

Welcome to your Terminal Investment Corporation (TICO) Benefits Program. We are pleased to present you with a variety of employer sponsored benefits designed to meet your health and financial needs. Please take a moment to review this document in its entirety to familiarize yourself with the options available to you.

Please remember that the information provided in this document is only a summary of the key features of your benefit program. Specific coverage details may differ from state to state. The actual terms and conditions of the plans are contained in the official plan documents. If the terms of this summary conflict with the plan document, the terms of the plan document will govern. You can obtain a copy of the plan document from your Plan Administrator.

MEDICAL PLAN SUMMARIES	Basic Plan		Plus Plan	
	www.bcbsga.com		www.bcbsga.com	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Maximum Lifetime Benefit Amount				
Per Covered Person	Unlimited		Unlimited	
Deductible				
Per Covered Person Per Covered Family	\$1,500 \$4,500	\$1,500 \$4,500	\$750 \$2,250	\$750 \$2,250
Co-insurance				
Most Services	80% / 20%	60% / 40%	80% / 20%	60% / 40%
Maximum Annual Out-of-Pocket Amount				
Per Covered Person (includes deductible and medical and Rx copays) Per Covered Family (includes deductible and medical copays)	\$5,000 \$11,500	\$5,000 \$11,500	\$3,250 \$7,250	\$3,250 \$7,250
Physician Services				
PCP, OBGYN and Minute Clinic Specialist and Urgent Care Speech Therapy/Chiropractic Care Live Health Online	\$40 copay/visit \$80 copay/visit \$40 copay/visit \$20 copay/visit	40% after deductible 40% after deductible 40% after deductible	\$20 copay/visit \$50 copay/visit \$20 copay/visit \$10 copay/visit	40% after deductible 40% after deductible 40% after deductible
Hospital Services				
Inpatient Hospital Outpatient Hospital and Outpatient Surgery Emergency Room	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
Preventive Health Care				
Routine Wellness and Preventative Care (most services, including: Annual Physical Exams, Routine Mammograms, Well Child to age 18)	Covered at 100%, not subject to deductible	40% after deductible	Covered at 100%, not subject to deductible	40% after deductible
Prescription Drug Benefit				
Retail (30 day supply) Tier 1 Tier 2 Tier 3 Tier 4 Mail Order (90 day supply)	\$10 copay 40%, up to \$70 max per drug 60%, up to \$130 per max per drug 25%, up to \$300 max per drug \$20 / 40% to \$140 / 60% to \$260 /25% to \$300		\$7 copay 30%, up to \$70 max per drug 50%, up to \$100 per max per drug 25%, up to \$250 max per drug \$14 / 30% to \$100 / 50% to \$200 /25% to \$250	

### EMPLOYER PAID BENEFITS

#### **Basic Life / AD&D Insurance**

After 90 days of full-time employment, eligible employees may receive \$25,000 in both basic life and accidental death and dismemberment insurance, with applicable age reductions. This benefit is administered by CIGNA.

### **Long-Term Disability Protection**

After 90 days of full-time employment, eligible employees may receive long-term disability benefits equal to 60% of their pre- disability monthly earnings. These benefits are payable on the 181 day of a qualified disability and may continue to your Social Security retirement age in accordance with plan provisions. This benefit is administered by CIGNA and is paid for 100% by TICO.

#### **Employee Assistance Program (EAP)**

Through the Employee Assistance Program (EAP), TICO employees and their immediate family members have access to free and confidential assessments, short-term counseling, referrals, and follow-up services to individuals who have personal and/or work-related problems. Employees can reach the EAP by calling toll free 1-888-886-7988. This benefit is administered by Performance Management Resources and paid for 100% by TICO.

### **Safety Program**

TICO offers reimbursement on non-specialty foot and eyewear for certain job categories at our facilities. A qualifying specialty footwear example would be shoes with metatarsal guards. The company will reimburse \$50 towards the purchase of safety shoes upon hire, and annually thereafter. In addition, TICO will help offset the cost of one pair of prescription safety glasses annually in the amount of \$85.

#### **Uniform Program**

TICO provides paid uniforms for eligible employees after 90 days of employment. This benefit is provided at no cost to the employee.

The following is a brief outline of the benefits. Some services may be limited or excluded. Please refer to the plan documents for more detail.

### DENTAL PLAN SUMMARY

	BCBS	GA
	IN-NETWORK	OUT-OF-NETWORK
Deductible (combined Type II, Type III expenses)		
Per Covered Person Per Family	\$50 \$15	
Calendar Year Maximum Benefit		
Per Covered Person	\$1,500 ma	ximum
Type I Dental Expenses (Preventive)		
Oral Exams, Cleanings, X-rays, Fluoride Treatment (under age 15), Space Maintainers (under age 15)	100 <sup>.</sup> (no dedu	• •
Type II Dental Expenses (Basic)		
Fillings, Simple Extractions, Oral Surgery, Periodontics, Endodontics	80% after deductible	80% after deductible
Type III Dental Expenses (Major)		
Bridges, Crowns, Dentures	50% after deductible	50% after deductible
Type IV Orthodontic Expenses (children up to age 19)		
Bands/Appliances, Cephalometric X-rays, Treatment Study Models	50% (no deductible)	50% (no deductible)
Orthodontic Lifetime Maximum Benefit		
Per Covered Person	\$1,50	00

### **VISION PLAN SUMMARY**

Network Be	nefits	Advantica
Comprehe	ensive Eye Examination (every 12 months)	\$10 copay
Standard	Eyeglass Lenses (every 12 months)	\$10 copay
Eyeglass	Frames (every 24 months)	\$10 copay, with \$125 allowance
Special di	iscounts available for Laser Correction	20-30% discount

### TIME OFF

TICO employees are eligible for vacation, sick, and bereavement leave annually. After January 1, eligible employees are awarded a set number of vacation days based on their length of service. Paid sick leave is accrued in the amount of half a day per month, with an annual maximum of 6 days. All TICO employees are immediately eligible for bereavement leave, in the amount of up to 3 days per qualified family member.

Years of Service	Days Earned Per Year
0-5 years	10 Days
6-15 years	15 Days
16+ years	20 Days

# PAID HOLIDAYS

Employees are eligible for Paid Holidays after 30 days of full-time employment. These paid holidays include: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Day and one Floating Holiday.

### RETIREMENT PLAN

TICO has a 401(k) retirement plan in which eligible full-time and part-time employees may participate. The 401(k) plan provides you with a tax advantage savings program which includes a Company contribution. This program is designed to be a tax qualified, long-term retirement savings plan and, as such, there may be restrictions and penalties for early withdrawals. Employees are eligible to participate once they have attained the age of 21 and after completion of one (1) year of service. TICO matches 50% up to 4% of employee contributions. Employer contributions are fully vested after 5 years.

## FLEXIBLE SPENDING ACCOUNTS

TICO offers eligible employees the opportunity to participate in Medical Care and Dependent Care Flexible Spending programs. These programs may provide you with significant tax advantages as they allow you to pay for eligible out-of-pocket expenses with pre-tax dollars through payroll deduction. Employees are eligible to participate in the Flex Spending after 90 days of full-time employment.

#### **Medical Care Reimbursement Account**

You may defer up to \$2,600 this year to your Medical Care Flexible Spending Account to fund eligible out-of-pocket medical expenses. The following list provides examples of expenses eligible for reimbursement under IRS regulations:

- Office visit co-payments
- · Prescription medication
- Vision expenses such as glasses, contacts, contact solution, RK and laser surgery

- Hearing and dental expenses
- · Sales tax on medical supplies

### **Dependent Care Reimbursement Account**

You may defer up to \$5,000 this year to your Dependent Care Flexible Spending Account to fund eligible out-of-pocket expenses for eldercare and childcare. To be eligible for reimbursement, expenses must meet the following criteria established by the IRS for dependent and elder care:

- The person cared for must be under age 13, or if older, physically or mentally incapable of self-care.
- Day care must be necessary in order for you and your spouse to work.
- The person cared for must be claimed as a dependent on your federal tax return and must reside in your home at least eight hours per day.
- Payment for care cannot be made to anyone you claim as a dependent on your income tax return, to your spouse or to a child under age 19.
- If care is provided by a center that cares for more than six individuals, it must be licensed.

For a complete list of eligible medical care and dependent care expenses, you may call the IRS at 1-800-829-3676 and request publications #502 (healthcare) and #503 (dependent care). You may also access these publications on the Internet at www.irs.gov.

### VOLUNTARY EMPLOYEE BENEFITS

#### **Voluntary Life and AD&D Insurance**

Eligible employees have the option purchase additional Life and AD&D insurance for themselves and their eligible dependents. Employees can purchase life insurance in \$10,000 increments up to a \$500,000 maximum. Newly hired employees have a Guarantee Issue of \$150,000 if enrolled when initially eligible. Spousal coverage and dependent child coverage is also available in lesser amounts. This benefit is administerd by CIGNA and paid for 100% by the employee.

Open enrollment begins December 1 for a January 1 effective date.

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