

SAE International
Summary of Benefits – Full Time Employees – 2014

PPO Blue Medical Plan

In Network Level of Benefits include:

- Care is considered in network when it is performed by a participating PPO medical provider.
- Benefits are effective first of the month after hire date or first of the month if also hire date.
- No preexisting conditions exclusion.
- No Lifetime maximum.

	SAE/PRI Highmark Medical PPOBlue	
Services	PPO \$1250	PPO \$250
Physician Visit Specialist Visit	\$15 copay \$25 copay	\$15 copay \$25 copay
Annual Deductible - Individual - Family	\$1,250 Individual \$2,500 Family	\$250 Individual \$500 Family
Hospitalization	100% after deductible	100% after deductible
Preventive Care	100%	100%
Emergency Room	\$100 copay; then 100%	\$100 copay; then 100%
Total Out of Pocket Maximum - Individual / Family	\$6,350 / \$12,700	\$6,350 / \$12,700
Prescription Drugs - Retail/Mail Order - Generic - Preferred - Non-Preferred	Retail: \$10 / \$35 / \$60 copay Mail Order: \$20 / \$70 / \$120 copay	Retail: \$10 / \$35 / \$60 copay Mail Order: \$20 / \$70 / \$120 copay

Self-Referred Out of Network Level of Benefits include:

- Deductible: \$500 Individual/\$1,000 Family (PPO \$250 Plan) or \$2,500 Individual/\$5,000 Family (PPO \$1250 Plan)
- 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 pre-certify all treatment and hospitalizations with Highmark Blue Cross Blue Shield.
- No lifetime dollar maximum.

	Per Pay Deduction			
Plan	Single	Employee & Child(ren)	Employee & Spouse	Family
PPO \$1250	\$33.23	\$74.44	\$82.63	\$93.96
PPO \$250	\$60.34	\$135.16	\$150.02	\$170.59

Vision Insurance – Davis Vision

Benefits are effective first of the month after hire date or first of the month if also hire date. The plan is offered through Davis Vision. If you utilize the services of a participating provider, your benefits include annual vision exams covered at 100%. Additionally, the plan allows for a wide variety of vision correction services including many brand-name, designer frames, lenses, and lens options. Participating providers can be reviewed by going to www.highmarkbcbs.com and selecting “find a vision network provider.”

PER PAY PERIOD DEDUCTION		
Plan	Employee Only	Employee & Family
Vision	\$0.69	\$2.01

Dental Insurance – Guardian Dental

Benefits are effective first of the month after hire date or first of the month if also hire date Guardian offers you the choice of two plans. The plan allows you to seek treatment from the dentist of your choice; however, in order to maximize the value of the dental plan, you should strongly consider utilizing participating Guardian providers. The complete list of participating providers can be found by going to www.guardianlife.com, select PPO and search under the DentalGuard Preferred Network.

Services	Option A	Option B
Deductible	\$50 single / \$150 family <i>Applies to basic and major services only.</i>	\$50 single / \$150 family <i>Applies to basic and major services only.</i>
Preventive Services	Covered at 100% Exams, Cleanings, X-rays, etc. <i>(deductible does not apply)</i>	Covered at 100% Exams, Cleanings, X-rays, etc. <i>(deductible does not apply)</i>
Basic Services	Covered at 100% Fillings, Simple extractions, Root canals, Periodontics	Covered at 80% Fillings, Simple extractions, Root canals, Periodontics
Major Services	Covered at 60% Crowns, Bridges, Dentures, Implants	Covered at 50% Crowns, Bridges, Dentures, Implants
Orthodontic Services	Covered at 50% up to a \$1,500 lifetime maximum per individual. <i>Child orthodontia only.</i>	Covered at 50% up to a \$1,500 lifetime maximum per individual. <i>Child orthodontia only.</i>
Annual Maximum	\$1,500 per person	\$1,500 per person
Out of Network Dentist Reimbursement	Should you choose Option A and go to an out of network dentist, Guardian will reimburse the dentist at their in-network fee schedule reimbursement level. You will be responsible for the balance of the bill.	Should you choose Option B and go to an out of network dentist, Guardian will reimburse the dentist based on the usual, customary and reasonable (UCR/90 th percentile) level.
Per Pay Period Deduction	Employee only: \$3.66 Family: \$9.11	

Flexible Spending Accounts

Health Care and Dependent Care Flexible Spending Accounts

The plan provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year January 1 – December 31, 2013. This benefit is administered by Flex Plan Services, Inc. (www.flex-plan.com). Employees are eligible to participate with the first pay of the full month of service following date of hire.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you do not pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Health Care Flexible Spending account is **\$2,500 per year**. This is a provision of the health care reform law.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

A “Flexi Card” is offered to be used as a debit card in lieu of submitting a reimbursement claim form for FSA Health Care expenses. Effective January 1, 2011, over the counter medications without a prescription are no longer eligible for reimbursement.

New for 2014 is the ability to roll over up to \$500 of unused Health Care Flexible Spending account dollars. If you have unused funds at the end of 2014, you can rollover up to \$500. Any remaining amounts over \$500 will be forfeited.

Group Life Insurance – Employer Provided Benefit

The plan provides full-time employees with a group life benefit equal to 1x annual salary to a maximum of \$500,000. In addition, there is a matching accidental death and dismemberment (AD&D) insurance benefit. SAE/PRI pays the full cost of this benefit. The benefit commences first of the month following 30 days of service. The benefit is provided by The Standard Insurance Company.

Supplemental Life Insurance – Voluntary Benefit

You can supplement your group life insurance benefits and may purchase additional coverage. You can purchase coverage on yourself from 1x to 3x annual earnings in increments of \$1,000. The maximum benefit is \$500,000. **Any benefit that is elected is subject to medical underwriting.** When you enroll in this benefit, you pay the full cost through bi-weekly payroll deductions

Monthly Cost for Each \$1,000 of Voluntary Employee Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Life	\$0.07	\$0.08	\$0.09	\$0.12	\$0.20	\$0.32	\$0.53	\$0.63	\$1.33	\$4.05

Disability Income Benefits

The plan provides full-time employees with Short and Long-Term Disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive Short-Term Disability benefits if you are receiving workers' compensation benefits. The benefit is provided by The Standard Insurance Company. Short Term Disability policy becomes effective the first of the month after 90 consecutive days of employment. Long Term Disability policy becomes effective the first of the month after 180 consecutive days of employment.

Benefit Information	Short-Term Disability	Long-Term Disability
Benefits Begin	1 st day following accidents; 8 th day following sickness	Following 90 day elimination period
Benefits Payable	For 13 weeks	2 year own occupation period or social security normal retirement age (SSNRA) if permanently disabled
Percentage of Income Replaced	70% of pre-disability weekly income	60% of monthly salary
Maximum Benefit	\$1,000 per week	\$6,000 per month

Long Term Care Insurance – UNUM Life Insurance Company – Voluntary Benefit

The plan offers voluntary Long Term Care coverage to our employees.

- Participants lock in age and premium amounts upon their initial enrollment unless you make a change. If you decide later to make a change to your amount elected, premiums will change based on your age at the time of the policy change. The premium increase would only apply to the newly elected amount.
- This benefit can be extended to an employee's spouse, an employee's parent or grandparent, a spouse's parent or grandparent, an employee's sibling or an employee's child. *Any non-employees must go through medical underwriting.*
- Should you decide to elect the Long Term Care, employee and spouse premiums will be payroll deducted. Any extended family members that elect the coverage will be direct billed by UNUM.
- The coverage is portable
- An employee must experience the loss of 2 ADL's (Activities of Daily Living) in order to be eligible to go on claim.
- Rates vary based on age and benefit election variables.

Assurant Accident and/or Critical illness Insurance – Voluntary Benefit

Accident:

- Coverage for off-the-job accidents only.
- Effective first of the month following 30 days of service.
- Pays fixed benefits for specific injuries, procedures, or death as a result of a covered accident.
- Includes benefits for hospitalization, fractures and dislocations, emergency room visits, and more.
- No health questions or pre-existing conditions limitation.
- Pays benefits directly to you to use in any way you choose and in addition to any other coverage you may have.
- Coverage is portable.

PER PAY PERIOD DEDUCTION				
Plan	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Accident	\$6.83	\$11.45	\$13.62	\$18.24

Critical Illness Insurance:

- Pays a fixed benefit at the first diagnosis of a covered critical illness.
- Category 1: Heart attack, Heart failure, Stroke, Coronary bypass surgery* (**limited to 25% of elected benefit*)
- Category 2: Blindness, major organ failure (excluding heart failure), end stage kidney disease, paralysis (excluding from stroke), coma, etc.
- Category 3: Invasive Cancer, Cancer in situ (site of origin)* (**limited to 25% of elected amount*)
- Benefits can help pay for out-of-pocket medical and non-medical expenses your other insurance doesn't cover.
- Pays benefits to you – you choose how to spend it.
- Employees can purchase up to \$50,000 of critical illness coverage. Additionally, you can purchase up to \$25,000 for your spouse and either \$2,500 or \$5,000 for children. (Spouse and child amounts cannot exceed 50% of your election)
- You can elect coverage for yourself in units of \$5,000. Coverage for spouses can be purchased in units of \$2,500.
- The Critical Illness Plan does include a wellness screening benefit of \$50 per benefit year. The benefit is only payable once per benefit year but nearly 20 tests qualify for reimbursement.
- Pays in addition to any other coverage you might have.
- Coverage is portable.
- Rates are age banded and based on tobacco use. Please refer to the Assurant enrollment packet for the exact cost of coverage.

LegalShield Insurance – Voluntary Benefit

- Access to quality law firms in your area.
- Professional legal advice, letters/ calls made on your behalf, contract review, preparing wills/living wills/healthcare power of attorney, traffic related issues and IRS Audit Assistance.
- Identity Theft Protection may also be purchased.
- LegalShield: \$15.75 per month
- Identity Theft Shield when bundled with Legal Plan: \$9.95

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 work for business purposes, but excludes travel / commuting to work from home and vice versa.
- Employee Travel Assistance Program

Defined Contribution Retirement Plan

- Employees who are considered "eligible employees" under the terms of the Defined Contribution Plan are eligible to participate through voluntary pre-tax contributions.
- Employees can enroll in the Plan on any business day.
- Participants may change their elective deferral contribution amounts on any business day.
- Eligible Employees may contribute funds up to 75% of their salary or the annual maximum established by the IRS, whichever is less. **This year (2014), the IRS annual maximum elective deferral amount is \$17,500.** This amount may be adjusted to reflect the cost of living each year.
- Elective deferrals are matched dollar-for-dollar up to 6% of eligible compensation.
- Matching Schedule for a 5-Year Graded Vesting for New Participants - \$ for \$ Match up to 6% of Eligible Compensation:

Years of Service	Match Schedule	Vesting Schedule
1	100%	20%
2	100%	40%
3	100%	60%
4	100%	80%
5	100%	100%

- Employees hired by SAE after January 1, 2008 who are not eligible to participate in the SAE Retirement Income Plan will receive a separate annual employer contribution of 6.5% based on total wages in the calendar year as "wages" are defined in the 403(b)/401(k) . For contributions on account of the 2010 plan year and after, the 6.5% contribution becomes 100% vested once you have completed three years of service. If you terminate employment before you complete three years of service, you will forfeit any 6.5% contribution made during your employment.
- This description is not a Summary Plan Description (SPD) and simply highlights certain portions of the Plan in non-legal language. Only the Plan (not even the Summary Plan Description) gives any person a legal right to benefits and this highlighted information is not the Plan. This highlighted information does not describe all of the provisions of the Plan and is not a substitute for the plan. If there is any difference or discrepancy between this highlight, the Summary Plan Description or the Plan, the Plan alone shall be the controlling document. A complete copy of the Plan is available in the Company offices during regular business hours for inspection or copying (subject to the payment of applicable copying charges, if any). Contact Jill Porter at jporter@sae.org or (724) 772-7119 for more information.
- Participants are able to access their account balance, review funds available, change investment direction, adjust contribution amounts, etc. at www.nationwide.com. This information is also available via toll free telephone account tool 800-772-2182.

Section 529 Education Savings 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 and board, books and/or mandatory fees.
- Employees may enroll at any time.
- Two Plans:
 - Blackrock (formerly Putnam)
 - Proprietary Funds
 - Putnam College Advantage Program
 - Minimum \$15.00 per pay contribution required
 - To enroll, use Plan ID F9171 and PIN 15096
 - John Hancock
 - Multi Fund Family
 - Minimum \$15.00 per pay contribution required
 - To enroll, complete the new account agreement and use SAE paycode 10783

Financial Planning

- If you have investment related questions you may contact the Financial Advisor team at Henderson Brothers Retirement Plan Services toll free at 877-844-3244.

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.
- 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, there is vacation time, personal days, sick days and family sick days which are provided 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:

Paid Time Off	Timing
Personal Days	1st Day – 6 month anniversary
	2nd Day – One year anniversary (must be used by 12/31)
	2 Days – Next January 1st following one year anniversary
Vacation Days	10 Days – 1st and 2nd years of service
Sick Days	5 Days – At hire (3 Days per year can be used as Family Sick Days)
	10 Days – 1st and 2nd years of service (3 Days per year can be used as Family Sick Days)

Days of Caring

- SAE/PRI will match volunteer time that the employee is willing to offer to underprivileged individuals/groups, those that are sick, have limited resources for food or shelter or are in need (i.e. flood/hurricane victims, natural disasters, local food banks, Habitat for Humanity, Meals on Wheels, Big Brothers and Sisters, American Heart Association, Make-a-Wish Foundation, etc.).
- This can include event work to support such organizations to provide those in need, but does not include time required to attend regular meetings for such associations.
- Other educational programs, charities, etc. which do not fall within the aforementioned description will not be approved for “Days of Caring” time.
- SAE/PRI will match the vacation/personal time with "Days of Caring" time up to a maximum of two (2) "Days of Caring" days per calendar year.
- The Days of Caring form must be completed, sent to your manager for approval and returned to Human Resources **prior to beginning the “Days of Caring” leave.**

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.