

**POLYSIUS CORP.  
SUMMARY OF BENEFITS  
2012 HIGHLIGHTS**

**Health and Welfare Benefit Plans:**

**1.0 Medical Insurance: The company offers two distinct Plans:**

1.1 A managed care Preferred Provider Organization Plan (PPO) administered by Blue Cross Blue Shield Insurance Company with a Flexible Spending Account.

- a) \$450.00 annual in-network individual deductible, maximum of 2 family members will be needed to satisfy family deductible of \$900.00.
- b) Outpatient Physician Care (office visit) is \$25.00 co-pay per visit when using a non-specialist Network Provider. The per office visit co-pay for a specialist Network Provider is \$40. When using a Non-Network Provider the visits are paid at 60% after the deductible is met.
- c) In PPO Network: After deductible is met, the plan pays 80% of the reasonable and customary charges of most major medical expenses.
- d) Annual Out-of-Pocket Maximums: (does not include co-pays)

	<u>In-Network</u>	<u>Out-of Network</u>
Individual	\$ 1,700	\$ 5,400
Family Maximum (2 members)	\$ 3,400	\$10,800

The Flexible Spending Account (FSA) is a method of saving pre-tax dollars to pay for health care expenses. The annual amount elected to go to the FSA must be used by the end of the calendar year with any balance forfeited. This is 100% employee funded – there is no company funding. Note: annual maximum savings limits are determined by the Federal government.

1.2 A High Deductible Health Plan (HDHP) administered by Blue Cross Blue Shield Insurance Company with an Health Savings Account option (HSA).

- a) Annual deductible of \$2,200 for single coverage and \$4,400 for family coverage.
- b) After the annual deductible is met, all subsequent covered charges are paid at 100%.

The Health Savings Account (HSA) is also a method to save pre-tax dollars to pay for current and future health care expenses. The HSA election may be changed during the year; the company provides matching funding up to \$500 for single coverage and \$1,000 for family coverage; there is no use or lose it provision – the account balance rolls over from year to year and is 100% portable. Note: annual maximum savings limits are determined by the Federal government.

**2.0 Prescription Drug Program:** Administered through CVS/CAREMARK. Over the counter drug co-pays for a 30 day prescription are as follows: \$10.00 per prescription for Generic drugs and \$30.00 per prescription for Brand name drugs and \$45.00 for preferred drugs when using a participating pharmacy. Mail Order copays for a 90 days prescription are two times the 30 day prescription copays. Specialty drugs have a \$75.00 copay and are limited

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to a 30 day supply. Note: the plan is coordinated with the High Deductible Health Plan with the costs of prescriptions applied to the annual deductible.

**3.0 Dental Plan:** The dental plan is administered by CIGNA Health Care. Coverage varies by procedure from 50% coverage for non-adult orthodontia to 90% for basic restorative services. There is a \$50.00 annual per person deductible with 90% coverage for most routine charges, i.e. fillings, extractions, and 70% for major charges, i.e. crowns, dentures, implants, etc. The plan pays 100% coverage with no deductible for semi-annual preventive teeth cleaning, x-rays and dental exams. Note: there may be some charges, such as adult fluoride and infection control kits that are not covered and all benefits are subject to the reasonable and customary limits. The annual benefit limit is \$2,000.00 per family member. Non-adult orthodontia provides a \$1,500 lifetime maximum benefit. Coverage is the same for in-network or out-of-network. Note: using an out-of-network dental provider may result in higher charges for the same service as an in-network dentist.

**4.0 Vision Care:** Plan provides for discounts on exams, lenses and frames when using as VSP provider. Benefit is \$150.00 of purchased services for each covered employee and covered dependent(s) every 24 months from the date of the covered service. This benefit applies only to services received after the employee's hire date.

**5.0 Basic Life Insurance:** 2.0 times base annual salary, plus Accidental Death and Dismemberment coverage is at 4.0 times base annual salary.

**6.0 Optional Voluntary Life and Voluntary Accidental Death and Dismemberment Insurance** may be purchased. The cost is age based.

**7.0 Dependent Premiums:** There is no premium charged to employees. Below are the premiums charged to cover eligible dependents. Note: dependent premiums are paid on a pre-tax section 125 plan basis.

Dependent Coverage Monthly Premium Charges: (charges subject to change annually.)

<u>Type of Coverage</u>	<u>PPO</u>	<u>HDHP</u>
Employee Only Coverage	\$ 00.00	\$ 00.00
Employee + Spouse	\$165.10	\$132.08
Employee + Children Only	\$150.74	\$120.59
Employee + All Dependents	\$315.84	\$252.67

**8.0 Long-Term Disability Coverage** - With Reliance Insurance Company. No charge to employee for coverage. Plan is effective the first day of the month following the date of hire. Benefits available after 90 days of disability and pays 60% of base compensation.

**9.0 401(k) Savings Plan** - With Fidelity Investments. Eligible to join on date of hire. The company matches your pre-tax salary deferral as follows for 2012:

75% of the 1st 3% of salary deferred = 2.25% Company Match, plus

25% of the next 3% of salary deferred = .75% Company Match

In addition, the plan provides that the company may make an annual lump sum discretionary contribution.

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The Plan has a graduated vesting schedule of 40% after one year of service with 20% increases each year until 100% is reached after four years of service.

**10.0 Defined Benefit Retirement Plan** - Eligible after one year of service. Plan has a “cliff” vesting schedule with zero percent vesting until employee has completed five years of employment, after which employee is 100% vested in the Plan. For hires after 1/1/2006, the benefit is a monthly annuity paid for life at retirement calculated as follows: final average earnings (the highest consecutive five years of earnings over the last ten years of employment) times 1% times the number of years and months of service. Effective 1/1/2006, this plan is 100% company funded – no employee contributions are permitted.

**11.0 Sick Leave** - earned at the rate of .5 days per month for each month worked (6 days in a full calendar year) for the first tier of sick leave and, concurrently, earned at 2.0 days per month for each month worked (24 days in a full calendar year) for the second tier of sick leave. The second tier is used only after being out of work due to accident or illness for four or more consecutive days and under a doctor's care, with evidence of treatment and a release to return to work required.

**12.0 Vacation** - Earned at the following rates:

One day for each full month worked (12 days in a calendar year) for the first three years of service. From 3 to 6 years of service, the rate is 1.25 days per month (15 days per year). From 6 - 10 years of service, the rate is 1.50 days per month (18 days per year). After 10 years of service, the rate is 1.75 days per month (21 days per year). After 15 years of service, the rate is 2.0 days per month (24 days per year). All vacation earning rates are prorated within the calendar year as needed.

**13.0 Educational Assistance Programs** - Available based on budget considerations (see Employee Information Manual on Intranet).

**14.0 Holidays** - Eight paid holidays per year.

**15.0 Monthly Payroll** - Direct deposit to any bank within the United States Federal Reserve System. Employee may have up to three separate bank accounts. Note: Banks out of the State of Georgia may receive deposit one day later.

**16.0 Relocation Benefits** - A separate policy is in place that explains this benefit, and will be discussed as appropriate. The basics are that the company arranges and pays for the packing, shipping and unpacking of household goods, provides storage of the household goods for up to six weeks, provides temporary lodging for up to six weeks, provides a company car if needed for up to six weeks, provides a living allowance of \$35.00 per day for the first six weeks, and arranges for a spouse visit if applicable.

The above are highlights of the various benefit plans available with Polysius Corp. Additional details of these plans will be provided as applicable.

If you have any questions concerning these benefits, please contact:

Human Resources  
(770) 980-5912 or 980-5078