used during an employee's medical leave in the specific eligibility requirements for short-term disability insurance have been satisfied.

Intermittent or Reduced Schedule Leaves:

An eligible employee may take family leave on an intermittent or reduced schedule basis due to the birth or placement of a child only if both the Company and the employee agree.

An eligible employee may take medical leave or family leave on an intermittent or reduced schedule basis when leave on such a basis is medically necessary. If an employee requests intermittent leave or leave on a reduced schedule basis in order to care for a family member or because of the employee's own serious benign condition and the leave is foreseeable based on planned medical treatment, the Company may require the employee to transfer temporarily to an available alternative position for which the employee is qualified and which (a) has equivalent pay and benefits, and (b) better accommodates recurring periods of leave.

Requirements for Qualification for Leave:

The Company must be notified by the employee of his or her requests to use any leave under this policy. If the employee is physically unable to make the request, a responsible person may do so on the employee's behalf.

The request for leave should be in writing; however, a verbal request may be acceptable under circumstances which do not allow for a written request.

If the need for leave in order to provide care for a family member or because of an employee's own serious health condition is foreseeable based on planned medical treatment, the employee must: (a) make a reasonable effort, subject to the approval of the health care provider, to schedule the treatment so as not to disrupt unduly the COMPANY'S operations, and (b) give the Company at least thirty (30) days' notice of the employee's intention to take leave. If the date of treatment requires leave to begin in less than thirty (30) days, the employee must give as much notice as possible.

The Company will determine whether, based on the information received from the employee, a leave is justified within the framework of the Family and Medical Leave Act and this policy.

Any employee who fraudulently obtains leave will be terminated.

Any employee who performs work for compensation, other than for the Company as part of an intermittent or reduced schedule leave, during an approved leave under this policy will be terminated.

Certification of Serious Health Condition:

An employee requesting a medical leave or a family medical leave under this policy must provide certification by the relevant health care provider using the Certification of Physician from available from the Company.

The Company may require the opinion of a second health care provider designated by the Company. In the event that the second opinion differs from the original certification, the Company may require a third opinion which will be final and binding on the employee and the Company.

Benefits During Leave:

An employee taking leave under this policy will not lose any employment benefit or seniority earned prior to the commencement of the leave. While on leave, an employee will not accrue benefits including vacation, personal time, or seniority during any portion of the leave for which the employee is not using accrued paid time off.

An employee taking leave under this policy will continue to have coverage under the Company's group health plan the level and under the conditions the coverage would have been provided if the employee had been at work continuously for the duration of the leave. The employee is required to pay all premiums, if applicable, either through payroll deduction (if "Paid Time" is used) or personal payment to the Company.

If an employee's premiums are outstanding when the employee returns to work they will be deducted from the first month of paid time.

The Company will not pay for group health insurance coverage after the expiration of the employee's leave under this policy or after three (3) months of medical leave during a 12- month period. COBRA coverage will be offered to the affected employee at this time. If the employee is receiving payments under the short-term disability coverage, these payments will continue under the terms of the coverage.

The Company may recover the premiums that it paid for maintaining group health insurance coverage for the employee under the group health plan during the family or medical leave if: (a) the employee fails to return to work from leave after the approved leave expires; and (b) the employee fails to return to work for a reason other than: (i) the

continuation, reoccurrence, or onset of the employee's or the family member's serious health condition for which the employee obtained the leave, or (ii) other circumstances beyond the control of the employee.

Post-Leave Return to Work:

With the exception of certain highly-compensated salaried employees, an employee returning from a family leave or family medical leave of 12 week's duration or less (or up to one (1) year in the case of an employee's medical leave) will be placed in the employee's pre-leave position or in an equivalent position with equivalent benefits and pay, unless the employee would not have been employed at the time reinstatement is requested. An employee's failure to return to work at the end of his or her approved leave will be considered a voluntary quit.

An employee returning to work following a medical leave because of his or her own serious health condition will be required to provide certification from his or her health care provider that the employee is able to perform the essential functions of his or her position.

B. Disability Leave

The Company provides a disability leave of absence without pay for employees who are not eligible for medical leave under the Family and Medical Leave Act and are temporarily unable to work because of an injury or illness, including pregnancy-related conditions. The Employer will retain an insurance policy that will pay a minimum of Two Hundred and Fifty Dollars ($250.00) a week not to exceed twenty-six (26) weeks for the life of this Agreement. A written request for leave must be submitted in advance when possible.

Employees are required to substitute all earned vacation time, paid sick days and short- term disability benefits, where applicable, for an equivalent part of any disability leave. However, the substitution of any earned vacation, sick hours or personal days as part of a disability leave will not extend the employee's leave beyond the twenty-six (26) week maximum entitlement.

During a disability leave, an employee will not earn any additional employment benefits such a vacation or sick hours. The employee's coverage under the Company's group health plan will continue during his or her disability leave.

An employee's failure to return to work at the end of his or her approved disability leave will be considered a voluntary quit.

If an employee takes any disability leave under this policy and then becomes eligible for leave under the Family and Medical Leave Policy, the employee's leave entitlement under the Family and Medical Leave Policy will be reduced by all leave taken under this policy for a 12- month period beginning with the date the employee first used disability leave under this policy.

C. Personal Leaves of Absence

Unpaid personal leaves of absence of up to one (1) month may be granted for compelling personal reasons such as a death in the immediate family, etc. In no instance will personal leave be granted for the purpose of accepting employment with another company. Personal leaves shall not be used to extend vacations or holidays.

D. Union Leaves

Employees elected as officers, executive board members, or delegates to conferences and conventions of the Union shall be granted a leave of absence without pay to attend such meetings for a period of time limited to one (1) week or less, provided they make prior written application to the Company. Such leaves will be limited to two (2) employees per year. Employees elected or appointed an officer or executive board member of the Union may be granted reasonable time off from work without pay, with the approval of the Project Manager, to attend specifically called Union meetings, provided they make prior written application to the Company. Such absences from work shall be granted, provided they do not unreasonably interfere with production.

E. Bereavement Leaves of Absence

The Company will pay three (3) days' bereavement pay (four (4) days if travel is in excess of 200 miles) in the event of the death of a full time employee's spouse, mother, father, grandparent, grandchild, mother-in-law, father-in-law, son, daughter, sister, brother, brother-in-law, sister-in-law or legal guardian, provided the employee attends the funeral of the deceased. Such funeral leave shall be limited to straight-time pay. Additional time may be requested and such additional time will be charged to vacation if compensation is requested.

F. Military Leaves of Absence

Military leave is granted to any employee called to active duty with a reserve unit of the Armed Forces or National Guard. Applications for annual military leave and a copy of the orders must be submitted not less than ten days prior to reporting date. Voluntary

service to attend military encampment schools or conferences beyond the annual encampment are not considered a military call to active duty.

Differential pay is payable to employees on annual military leave if the employee's military pay is less than his/her company pay. The military pay considered does not include quarters, subsistence, and transportation allowances. Differential pay is payable for a maximum period of two weeks (ten working days, eight hours each or eight working days, ten hours each) within each calendar year. A statement of pay voucher must be presented upon the employee's return to work.

G. Injury on the Job

Any employee (full time or temporary) who is injured on the job during the first eight (8) hours of his/her scheduled shift, and is sent home because of such injuries, shall receive his/her regular shift rate of pay for the time actually worked, and for the balance of the first eight (8) hours of his/her scheduled shift.

ARTICLE XXVIV. TOOLS, SHOES AND CLOTHING ALLOWANCE

An allowance of one hundred, forty-seven dollars and seventy-five cents ($147.75) net per employee per year will be paid for tool replacement, work shoes or work clothing upon presentation of a receipt. This allowance will be increased by five percent (5%) a year for each year of this Agreement.

ARTICLE XXX. BEEPER ALLOWANCE

A beeper allowance in the amount of four (4) hours' straight time pay per person per week will be paid to each employee required to carry a beeper.

ARTICLE XXXI. CALL IN TIME

Any time an employee is called into work when he is not scheduled to work, he will receive a minimum of two (2) hours' pay at the prevailing rate governed by Exhibit A.

ARTICLE XXXII. SENIORITY

A. Seniority with the COMPANY will be determined by each employee's original hire date and continuous employment with the Service Contractor or any predecessor Contractor

under which substantially the same contractual services were/are being provided for the Government Contract at the NASA Glenn Research Center. If an employee terminates his/her employment from the Company for any reason, they will be considered a "New Employee" relinquishing all previous seniority rights.

B. Employee(s) will retain recall rights for one (1) year from the time of a layoff. Recalled employees will return to work with full seniority rights including time spent on layoff. Employees who remain on layoff for a period of one (1) year or more, if recalled, their seniority will revert back to their last day of employment excluding the layoff period.

Service Contractor or any predecessor Contractor seniority will be recognized with respect to vacation eligibility, promotions, transfers, shift preference and work assignments.

In case of employee(s) layoffs the Company will continue Health Care Coverage for the remainder of the month.

Layoffs and recalls will be based on seniority within each classification. All Journeymen within a classification are equal. Employees scheduled for layoff may request at time of layoff to displace employees with less Service Contractor seniority, in any classification covered by this Agreement, provided that in the Company's view the employee exercising seniority rights is immediately qualified and has the appropriate license if applicable to perform the work in question.

In all cases of work assignments, shift preference, promotions and transfers, the Company shall have the right to select the employee who, in the Company's best judgment, is better qualified to perform the work, with seniority being recognized only in those cases in which the Company determines that qualifications are equal. All decisions regarding the qualifications and competence of employees under this Article will be made by the Company, and such decisions will be deemed conclusive in the absence of evidence of arbitrariness, discrimination or abuse of discretion.

The Company shall post all vacancies for five (5) days. Any employee wishing to be selected shall fill out a bid request through the Personnel Office. The employee with the best qualifications shall be awarded the job within ten (10) days after the posting period. If the qualifications are relatively equal, then seniority shall prevail. The Company may withdraw the posting at any time and is not bound to fill the vacancy.

The Company reserves the right to maintain and uphold the percentages of the work force as suggested by the Department of Labor for affirmative action.

Ties in seniority will be broken by giving preference to the lower number comprised by the last four (4) digits of the employees Social Security Numbers.

ARTICLE XXXIII. STEWARDS

The Company will recognize up to a maximum of three (3) Stewards, including a Chief Steward, based on the size of this bargaining unit. In the event the bargaining unit is reduced to fewer than Fifty (50) employees, the number of recognized Stewards shall be reduced to Two (2) including the Chief Steward. In the event the bargaining unit is reduced to fewer than Twenty (20) employees the number of recognized stewards shall be reduced to One (1), the Chief Steward.

All Stewards, by virtue of their involvement in the administration of this Agreement, shall be the last employees to be laid off in the event of a reduction in force or elimination of positions; provided that such Stewards are fully qualified to fill the remaining positions. The Chief Steward will be the last employee to be laid off.

Stewards are not officers or agents of the Local Union. Stewards shall be appointed and may be removed at will by the Principal Officer, subject to the approval of the Executive Board. They shall be selected and removed in such manner as the Local Executive Board may direct, and shall have such duties as the Executive Board or President may assign to them from time to time.

At no time will a Steward act to the contrary except when specifically authorized by official action by the Executive Board or the President of the Local Union. At all times, a Steward will comply with the Local Union's directives; including, but not limited to; all policies and procedures.

Stewards have no authority to take strike action, or any other action not set forth in these Bylaws, including any action interrupting the business of his/her employer, except as authorized by official action of the Local Union.

A new Chief Steward will be appointed by the President of the Union if a vacancy occurs.

ARTICLE XXXIV. BULLETIN BOARDS

The Company will seek the permission of NASA Lewis Research Center for the use of existing bulletin boards in facility locations to be identified by the UNION. The posting of items shall be the responsibility of the Chief Steward. Under no circumstances will items be posted on said bulletin boards without the prior permission of the COMPANYS Project Manager, except that permission will not be unreasonably withheld.

ARTICLE XXXV. EDUCATION

Full tuition reimbursement for **Approved** outside accredited related training.

ARTICLE XXXVI. SUCCESSORS AND ASSIGNS

This Agreement shall be binding in all respects on any successor employer or assignee in full compliance with federal labor statutes. No successor employer or assignee shall make any unilateral changes in terms and conditions of employment of any employee in the existing bargaining unit. The successor employer shall not alter the hours of work, starting or quitting times, or number of positions in the existing units, health and welfare benefits, or pension benefits without the express written consent of the Union.

Should any employer or firm replace Call Henry Inc. during the life of this Agreement, having notice of the existence and content of this Agreement, said employer or firm shall be obligated to assume this Agreement in its entirety for its full term, and comply with the seniority rights of all bargaining unit employees of Teamsters Union Local 416.

ARTICLE XXXVII. TERM OF AGREEMENT

This Agreement shall continue in full force and effect from January 1, 2012 through December 31, 2016, and shall be automatically renewed from year to year thereafter, unless Sixty (60) days prior to December 31, 2016 or December 31 of any subsequent contract year, either the COMPANY or the UNION gives to the other written notice of the desire to terminate this Agreement, in which event this Agreement shall terminate at the end of the contract year in which such notice is given.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be properly executed on the day and year first above written.

DATE: 2/13/12

TEAMSTERS LOCAL UNION 416

Nick "Sonny" Nardi / President

Dominic Tocco III / Secretary-Treasurer

Dean Marquette / Head Steward

Mike Sasala / Steward

LaSalle Olsen / Steward

CALL HENRY, INC.

Barry Flowe / Project Manager

EXHIBIT "A"

ARTICLE XXV - WAGES

Wage Increases:	1-1-2012 3%	1-1-2013 3%	1-1-2014 3%	1-1-2015 3%	1-1-2016 3%
Stationary Engineers	$27.44	$28.26	$29.68	$30.57	$31.49
Stationary Engineers/Mech/Control	$28.89	$29.76	$30.65	$31.57	$32.52
Steam Plant Maintenance	$28.15	$28.99	$29.86	$30.76	$31.68
Steam Plant Helper	$23.92	$24.64	$25.38	$26.14	$26.92
Electrician	$26.72	$27.52	$28.35	$29.20	$30.08
Electronics Technician	$26.72	$27.52	$28.35	$29.20	$30.08
HAVC Mechanic	$26.72	$27.52	$28.35	$29.20	$30.08
Welder	$26.72	$27.52	$28.35	$29.20	$30.08
Plumber	$26.72	$27.52	$28.35	$29.20	$30.08
Carpenter	$26.72	$27.52	$28.35	$29.20	$30.08
Painter	$26.72	$27.52	$28.35	$29.20	$30.08
Pipefitter	$26.72	$27.52	$28.35	$29.20	$30.08
Millwright	$26.72	$27.52	$28.35	$29.20	$30.08
Mason	$26.72	$27.52	$28.35	$29.20	$30.08
Sheet metal Worker	$26.72	$27.52	$28.35	$29.20	$30.08
Maintenance Trades Helper	$21.35	$21.99	$22.65	$23.33	$24.03
Grounds Maintenance Laborer	$22.33	$23.00	$23.69	$24.40	$25.13
Heavy Equipment Operator/Mechanic	$26.56	$27.36	$28.18	$29.03	$29.90
Grounds Maintenance Lead	$1.00 per hour above the Grounds Maintenance Laborer rate.				
Foreman (Working)	As negotiated between CHI and the Union.				
Lead, Journey Man	$1.00 per hour above the Journey Level Position rate.				

The above wage rates include the $0.26 Employee Pension Reimbursement.

All wage increases will be retroactive to 1-1-2012.

UnitedHealthcare

Options PPO/covered dental services

dental plan

P5818 Call Henry

	NON-ORTHODONTICS NETWORK	NON-NETWORK		
Individual Annual Calendar Year Deductible	$50	$50		
Family Annual Calendar Year Deductible	$150	$150		
Maximum *(the sum of all Network and Non Network benefits will not exceed annual maximum)*	$1000 per person per Calendar	$1000 per person per Calendar		

New enrollee's waiting period.	
Annual deductible applies to preventive and diagnostic services	No

COVERED SERVICES	NETWORK PLAN PAYS*	NON-NETWORK PLAN PAYS**	BENEFIT GUIDELINES
DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs	100%	100%	Bite-wing: Limited to 1 series of films per 12 months. Complete/Panorex: Limited to 1 time per consecutive 60 months.
Lab and Other Diagnostic Tests	100%	100%	
General Services (incl. Emergency Treatment)	100%	100%	Pallative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays.
PREVENTIVE SERVICES			
Prophylaxis (Preventive)	100%	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatment (Preventive)	100%	100%	Limited to Covered Persons under the age of 14 years, and limited to 1 time per consecutive 12 months.
Sealants	100%	100%	Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For Covered Persons under the age of 16 years, limited to 1 per consecutive 60 months.
BASIC SERVICES			
Restorations (Amalgams or Composite)	90%	80%	Multiple restorations on one surface will be treated as a single filling. Limited to 1 time per consecutive 36 months.
General Services	90%	80%	General Anesthesia: When clinically necessary.
Simple Extractions	90%	80%	Limited to 1 time per tooth per lifetime.
Oral Surgery (includes surgical extractions)	90%	80%	
Periodontics	90%	80%	Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planning: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridementperiod following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.
Endodontics	90%	80%	
MAJOR SERVICES			
Inlays/Onlays/Crowns	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments. Occlusal Guard:Covered only if prescribed to control habitual grinding, and limited to 1 guard every consecutive 36 months.
Fixed Partial Dentures (Bridges)	50%	50%	Once per tooth per consecutive 60 months.
Implant Services	50%	50%	Limited to 1 time per consecutive 60 months..

This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

*The network percentage of benefits is based on the discounted fee negotiated with the provider.

**The non-network percentage of benefits is based on the usual and customary rates prevailing in the geographic areas in which the expenses are incurred.

Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the fee for the service actually rendered and the fee for the service upon which the plan benefit is based..

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above ta ble provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, NewYork, New York or United HealthCare Services, Inc.

11/07 ©2007 United HealthCare Services, Inc

UnitedHealthcare/Dental Exclusions and Limitation

General Limitations

PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.

COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to one time per consecutive 60 months.Exception to this limit will be made for Paronex Radiograph if taken for diagnosis of molars, Cysts or neoplasms

BITEWING RADIOGRAPHS Limited to 1 series of films per 12 months.

EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.

DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.

FLUORIDE TREATMENTS Limited to Covered Persons under the age of 14 years, and limited to 1 time per consecutive 12 months. Treatment should be done in conjunction with dental prophylaxis.

SEALANTS Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.

SPACE MAINTAINERS Limited to Covered Persons under the age of 16 years. Limited to 1 per consecutive 60 months. Benefit includes all adjustment within 6 months of installation

RESTORATIONS Multiple restorations on 1 surface will be treated as a single filling. Limited to 1 time per consecutive 36 months.

PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.

INLAYS AND ONLAYS Limited to 1 time per tooth per consecutive 60 months. Covered only when silver fillings cannot restore the tooth.

CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

POST AND CORES Covered only for teeth that have had root canal therapy.

SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.

SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.

PERIODONTAL MAINTENANCE is covered in combination with dental prophylaxis, but not on the same date of service. Benefit is not to exceed, in combination with dental prophylaxis, 2 per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.

FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or smi-precision attachments.

RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 time per consecutive 6 months.

PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than exam and radiographs, were performed on the same tooth during the visit.

OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only if prescribe to control habitual grinding.

FULL MOUTH DEBRIDMENT Limited to 1 time every consecutive 36 months.

GENERAL ANETHSTHESIA Covered only when clinically necessary.

OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.

PERIODONTAL SURGER Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area

REPLACEMENT OF COMPLETE DUNTURES, FIXED OR REMOVEABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

IMPLANTS: Limits to one time per consecutive 60 months.

General Exclusions

The following are not covered:

1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the covered person becoming enrolled under the policy.
10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
12. Foreign services are not covered unless required as an Emergency.
13. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the patient has been eligible under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition.
14. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been covered under the policy for 12 continuous months.
15. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
19. Placement of dental implants, implant-supported abutments and prostheses (D6053-D6199). This includes pharmacological regimens and restorative materials not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. (Not Applicable for plans with Implants).
20. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
21. Treatment of benign neoplasms, cysts or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
22. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue
23. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jawbone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment or treatment for the temporomandibular joint.
24. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia
25. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
26. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
27. Occlusal guard used as safety items or to affect performance primarily in sports-related activities
28. Dental Services received as a result of war or any act or war, whether declared or undeclared or caused during service in the armed forces of any country.
29. Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
30. Any dental services or procedures not listed in the schedule of Covered Dental Services.

UnitedHealthcare®
A UnitedHealth Group Company

YOUR BENEFITS

Benefit Summary

Florida - Choice Plus

Traditional with Deductible – 15/30/500/100% Plan 7MM Modified

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

- **myuhc.com®** – Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and much, much more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible		
Individual Deductible	$500 per year	$1,000 per year
Family Deductible	$1,000 per year	$2,000 per year

> Member Copayments do not accumulate towards the Deductible.

> All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.

Out-of-Pocket Maximum		
Individual Out-of-Pocket Maximum	$500 per year	$7,000 per year
Family Out-of-Pocket Maximum	$1,000 per year	$14,000 per year

> Member Copayments do not accumulate towards the Out-of-Pocket Maximum.

> All individual Out-of-Pocket Maximum amounts will count toward the family Out-of-Pocket Maximum, but an individual will not have to pay more than the individual Out-of-Pocket Maximum amount.

> The Out-of-Pocket Maximum includes the Annual Deductible.

Benefit Plan Coinsurance - The Amount We Pay		
	100% after Deductible has been met.	70% after Deductible has been met.
Maximum Policy Benefit		
The maximum amount we will pay during the entire period of time you are enrolled under the Policy.	No Maximum Benefit.	

~~This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If~~ this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

FLXGL7MM07 Modified

Item#	Rev. Date	Benefit Accumulator	
XXX-XXXX	0607_rev08	Calendar Year	PVY/Sep/Emb/53161

UnitedHealthcare Insurance Company

Prescription Drug Benefits

Prescription drug benefits are shown under separate cover.

Information on Benefit Limits

> The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.

> All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Certificate of Coverage.

> When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.

MOST COMMONLY USED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Physician's Office Services - Sickness and Injury		
Primary Physician Office Visit	100% after you pay a $15 Copayment per visit.	70% after Deductible has been met.
Specialist Physician Office Visit	100% after you pay a $30 Copayment per visit.	70% after Deductible has been met.

> In addition to the visit Copayment, the applicable Copayment and any Deductible/Coinsurance applies when these services are done: CT, PET, MRI, Nuclear Medicine; Scopic Procedures; Surgery; Therapeutic Treatments.

Preventive Care Services

Covered Health Services include but are not limited to:

Primary Physician Office Visit Child Health Supervision Services are not subject to any Annual Deductible. Benefits are limited to one visit, payable to one provider, for all of the services provided at each visit. Mammograms are not subject to copayments/deductible/coinsurance.	100% Deductible does not apply.	Non-Network Benefits are not available, except for Child Health Supervision Services, one annual female physical, including a pap smear and a mammogram.
Specialist Physician Office Visit Child Health Supervision Services are not subject to any Annual Deductible. Benefits are limited to one visit, payable to one provider, for all of the services provided at each visit. Mammograms are not subject to copayments/deductible/coinsurance.	100% Deductible does not apply.	
Lab, X-Ray or other preventive tests Mammograms are not subject to deductible/coinsurance.	100% Deductible does not apply.	

YOUR BENEFITS

MOST COMMONLY USED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Urgent Care Center Services		
	100% after you pay a $50 Copayment per visit.	70% after Deductible has been met.

> In addition to the visit Copayment, the applicable Copayment and any Deductible/Coinsurance applies when these services are done: CT, PET, MRI, Nuclear Medicine; Scopic Procedures; Surgery; Therapeutic Treatments.

Emergency Health Services - Outpatient		
	100% after you pay a $100 Copayment per visit.	100% after you pay a $100 Copayment per visit. *Pre-service Notification is required if results in an Inpatient Stay.*
Hospital - Inpatient Stay		
	100% after Deductible has been met.	70% after Deductible has been met. *Pre-service Notification is required.*

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Ambulance Service - Emergency and Non-Emergency		
Ground Ambulance Transportation costs of a newborn to the nearest appropriate facility for treatment are covered up to $1,000 per transport.	100% after Deductible has been met.	100% after Network Deductible has been met.
Air Ambulance Transportation costs of a newborn to the nearest appropriate facility for treatment are covered up to $1,000 per transport.	100% after Deductible has been met.	100% after Network Deductible has been met.
	Pre-service Notification is required for Non-Emergency Ambulance.	*Pre-service Notification is required for Non-Emergency Ambulance.*
Congenital Heart Disease (CHD) Surgeries		
	100% after Deductible has been met.	70% after Deductible has been met. *Pre-service Notification is required.*
Dental Services - Accident Only		
Benefits are limited as follows: $3,000 maximum per year $900 maximum per tooth	100% after Deductible has been met.	100% after Network Deductible has been met.
	Pre-service Notification is required.	*Pre-service Notification is required.*
Diabetes Services		
Diabetes Self Management and Training Diabetic Eye Examinations/Foot Care	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
Diabetes Self Management Items	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under Durable Medical Equipment and in the Outpatient Prescription Drug Rider.	
		Pre-service Notification is required for Durable Medical Equipment and Diabetes Equipment in excess of $1,000.
Durable Medical Equipment		
Benefits are limited as follows: $2,500 per year and are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years.	100% after Deductible has been met.	70% after Deductible has been met. *Pre-service Notification is required for Durable Medical Equipment in excess of $1,000.*
Hearing Aids		
Benefits are limited as follows: $2,500 per year and are limited to a single purchase (including repair/ replacement) every three years.	100% after Deductible has been met.	70% after Deductible has been met.
Home Health Care		
Benefits are limited as follows: 60 visits per year	100% after Deductible has been met.	70% after Deductible has been met. *Pre-service Notification is required.*

ADDITIONAL CORE BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Hospice Care		
	100% after Deductible has been met.	70% after Deductible has been met. *Pre-service Notification is required for Inpatient stays.*
Lab, X-Ray and Diagnostics - Outpatient		
For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category. Mammograms are not subject to deductible/coinsurance.	100% Deductible does not apply.	70% after Deductible has been met.
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient		
Mammograms are not subject to deductible/coinsurance.	100% after Deductible has been met.	70% after Deductible has been met.
Ostomy Supplies		
Benefits are limited as follows: $2,500 per year	100% after Deductible has been met.	70% after Deductible has been met.
Pharmaceutical Products - Outpatient		
This includes medications administered in an outpatient setting, in the Physician's Office and by a Home Health Agency.	100% after Deductible has been met.	70% after Deductible has been met.
Physician Fees for Surgical and Medical Services		
	100% after Deductible has been met.	70% after Deductible has been met.
Pregnancy - Maternity Services		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
	For services provided in the Physician's Office, a Copayment will only apply to the initial office visit.	*Pre-service Notification is required if the Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.*
Prosthetic Devices		
Benefits are limited as follows: $2,500 per year and are limited to a single purchase of each type of prosthetic device every three years.	100% after Deductible has been met.	70% after Deductible has been met.
Reconstructive Procedures		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		Pre-service Notification is required.

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment		
Benefits are limited as follows: 20 visits of manipulative treatment 20 visits of physical therapy 20 visits of occupational therapy 20 visits of speech therapy 20 visits of pulmonary rehabilitation 36 visits of cardiac rehabilitation 30 visits of post-cochlear implant aural therapy	100% after you pay a $15 Copayment per visit.	70% after Deductible has been met. *Pre-service Notification is required for certain services.*
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Diagnostic scopic procedures include, but are not limited to: Colonoscopy Sigmoidoscopy Endoscopy For Preventive Scopic Procedures, refer to the Preventive Care Services category.	100% after Deductible has been met.	70% after Deductible has been met.
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Benefits are limited as follows: 60 days per year	100% after Deductible has been met.	70% after Deductible has been met. *Pre-service Notification is required.*
Surgery - Outpatient		
	100% after Deductible has been met.	70% after Deductible has been met.
Therapeutic Treatments - Outpatient		
Therapeutic treatments include, but are not limited to: Dialysis Intravenous chemotherapy or other intravenous infusion therapy Radiation oncology	100% after Deductible has been met.	70% after Deductible has been met. *Pre-service Notification is required for certain services.*
Transplantation Services		
	100% after Deductible has been met. For Network Benefits, services must be received at a Designated Facility. *Pre-service Notification is required.*	70% after Deductible has been met. *Pre-service Notification is required.*
Vision Examinations		
Benefits are limited as follows: 1 exam every 2 years	100% after you pay a $15 Copayment per visit.	70% after Deductible has been met.

Types of Coverage	Network Benefits	Non-Network Benefits
Autism Spectrum Disorder		
Limited to $36,000 per year. Limited to $200,000 per Covered Person during the entire period of time he or she is enrolled for coverage under the Contract. Note: The visit limits specified under Rehabilitation Services-Outpatient Therapy and Manipulative Treatment in this Benefit Summary do not apply to Autism Spectrum Disorder. The limits specified above do not include Covered Health Services under Neurobiological Disorders - Autism Spectrum Disorder Services.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
	Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.	*Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.*
Bones or Joints of the Jaw and Facial Region		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
	Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.	*Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.*
Cleft Lip/Cleft Palate Treatment		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
	Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.	*Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.*
Clinical Trials		
Participation in a qualifying clinical trial for the treatment of: Cancer Cardiovascular (cardiac/stroke) Surgical musculoskeletal disorders of the spine, hip and knees	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
	Pre-service Notification is required.	*Pre-service Notification is required.*
Dental Services - Anesthesia and Hospitalization		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
	Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.	*Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.*
Enteral Formulas		
Benefits are limited as follows: $2,500 per year for food products modified to be low protein.	100% after Deductible has been met.	70% after Deductible has been met.

STATE MANDATED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Mental Health Services		
	Inpatient/Intermediate: 100% after Deductible has been met. Outpatient: 100% after you pay a $15 Copayment per visit.	Inpatient/Intermediate: 70% after Deductible has been met. Outpatient: 70% after Deductible has been met. *Pre-service Notification is required from the Mental Health/Substance Use Disorder Designee.*
Neurobiological Disorders – Autism Spectrum Disorder Services		
	Inpatient/Intermediate: 100% after Deductible has been met. Outpatient: 100% after you pay a $15 Copayment per visit.	Inpatient/Intermediate: 70% after Deductible has been met. Outpatient: 70% after Deductible has been met. *Pre-service Notification is required from the Mental Health/Substance Use Disorder Designee.*
Osteoporosis Treatment		
	100% after Deductible has been met. *Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.*	70% after Deductible has been met. *Pre-service Notification and/or Authorization may be required as described in your Schedule of Benefits.*
Substance Use Disorder Services		
	Inpatient/Intermediate: 100% after Deductible has been met. Outpatient: 100% after you pay a $15 Copayment per visit.	Inpatient/Intermediate: 70% after Deductible has been met. Outpatient: 70% after Deductible has been met. *Pre-service Notification is required from the Mental Health/Substance Use Disorder Designee.*

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

CALL HENRY INC.
EXECUTIVE SUMMARY OF GROUP HEALTH PLANS

IN NETWORK	DEDUCTIBLE:	$500/$1000
	COINSURANCE:	100%
	PRIMARY CARE COPAY:	$15
	SPECIALIST COPAY:	$30
	HOSPITAL PER ADMINISSION COPAY:	Deductible
	EMERGENCY ROOM COPAY:	$100
	URGENT CARE COPAY:	$50
	OUTPATIENT COPAY:	Deductible
	MAXIMUM OUT-OF-POCKET NETWORK:	$500/$1000
	LIFETIME MAXIMUM	Unlimited
OUT OF NETWORK	DEDUCTIBLE:	$1000/$2000
	COINSURANCE:	70%
	PHYSICIAN & HOSPITAL:	Ded + 30%
	EMERGENCY ROOM COPAY:	Ded + 30%
	URGENT CARE COPAY:	Ded + 30%
	OUTPATIENT COPAY:	Ded + 30%
	MAXIMUM OUT-OF-POCKET:	$7000/$14,000
	LIFETIME MAXIMUM:	Unlimited
	PRESCRIPTION:	$15/$35/$50