



Nelson Leasing, Inc.

America's TPA®

2009 Enrollment Highlights

WELCOME TO AMERICA'S TPA - Our New Medical Benefits Administrator

America's TPA is a benefit administrator which specializes in helping employers like Nelson Leasing manage their health plans. The decision to use America's TPA was made primarily to help us contain the costs of our medical benefits, but without compromising quality of care. We also believe that the change to America's TPA will provide more streamlined administration of benefits and more effective customer service for you when you have questions, either online or by telephone. Nurses are also available 24/7 who can counsel you on healthcare and wellness issues.

"Is my doctor in the network?" We know this is an important question you'll want answered right away. We've made sure that our new network of doctors and other healthcare professionals is just as comprehensive as our current network.

AMERICA'S PPO - primary network

America's PPO will be the primary network for Nelson Leasing employees. America's PPO is comprised of over 71,000 doctors and other healthcare professionals, including some of the world's best facilities. They have all major hospitals and clinics in their network, so there should be little to no disruption. To find your doctor, search on their website, www.americasppo.com, or call 952.896.9130 or 800.203.1514.

Major In-Network Health Systems	Bismarck	Fargo	Willmar
To find more in-network doctors, clinics & other healthcare professionals call 952.896.9130 or 800.203.1514	PrimeCare (St. Alexius/Mid-Dakota, affiliated clinics) MedCenter One	Meritcare SCCI Hospitals (Triumph) Innovis Health	ACMC Rice Memorial MRHC (Minnesota Rural Health Coop)

First Health - travel network

The First Health network is a national network which will be used for employees traveling outside of Minnesota, North Dakota or South Dakota. First Health serves all 50 states and the District of Columbia, with approximately 4,700 hospitals and 500,000 doctors and other healthcare professionals in their network. You can search for a doctor online at www.myFirstHealth.com.

QUESTIONS? Call your custom benefits phone number: **952.896.9130 OR 800.203.1514**

NELSON LEASING HEALTH PLAN BENEFITS SUMMARY

Spouses can only be covered if they are unemployed or not offered benefits where they work. This does not apply to spouses already enrolled on the Plan.

	Basic Plan	HSA Plan
Plan Year Deductible		
Employee Only	\$2,000	\$5,000
Family	\$4,000	\$10,000
Plan Year Out-of-Pocket Maximum		
Employee Only	\$6,000	\$5,600
Family	\$12,000	\$11,200

Seeing an in-network doctor can save you a significant amount of money. You pay less out-of-pocket by using network doctors, hospitals, and other healthcare professionals.

	Basic Plan	HSA Plan
Preventative Health Care		
Routine Physicals (age 6 and older), Routine Hearing and Eye Exams, Cancer Screenings	100%	100%
Well Baby, Prenatal	100%	100%
Physician Services		
Office Visits due to Illness or Injury, Lab and X-ray, In-Hospital Medical Visits	70% After Deductible	80% After Deductible
Inpatient Hospital Services		
365 Days of Medically Necessary Care	70% After Deductible	80% After Deductible
Outpatient Hospital Services		
Lab and X-ray, Scheduled Outpatient Surgery, Non-Emergency Illness-Related Visits	70% After Deductible	80% After Deductible
Urgent or Emergency Care		
Emergency Care	70% After Deductible	80% After Deductible
Emergency Ambulance - Medically Necessary Transport to the Nearest Facility	70% After Deductible	80% After Deductible
Other Services		
Chiropractic Care	70% After Deductible	80% After Deductible
Home Health Care	70% After Deductible	80% After Deductible
Pharmacy		
Prescription Drugs (Up to a 31-day supply per prescription)	\$10 Generic \$25 Brand Formulary \$40 Brand Non-Formulary	80% After Deductible
90 Day Prescription	\$20 Generic \$50 Brand Formulary \$80 Brand Non-Formulary	No Coverage

NOTES: This only serves as a summary of your benefit plan. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions. Deductibles and coinsurance apply toward the out-of-pocket maximums. Precertification requirements will be outlined in your Summary Plan Description.

Nelson Leasing Inc. is covering 100% of the cost for employees to be on either the Basic or HSA plan. The HSA plan has a higher deductible but Nelson Leasing Inc. will deposit \$71 per month into your HSA account. This would cover basic visits to the doctor while still providing you coverage for any catastrophic medical bills.

Monthly Premiums	Basic Plan	HSA Plan
Employee Only	\$0	\$0
Employee + Spouse	\$366.50	\$288.00
Employee + Children	\$399.50	\$314.00
Family	\$766.00	\$602.00

WHAT'S STAYING THE SAME

BENEFITS - All your medical benefits are staying at the same level, and any amount you've met towards your deductible and out-of-pocket maximum (in 2009) will be credited to your account. You may still visit any pharmacy you'd like. Most, if not all, of your doctors and hospitals are included in your new network.

WHAT'S CHANGING

NEW ID CARDS You will be receiving new benefit ID card(s). Please watch for your new card and instructions for use in the mail. It is important to use your new ID Card at the doctor's office and pharmacy beginning July 1st!

US BANK Your HSA vendor is US bank. If you choose the HSA Plan, watch for your HSA Welcome Kit in the mail. This kit will walk you through activating your account, provide contact information and answer additional questions.

CAREMARK Your new pharmacy vendor effective July 1, 2009 will be Caremark. Caremark is one of the largest pharmacy management companies in the country and can offer additional discounts - especially on higher cost drugs. Your pharmacy claims will also appear on your new HealthEZ statement.

MEDICAL MANAGEMENT AND NURSE LINE One of the most important services Nelson Leasing has available to its employees, free of charge, is access to the medical management staff at America's TPA. They have helped numerous employees navigate the medical maze. These services are available to everyone — whether you have a chronic condition like asthma or diabetes, or a more complex condition such as cancer or heart disease.

America's TPA is also providing Nelson Leasing a nurseline at no cost to employees. If you have questions about what kind of care to seek or where to seek it (do I really need to go to the ER for this?), if you've just found out you're pregnant, or if you have any nagging questions, the nurses are there to help you. **The nurse line is available 24 hours a day, 7 days a week if you have any questions at all. Just call 952.896.9130 or 800.203.1514 and ask to speak to a nurse or press "3" after hours.**

PRECERTIFICATION The medical system is increasingly pushing patients into expensive and unnecessary procedures. To make sure you receive the best treatment possible, we are requiring your doctor notify us before surgeries or MRI and CT scans.*
*Please see your Summary Plan Description for a full listing of procedures requiring precertification.

POTENTIAL ANNUAL COSTS

	Annual Premium	Company Contribution	Out-of-Pocket (Includes Deductible)	Potential Maximum Spend
Employee				
Basic	\$0		\$6,000	\$6,000
HSA	\$0	-\$852	\$5,600	\$4,748
Employee+Spouse				
Basic	\$4,398		\$12,000	\$16,398
HSA	\$3,456	-\$852	\$11,200	\$13,804
Employee + Children				
Basic	\$4,794		\$12,000	\$16,794
HSA	\$3,768	-\$852	\$11,200	\$14,116
Family				
Basic	\$9,192		\$12,000	\$21,192
HSA	\$7,224	-\$852	\$11,200	\$17,572

QUESTIONS? Call your custom benefits phone number: **952.896.9130 OR 800.203.1514**



SIMPLIFY YOUR MEDICAL BILLS WITH HEALTHEZ

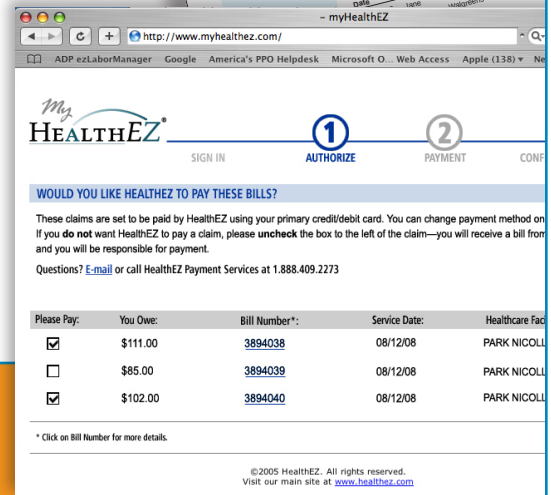
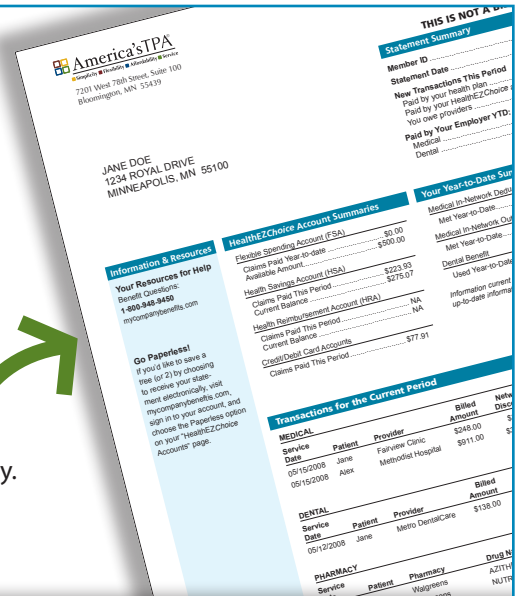
You have better things to do than hassle with healthcare bills... HealthEZ can help.

You will automatically receive this easy-to-read monthly statement. Now it's time to pay your medical bills the easy, accurate way... the HealthEZ way. What could be easier than paying your medical bills online for FREE?

- Don't pay at the doctors office
- Get in control of your medical bills
- Securely pay online
- Save money
- Go green
- Protect your identity
- Use your HSA account or credit/ debit card

Interested? Complete the enclosed enrollment form or call 952.896.9130 or 800.203.1514 for more information.

Receive up to \$30 if you sign up for online services during open enrollment. Sign up for HealthEZChoice and receive \$20. Sign up for paperless statements and receive \$10. This offer good through June 30, 2009.



www.NelsonLeasingBenefits.com

This custom, one-stop benefit website includes useful wellness, healthcare, and benefit information. You will also find forms, contact information and messages from your employer. After July 1, you can login and view your account balances, processed claims, previous statements and much more.

CONTACT INFORMATION

AMERICA'S TPA

(Including HealthEZ and America's PPO)
PHONE: 952.896.9130 or 800.203.1514
WEBSITE: NelsonLeasingBenefits.com

CAREMARK

Pharmacy Benefit Manager
PHONE: 800.364.6331
WEBSITE: Caremark.com

First Health

Medical Network - Outside MN/ND/SD
PHONE: 888.685.7774
WEBSITE: MyFirstHealth.com

Health Enrollment Application

Nelson Leasing, Inc.

Please read and complete all sections of this form. Please Print.
 Note: Elections made are in effect for the entire plan year unless there is a qualified family status change.

1. Please select the medical plan for which you are applying Basic Plan HSA Plan

2. Coverage type: Employee only Family
(Starting July 1st, if you are joining the plan for the first time, your spouse may only enroll in the plan if they are not eligible for other medical benefits through their employer.)

3. Employment location: Willmar, MN Fargo, ND Bismarck, ND

4. If declining health coverage, please read the following and check the box below, then complete Section A:
 I understand the benefits provided by the Group Insurance Contract under ERISA regulations include Health and/or Dental coverages. I have reviewed and understand the benefit options and requirements presented herein. I understand that I may not be eligible to enroll myself and dependents if I desire to apply for coverage at a later date, and that pre-existing condition exclusions apply if I qualify to enroll at a later date in accordance with the special enrollment conditions. (See Human Resources for additional information.)
 I am declining coverage Signature (sign here only if declining coverage) _____

A. Employee Information (required)

Name: _____ SSN#: _____
 (Last, First, MI)

Date of Birth: _____ Gender: M or F Marital Status: _____ Date of Hire: _____

Address: _____
 Street Address or P.O. Box

City _____ State _____ Zip Code _____
 () () ()

Daytime Telephone # _____ Home Telephone # _____ E-mail Address _____

B. Dependent/Spouse Information (must be completed for coverage)

Note: If you or any of your dependents have additional health coverage, please complete section C.

Name (Last, First, MI)	Relationship	Place of Employment	DOB	SSN	Gender	Student (Y/N)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

C. Other Insurance Coverage Information

Please check one: I have other insurance coverage (please provide information below) I do not have other insurance coverage

Policyholder's Name: _____ Policyholder's Date of Birth: _____

Insurance Co. Name: _____ Policy Number: _____ Group Number: _____

Insurance Co. Address: _____ Names of covered individuals: _____

D. Employee Authorization

I hereby apply for the coverage for which I am now or may be eligible under this group policy. I hereby authorize the deduction from my earnings of the required contribution, if any, toward the cost of such coverage. I authorize payment of medical benefits to all providers, where applicable, for those charges covered by my group insurance benefits. I authorize release to or by America's TPA of any medical information including copies of medical records or insurance information as necessary for claims adjudication, utilization review, or coordination of benefits. I authorize any educational institution to furnish my employer or insurance carrier with information necessary to establish student eligibility.

To the best of my knowledge and belief, the information I have provided on this form is complete and correct. I understand that providing inaccurate or incorrect information to any of the questions on the Enrollment Form may be considered health care fraud.

Employee Signature _____ Date _____

In certain instances, benefits may not be payable for pre-existing conditions. If a pre-existing provision applies, each participant has the right to prove prior creditable coverage. Attaching or forwarding all forms verifying prior coverage dating up to 18 months prior to this application will expedite prompt claims payment.

To be completed by America's TPA Policyholder: Nelson Leasing, Inc. Group Number: NELS760 AmTPA Received: <input type="text"/> AmTPA Entered: <input type="text"/> ID Cards: <input type="text"/>	To be completed by Human Resources (required) Date full-time coverage begins: _____ HR Initials: _____
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Questions? Please call 952.896.9130 or 800.203.1514, or e-mail us at paymentservices@healthez.com

1. BASIC PERSONAL INFORMATION - REQUIRED

TITLE (MR., MRS., MS., DR., ETC.)

FIRST NAME

LAST NAME

SUFFIX (JR., SR., ETC.)

_____-_____-_____
SOCIAL SECURITY NUMBER

_____-_____-_____
PREFERRED PHONE

_____-_____-_____
OTHER PHONE

____/____/____-____-_____
DATE OF BIRTH

Mail this form to:
HealthEZ Inc.
7201 West 78th Street
Suite 100
Bloomington, MN 55439
or fax it: 952.841.1993

2. PAYMENT OPTIONS AND ACCOUNT INFORMATION

HealthEZ can use a variety of account types to automatically fund your healthcare expenses. Please check the type of account you wish to use and fill in the appropriate account information. If you choose HSA, use the debit card information for that account.

Primary Account (The first source to use for payment)

HSA Visa Mastercard American Express Discover

CREDIT or DEBIT CARD NUMBER

____/____/____-____-_____
SECURITY CODE** EXPIRATION DATE

BILLING ADDRESS (If different from your home address)

CITY

_____-_____-_____
STATE ZIP CODE

Secondary Account (Used as backup for primary account)

HSA Visa Mastercard American Express Discover

CREDIT or DEBIT CARD NUMBER

____/____/____-____-_____
SECURITY CODE** EXPIRATION DATE

BILLING ADDRESS (If different from your home address)

CITY

_____-_____-_____
STATE ZIP CODE

Other Account (Used as backup for secondary account)

HSA Visa Mastercard American Express Discover

CREDIT or DEBIT CARD NUMBER

____/____/____-____-_____
SECURITY CODE** EXPIRATION DATE

BILLING ADDRESS (If different from your home address)

CITY

_____-_____-_____
STATE ZIP CODE

3. E-MAIL NOTIFICATIONS - REQUIRED

Take Full Advantage of our Online Services:

By subscribing with your email you can receive notifications when your statements are available online and when a medical bill is ready to be paid by your credit, debit or HSA account/card.

PREFERRED E-MAIL ADDRESS

I want to go paperless!

Please stop sending me paper statements and sign me up for online statements/notifications (note: we'll need your email, so be sure to include a valid address above).

Be sure to set up a username and password at www.NelsonLeasingbenefits.com

4. AUTHORIZATION

I authorize HealthEZ, Inc. to use the information provided on this application to pay my healthcare providers directly. HealthEZ may not use any such information for any other purposes (such as payment of any fees to HealthEZ or for any marketing purposes) and may not disclose such information to any third party. I understand that I am liable for any charges under the terms and conditions with my credit card/debit card company. I also understand that I am entitled to fraud protection under the same terms and conditions.

SIGNATURE

____/____/____-____-_____
DATE

IMPORTANT NOTE: The HealthEZ Medical Payment Service cannot be utilized with coordination of benefits

Privacy and Security Policy

HealthEZ works diligently to protect the privacy and security of your sensitive financial and healthcare information. HealthEZ is committed to using every physical and technological method available to ensure the information you record on this application is used only for HealthEZ Medical Payment Service. If you do not wish to write your card number on this form, we will be happy to accept this information over the phone.