

Altman Specialty Plants



*Your 2007
Benefits at a
Glance*

Loxahatchee, FL.



For Your Benefit



Take a moment to think about what benefits mean to you and your family. You can be sure you'll receive proper health care if you're ill or injured. You can be confident that your family will have financial help in the event of your death.

Altman Plants will contribute a portion of the cost for Medical coverage and 100% of Life coverage of \$15,000. Along with your Medical and Life benefits, you will have the option to enroll in Dental, Short-term disability, Long-term disability, Voluntary Life, Accident and Cancer Insurance, Section 125 and the 401K Retirement plan. Your benefits are a valuable part of your total compensation.

So how do you choose benefits? Do you need to examine every detail? Or do you go with what feels right? Good questions. This brochure highlights the benefits available to you and should help you find the answers.

Eligibility

You are eligible to participate in our employee benefits program if you are a full-time regular employee (excluding leased employees) working 40 or more hours per week and are in the following classes:

- Agricultural employees (including construction and maintenance) who are:
 - Supervisors I or II
 - Growers, or
 - Managers
- All other employees including truck drivers, mechanics, clerical, sales and management.

Your eligible dependents may participate in medical, dental and Voluntary Life coverage. Eligible dependents include your:

- Spouse
- Unmarried children to age 19 or to age 25, if they are full-time students.
- Disabled children of any age who are (or become) physically or mentally incapable of self-support while covered by our employee benefits program.

Enrollment

Open Enrollment – Medical, Dental, Section 125 & 401(k)

Open enrollment happens once a year. It's a time to consider your benefit needs and make new choices if you wish. The benefits you choose will be effective from January 1 through December 31 (the plan year). To make changes to your current benefits or add or delete covered dependents, you will need to complete a change/enrollment form.

New Employees

If you are newly employed with Altman Plants, you will need to complete the required enrollment forms during your introduction period. You must submit everything to Human Resources no later than 15 days past your 90 day Anniversary with the Company.

Your benefits will commence on the first of the month following your 90 day waiting period.

Make Careful Choices

After you enroll in the benefits program, you cannot change your elections during the plan year--unless you have a change in family status, which includes:

- Marriage or divorce
- Birth or adoption of your child
- Death of your spouse or child
- Change in your or your spouse's employment status

Your change in benefits must be consistent with your family status change. To make new benefit elections, contact the Human Resources Department within 31 days of the change.

Unless you instruct us otherwise, all employee paid premiums for medical, dental, section 125 and the 401(k) plans will be deducted on a pre-tax basis in order to maximize your take-home pay.



Medical Insurance

Medical coverage is perhaps the most important of your benefits. Not only does it help you maintain wellness, but it protects against major financial strain should you or a family member need extensive medical care.

Medical plan options available to you are based on your work location and where you live. You currently have a choice between Cigna's HMO or POS plans. Regardless of which plan you select, Altman Plants pays a portion of the employee's cost. A brief summary of benefits appear on the following pages.

Group Life Insurance

Basic Group Life/AD&D

Life insurance is a way to provide financial security for your family in the event of your death. Altman Plants provides you with basic group life insurance/AD&D of \$15,000. This coverage is provided through Principal Financial and will be 100% paid by Altman Plants.

This benefit is not an elective benefit because the Company is providing it. You must complete and return the life insurance application and beneficiary form to Human Resources.

Cigna HMO Schedule of Benefits

Category	Service	Copayment
HOSPITAL CARE	Inpatient	\$500 per admission
OUTPATIENT CARE	Primary care visits Specialist care visits Well Child Preventive Care Urgent Care Outpatient Facility Routine physical exams Prenatal Care Eye exams to provide a prescription for eyeglasses	\$20 per visit \$40 per visit \$20 per Visit \$50 Copay \$250 Copay \$20 per visit \$20 per Visit \$40 per visit
HOSPITAL EMERGENCY	Emergency Department visits	\$100 per visit (waived if admitted directly to the hospital)
PRESCRIPTION DRUGS	Covered prescription drugs when obtained at plan pharmacies	\$15 Generic \$30 Brand \$50 Non-Preferred
MENTAL HEALTH CARE	<u>Inpatient</u> psychiatric care (30 Day Max) <u>Outpatient visits</u> : Up to a total of 20 individual and/or group therapy visits per calendar year	\$50 Copay per day \$25 per visit
ALCOHOL AND DRUG DEPENDENCY	Inpatient detoxification only	No charge
Hospice	Routine Home health care and Respite care Lifetime maximum of \$5,000	No charge Limited to 100 visits per calendar year
Physical Therapy & Chiropractic Care	Must be approved for illness or injury	\$40 Copay

This summary of benefits and plan highlights is intended only to summarize our interpretation of the major benefit provisions and is not intended to be representative of Cigna's master contract. All benefits will be payable in accordance with the terms and conditions, exclusions and limitations as contained in the master contract at the time expenses are incurred.

www.cigna.com
HMO: 1-800-244-6224

Cigna POS Schedule of Benefits

	In Network	Out of Network
GENERAL FEATURES		
CALENDAR YEAR DEDUCTIBLE	No Deductible	\$300 Individual \$600 per Family
MAXIMUM LIFETIME BENEFIT	Unlimited	\$1,000,000
ANNUAL OUT OF POCKET MAXIMUM	\$2,000/member & \$4,000/Family	\$4,000/member & \$8,000/Family
PHYSICIAN OFFICE VISITS	\$20 Copay*	30% Copay
SPECIALIST OFFICE VISITS	\$40 Copay*	30% Copay
DIAGNOSTIC X-RAY & LAB	No Charge	30% Copay
OUTPATIENT FACILITY	\$250 Copay	\$250 + 30% Copay
EMERGENCY ROOM	\$50 Copay	30% Copay
URGENT CARE FACILITY	\$25 Copay	30% Copay
PHYSICAL THERAPY & CHIROPRACTIC CARE (60 DAY MAX)	\$40 Copay	Excluded
HOSPITAL SERVICES	\$500 per admission	\$500 per admit + 30% Copay
HOME HEALTH CARE	No Charge	30% Copay
PRESCRIPTION DRUGS		
GENERIC (30 DAY SUPPLY)	\$10 Copay*	Excluded
BRAND (30 DAY SUPPLY)	\$20 Copay*	Excluded
MENTAL HEALTH & SUBSTANCE ABUSE		
INPATIENT CARE (30 DAY MAX)	\$50 Copay per day	Excluded
OUTPATIENT PHYSICIAN VISITS (20 DAY MAX)	\$25 Copay*	Excluded

* Deductible waived for these services

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www.cigna.com
PPO: 1-800-244-6224

Dental Insurance

Dental coverage is an important part of your health care package. You may enroll yourself and your dependents when you first become eligible or you may waive dental coverage. If you waive dental coverage, you will not have an opportunity to enroll again until the next open enrollment.

Our dental plan is offered through Aetna Dental and is the Freedom-of-Choice plan. You are given the option to enroll in a DMO or PPO. The DMO requires that you see certain dental providers in the network with no out-of-network option. The PPO plan allows you to see any dentist of your choice but PPO dentists agree to accept Aetna's scheduled allowable charges.



Schedule of Benefits Freedom of Choice

“You can switch between plans each month, or stay with the plan you originally selected.”

DENTAL PLAN FEATURES	Aetna	
	DMO	PPO
Annual Deductible	None	\$50 (3x max)
Annual Benefit Maximum	None	\$1,000
Diagnostic & Preventive		
Exams, cleanings, X-rays	100% Covered	100% Covered
Basic Services		
Amalgam fillings	100% Covered	80% Covered
Composite fillings	100% Covered	80% Covered
Root canals (1 or 2 roots)	100% Covered	80% Covered
Root canals (molars)	60% Covered	80% Covered
Periodontics (gum treatment)		
-Scaling, root planing	100% Covered	80% Covered
-Gingivectomy	100% Covered	80% Covered
-Osseous surgery	60% Covered	80% Covered
Oral Surgery		
-Uncomplicated extractions	100% Covered	80% Covered
Major Services		
Crowns - resin	60% Covered	50% Covered
Dentures - complete upper	60% Covered	50% Covered

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www.aetna.com

Your 2007 Cost Summary

Altman Plants contributes to the cost of your medical and dental plans. Below is the per pay period deduction cost to you if you should chose to enroll in any of the following listed below.

THIS CHART IS BASED ON 26 PAY-PERIODS

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Medical HMO	\$47.43	\$182.95	\$169.40	\$304.91
Medical POS	\$82.32	\$252.72	\$235.68	\$406.08

	Employee Only	Employee & 1 Dependent	Employee & 2 or more Dependents
Dental*	\$16.09	\$35.64	\$41.17

***For employees who waive medical benefits, Altman Plants pays 100% of the cost for dental benefits.**

Don't forget! Altman Plants is paying for 100% of the cost for the Life/AD&D benefit.....

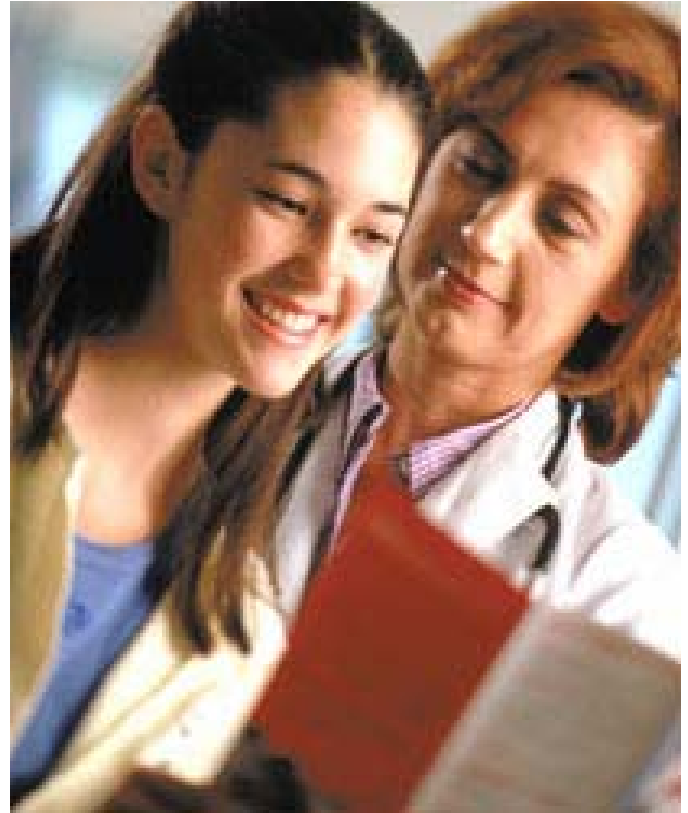
•Your per pay-period deduction for the **Life & AD&D** is = **\$0.00**

Short-Term Disability

Altman Plants offers all eligible Employees the option to enroll in the Short-term Disability plan. Your monthly income benefit helps to protect you from loss of income due to a disability.

After the completion of 90-days of continuous employment, you are eligible for a benefit amount of 60% of your monthly earnings to a maximum of \$6,000.

Once you have become disabled, you will be subject to waiting periods prior to the benefits being paid. Benefits are payable beginning on the 8th day of Total Disability due to a covered Accident or Illness and continues for up to 365 days.



Long-Term Disability

If you couldn't work for an extended period of time because of a prolonged illness or injury, disability coverage would provide a steady income for you and your family. We are pleased to offer you this valuable coverage. This coverage is provided by American Fidelity Assurance Company.

Our group long-term disability plan provides you with a benefit that replaces 60% of your base monthly salary to a maximum monthly benefit of \$6,000.

Benefits are payable on the 366th day of Total Disability due to a covered Accident or Illness and is covered up to 5 years.

Please see Long-term Disability brochure for detailed Policy Provisions.



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Voluntary Term Life Insurance

Your Choice of Plans

5, 10, 20, or 30 year Renewable and Convertible Term Life Insurance Policy.

Guaranteed Renewable

You can renew your policy up to age 90 regardless of your health.

Conversion Option

You can convert your policy to any form of permanent insurance issued by American Fidelity Assurance Company regardless of your health, up to age 75.

Portable

You can take this coverage with you when you leave employment, keeping the same guaranteed premium structure.

Cancer Protection

When initially diagnosed with internal cancer or malignant melanoma you can receive a benefit amount of either \$10,000, \$15,000, \$20,000, \$25,000 or \$50,000 based on the amount you select at the time of application.

Along with this benefit, each plan has a Preventative Care Benefit of \$75 per covered person per calendar year. This preventative benefit is available without Diagnosis of Cancer.

Highlights

- Guaranteed renewable for life
- Pays cash benefits directly to the insured
- Pays regardless of any other health coverage
- A choice of product with a variety of benefits.

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Flexible Spending Account



***Remember, even if
you are currently
enrolled in a
Flexible Spending
Account, you must
renew your
participation each
year.***

You can reduce your taxable income by participating in Altman Plant's Flexible Spending Account program. It's easy. Each year you decide how much you want to contribute to a Health Care and/or Dependent Care Flexible Spending Account. The money is then deducted from your paycheck throughout the year (before taxes are taken out) and goes into your Flexible Spending Account to cover out of pocket expenses for health and/or dependent care. To receive the money from your Plan, you simply file a claim for reimbursement. Depending on your expenses, this can add up to a significant tax savings.

Changing Your Contribution

When you elect your annual contribution amount, it remains in effect during the entire plan year (January 1 through December 31). You may not change your contribution rate during the plan year unless you experience a "family status change."

Health Care Flexible Spending Account

The Health Care Flexible Spending Account is designed specifically for medical, dental and vision care expenses you expect to incur that are not covered by your health care plans. Each year you may contribute a maximum of \$6,000 (divided equally among the 26 pay periods per year) in pre-tax dollars to your Health Care Flexible Spending Account.

The Health Care Flexible Spending Account helps you pay expenses such as:

- Annual deductibles
- Copayments
- Coinsurance amounts
- Any expenses not fully covered due to your health care and dental plan limits, and
- Health care expenses (approved by the IRS) not covered by your health care plans, i.e., laser eye surgery
- Over the counter medication

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Flexible Spending Accounts (continued)

Dependent Care Spending Account

The Dependent Care Flexible Spending Account allows you to pay for eligible dependent care expenses on a tax-free basis. To be eligible, expenses must be for the care of a child under 13 years of age or a disabled dependent adult and necessary to enable you or your spouse to attend school or work on a full-time basis.

Each year you may contribute up to a maximum of \$5,000 (deducted equally among 26 pay periods per year) in pre-tax dollars to your Dependent Care Flexible Spending Account. **Exception:** If you are married and file separate tax returns, your maximum contribution is \$2,500 (deducted equally among 26 pay periods per year).

The following expenses are eligible for reimbursement:

- At-home daycare provider (the person must not be a legal dependent)
- Summer day camps
- Daycare centers
- Nursery schools
- Preschool care, and
- Before and after school care

Use It or Lose It

For both the Health Care and Dependent Care accounts, you must be very careful in estimating your expenses. Expenses eligible for reimbursement must be incurred during the same plan year. At the end of the plan year, you have 90 days (claims run-out period) to submit your last requests for reimbursement. Any money not claimed after that 90-day period is forfeited.



IMPORTANT

You must use all the money in your Flexible Spending Accounts to pay eligible expenses you incur during the plan year. After the claims run-out period, if there's money left in your account after you've filed all of your claims for eligible expenses, you forfeit it.

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Your Savings Investment Plan 401(k)

Who May Participate

Employees who have completed 12 months and 1000 hours of service with Altman Plants and must be 21 years of age.

Your Contributions

You may contribute 25% of your compensation each year on a pre-tax basis, with a 2006 calendar year maximum of \$15,000.

If you reach age 50 or more in 2005, you may contribute an additional amount to the plan.

Vesting

The Vesting for this plan is 100% immediate vesting. Enrollments into the plan will be allowed during our open enrollment periods at the beginning of each quarter.

Funding Options

You may choose from several different funds to diversify your portfolio. You may direct how your share of funds in the trust will be invested.

Funding for plan includes a variety of investment options offered by First Mercantile.

Contributions are on a Pre-Tax basis.

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