



Participant Summary Plan Description

Your employer has established a Section 105, Health Reimbursement Arrangement Plan. This Summary Plan description describes the benefits, terms and conditions of the Plan as it applies to eligible employees on or after their effective date.

PLAN ADMINISTRATOR/EMPLOYER:

DEBORAH HERMAN
CARLETON LIFE SUPPORT SYSTEMS INC
2734 HICKORY GROVE RD
DAVENPORT IA 52804

Note to Employer: This Summary Plan Description lists the benefits available to your employee(s). The Department of Labor requires that this summary or a copy of it be given to each employee.

TAX ID NUMBER: 57-1169120

PLAN YEAR DATES: 4/1/2009 - 12/31/2009

CLIENT ID: BT42

ADMINISTRATION AGENT: DirectPay
A Service of Total Administration Services Corporation
2302 International Lane
Madison WI 53704
(608) 241-1900 / 800-422-4661

AGENT FOR SERVICE OF LEGAL PROCESS: Deborah Herman
Carleton Life Support Systems Inc
2734 Hickory Grove Rd
Davenport IA 52804
(563) 383-6364

PLAN BENEFITS: Benefit types allowed for reimbursement under the Plan:
Dental, Orthodontia and Prescription Eye Wear Expenses.

Reimbursement limit will be applied to the Individual Insured.

Master Plan:
Individual DirectPay Deductible: \$0.00.
Family DirectPay Deductible: \$0.00.
Employer is responsible for 100% of the first \$300.00.
Employer is responsible for 80% of the next \$300.00.
Employer is responsible for 50% of the next \$2,520.00.
Individual maximum benefit offered by employer: \$1,800.00.
No family maximum benefit limit.

EXCLUSIONS/LIMITATIONS: \$1000.00 Lifetime Maximum for Ortho Expenses per Member. Eligible Dependent Children Up to Age 19, and/or 23 If enrolled in College.

ELIGIBILITY REQUIREMENTS: New Non-Bargaining Unit Employees eligibility begins the first day of the first month of employment.
New Bargaining Unit Employees completing 2 months of service with employer.

PLAN DEFINITION AND FUNDING

This is a Section 105 Accident and Health Plan, as classified by the Internal Revenue Code. This benefit plan is classified as a welfare plan by the Department of Labor. The employer funds this Plan.

EMPLOYEE TERMINATION

You will automatically cease to be a participant on the earliest of the following dates:

1. Your death;
2. The date the Plan terminates;

3. The date the sponsor determines you made fraudulent or improper use of a plan, certificate or identification.

PLAN TERMINATION

The Plan or any portion of the Plan can be amended or terminated, in whole or in part at any time, by your employer in the same manner as the plan was adopted. Consent of any Participant, employee or any other person referenced in the Plan is not required to terminate the Plan.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

For procedures governing QMCSO, you or a beneficiary may obtain a copy of such procedures from the Administering Agent.

CONTINUATION OF COVERAGE, COBRA (applicable to employers with 20 or more employees)

Continuation Coverage means your right, or your spouse and dependents' right to continue to be covered under this Medical Expense Reimbursement Plan if participation by you (including your spouse and dependents) otherwise would end due to the occurrence of a "Qualifying Event." Duration of coverage will depend upon the qualified event, and will be either 18, 29 or 36 months. Qualifying Event is:

- Termination of your employment (other than for gross misconduct), or reduction of your work hours below eligibility requirements
- Your death
- Your divorce or legal separation from your spouse
- Your becoming eligible to receive Medicare benefits
- Your dependent ceases to be a dependent

It will be your obligation to inform the Plan Administrator of the occurrence of any Qualifying Event within 60 days of the occurrence, other than a change in your employment status. The Plan Administrator, in turn, has a legal obligation to furnish you, or your spouse, as the case may be, with separate, written options to continue the coverage provided through this Plan at stated **premium costs** for the remainder of the Plan Year. The notification you will receive will explain other terms and conditions of the continued coverage.

CLAIM APPEALS

If you believe you are entitled to a benefit under the Plan that is different from the amount that has been paid, you may file an appeal with the Plan Sponsor. Such an appeal must be made in writing and must contain the following information: the reason for the appeal; the facts supporting the appeal; the amount claimed; and the name and address of the person filing the appeal. The Plan Sponsor will generally make a decision within 90 days after receipt of the appeal. If an appeal is denied, the claimant may seek to review the Plan Sponsor's decision. The request must be submitted in writing within 60 days of the date of denial. Unless special circumstances arise, a written decision will be given to the claimant within 60 days of the review request.

ERISA RIGHTS

As a participant in the welfare benefit plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to examine, without charge, at the Plan Administrator's office and at other specified locations, all Plan Documents including insurance contracts, and to obtain copies of all Plan Documents and other Plan information upon written request to the Plan Administrator. The Administrator in turn may apply a reasonable charge for copies. You are also entitled to receive a summary of the Plan's financial report, if applicable. Finally, the Plan Administrator is required by law to furnish each participant with a copy of the summary annual report, with certain expectations. You are entitled to continue health care coverage under the Plan for yourself, spouse or dependents if there is a loss of health insurance coverage as a result of a qualifying event.

ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your plan - called fiduciaries of the plan - have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or from exercising your rights under ERISA. If your claim for a welfare benefit is denied or ignored in whole or in part, you have a right to know why this was done, and must receive a written explanation of the reason for denial. You have the right to have the Plan Administrator review and reconsider your claim.

Under ERISA, you can take steps to enforce the above rights. For instance, if you require materials from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If your claim for benefits is denied or ignored, in whole or in part, you may file suit in state or federal court. If it should happen that the Plan fiduciaries misuse the Plan's money, or if you are discriminated against for assuming your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in state or federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay the costs and fees.

If you have any questions about your Plan, you should contact the Plan Sponsor. If you have questions about this statement or about your rights under ERISA, you may also obtain certain publications with your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration, or by contacting the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor (listed in your telephone directory), or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW., Washington, DC 20210.