



ALLISON
BENEFITS
C**H**OICES

PLAN YEAR 2009

Legacy Union Employee Benefits Guide

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Questions, Problems or Concerns

Follow these steps if you require assistance:

- Call the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.
- If you require further assistance, contact Crawford Advisors, LLC. Please have the same information available.
- If you should still require assistance, you may contact a representative at your company.

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise.

Important Contact Information

PLAN INFORMATION	WEB ADDRESS	CUSTOMER SERVICE NUMBER
Medical Plans Anthem Blue Cross Blue Shield	www.anthem.com	PPO: 866-926-7791
Prescription Drug Plan Medco	www.medcohealth.com	800-818-6632
Dental Plan Delta Dental	www.deltadentalin.com	800-524-0149
Vision Plan Davis Vision	www.davisvision.com	877-923-2847
Flexible Spending Accounts Crawford Advisors, LLC	https://fsa.crawfordadvisors.com	Once enrolled 800-999-5431 800-657-6265
Life and Personal Accident MetLife	www.metlife.com	Claims: 800-638-6420 Conversion: 877-275-6387
Extended Disability Benefits (EDB)	www.metlife.com	Claims: 800-800-4296 Sedgwick CMS: 866-283-3615
Benefits Information Line/COBRA Crawford Advisors, LLC	www.crawfordadvisors.com	800-811-7071

Eligibility

Employees are eligible for medical, dental and vision coverage on the first of the month in which they are actively at work following seven (7) months of seniority. For Life and AD&D products, employees are eligible for coverage on their date of hire. For disability insurance, employees are eligible for benefits on the first of the month following six (6) months of employment.

This guide is for use by hourly primary enrollees (i.e., employees, retirees and surviving spouses) and provides general information concerning which dependents may be eligible for coverage under the Allison Transmission's Health Care Program for Hourly Employees (referred to as the Program). Only those dependents who are eligible for coverage may be enrolled. Final authority to determine eligibility in accordance with the Program provisions rests with Allison Transmission. Primary enrollees are liable for costs, fees and expenses incurred by Allison Transmission if any dependent claimed is determined to be ineligible.

In order to enroll or maintain enrollment for dependents, primary enrollees are required to provide Social Security numbers or whatever documentation is necessary to establish eligibility for the Program. Examples of such documentation include (but are not necessarily limited to):

- Marriage certificate
- Birth certificate
- Adoption or guardianship papers
- Information from the U.S. Internal Revenue Service or Social Security Administration
- Divorce decree
- Court orders affecting paternity and health care responsibility, such as a Qualified Medical Child Support Order (QMCSO)

- Proof of citizenship/U.S. residency
- Refusal or failure to provide the documentation required to substantiate claimed eligibility of a dependent shall result in denial or withdrawal of eligibility for such dependent.

The categories of eligible dependents are listed below to help determine dependent eligibility.

1. The spouse of an eligible and enrolled hourly employee or retiree is an eligible dependent. A surviving spouse may not add a new spouse.

2. Dependent children must meet the following criteria: In some cases, a child not otherwise eligible may become eligible as a function of a divorce decree or a Qualified Medical Child Support Order (QMCSO) under Federal law (see Item 4).

- a. **Relationship** – The child must be the primary enrollee's child, the child of an employee's or retiree's spouse, a child in the process of being adopted by an employee or retiree, or a child for whom the employee, retiree or the employee's or retiree's spouse is the legal guardian. A surviving spouse generally may not add children to the coverage after the deceased employee's or retiree's death.

In the case of a pending legal adoption, a child under the age of 18, if otherwise eligible, may be enrolled once the child is "placed" with the employee or retiree or the employee's or retiree's spouse. As defined by OBRA '93, "placed" means "the assumption and retention of a legal obligation for total or partial support of such child in anticipation of adoption."

- b. **Marital Status** – The child must not be married.

- c. **Age** – The child must not have reached the end of the calendar year in which he/she turns age 24 unless the child was determined to be totally and permanently disabled prior to the end of such year and continuously thereafter. "Totally and permanently disabled," for this purpose, means having any medically determinable physical or mental condition which prevents the child from engaging in substantial gainful activity and which can be expected to result in death or to be of long-continued or indefinite duration. If a child first becomes totally and permanently disabled after the end of the calendar year in which age 24 is attained, or if the child was so disabled, recovers, and again becomes disabled after such age, coverage as a dependent child will not be reinstated.

- d. **Residency** – The child must reside with the primary enrollee as a member of such person's household. (A child temporarily away from home while attending school is considered to be a member of the household.) If the child is not a member of the household, the employee or retiree must be legally responsible for the provision of health care for the child [e.g., per a divorce decree, an order of a court, a paternity order or a Qualified Medical Child Support Order (QMCSO)].

- e. **Dependency** – The child must be dependent upon the primary enrollee, meaning that the primary enrollee must be able to legally claim an exemption for such child, under Section 152 of the Internal Revenue Code (IRC), for Federal income tax purposes. The Internal Revenue Service (IRS) is the final arbiter of whether or not a primary enrollee legally can claim an exemption. The burden rests on the primary enrollee to establish eligibility. Guidelines for claiming an exemption can be found in IRS Publication 501. This rule applies even if the child is a full-time student.

Eligibility

- f. An exception may be made for a child of an employee or retiree, if such employee or retiree is legally responsible for the provision of health care for the child as stipulated in a divorce decree, or the employee or retiree is legally responsible for the provision of health care coverage per a QMCSO (see Item 3.)

New for 2009

Beginning in 2009, employees will be asked to certify that their over-age dependents are students on a calendar year basis. You will receive a letter in January specifying acceptable proof and the procedure to follow.

- 3. A Qualified Medical Child Support Order (QMCSO)**, allows the child of an employee or retiree named in the order to be enrolled if the child meets all requirements of a dependent child other than residency and/or dependency.

Allison Transmission is the Plan Administrator and reserves the right to determine whether a Medical Child Support Order is "qualified" within the meaning of the Federal law. To be qualified, the order must:

- be a judgment, decree, or order;
- be issued pursuant to a state domestic relations law by a court of competent jurisdiction;
- provide child support or health care coverage for the child of the employee or retiree;
- relate to benefits;
- create, recognize or assign to an alternate recipient the right to receive benefits for which the employee or retiree is eligible;
- clearly specify the names and last known mailing addresses of the alternate recipient(s) and the employee or retiree;
- describe the type of coverage and plan(s) to which the order applies (or provide sufficient information to enable the Plan Administrator to determine these items);

- describe the period to which the order applies, and
- not require a type or form of benefit or option not otherwise provided under the Program.

- 4. Sponsored Dependents** are individuals other than those specified above, who are related to the primary enrollee by blood or marriage, or, if not so related, who reside with the primary enrollee. To be eligible, they must be dependent upon such primary enrollee as previously defined. Sponsored dependents who are not citizens of the United States must have resided in the United States for one full year and must be legally entitled to remain in the United States indefinitely.

If a sponsored dependent's coverage is discontinued (because of voluntary cancellation, failure to make the required payments, or failure to meet the eligibility provisions) and a request for reinstatement is made, the effective date will be the first day of the sixth month following receipt of the application and any necessary supporting documentation. This does not apply if coverage was canceled because a primary enrollee lost coverage while on layoff, personal leave of absence, etc.

A surviving spouse may not add any new sponsored dependents. The cost of sponsored dependent coverage is paid by the primary enrollee and does not include dental or vision coverages.

- 5. A Surviving Spouse** may continue coverage only for a dependent who:
- was enrolled or eligible to be enrolled at the time of the employee's or retiree's death; or
 - is the child of the surviving spouse and the employee or retiree, conceived prior to, but born after, the employee's or retiree's death; and
 - continues to meet the requirements of dependency as in Items 2, 3, and 4; and

- d. if a sponsored dependent, is continuously enrolled from the time of the employee's or retiree's death.

A surviving spouse may not:

- enroll or re-enroll a sponsored dependent, or
- enroll a new spouse or the children of a new spouse.

6. Same-Sex Domestic Partner

To qualify for coverage, you and your same-sex domestic partner must:

- Be the same sex.
- Have shared a continuous committed relationship for at least six months, intend to do so indefinitely and have no such domestic partner relationship with any other person.
- Reside in the same household.
- Share responsibility for each other's welfare and financial obligations.
- Not be related by blood to a degree of kinship that would prevent marriage from being recognized under law.
- Be over age 18, of legal age and legally competent to enter a contract.
- Reside in a state where marriage between two persons of the same sex is not recognized as valid under law.
- Not be married to any other person.

In areas where marriage is legal for same-sex couples, marriage is required for eligibility. Similarly, if a state has some formal recognition of a domestic partner relationship, for example, "Civil Union" in Vermont, recognition under such state law is required.

continued on next page

Changing Your Benefit Elections

Eligibility *continued from page 3*

7. Same-Sex Domestic Partner's Children

Your domestic partner's children are eligible for enrollment only if **you**, as the primary enrollee, are eligible to claim exemptions for them on **your** federal income tax return. The domestic partner's children must also satisfy the general eligibility rules for children.

Under current federal and most state tax laws, unless your same-sex domestic partner qualifies as your dependent under Section 152 of the Internal Revenue Code, the same-sex domestic partner is not entitled to the same tax treatment as if you were adding a spouse. Consequently, the value of the health care coverage represents imputed income to you.

Unless otherwise noted, the term "spouse" as used in the health care sections of this Summary Plan Description is considered to include a same-sex domestic partner who meets the criteria set forth in this section.

Children/spouses that do not satisfy the IRS' definition will result in a tax liability to you (you will receive imputed income on your W-2 for the dependent's coverage that should not have been taken on a pre-tax basis).

IRS Section 125

Certain benefits described in this guide may be purchased with pre-tax payroll deductions as permitted by Section 125 of the Internal Revenue Code.

When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can actually have more spendable income than if the same deductions were taken on an after-tax basis.

Coordination of Benefits (COB)

Coordination of Benefits applies if you or your covered dependents are covered under more than one health insurance plan. The plans coordinate with each other on payments so that there are no duplicate payments for the same medical service.

The order in which payments are made is determined as follows:

- The plan that covers the patient as an employee (non-dependent) is considered the primary plan, and initially is responsible for payment.
- The plan that covers the patient as a dependent is the secondary plan.
- When a dependent child is covered by the plan of more than one parent, (unless court ordered) generally the plan of the parent whose birthday falls earlier in the year is considered the primary plan.

Annual Notices

Notice Regarding Special Enrollment

If you are waiving enrollment in the medical plan for yourself or your dependents, including your spouse, because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the medical plan, provided that you request enrollment within 31 days of your other coverage ending. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 31 days of the marriage, birth, adoption, or placement for adoption.

Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits.

Availability of Notice of Privacy Practices

Plan participants in the Allison Transmission-sponsored health and welfare benefit plan are reminded that the Allison Transmission Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department..

Medical Plan Description

The Allison Transmission Group No. Is 003321960

What is a Preferred Provider Organization (PPO)?

With Anthem BlueCross BlueShield PPO plan, you have the option of utilizing preferred providers within the PPO network, or you may go to the provider of your choice outside of the network. The payment levels vary under each option. When you access network providers, you have lower deductibles and coinsurance which reduce your out-of-pocket costs. If you choose a provider outside the network, you still receive a benefit but you will be responsible for the charges not covered by Anthem, as well as a higher deductible and the coinsurance.

In-Network

Anthem PPO Preferred Providers are doctors, hospitals, and other health care providers who have contracted with Anthem. They have agreed to honor your membership card and bill Anthem directly for services rendered. The providers and Anthem negotiated allowed benefit amounts that would be accepted as payment in full for health care services and your out-of-pocket costs are kept to a minimum.

Out-of-Network

Non-Participating Providers have no contractual status with Anthem and you will not be reimbursed directly. You are responsible for paying your provider in full, and then you are reimbursed directly by Anthem based on the "allowed benefit." These providers do not have

contracts with Anthem and you may be "balance bill" for the difference between the total charge and the percentage of the "allowed benefit" reimbursed by Anthem.

Claim Payments and Cost Sharing

The cost of a covered service is either paid in full by Anthem or shared between Anthem and you. This shared amount is referred to as **coinsurance**. For most benefits, your coinsurance will be less if you seek care from in-network providers. If you seek care out-of-network, the plan will pay a percentage of the cost for covered services, up to the amount Anthem allows after the out-of-network deductible has been met. Many services are covered at 100% of the allowance after you pay a set fee, called your **copayment**.

Anthem BCBS PPO Plan

Summary of Benefits	In-Network	Out-of-Network
Deductible (per benefit period)		
Individual/Family	N/A	N/A
Plan Payment Level – Based on the provider's reasonable charge (PRC)	100%	90%
Out-of-Pocket Maximums (Once met, plan payment level becomes 100%)		
Individual/Family	N/A	\$1,000/\$2,000
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician and Specialist Office Visits	100% after \$25 copayment	Not Covered
First five (5) office visits per person covered at 100% after \$25 copay. Additional visits are subject to 100% coinsurance, no copay applied		
Preventive Care		
Adult (age 19 and older one each per year)		
Routine physical exams	100%	90%
Adult Immunizations	100%	90%
Cholesterol, Colon Cancer Screenings	100%	90%
Routine gynecological exams, including a PAP Test	100%	90%
Mammograms, annual routine and medically necessary	100%	90%
Pediatric (Under age two, unlimited exams; age 2 to age 6, two exams per year; age 6 to age 19, one exam per year)		
Routine physical exams	100%	90%
Pediatric immunizations	100%	90%
Emergency Room Services	100%	100%
Urgent Care	100%	90%
Spinal Manipulations	100% after \$25 copay 20 visits/benefit period, not subject to five (5) office visit limitation	90% after \$25 copay
Physical Therapy	100% 60 visits per condition per year PT/OT/ST combined	90%
Speech Therapy	100% 60 visits per condition per year PT/OT/ST combined	90%
Occupational Therapy	100% 60 visits per condition per year PT/OT/ST combined	90%
Allergy Injections/Allergy Testing	80%	50%

Anthem Medical Plan - Legacy

Anthem BCBS PPO Plan

Summary of Benefits	In-Network	Out-of-Network
Ambulance (medically necessary)	100%	100%
Diabetes Treatment and Supplies	100% no copay	100%, no copay
Diagnostic Services Advanced Imaging (including routine) (MRI, CAT Scan, PET scan, etc.)	100%	90%
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100%	90%
Durable Medical Equipment, Orthotics and Prosthetics (Wigs and toupees covered up to \$200 first year then \$125)	100%	90%
Hearing Aid (one aid every three years)	\$2,000 combined benefit maximum	
Home Infusion Therapy	100%	90%
Home Health Care	100%	90%
Hospice	100%	90%
	210 days Maximum per lifetime	
Hospital Services – Inpatient/Outpatient	100%	90%
Maternity (facility & professional services)	100%	90%
Medical/Surgical Expenses (Except Office Visits) Includes bariatrics surgery	100%	90%
Mental Health – Inpatient 45 days/benefit period	100%	50%
	Maximum days are combined with substance abuse and in and out of network	Days are combined with substance abuse and in and out of network
Mental Health – Residential Treatment Center/ Partial Hospitalization 2 days for every available inpatient day	100%	50%
Mental Health – Outpatient	100%	50%
	35 visits/benefit period- visits 1- 20 covered at 100% and visits 21-35 covered at 75%	
Private Duty Nursing	Not covered	Not covered
Respiratory Therapy	100%	90%
Skilled Nursing Facility Care Two day for each available inpatient day, 730 days with 60 day renewal	100%	90%
Substance Abuse – Inpatient Treatment and Detoxification	100%	Not Covered
	Maximum days are combined with mental health and in and out of network 45 days/benefit period	
Substance Abuse – Residential Treatment Center/ Partial Hospitalization 2 days for every available inpatient day	100%	Not covered
Substance Abuse – Outpatient	100%	Not covered
	35 visits/benefit period	
Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100%	90%
Transplant Services	100%	Not covered

Prescription Drugs (Medco) Non-network pharmacies are not covered.

Retail	Mail
\$5 Generic Drug Copayment	\$11 Generic Drug Copayment
\$11 Brand Drug Copayment	\$16 Brand Drug Copayment
\$16 Specialty Drug Copayment (34-day supply)	\$20 Specialty Drug Copayment (90-day supply)

This benefit summary is intended to be a brief outline of coverage. The entire provisions of benefits, limitations, maximums and exclusions are contained in the summary plan description. In the event of a conflict between the summary plan description and this document, the terms of the summary plan description will prevail. Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Dental Plan

The Allison Transmission Group No. - 1030

The Delta Dental PPO program, with a Point of Service (POS) feature, allows complete freedom of choice in selecting a dentist. The program gives you access to two Delta Dental dentist networks and different levels of savings. You can choose a dentist from Delta Dental Premier® network or you can take advantage of the lower allowances and out-of-pocket costs associated with dentists who participate in the Delta Dental PPO network. In addition, you can choose a dentist who does not participate and still receive applicable benefits.

If you visit a non-participating dentist, claims are processed with a higher Allowed Amount. Delta Dental will send the payment directly to you. You are responsible for paying the dentist's total fee, which may include amounts in addition to

the Delta Dental payment as well as applicable coinsurance and deductibles.

Your out-of-pocket savings are greatest with PPO participating and Premier participating dentists, since these dentists have agreed to accept the applicable Delta Dental Allowed Amount as full payment. You will incur more out-of-pocket costs with non-participating dentists, since these dentists do not contract with Delta Dental to limit the fees they can charge.

Filing Claims

With Delta Dental, participating dentists will submit claims for you. You may need to submit your own claims if you visit a dentist who does not participate with Delta Dental. You should

obtain a claim form from Delta Dental's web site at www.deltadentalin.com. Routine claims questions can be handled by calling Delta Dental toll-free at 800-524-0149.

Waiting Period – Legacy Union Employees who are eligible for dental benefits are covered on the first day of the month following the month in which the employee is actively at work after acquiring seven months of seniority. Union Employees who are eligible for dental benefits are covered on the first day of the month following the month in which the employee is actively at work after acquiring three years of seniority.

Plan Comparison

Maximum Payment	\$1,850 per person/per calendar year
Orthodontic Services (includes Photos and Diagnostic Casts)	\$2,200 per person/per lifetime
Deductible	None

	PPO Plan Pays	Premier Plan Pays	Nonparticipating Plan Pays
Class I Benefits			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Class II Benefits			
Radiographs - X-rays	100%	90%	90%
Periodontic Services - to treat gum disease	100%	90%	90%
Endodontic Services - includes root canals	100%	90%	90%
Extractions - removal of teeth	100%	90%	90%
Other Oral Surgery - dental surgery other than extraction	90%	90%	90%
Relines and Repairs - to bridges and dentures	100%	90%	90%
Other Basic Services - misc. services	100%	90%	90%
Major Restorative Services - includes crowns	90%	90%	90%
Minor Restorative Services - includes fillings	100%	90%	90%
Class III Benefits			
Prosthetic Services - includes bridges and dentures	70%	50%	50%
Class IV Benefits			
Orthodontic Services - includes braces	60%	50%	50%
Orthodontic Age Limit - treatment must begin	prior to age 19, and continues to end of treatment or maximum has been reached	prior to age 19, and continues to end of treatment or maximum has been reached	prior to age 19, and continues to end of treatment or maximum has been reached

This summary is for descriptive purposes only and should not be relied upon to fully determine coverage. It is not an agreement or a contract. For more detailed information, refer to the Summary Plan Description.

Davis Vision Plan

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and Allison Transmission, Inc. member or eligible dependent.
- Provide the office with the member's ID number and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms or ID cards are required!

If you choose a out-of-network provider, you must pay the provider directly and then submit a claim for reimbursement to Davis Vision.

Davis Vision
Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-999-5431.

For information prior to enrolling visit Davis Vision's Website at: www.davisvision.com, or call 1-877-923-2847 (toll free) and enter client control code 2065. Once enrolled, please visit Davis Vision's website: www.davisvision.com, or call 1-800-999-5431 with questions

What are the plan benefits, frequencies and costs?

<p>EYE EXAMINATIONS Every January 1 including dilation as professionally indicated.</p> <p>In-Network Copayment None</p> <p>Out-of-Network Reimbursed up to \$37.00 For Optometrist, up to Reasonable and Customary charges minus, \$7.00 copayment for Ophthalmologists. For employees who reside more than 25 miles from a participating provider, you will be reimbursed Reasonable and Customary charges, minus a \$7.00 copayment.</p> <p>EYEGLASSES</p> <p>Spectacle Lenses Every January 1 Frame Every other January 1</p> <p>In-Network Copayment None You may choose from the Fashion selection of frames from "The Collection" in most network provider offices. An \$80.00 credit will be applied toward a network provider's own frame. If you choose a frame with a price that exceeds the credit or allowance, you will be responsible for any balance. For more information on lenses, please see "What lenses/coatings are included?"</p> <p>Out-of-Network Reimbursed up to \$24.00 for frames, up to \$30.00 for single vision lenses (per pair), up to \$50.00 for bifocals (per pair), up to \$50.00 for trifocals (per pair), up to \$90.00 for lenticular (post-cataract) lenses (per pair). For employees who reside more than 25 miles from a participating provider, you will be reimbursed Reasonable and Customary charges for spectacle lenses (per pair);</p> <ul style="list-style-type: none"> - minus a \$10.00 copayment** - reimbursed up to \$24.00 minus a \$10.00 copayment for frames** 	<p>CONTACT LENSES Every January 1</p> <p>In-Network Contact lenses may be selected in lieu of eyeglasses. No copayment applies toward plan covered contact lenses (standard, soft, daily-wear; disposable or planned replacement)*</p> <p>* including fitting/follow-up charges. An \$80.00 allowance will be applied toward contact lenses from the provider's own supply (which may or may not apply toward fitting/follow-up care fees). Medically necessary contact lenses will be covered in full at all provider locations with prior approval; Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.</p> <p>Out-of-Network Reimbursed up to \$65.00 for elective contact lenses, up to \$170.00 for medically necessary contact lenses with prior approval. For employees who reside more than 25 miles from a participating provider, you will be reimbursed \$80.00 for elective contact lenses;</p> <ul style="list-style-type: none"> - minus a \$10.00 copayment** - and reimbursed \$170.00 for medically necessary contact lenses minus a \$10.00 copayment** <p>**If combined frame, lenses, or contact lenses in lieu of spectacle lenses, employees will not pay a copayment that exceeds \$17.00.</p> <p>Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.</p>
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What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range
- Post-cataract lenses
- Oversize lenses
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater
- Glass grey #3 prescription lense.
- Fashion, sun or gradient tinted plastic lenses

Are there any optional frames, lens types or coatings available?

Yes, you can pay*** the low, discounted fixed fees indicated and receive these exciting optional items:

- \$20.00 for Designer frames from "The Collection"
- \$40.00 for Premier frames from "The Collection"
- \$20.00 for scratch-resistant coating
- \$15.00 for ultraviolet coating
- \$40.00 for standard ARC (anti-reflective coating). Premium ARC is \$55.00. Ultra ARC is \$69.00.
- \$65.00 for standard progressive addition lenses. Premium progressive addition lenses are \$105.00+

- \$30.00 for intermediate vision lenses
- \$20.00 for blended segment lenses
- \$35.00 for polycarbonate lenses (for adults)
- \$60.00 for high-index (thinner and lighter) lenses
- \$75.00 for polarized lenses
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses
- \$70.00 for plastic photosensitive lense

***Your provider reserves the right not to dispense materials until all applicable member costs, fees and copayments have been collected.

+ Progressive addition multifocals can be worn by most people.

Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment, is not refundable.

Flexible Spending Account



Introduction

Beginning January 2009, your 2008 and 2009 Flexible Spending Account (FSA) will be administered by Crawford Advisors. Once your enrollment information is received, you will be sent a welcome packet that details how to login to the FSA system to review and update your account information, and contains claim and direct deposit forms.

Claims for 2008 should also be submitted to Crawford Advisors for the duration of the runout period.

FSAs offer a unique way to save money on dependent care expenses. If you choose to participate, you will be able to pay for the following types of expenses with pre-tax dollars:

- Child care and other dependents' day care expenses such as day care centers, or in-home day care for an incapacitated spouse or elderly parent.

You fund the accounts via a payroll deduction each pay period. Money that you contribute to your FSA is not subject to social security taxes, federal, and in most cases, state income taxes. This lowers the taxes you pay and gives you more spendable income.

If you have specific questions related to eligible and non-eligible FSA expenses call the Crawford Advisors FSA Customer Service Line at 800-657-6265

Dependent Care Flexible Spending Account

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for care when the services enable you and/or your spouse to work outside of the home.

These include: expenses for the care of a dependent child, spouse or elderly parent inside your home (including housekeepers, cooks or maids who provide care in your home), and expenses outside your home, such as baby-sitters, nursery schools, or day care centers. The IRS defines an eligible dependent as:

- A child under the age of 13.
- A dependent over the age of 13 who is physically or mentally incapable of self-care, claimed as a dependent on your income tax return.

Only the portion of expenses which enable you to remain employed are eligible. Educational expenses do not qualify.

Note: In order for your Dependent Care FSA contributions to be eligible for reimbursement, you must submit the tax identification or social security number of your provider on your claim form.

Contribution Limits

Requests for reimbursement from your FSA account may be made by completing a claim form (either online at <https://fsa.crawfordadvisors.com>, or via a paper claim form).

Consider your expenses carefully before you decide how much to contribute to each account. If your eligible expenses turn out to be less than the amount contributed to your account, federal law requires that the unused balance be forfeited (the "Use it or Lose it" rule). Do not contribute more than you are reasonably certain to use.

The maximum amount you may contribute:

- **Dependent Care Flexible Spending Account is \$5,000** (\$2,500 if you are married and file a separate tax return)

continued on next page



Flexible Spending Accounts

Direct Deposit

Direct deposit is a fast and convenient way to receive flexible spending account reimbursements promptly. This option allows you to have your reimbursements deposited directly into your savings or checking account. Direct deposit eliminates trips to the bank to cash or deposit checks and the possibility of a check being delayed, destroyed, or lost in the mail.

This option is available at no cost to you. To enroll, enter your account information online or complete an Electronic Direct Deposit Information Form (included in your enrollment packet); attach a voided check and return, via mail or fax, to Crawford Advisors, LLC. Contact information can be found on the form.

Each time you are issued a reimbursement, an Explanation of Benefits (EOB) will be sent to you confirming the amount of reimbursement and any other pertinent spending account details.

FSA Web Inquiry

Account information such as contributions, claims processed and reimbursements paid are available online at <https://fsa.crawfordadvisors.com>.

The first time you login:

- Enter your social security number as your Login ID
- Enter the last 4 digits of your social security number as your Password

You will then be prompted to change your Password and assigned a new unique Login ID. You must save the Login ID if you do not wish to use your SSN to login.

Claims and Reimbursement

Requests for reimbursement from your FSA may be made online at <https://fsa.crawfordadvisors.com> or by completing a claim form. Claim forms should be faxed, along with proof of expenses detailing your care provider's name, date expense incurred, and your cost to Crawford Advisors, LLC at 410-771-9487. Reimbursements are generally distributed twice a month.

If you request a reimbursement for more money than is currently in your Dependent Care Account, you will be reimbursed with the total balance of your account. The remainder of your request will be considered on subsequent processing dates.

Status Change

Federal regulation prohibits you from changing your enrollment or the amount of your election during the plan year. You are only eligible to change your elections during the year if you have a status change. Only benefit changes consistent with the change in status are permitted. Status Changes that may warrant a change in benefit elections are described elsewhere in this benefit guide.

If You Leave the Company

Your participation in the Flexible Spending Accounts will end on the date of your termination of employment. This means that you may submit for reimbursement any qualified expenses incurred on or before the date of your termination. You have 90 days after the end of your plan year to file a claim for reimbursement of these expenses. Please refer to your Human Resource Representative for more details.

Estimate Your Savings

Here is an example of a FSA participant with \$5,000 of eligible expenses. The chart shows that the participant would have \$1,282 of additional salary to take home by using the Dependent Care Flexible Spending Account.

Tax Savings Using the Flexible Spending Accounts

	Traditional Employee	Flexible Spending Account Participant
Gross Pay	\$30,000	\$30,000
Annual Dependent Care FSA Election (Pre-Tax)	- 0	- 5,000
Taxable Income	30,000	25,000
estimated Taxes*	- 7,695	- 6,413
Income after Taxes	22,305	18,587
Dependent Care Expenses	- 5,000	- 5,000
Available Income Before Reimbursement	17,305	13,587
Tax-Free FSA Reimbursement	- 0	+ 5,000
Available Income	\$17,305	\$18,587

The Flexible Spending Account participant has a tax savings and has increased his or her take-home salary by \$1,282.

*Assumes federal withholding equals 25%, state withholding equals 20% of federal, and social security withholding equals 7.65%.

Life & AD&D Insurance Plan

Life Insurance provides financial protection for your family in the event of your death. Core Basic Life coverage is according to the schedule below. AD&D coverage is 50%

of basic life amount. Life and AD&D Insurance is provided to employees at no cost and administrated by MetLife.

BASIC LIFE AND EXTRA ACCIDENT INSURANCE SCHEDULE OF BENEFITS

Base Hourly Rate			Basic Life Insurance	Extra Accident (AD&D) Insurance ¹	Total Basic Life and Extra Accident Insurance
Under	-	\$14.30	\$32,500	\$16,250	\$48,750
\$14.30	-	14.64	33,500	16,750	50,250
14.65	-	14.99	34,000	17,000	51,000
15.00	-	15.34	35,000	17,500	52,500
15.35	-	15.69	36,000	18,000	54,000
15.70	-	16.04	36,500	18,250	54,750
16.05	-	16.39	37,500	18,750	56,250
16.40	-	16.74	38,000	19,000	57,000
16.75	-	17.09	38,500	19,250	57,750
17.10	-	17.44	39,500	19,750	59,250
17.45	-	17.79	40,500	20,250	60,750
17.80	-	18.14	41,000	20,500	61,500
18.15	-	18.49	42,500	21,250	63,750
18.50	-	18.84	43,000	21,500	64,500
18.85	-	19.19	44,000	22,000	66,000
19.20	-	19.54	44,500	22,250	66,750
19.55	-	19.89	45,500	22,750	68,250
19.90	-	20.24	46,500	23,250	69,750
20.25	-	20.59	47,000	23,500	70,500
20.60	-	20.94	47,500	23,750	71,250
20.95	-	21.29	48,500	24,250	72,750
21.30	-	21.64	49,000	24,500	73,500
21.65	-	21.99	50,000	25,000	75,000
22.00	-	22.34	50,500	25,250	75,750
22.35	-	22.69	51,500	25,750	77,250
22.70	-	23.04	52,500	26,250	78,750
23.05	-	23.39	53,000	26,500	79,500
23.40	-	23.74	54,000	27,000	81,000
23.75	-	24.09	54,500	27,250	81,750
24.10	-	24.44	55,500	27,750	83,250
24.45	-	24.79	56,500	28,250	84,750
24.80	-	25.14	57,000	28,500	85,500
25.15	-	25.49	58,000	29,000	87,000
25.50	-	25.84	58,500	29,250	87,750
25.85	-	26.19	59,500	29,750	89,250
26.20	-	26.54	60,500	30,250	90,750
26.55	-	26.89	61,000	30,500	91,500
26.90	-	27.24	62,000	31,000	93,000
27.25	-	27.59	62,500	31,250	93,750
27.60	-	27.94	63,500	31,750	95,250
27.95	-	28.29	64,500	32,250	96,750
28.30	-	28.64	65,000	32,500	97,500
28.65	-	28.99	66,000	33,000	99,000
29.00	-	29.34	67,500	33,750	101,250
29.35	-	29.69	68,000	34,000	102,000
29.70	-	30.04	69,000	34,500	103,500
30.05	-	30.39	70,000	35,000	105,000
30.40	-	30.74	70,500	35,250	105,750
30.75	-	31.09	71,500	35,750	107,250
31.10	-	31.44	72,000	36,000	108,000
31.45	-	31.79	73,000	36,500	109,500
31.80	-	32.14	74,000	37,000	111,000
32.15	-	32.49	74,500	37,250	111,750
32.50	-	32.84	75,500	37,750	113,250
32.85	-	33.19	76,000	38,000	114,000
33.20	-	33.54	77,000	38,500	115,500
33.55	-	33.89	78,000	39,000	117,000
33.90	-	34.24	78,500	39,250	117,750
34.25	-	34.59	79,500	39,750	119,250
34.60	-	34.94	80,500	40,250	120,750
34.95	-	35.29	81,000	40,500	121,500
35.30	-	35.64	82,000	41,000	123,000
35.65	-	35.99	82,500	41,250	123,750
36.00	-	36.34	83,500	41,750	125,250
36.35	-	36.69	84,500	42,250	126,750
36.70	-	37.04	85,000	42,500	127,500
37.05	-	37.39	86,000	43,000	129,000
37.40	&	Over	86,500	43,250	129,750

¹Three (3) times the scheduled amount may be payable for an occupational related death.

Optional Life Insurance

Optional Employee Life Insurance

- Premiums paid by **Employee**
- **Benefit Amounts:** Choice of \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$75,000, \$100,000, \$125,000, \$150,000, \$175,000, \$200,000, \$250,000, or \$300,000
- **Guaranteed Issue:** \$300,000

Employee Life per \$1,000 of Insurance	
Employee's Age as of December 31 of such year	Monthly Contribution
Under 25	\$0.050
25 – 29	\$0.060
30 – 34	\$0.080
35 – 39	\$0.090
40 – 44	\$0.120
45 – 49	\$0.210
50 – 54	\$0.390
55 – 59	\$0.600
60 – 64	\$1.090
65 – 69	\$1.820
70 – 74	\$3.440
75 – 79	\$6.400
80 – 84	\$10.500
85 & Over	\$17.000

Optional Spouse/Domestic Partner and Dependent Child Life Insurance

- Premiums paid by **Employee**
- **Benefit Amounts:** These benefits are combined. Benefit amounts may be selected in the increments shown on the chart below.
- The employee does not need to elect supplemental life in order to elect dependent life. An employee must have a dependent on file.
- **Guaranteed Issue:** \$75,000

Employee's Age as of Dec 31 of current yr	Spouse/Child Life Monthly Contributions												
	\$5,000/ \$2,000	\$10,000/ \$4,000	\$15,000/ \$6,000	\$20,000/ \$8,000	\$25,000/ \$10,000	\$30,000/ \$12,000	\$35,000/ \$14,000	\$40,000/ \$16,000	\$45,000/ \$18,000	\$50,000/ \$20,000	\$60,000/ \$24,000	\$75,000/ \$30,000	\$100,000/ \$40,000
Under 25	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00	\$2.40	\$3.00	\$4.00
25 - 29	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00	\$2.40	\$3.00	\$4.00
30 - 34	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50	\$5.40	\$6.75	\$9.00
35 - 39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50	\$5.40	\$6.75	\$9.00
40 - 44	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50	\$6.60	\$8.25	\$11.00
45 - 49	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00	\$10.80	\$13.50	\$18.00
50 - 54	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00	\$15.60	\$19.50	\$26.00
55 - 59	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00	\$26.40	\$33.00	\$44.00
60 - 64	\$3.85	\$7.70	\$11.55	\$15.40	\$19.25	\$23.10	\$26.95	\$30.80	\$34.65	\$38.50	\$46.20	\$57.75	\$77.00
65 - 69	\$6.20	\$12.40	\$18.60	\$24.80	\$31.00	\$37.20	\$43.40	\$49.60	\$55.80	\$62.00	\$74.40	\$93.00	\$124.00
70 - 74	\$11.75	\$23.50	\$35.25	\$47.00	\$58.75	\$70.50	\$82.25	\$94.00	\$105.75	\$117.50	\$141.00	\$176.25	\$235.00
75 - 79	\$27.75	\$55.50	\$83.25	\$111.00	\$138.75	\$166.50	\$194.25	\$222.00	\$249.75	\$277.50	\$333.00	\$416.25	\$555.00
80 - 84	\$52.50	\$105.00	\$157.50	\$210.00	\$262.50	\$315.00	\$367.50	\$420.00	\$472.50	\$525.00	\$630.00	\$787.50	\$1,050.00
85 & Over	\$85.00	\$170.00	\$255.00	\$340.00	\$425.00	\$510.00	\$595.00	\$680.00	\$765.00	\$850.00	\$1,020.00	\$1,275.00	\$1,700.00

Optional Personal Accident Insurance

Personal Accident insurance helps protect your loved ones in the event of your accidental injury or accidental death. Allison Transmission provides Group Personal Accident Insurance through MetLife.

- **Employee Benefit Amounts:** \$10,000 increments to a maximum of \$500,000. You may elect individual or family Optional Personal Accident Insurance. If family coverage is elected, the amount will be 50% of the amount selected for spouse/dependent and 10% per child.

Individual = \$0.031 per \$1,000 Family = \$0.38/\$1,000

Disability

Short Term Disability - Payable during total disability for a period equal to or greater than an employee's seniority or Years of Participation. Benefits begin on the first day of disability, up to a maximum of 52 weeks, for any one continuous period of disability at no cost to you. If a medical condition is job-related, it is considered Worker's Compensation rather than STD.

Extended Disability Benefits - EDB is provided to employees at no cost and administered by MetLife.

HOURLY DISABILITY COVERAGE SCHEDULE OF BENEFITS (IN STATES WITH NO DISABILITY BENEFITS LAWS)

Base Hourly Rate	Monthly LTD Benefit		
	Before Retirement Weekly STD Benefit (Maximum 52 Weeks)	Less than 10 Years Credited Service	Greater than 10 Years Credited Service
Under - \$14.30	\$340	\$1,250	\$1,370
14.30 - 14.64	345	1,280	1,405
14.65 - 14.99	355	1,310	1,440
15.00 - 15.34	365	1,340	1,475
15.35 - 15.69	375	1,370	1,505
15.70 - 16.04	380	1,405	1,540
16.05 - 16.39	390	1,435	1,575
16.40 - 16.74	400	1,465	1,610
16.75 - 17.09	405	1,495	1,640
17.10 - 17.44	415	1,525	1,675
17.45 - 17.79	425	1,560	1,710
17.80 - 18.14	430	1,590	1,745
18.15 - 18.49	440	1,620	1,780
18.50 - 18.84	450	1,650	1,810
18.85 - 19.19	455	1,680	1,845
19.20 - 19.54	465	1,710	1,880
19.55 - 19.89	475	1,745	1,915
19.90 - 20.24	480	1,775	1,950
20.25 - 20.59	490	1,805	1,980
20.60 - 20.94	500	1,835	2,015
20.95 - 21.29	505	1,865	2,050
21.30 - 21.64	515	1,900	2,085
21.65 - 21.99	525	1,930	2,120
22.00 - 22.34	530	1,960	2,150
22.35 - 22.69	540	1,990	2,185
22.70 - 23.04	550	2,020	2,220
23.05 - 23.39	555	2,055	2,255
23.40 - 23.74	565	2,085	2,290
23.75 - 24.09	575	2,115	2,320
24.10 - 24.44	585	2,145	2,355
24.45 - 24.79	590	2,175	2,390
24.80 - 25.14	600	2,205	2,425

Disability

HOURLY DISABILITY COVERAGE SCHEDULE OF BENEFITS (IN STATES WITH NO DISABILITY BENEFITS LAWS)

Base Hourly Rate	Monthly LTD Benefit		
	Before Retirement Weekly STD Benefit (Maximum 52 Weeks)	Less than 10 Years Credited Service	Greater than 10 Years Credited Service
\$25.15 - \$25.49	\$610	\$2,240	\$2,460
25.50 - 25.84	615	2,270	2,490
25.85 - 26.19	625	2,300	2,525
26.20 - 26.54	635	2,330	2,560
26.55 - 26.89	640	2,360	2,595
26.90 - 27.24	650	2,395	2,630
27.25 - 27.59	660	2,425	2,660
27.60 - 27.94	665	2,455	2,695
27.95 - 28.29	675	2,485	2,730
28.30 - 28.64	685	2,515	2,765
28.65 - 28.99	690	2,550	2,795
29.00 - 29.34	700	2,580	2,830
29.35 - 29.69	710	2,610	2,865
29.70 - 30.04	715	2,640	2,900
30.05 - 30.39	725	2,670	2,935
30.40 - 30.74	735	2,700	2,965
30.75 - 31.09	740	2,735	3,000
31.10 - 31.44	750	2,765	3,035
31.45 - 31.79	760	2,795	3,070
31.80 - 32.14	765	2,825	3,105
32.15 - 32.49	775	2,855	3,135
32.50 - 32.84	785	2,890	3,170
32.85 - 33.19	795	2,920	3,205
33.20 - 33.54	800	2,950	3,240
33.55 - 33.89	810	2,980	3,275
33.90 - 34.24	820	3,010	3,305
34.25 - 34.59	825	3,045	3,340
34.60 - 34.94	835	3,075	3,375
34.95 - 35.29	845	3,105	3,410
35.30 - 35.64	850	3,135	3,445
35.65 - 35.99	860	3,165	3,475
36.00 - 36.34	870	3,195	3,510
36.35 - 36.69	875	3,230	3,545
36.70 - 37.04	885	3,260	3,580
37.05 - 37.39	895	3,290	3,615
37.40 & Over	900	3,320	3,645

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be

reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, federal law stipulates that your coverage will be cancelled after a 30-day grace period.

If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

Please Note: This guide provides a summary of the benefits available, but is not your Summary Plan Description (SPD). Allison Transmission reserves the right to modify, amend or terminate its benefit plans or the costs associated therein, in whole or in part at anytime and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

Personal Provider Information

Medical

Provider's Name: _____

Address: _____

Telephone: _____

E-mail: _____

Web Address: _____

Provider's Name: _____

Address: _____

Telephone: _____

E-mail: _____

Web Address: _____

Dental

Provider's Name: _____

Address: _____

Telephone: _____

E-mail: _____

Web Address: _____

Provider's Name: _____

Address: _____

Telephone: _____

E-mail: _____

Web Address: _____

Vision

Provider's Name: _____

Address: _____

Telephone: _____

E-mail: _____

Web Address: _____

Provider's Name: _____

Address: _____

Telephone: _____

E-mail: _____

Web Address: _____

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