

# PROSOCO, INC.

## Summary of Benefits for Full-Time Employees

BENEFIT	Eligibility	Cost to Employee	Dependent Coverage	Description
<b>Medical</b>	The first day of the month following 30 days of service.	\$50.00/month DEDUCTIBLE: \$300 per person, but no more than \$900 per family in-network.	Bi-weekly rates: EE = \$23.08 EE + Child = \$136.66 EE + Spouse=\$155.04 Family = \$240.00	Hospital, surgical; \$25-copay for office visits due to a sickness or injury; PRESCRIPTION CARD w/co-pay \$5 generic, \$30 name brands, and 90-day mail order w/co-pay \$10 generic, \$60 name brands.
<b>Dental</b>	The first day of the month following 30 days of service.	\$0 DEDUCTIBLE: \$50 per patient – maximum of 3 per family.	Bi-weekly rates:  Family = \$34.44	Reasonable and customary dental services. Includes two cleanings a year, annual x-rays and <b>orthodontic coverage</b> of up to \$1,000 for dependents 25 years of age or less.
<b>Vision</b>	The first day of the month following 30 days of service.	100% contributory.	Bi-weekly rates EE = \$4.33 EE + One = \$6.93 EE + Children = \$7.07 Family = \$11.40	\$130 allowance for frames (per calendar year) \$130 allowance for contacts (per calendar year) \$20 co-pay for WellVision Exam
<b>Flexible Spending Account</b>	The first day of the month following 30 days of service.  Plan year: Jan 1 –Dec 31	Employee may elect to contribute up to \$2,500 (pre-tax) for health expenses and up to \$5,000 (pre-tax) for dependent care expenses during the plan year.	N/A	Pre-tax contributions for reimbursement of out-of-pocket health and dental expenses (deductibles, co-payments, eyewear, orthodontist and prescriptions) and reimbursement of dependent day care costs.
<b>Life Insurance</b>	The first day of the month following 90 days of service.	\$0	Not available	Group life insurance - \$30,000 policy; plus \$30,000 accidental death
<b>Voluntary Life Insurance</b>	The first day of the month following 90 days of service.	100% contributory.	Yes	<ul style="list-style-type: none"> <li>Employee non-medical limit is \$150,000. Additional benefit available to the lesser of 5 x salary or a maximum of \$500,000.</li> <li>Spouse non-medical limit is \$50,000 to the lesser amount of 50% of the Employee benefit.</li> <li>Children up to \$10,000 benefit coverage.</li> </ul>
<b>AFLAC Supplemental Insurance</b>	The first day of the month following 90 days of service.	100% contributory.	Yes	<ul style="list-style-type: none"> <li>Personal Accident Expense Plan</li> <li>Personal Cancer Protector Plan</li> <li>Personal Recovery Plus</li> <li>Personal Hospital Intensive Care Insurance</li> </ul>

<b>BENEFIT</b>	<b>Eligibility</b>	<b>Cost to Employee</b>	<b>Dependent Coverage</b>	<b>Description</b>
<b>Accidental Death &amp; Dismemberment</b>	The first day of the month following six (6) months of service.	\$0	Not available	\$10,000 policy for office and production personnel \$60,000 policy for sales personnel
<b>Short Term Disability</b>	The first day of the month following six (6) months of service.	\$0	Not available	Weekly benefits paid at 60% of employee's basic weekly earnings beginning on the 15 <sup>th</sup> consecutive day of total disability due to sickness or injury up to eleven (11) weeks.
<b>Long Term Disability</b>	The first day of the month following six (6) months of service.	\$0	Not available	Monthly benefits paid at 60% of your basic monthly earnings (maximum benefit of \$5,000) beginning on the 90 <sup>th</sup> consecutive day of disability.
<b>Personal Paid Time Off (PPTO) and Urgent/Sick Leave</b>	Employee begins accruing PPTO and urgent/sick leave the first day of the first full calendar month after hire date.	Company pays 100% of employee's time off for which employee is eligible during each calendar year.	N/A	Accrual of PPTO is based on calendar year and cannot be carried over to next calendar year. Year 1 = 5 days PPTO and 5 days sick leave Year 2-7 = 10 days PPTO and 5 days sick leave Year 8-15 = 15 days PPTO and 5 days sick leave Year 16+ = 20 days PPTO and 5 days sick leave Up to 40 hours of urgent/sick leave may be carried over at the end of each calendar year (up to a maximum of 160 hours) and placed in a reserve fund for future use in the event of a serious health condition or accident.
<b>401(k) Profit Sharing Plan</b>	First day of the month following date of hire. Company matches up to \$1,000 after one year of service. Open enrollment Jan. 1 and July 1.	Employee may elect to contribute up to 75% of his/her gross salary, pre-tax, to the 401(k) plan.	N/A	Summary Plan Description is available upon request.
<b>* Education Tuition Reimbursement</b>	All regular full-time employees who have successfully completed 12 consecutive months of employment with the Company are eligible to participate.	The Company will pay 100 percent of tuition costs up to the maximum annual education assistance allowance of \$2,000.	N/A	PROSOCO's education assistance program provides tuition assistance for courses that are: <ul style="list-style-type: none"> <li>• Directly related either to the employee's present job or career progression at PROSOCO; or</li> <li>• A part of a planned program leading to an undergraduate or graduate degree in a field that has applicability to Company business (e.g., accounting, business management, chemistry, economics, finance, marketing, etc.).</li> </ul> A copy of PROSOCO's Education Assistance Program Policy and Application are available upon request.

\* Until further notice, Education Tuition Reimbursement has temporarily been suspended as a benefit beginning 2010.

PROSOCO, Inc. – Updated 1/2013