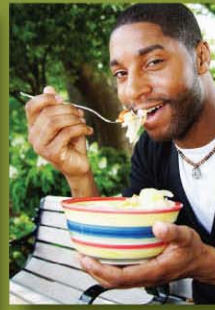


2009



Employee Benefit Summary

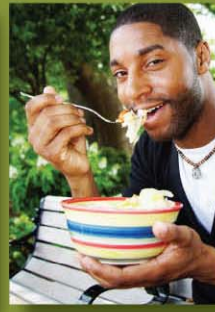
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Medical (PPO): Great-West Healthcare

Contact Information	Great-West Healthcare Plan #52043 1.800.663.8081	Web-Site for : Medical Provider Directory www.mygreatwest.com
Eligibility	Must work at least 910 hours each year to qualify	
Probationary Period	1st of the month coincident with or next following date of employment	
Type of Plan/Provider Restrictions	Preferred Provider Organization (PPO).	
PPO Out-of Area Services	Services rendered outside of any PPO geographical area are paid at 80% of Usual and Customary fees, subject to the deductible and breakpoint	
Cost Effective Services	Covered at 100%: Pre-Admission Testing, Birthing Center Facility, Home Health Care, Skilled Nursing Facility, Outpatient Surgery	
Medical Management Program	Certain services require pretreatment authorization such as inpatient hospital care and surgery outside the doctor's office. If member uses an out-of-network doctor, it is the member's responsibility to make sure Medical Management approves the treatment. <i>Benefits will be reduced by 50% for failure to obtain authorization.</i>	
Deductible Per Person Maximum Per Family		\$350 \$700
Coinsurance	After the deductible and any co-payments (if applicable), the plan will pay benefits at the indicated coinsurance levels until the appropriate out-of-pocket maximum is reached, then the plan pays 100% of covered expenses for the remainder of the year.	
	In-Network	Out-of-Network
Coinsurance Breakpoint Individual Family	\$10,000 \$20,000	\$10,000 \$20,000
Out of Pocket Exposure Individual Family	\$2,000 \$4,000	\$4,000 \$8,000
Lifetime Maximum	\$2 million	



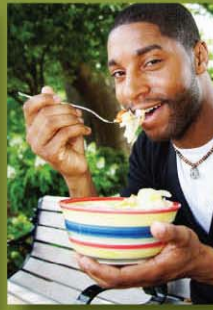
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	In-Network	Out-of-Network
Hospital Services & Supplies Room & Board Services Emergency Room	Paid at 80% Paid at 80% Paid at 80%	Paid at 60% Paid at 60% Paid at 80%
Physicians' Services In-Hospital Calls Surgery Home & Office Calls (Including Naturopathic Care) Chiropractic Care (30 visits limit per calendar year) & Acupuncture	Paid at 80% Paid at 80% \$20 copay, deductible waived Paid at 80%, deductible waived	Paid at 60% Paid at 60% Paid at 60% Paid at 80%, deductible waived
Office Visit Lab and X-Ray	Paid at 80%	
	Deductible is waived for Lab & X-Rays ordered during an office visit	
Preventive Care	\$20 copay, deductible waived	Paid at 60%
	Includes well-child care, basic ob/gyn care, routine exams & immunizations	
Maternity	Paid same as any other condition	
Well Newborn Care	Paid same as any other condition	
Skilled Nursing Facility	Paid at 100% Up to 90 days per calendar year	
Physical Rehabilitative Services	Paid at 80%	
Chemical Dependency	Paid at 100% Inpatient & outpatient combined \$14,000 maximum in any 24-month period	
Mental Health Inpatient	Paid at 80%	Paid at 60%
	20 day annual max 50 day lifetime max	
Outpatient	\$20 copay, deductible waived	Paid at 60%
	Maximum of 20 visits per year	



Employee Benefit Summary

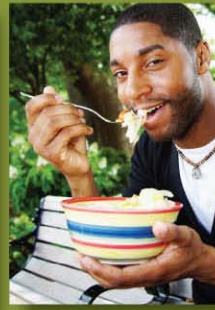
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	In-Network	Out-of-Network
Home Health Care	Paid at 100% One visit per day up to 100 visit per calendar year	
Hospice	Paid at 100% When life expectancy is 6 months or less	
Ambulance	Paid at 80%	
Durable Medical Equipment	Paid at 80%	
Prescription Drugs <i>Express Scripts</i>	Deductible waived \$10 copay for generic drugs \$20 copay for brand name drugs <i>on Preferred list</i> \$40 copay for brand name drugs not on Preferred list After copay, drugs are covered at:	
	Paid at 100%	Paid at 50%
Mail Order (90-day supply)	\$20 copay for generic \$40 copay for brand name <i>on Preferred list</i> \$80 for brand name not on Preferred list Note: <i>Express Scripts will always send generic drugs (if available) unless physician writes "Dispense As Written" or "DAW" on prescription</i>	
Waiting Periods Pre-existing Condition Limitation	Great-West Healthcare will comply with all Washington State laws and regulations regarding portability of coverage	
Limitations & Exclusions	Please refer to your booklet for a more detailed description of the exclusions and limitations	
Vision	One vision exam per calendar year paid at 100% after \$20 copay. 100% usual and customary charges to \$150 maximum per calendar year for vision hardware.	

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Rates per month: Medical

	Total Cost of Medical	You Pay	Whitman Pays
Employee	\$580	\$0	\$580
Spouse/Domestic Partner	\$492	\$246	\$246
All Children	\$444	\$222	\$222
Spouse & Children	\$936	\$468	\$468

Dental: Great-West Healthcare

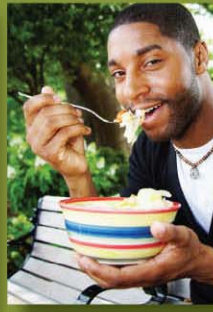
Eligibility	Must work at least 1,350 hours each year to qualify
Probationary Period	1st of the month coincident with or next following one year of employment.
Deductible	
Per person	\$50
Family maximum	\$100
Applies to	Waived for Type I
Type I: Diagnostic & Preventive	Paid at 100%
Type II: Basic Procedures	Paid at 80%
Type III: Major Services	Paid 50%
Annual Maximum	\$1,500
Orthodontia	Not Covered

Rates per month: Dental

	Total Cost of Dental	You Pay	Whitman Pays
Employee	\$41	\$0	\$41
One Dependent	\$50	\$50	\$0
Two or More Dependents	\$117	\$117	\$0

Note: Dental is separate from Medical. The dental benefits are the same whether the employee selects medical or cash in lieu.

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Group Life and Accidental Death & Dismemberment (AD&D): CIGNA

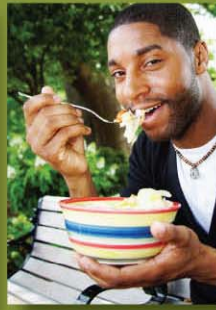
Eligibility	Full-Time Employees: 1,350 hours per year Job-Share Employees: 1,040 hours per year
Probationary Period	1st of the month coincident with or next following date of employment
Amount of Benefit	1.5 x annual earnings to a maximum of \$350,000
Age Reduction	Reduces to 65% at age 70 and 50% at age 75. Rounded to nearest \$1,000
Dependent Life	Spouse: \$5,000 Children: Birth to 6 months, \$1,000 6 months to age 19 or 26 if a full-time student, \$5,000
Other Features	Accelerated Benefit, Conversion, Portability, Work Life Assistance Program
Cost of Benefit	The Employee portion of this benefit is paid for by Whitman College; dependent Life is an optional benefit that is paid by the Employee

Voluntary Life and Accidental Death & Dismemberment (AD&D): CIGNA

Please contact Human Resources for more information

Long Term Disability (LTD): CIGNA

Eligibility	Full-Time Employees: 1,350 hours per year Job-Share Employees: 1,040 hours per year
Probationary Period	1st of the month coincident with or next following one year of employment
Elimination Period	180 days; benefits start the day after the elimination period is completed
Monthly Benefit Amount	60% of your monthly earnings up to a maximum of \$10,000; or 70% of monthly earnings less any deductible sources of income
Maximum Benefit Period	To Normal Retirement for Social Security age (NSSRA Schedule per ADEA structure)
Definition of Disability	You are considered disabled and eligible for benefits because of sickness or injury if you are limited from performing the material and substantial duties of your regular occupation, or you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury. You will <i>continue</i> to receive benefits if, after benefits have been paid for 24 months, you are working in any occupation and continue to have a 20% or more loss in indexed



Employee Benefit Summary

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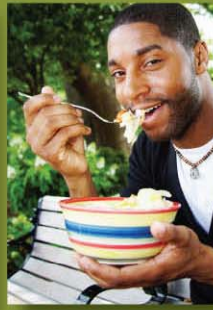
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	monthly earnings due to your sickness or injury; or you are not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.		
Rehabilitation Benefits	You may ask to participate in a Voluntary Rehabilitation Program while you are disabled; CIGNA has sole discretion to approve or deny the request		
Exclusion and Limitations Exclusions	Any acts of war, whether declared or undeclared; intentionally self-inflicted injury of any kind, while sane or insane; participation in the commission of any assault or felony		
Limitations	Benefits for disabilities due to substance abuse and mental or nervous disorders paid for a maximum of 24-months during employee's lifetime for outpatient care		
Preexisting Condition Limitation	You have a pre-existing condition if: - you received medical treatment, consultation, care or services including diagnostic measures, or took prescription drugs or medicines in the 3 months prior to your effective date of coverage; and - the disability begins in the first 12 months after your effective date of coverage.		
Cost of Benefit	This employee benefit is paid for by Whitman College		
Contact Information	<table border="0"> <tr> <td>Customer Service: 1.800.828.3485 Plan#: Life/AD&D FLX 962110</td> <td>Web-Site: www.cigna.com Plan#: LTD LK 961595</td> </tr> </table>	Customer Service: 1.800.828.3485 Plan#: Life/AD&D FLX 962110	Web-Site: www.cigna.com Plan#: LTD LK 961595
Customer Service: 1.800.828.3485 Plan#: Life/AD&D FLX 962110	Web-Site: www.cigna.com Plan#: LTD LK 961595		

Flexible Spending Plan: Universal Plan Administrators

On January 1st of each year you may elect to set aside a certain amount of pretax money during the calendar year to cover out-of-pocket medical expenses, dependent care expenses, and individual health insurance plan or accident plan premiums.	Customer Service: 1.800.222.0901
Medical Expense Reimbursement	Allows you to set aside up to \$4,000 per year. Includes deductibles, copays, and other out-of-pocket expenses for medical, dental and vision.
Dependent Care	Allows you to set aside up to \$5,000 per year if single, or if married filing jointly; you may only set aside up to \$2,500 per year if married filing separately.
Premium Expense Plan	Allows individuals purchasing private medical insurance and accident plans to receive a pre-tax benefit for the premium cost. Premiums paid for coverage on the Whitman plan are automatically paid with pretax dollars.
	Submit claim forms to: Fax 1.801.571.8779 P O Box 155 Draper, UT 84020-0155



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Life Assistance Program: CIGNA

The Life Assistance Program is a confidential counseling and resource program that helps you and your family members address life's issues, big or small. Benefits are offered to all regular employees and their immediate family members, and can help with a variety of matters, such as:

- Marital and family concerns
- Difficult relationships (work or home)
- Depression
- Child care resources
- Parenting difficulties
- Financial entanglements
- Legal matters
- Pet care concerns
- Substance Abuse
- Discounts for health & wellness services

Contact Human Resources for a detailed brochure about this free benefit

1.800.538.3543

www.cignabehavioral.com/cgi

User ID: lap
Password: member

Travel Protection Program: CIGNA

When traveling 100+ miles from home, all employees working at least 65% full-time have access to free emergency assistance. This gives you peace of mind in the face of Injury, illness, death, theft, natural disaster, disease outbreak, or terrorism when you're far from home.

- Pre-trip planning services
- Translation & interpretation services
- Emergency medical evacuation
- Referrals to local physicians/dentists
- Prescription refill
- Assistance with lost/stolen items
- Referrals to local attorneys
- Transportation of remains

Contact Human Resources for a detailed brochure about this free benefit

For assistance call:
1.888.226.4567 - North America
Other locations - collect call to
202.331.7635

cigna@worldwideassistance.com

Policy # OK 963713
Group # 57

PARKER | SMITH | FEEK

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