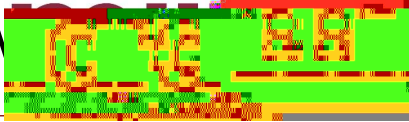


10-MONTH FOOD SERVICE

HEALTH INSURANCE*	19 Pays for Non-Wellness Participant	19 Pays for Non-Wellness Participant	19	

% H Q H I) \$ W V I R U H Z (P S O R V



: K H Q G R % H Q H I L W V J R L Q W R H I I H F W "



0 L O O D U G : H O O Q H V V 3 U R J U D P

) U H S U R J U D P D Y D L O D E O H W R D O O E H

2 Q F H \ R X U E H Q H I L W V K D Y E H V W O L S W H W \ R X S D W Q Q J L Q W K H : H O O Q H

7 R U H F H L Y H W K H : H O O Q H V V 3 U H P L X P , Q H H D O W & R H P S R H W K R P E W [U L F V K K I D R O
O D \ , I W K X L U H L P H R Q W W K H L Q F H Q W L Y H G L V F R X Q W Z L D L Q V W S W W P V K

, I \ R X F K R R V H Q R W W R H Q U R O O L Q R Q H R I 0 L O O D U G . V K H D O W K S O D Q R
• b3hU gPÂ" BÂ Â7"7 iÛàP† p -€T•0€•Àp0€đÀ5P p0p°€%p0À 00p°€`0 @ÀđÀ€€`@ OH IH Â



