

SAE INTERNATIONAL
SUMMARY OF BENEFITS FOR FULL-TIME EMPLOYEES

PPO Blue Medical Plan - Warrendale, PA employees ONLY

Care is considered in network when it is performed by a participating PPO medical provider.

In Network Level of Benefits include:

- ◆ Deductible of \$250 for individual; \$500 for family.
- ◆ No deductible on preventive care.
- ◆ Plan pays 100 % after deductible for all hospital and health related care.
- ◆ May use any medical provider within the nationwide PPO Blue program.
- ◆ \$15 co-pay for physician, specialist and therapy office visits.
- ◆ Unlimited Physical Therapy visits.
- ◆ \$50 co-pay for emergency room visit – waived if admitted.
- ◆ Incentive Formulary Prescription Drug Plan – \$10 - mandatory generic; \$20 – generic not available, but brand drug is on preferred formulary list; \$35 – drug not on preferred formulary list .
- ◆ For a list of drugs on the preferred formulary, go to: www.highmarkbcbs.com and choose Highmark Formulary.
- ◆ Medco Mail-Order Prescription Drug Program allows 90 day supply for cost equivalent to 2 monthly co-payments.
- ◆ No lifetime dollar maximum. No pre-existing conditions exclusion.

Self-Referred Out of Network Level of Benefits include:

- ◆ Deductible of \$500 for individual; \$1,000 for family.
- ◆ After deductible, plan pays 80% co-insurance for eligible, non-routine services until out of pocket limit reached: \$2,500 - individual, \$5,000 - family.
- ◆ Employee is responsible to precertify all treatment and hospitalizations with Highmark Blue Cross Blue Shield.
- ◆ Lifetime maximum \$1,000,000 per person.

Pre-tax cost per pay: Individual \$35.82 * Parent & Child(ren) \$80.24 * Employee & Spouse \$89.06 * Family \$101.28

PPO Blue Card Medical Plan - Non- PA employees ONLY

Care is considered in network when it is performed by a participating PPO Blue Card medical provider.

In Network Level of Benefits include:

- ◆ Deductible of \$250 for individual; \$500 for family.
- ◆ No deductible on preventive care.
- ◆ Plan pays 100 % after deductible for all hospital and health related care.
- ◆ May use any medical provider within the nationwide PPO Blue Card program.
For a list of participating providers in your area, call Blue Card Access at 1-800-810-2583.
- ◆ \$15 co-pay for physician, specialist and therapy office visits.
- ◆ Unlimited Physical Therapy visits.
- ◆ \$50 co-pay for emergency room visit – waived if not admitted.
- ◆ Incentive Formulary Prescription Drug Plan – \$10 co-pay - mandatory generic; \$20 co-pay – generic not available, but brand drug is on preferred formulary list; \$35 co-pay – drug not on preferred formulary list .
- ◆ For a list of drugs on the preferred formulary, go to: www.highmarkbcbs.com and choose Highmark Formulary.
- ◆ Medco Mail-Order Prescription Drug Program allows 90 day supply for cost equivalent to 2 monthly co-payments.
- ◆ No lifetime dollar maximum. No pre-existing conditions exclusion.

Out of Network Level of Benefits include:

- ◆ Deductible of \$500 for individual; \$1,000 for family.
- ◆ After deductible, plan pays 80% co-insurance for eligible, non-routine services until out of pocket limit reached: \$2,500 - individual, \$5,000 - family.
- ◆ Employee is responsible to precertify all treatment and hospitalizations with Highmark Blue Cross Blue Shield.
- ◆ Lifetime maximum \$1,000,000 per person.

Pre-tax cost per pay: Individual \$35.82 * Parent & Child(ren) \$80.24 * Employee & Spouse \$89.06 * Family \$101.28

- ◆ Routine eye examination covered to full benefit when services performed In Network.
- ◆ Exams are limited to once every year for adults; once each year for dependent children under the age of 19.
- ◆ Fashion level frames from "The Collection" are paid-in-full in-network; Designer and Premier level frames are available with a \$20 or \$40 co-payment.
- ◆ Exams must be performed by a network Optometrist or Optician.
- ◆ Eye Care Products must be purchased by a network Optical Supply Provider.
- ◆ For a list of network providers go to www.davisvision.com.

Pre-tax cost per pay: Individual * \$0.41 Family * \$1.20

Dental Insurance – MetLife Dental

- ◆ Covers 100% for Preventive and Diagnostic services to usual, customary and reasonable fees with one oral exam every six months.
- ◆ All other service requires a Deductible of \$50 for individual; \$150 for family per calendar year.
- ◆ After deductible, covers 80% for Basic Restorative, Oral Surgery, and Periodontics to usual, customary and reasonable fees.
- ◆ Covers 50% of Major Restorative to usual, customary, and reasonable fees.
- ◆ 50% coverage for Orthodontics for dependents age 19 and under. (\$1,500 lifetime maximum).
- ◆ In-network calendar year maximum of \$1,500.
- ◆ Out-of-network calendar year maximum of \$1,000.
- ◆ For a list of MetLife network providers, go to www.metlife.com

Pre-tax cost per pay: Individual * \$2.84 Family * \$7.09

Flexible Spending Accounts

- ◆ Allows employee to make pre-taxed contributions for the reimbursement of eligible medical and / or dependent care expenses.
- ◆ Eligible to participate with the 1st pay of the full month of service following date of hire.
- ◆ The employee will forfeit any contributions remaining in the employee's account at the end of the calendar year after all expenses have been claimed.
- ◆ www.myflexonline.com

Group Life Insurance - Employer provided benefit

- ◆ Group Term life and AD & D insurance policy.
- ◆ Coverage equals one times annual salary rounded to the next higher \$1,000.
- ◆ Commences 1st of the month following 30 days of service.

Optional Supplemental Life Insurance - Employee paid benefit

- ◆ Ability to purchase through post-tax payroll deduction a portable life insurance policy of:
- ◆ One times or two times annual salary to a maximum of \$550,000 if Age 59 or less; \$390,000 if Age 60 or more.
- ◆ Medical evidence of insurability required on Basic and Supp Life combined amounts over \$650,000 for participants age 59 and under; \$400,000 for participants age 60 and older.
- ◆ Cost per pay determined by amount of additional life insurance elected and age of employee as of December 31.

Short Term Disability - Employer provided benefit

- ◆ Short Term Disability policy becomes effective 6 months from date of hire.
- ◆ Employee is eligible for short term disability benefits after all employer-paid sick time is exhausted.
- ◆ Benefit is 70% of base weekly salary to a maximum of \$1,000 per week.
- ◆ Benefits will continue for a maximum of 13 weeks or until Long Term Disability benefit begins, if earlier.

Long Term Disability - Employer provided benefit

- ◆ Long Term Disability policy becomes effective 6 months from date of hire.
- ◆ Monthly benefit begins after 90 calendar days from the date of the disability.
- ◆ Long Term Disability provides 60% of pay up to a maximum of \$6,000 per month.

Long Term Care Insurance – UNUM Life Insurance Company - Employee Paid. Post-Tax Deduction.

- ◆ Effective first of the month following 30 days of service from date of hire.
- ◆ Policies available to spouse, children, siblings, parents and grandparents with evidence of medical insurability.
- ◆ Long Term Care provides a monthly benefit of \$1,000 - \$4,000 for a minimum disability period of 3 years to an unlimited duration.
- ◆ Cost per pay determined by policy-owner's age as of the policy's effective date and amount of coverage elected.

Business Travel Accident Insurance - Employer provided benefit

- ◆ Employees are eligible for this benefit upon date of hire.
- ◆ Benefit is determined by number of days the employee travels per year to maximum of \$150,000.
- ◆ Benefits are paid in the event the employee suffers a loss of limb or life while transporting to and from SAE for business purposes, but excludes travel / commuting to work from home and vice versa.

Defined Benefit Retirement Plan

- ◆ Employer provided Pension Plan for employees hired prior to 1/1/08. No employee contribution required.
- ◆ After 5 years of service, eligible employees are vested and may receive a future pension benefit.
- ◆ The amount of the monthly benefit is based upon the employee's compensation and length of service.

Defined Contribution Retirement Plan

- ◆ 403(b) voluntary pre-tax contributions. Employees may contribute between 1-6% of salary to the matched portion of the plan. The following matching schedule is based on years of participation in the plan: 30% after 0 yrs; 40% after 1 yr; 50% after 2 yrs; 60% after 3 yrs; 75% after 4-9 yrs and 100% after 10 yrs.
- ◆ Employees may contribute an additional amount of their salary, which will not be matched by the employer, up to the annual maximum established by the IRS .
- ◆ In lieu of participation in the defined benefit plan, employees hired after 1/1/08 will receive an annual 6.5% employer contribution based on total wages in the prior calendar year.
- ◆ Enrollment occurs every April 1 and October 1 following date of hire.
- ◆ Immediate Vesting.
- ◆ www.principal.com

Section 529 Education Savings Program

- ◆ Putnam College Advantage Program allows employee to save for any beneficiary's accredited college education with payroll contribution directly to employee's personal account.
- ◆ Beneficiary may be any individual including self.
- ◆ Account funds may be used for tuition / room & board / books & mandatory fees
- ◆ Employees may enroll at time of hire or each April 1 or October 1
- ◆ Minimum \$15.00 per pay contribution required.
- ◆ www.putnam.com/corporate529/ - To enroll, use Plan ID F9171 and PIN 15096

Tuition Assistance Program

- ◆ After 6 months of satisfactory service, employees may apply to receive reimbursement for approved tuition, fees, lab fees, and books.
- ◆ Courses must be taken at an accredited institution and contribute to the improvement of the employee's current position or for the future advancement of the employee's career with SAE.
- ◆ Employees must pass undergraduate courses with a 'C' or better, and pass graduate courses with a 'B' or better.

Employee Assistance Program (EAP)

- ◆ A confidential program through Lytle EAP Partners to assist employees and their dependents with family and emotional concerns, chemical dependency, financial and legal difficulties and work-related problems.
- ◆ Employees and their dependents may receive up to five short-term counseling sessions per problem per year without charge.
- ◆ Comprehensive services that can be accessed via the website at www.lytleeap.com. Click on Employees and Family Members and enter password SAE.
- ◆ Employees and their dependents may contact an EAP counselor 24 hours a day by calling toll free 1-800-327-7272.

Paid Time Off

In addition to 10 employer determined holidays, SAE provides vacation time, personal days, and sick days to employees according to their length of service. While vacation time is accrued the first of each month, it is available for immediate use upon date of hire. Newly hired employees will receive:

- | | | |
|-----------------|---------|--------------------------------------------------|
| ◆ Personal Days | 1st Day | 6 month anniversary |
| | 2nd Day | 1 year anniversary (must be used by December 31) |
| | 2 Days | Next January 1st following 1 year anniversary |
| ◆ Vacation | 10 Days | 1st and 2nd years of service |
| ◆ Sick Days | 5 Days | 6 month anniversary |
| | 10 Days | 1st and 2nd years of service |

Days of Caring

SAE will match volunteer time that the employee is willing to offer to those in need such as flood/hurricane victims, Habitat for Humanity, Meals on Wheels, Food Banks, and other volunteer organizations/situations. The company will then match the vacation/personal time with a "Day of Caring" up to a maximum of two (2) "Days of Caring" per calendar year.

This represents only a summary of plan features and is not intended to be a complete description or contract. More detailed information is available upon request from Human Resources.