

SAE INTERNATIONAL – SUMMARY OF BENEFITS FULL TIME EMPLOYEES

PPO Blue Medical Plan – Pennsylvania Employees ONLY

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

In Network Level of Benefits include:

- Deductible: \$250 Individual/ \$500 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.
- 20 Physical Therapy visits per plan year
- \$75 co-pay for emergency room visit – waived if admitted
- Incentive Formulary Prescription Drug Plan (Go to www.highmarkbcbs.com and choose Highmark non-Medicare Formulary)
 - \$10 – mandatory generic
 - \$20 – generic not available, but brand drug is on preferred formulary list
 - \$35 – drug not on preferred formulary list
- 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: \$500 Individual/\$1,000 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
- No lifetime dollar maximum

Costs Per Pay:

- Individual \$46.98
- Parent & Child(ren): \$105.25
- Employee & Spouse \$116.82
- Family \$132.83

PPO Blue Card Medical Plan – Non- Pennsylvania 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
- 20 Physical Therapy visits per plan year
- \$75 co-pay for emergency room visit – waived if admitted
- Incentive Formulary Prescription Drug Plan (Go to www.highmarkbcbs.com and choose Highmark non-Medicare Formulary)
 - \$10 – mandatory generic;
 - \$20 – generic not available, but brand drug is on preferred formulary list;
 - \$35 – drug not on preferred formulary list
- 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 Individual/\$1,000 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.
- No lifetime dollar maximum

Costs Per Pay:

- Individual \$46.98
- Parent & Child(ren): \$105.25
- Employee & Spouse \$116.82
- Family \$132.83

Vision Insurance – Davis Vision

- 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

Costs Per Pay:

- Individual \$0.41
- Family \$1.20

Dental Insurance – Guardian Dental

- DentalGuard Preferred – PPO Network
- Option 1 – Network Value Plan
 - 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 100% for Basic Restorative, Oral Surgery and Periodontics to usual, customary and reasonable fees
 - Covers 60% 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 and out of network calendar year maximum of \$1,500
 - Out of network claims reimbursed at the maximum allowable charge (MAC) level. Guardian reimburses out of network dentists the same amount they would reimburse an in-network dentist. Potential for balance billing with the Value Plan.
 - Maximum Rollover Account
- Option 2 – Network Access Plan (Any dentist)
 - 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 and out-of-network calendar year maximum of \$1,500
 - Out of network claims reimbursed at the 90th percentile. Guardian reimburses out of network dentists what 9 out of 10 dentists accept as payment in full. Very low potential for balance billing with the Network Access Plan.
 - Maximum Rollover Account
- For a list of Guardian network providers, go to www.guardianlife.com

Costs Per Pay:

- Individual \$2.98
- Family \$7.43

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
- "Benny card" 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.
- www.flex-plan.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

Supplemental Life Insurance – Voluntary Benefit

- Ability to purchase through post-tax payroll deduction a portable life insurance policy of one, two or three times your annual salary to a maximum of \$500,000. All amounts under \$150,000 can be purchased without medical underwriting. When you enroll in this benefit, you pay the full cost through bi-weekly payroll deductions.
- 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 the first of the month after 90 consecutive days of employment.
- 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.
- Benefit Waiting Period: Accidental Injury – None / Physical Disease, Pregnancy or Mental Disorder – 7 days
- 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 the first of the month after 180 consecutive days of employment.
- 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 \$12,500 per month.

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

- 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
- Post tax deduction

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.
- Hartford Beneficiary Assist Program
- Hartford Identity Protection Support Service
- Employee Travel Assistance Program

Defined Contribution Retirement Plan

- "Employees who are considered "eligible employees" under the terms of the 403(b) Program for SAE International (the "403(b)") are eligible to participate in the 403(b) plan through voluntary pre-tax contributions.
- Enrollment in the 403(b) plan occurs every April 1 and October 1 following date of hire.

- Eligible Employees may contribute funds up to 75% of their salary or the annual maximum established by the IRS, whichever is less. This year, the IRS annual maximum elective deferral amount is \$16,500. This amount may be adjusted to reflect the cost of living each year.
- SAE will make 100% vested matching contributions of up to 6% of the employee's contributions at a rate based on years of participation in the plan or other eligible savings plan (as such term is defined in the Plan), as outlined in the chart:

Match	Years of Service
30% match of employee's contribution	After 0 year
40% match of employee's contribution	After 1 year
50% match of employee's contribution	After 2 years
60% match of employee's contribution	After 3 years
75% match of employee's contribution	After 4-9 years
100% match of employee's contribution	After 10 years

- 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 prior calendar year as "wages" are defined in the 403(b). 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 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 and more at www.nationwide.com. This information is also available via toll free telephone account tool 800-772-2182.

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.

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
 - www.putnam.com/corporate529/
 - 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 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:

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
	10 Days – 1st and 2nd years of service
Family Sick Days	3 Days – At hire

Days of Caring

- SAE International 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 International 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.**

Purina Care – Pet Health Insurance – Voluntary Benefit

- Comprehensive coverage for most illnesses and injuries
- Choice of annual deductible levels
- No lifetime claim limits
- No per incident limits on accidents and illnesses
- Freedom to choose any veterinarian licensed in the state in which service is provided
- Effective first of the month following 30 days of service from date of hire

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.