

CONKLIN COMPANY, INC.
BENEFIT SUMMARY

The content of this summary is presented as a matter of information only. The benefits summarized below are not conditions of employment, nor is this document a contract. The Group Policy is the governing document for each plan described.

Unless otherwise noted, employees are eligible for all benefits 30 days after their hire date.

BENEFIT

COMMENTS

MEDICAL INSURANCE

CONKLIN CMM \$500

BLUE CROSS & BLUE SHIELD

Employee contribution

\$179.05 per month single coverage
\$420.50 per month dependent coverage
\$10.00/20.00/35.00 co-pay per prescription for 34 day

Comprehensive Plan Deductible: \$500 per individual, \$1000 per family aggregate, per calendar year. (See Schedule of Benefits).

Coinsurance 80% coverage to an out-of-pocket of \$900 single/\$1800 family, 100% thereafter to the end of the year.

Maximum Benefit \$5,000,000 lifetime.

Eligibility Spouse, and unmarried children, if they are:

- a. Up to age 26
- c. Age 21 or older and incapable of earning a living due to mental or physical handicap.

**AWARE GOLD LIMITED
WITH COPAY**

BLUE CROSS & BLUE SHIELD

Employee Contribution

\$246.00 per month single coverage.
\$590.45 per month dependent coverage.
\$10.00/20.00/35.00 co-pay per prescription for 34 day

Plan Features

Hospital - \$100 Deductible, 80% of next \$2000 of eligible charges
100% to \$1 million.
Office Visits - \$20.00 co-pay
Chiropractic Visits - \$20.00 co-pay
Outpatient Hospital - \$40.00 co-pay for emergency room and outpatient care, pre-admission testing, lab & x-ray.

BENEFIT

COMMENTS

DENTAL INSURANCE

Plan available

DELTA DENTAL OF MINNESOTA

Employee Contribution

No charge to employee for single or dependent coverage, (employee works 30 hours minimum per week).

Calendar year maximum \$1000 per person.

Deductible: \$50 per person per calendar year, maximum deductible. \$100 per year, applied to coverage B1, B2, & C.

- A. Diagnostic & Preventative Services covered at 100% after deductible.
- B1. Basic and Special Services covered at 80% after deductible.
- B2. Special Restorative Services covered at 50% after deductible.
- C. Prosthetics covered at 50% after deductible.
- D. Orthodontics covered at 50% after separate \$50 deductible once per lifetime per eligible person.

LIFE INSURANCE

Two times annual salary.

No charge to employee.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Two times annual salary.

No charge to employee.

SUPPLEMENTAL LIFE INS.

Optional at low employee cost, payroll deduction.

SPOUSAL LIFE INSURANCE

Optional at low employee cost, payroll deduction.

DEPENDENT INSURANCE

Optional at low employee cost, payroll deduction.

SHORT TERM DISABILITY

Weeks 1 - 4	100% of regular pay
Weeks 5 - 10	90% of regular pay
Weeks 11 - 26	80% of regular pay

Employee must complete there one year anniversary before becoming eligible to receive short term disability benefits.

LONG TERM DISABILITY

Automatically enrolled after completion of one year of employment.

PERSONAL TIME OFF

Anyone starting after January 1st will be pro-rated. Hours are earned in the first pay period of each month starting January through October. Employee must be here 90 days before eligible to use PTO.

BENEFIT

COMMENTS

<u>Years of Service</u>	<u>Weeks Annually</u>
0 – 5	2
6 – 24	3
25 Plus	4

HOLIDAYS

80 hours per year.

LEAVE OF ABSENCE

Paid time off with permission granted by the Company.

TUITION REIMBURSEMENT

Reimbursement for tuition upon successful completion of course, maximum of \$500 per year. Must complete enrollment form before taking course and submit to Human Resources.

COMPANY PRODUCT

Most Company products are free for personal and family use. Other products available at 50% of Factory Wholesale price.

401k & ROTH PROGRAMS

Eligibility

Beginning first quarter following date of hire. You will need to go out to the MassMutual website (www.massmutual.com) and complete the enrollment process.

FLEXIBLE SPENDING ACCT.

Allows you to pay for certain medical, dental and child dependent care costs with pre-taxed dollars.