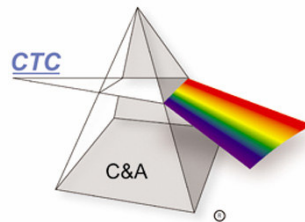




## Employee Benefits Program

# COLE Technology Corporation



A Summary Guide to Your Employee Benefits

**Benefits Include:**

- Medical Insurance
- Dental Insurance
- Group Life/Accidental Death and Dismemberment
- Voluntary Life
- Group Long-Term Disability
- Group Short-Term Disability
- Voluntary Vision
- 401(k)
- Section 125—Cafeteria Plan/Flexible Spending Account

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**Effective December 1, 2008**  
**Revised May 1, 2009**

## Enrollment and Eligibility

The choices you make during enrollment will be effective from December 1, 2008 to December 31, 2009. If you do not submit an enrollment, you will not be able to participate until next year's open enrollment. You CANNOT change elections until the next open enrollment unless you experience a qualified Change in Family Status. These changes in family status are:

- Marriage or divorce
- Birth, adoption, or change in custody of your child
- Death of your spouse or child
- Change in your spouse's employment status
- Child's loss of dependent status

In order for enrollment changes to take effect, an Enrollment/Change Form **MUST** be submitted to Human Resources within 31 days after the qualifying event or before the end of the month in which you want the change to occur.

All active full time employees are eligible for benefits on the first of the month following their date of hire.

## Section 125 – Cafeteria Plan

This allows pre-tax deductions from your paycheck for premiums on medical and dental, as well as flexible spending accounts for health expenses and dependent care.

Medical Reimbursement elections should be budgeted for expenses incurred January 1, 2009, through December 31, 2009. Some over-the-counter medications can be included. The annual maximum contribution is \$3,000 per year.

Dependent care elections should be made for January 1, 2009, through December 31, 2009. The annual maximum contribution is \$5,000 per year.

For claims issues, contact Pam Hamlin at Higginbotham & Associates, Inc. at (800) 728-2374. Fax claims to (817) 882-9267.



## Blue Cross Blue Shield Medical

<b>Benefit</b>	<b>Plan 1 (HSA 4)</b>	<b>Plan 2 (HSA 8)</b>
<b>Lifetime Maximum</b>	\$2,000,000	\$2,000,000
<b>Deductible</b>		
Individual / Family	\$2,500 / \$5,000	\$1,250 / \$2,500
<b>Coinsurance</b>	100%	100%
<b>Physician Services</b>		
Office Visit Copay	Deductible	Deductible
Specialist Visit Copay	Deductible	Deductible
<b>Hospital Inpatient</b>		
Inpatient Services	Deductible	Deductible
<b>Outpatient Surgery</b>	Deductible	Deductible
<b>Emergency Room Facility</b>	Deductible	Deductible
<b>Prescription Drugs</b>		
Generic Copay	Deductible	Deductible
Name Brand Copay	Deductible	Deductible
Non-formulary Copay	Deductible	Deductible
Mail Order 90 Day Supply	N/A	N/A
<b>Maximum Out-of-Pocket</b>		
Individual / Family	\$2,500 / \$5,000	\$1,250 / \$2,500
<b>Out-of-Network Charges</b>		
<i>Lifetime Maximum</i>	<i>Combined</i>	<i>Combined</i>
<i>Deductible</i>		
<i>Individual / Family</i>	<i>\$5,000/ \$10,000</i>	<i>\$2,000/ \$4,000</i>
<i>Coinsurance</i>	<i>70%</i>	<i>70%</i>
<i>Hospital Admission</i>	<i>Deductible + 30%</i>	<i>Deductible + 30%</i>
<i>Emergency Room Facility</i>	<i>\$100 + Deductible</i>	<i>\$100 + Deductible</i>
<i>Out-of-Pocket Maximum</i>	<i>Deductible +</i>	<i>Deductible +</i>
<i>Individual / Family</i>	<i>\$10,000 / \$20,000</i>	<i>\$6,000 / \$12,000</i>

**\*PLEASE SEE PAGE 9 FOR RATE INFORMATION**

## Blue Cross Blue Shield Medical

Benefit	Plan 3 (PPO F13)
<b>Lifetime Maximum</b>	\$5,000,000
<b>Deductible</b> Individual / Family	\$750 / \$2,250
<b>Coinsurance</b>	80%
<b>Physician Services</b> Office Visit Copay Specialist Visit Copay	\$20 \$20
<b>Hospital Inpatient</b> Inpatient Services	Deductible + 20%
<b>Outpatient Surgery</b>	Deductible + 20%
<b>Emergency Room Facility</b>	\$100 + Ded + 20%
<b>Prescription Drugs</b> Generic Copay Name Brand Copay Non-formulary Copay Mail Order 90 Day Supply	\$15 \$30 \$45 3X Copay
<b>Maximum Out-of-Pocket</b> Individual / Family	Deductible + \$3,000 / \$9,000
<b><i>Out-of-Network Charges</i></b> <i>Lifetime Maximum</i> <i>Deductible</i> <i>Individual / Family</i> <i>Coinsurance</i> <i>Hospital Admission</i> <i>Emergency Room Facility</i> <i>Out-of-Pocket Maximum</i> <i>Individual / Family</i>	<i>Combined</i>  <i>\$1,000 / \$3,000</i> <i>60%</i> <i>Deductible + 40%</i> <i>\$100 + Ded + 20%</i> <i>Deductible +</i> <i>\$6,000 / \$18,000</i>

\*PLEASE SEE PAGE 9 FOR RATE INFORMATION



## Principal Dental Indemnity Plan

<b>Benefit</b>	<b>Coverage</b>
<b>Deductible-Individual / Family</b>	\$50 / \$150
<b>Deductible Applies to:</b>	
Class I. Preventive/Diagnostic	No
Class II. Basic Services	Yes
Class III. Major Services	Yes
Class IV. Orthodontia	No
<b>Coinsurance</b>	
Class I. Preventive/Diagnostic	100%
Class II. Basic Services	80%
Class III. Major Services	50%
Class IV. Orthodontia	50%
<b>Maximum Benefit per Year</b>	\$1,000
<b>Orthodontia Maximum Lifetime Benefit</b>	\$1,000

\*Out of network claims are reimbursed at the 90th percentile.

\*\*Refer to the Summary Plan Description for Standard dental to view more detail information on your dental benefits.

## Principal Group Life/AD&D

<b>Benefit</b>	<b>In-Network Coverage</b>
<b>Life and AD&amp; D Benefit</b>	\$50,000
<b>Guarantee Issue Limit</b>	\$50,000
<b>Age Reduction Formula</b>	35% at age 65 Add't 15% at age 70

## Principal Voluntary Life/AD&D

Benefit	In-Network Coverage
<b>Life Benefit</b>	
Employee	\$10,000 increments up to \$500,000
Spouse	\$5,000 increments up to \$100,000
Child	\$2,500 or \$10,000
<b>AD&amp;D Benefit</b>	Same as Life
<b>Guarantee Issue Limit</b>	
Employee	\$100,000
Spouse	\$30,000
Child	\$10,000
<b>Age Reduction Formula</b>	35% at age 65 Add't 15% at age 70

\*For your voluntary life cost, please review rate page on enrollment website. There you will find the cost per month for the voluntary life benefit you would like to elect per your age bracket.

## EyeMed Vision

Benefit	In-Network Coverage
<b>Comprehensive Eye Exam</b>	\$10 Copay
<b>Frames</b>	\$0 copay; \$120 allowance, 20% off balance over \$120
<b>Single Vision Lenses</b>	\$10 copay
<b>Bifocal</b>	\$10 copay
<b>Trifocal &amp; Lenticular Lenses</b>	\$10 copay
<b>Conventional Contact Lenses</b>	100% up to \$135 allowance, 15% off balance over \$135
<b>Frequency:</b>	
<b>Exam</b>	Once every 12 months
<b>Frames</b>	Once every 24 months
<b>Lenses</b>	Once every 12 months



## 401(k)

All full time employees are eligible to participate in the *COLE* Technology 401 (k) Plan. Each employee determines the percentage of their salary that they will contribute to the plan subject to IRS rules. At management's discretion, *COLE* may from time to time provide a match for employee contributions. Currently, no match is being provided.

Full time employees can enroll or make changes in the month preceding (Dec, Mar, June, and Sept) the effective date on the 1st day of each quarter (Jan, Apr, July, Oct). There are numerous investment options from which to choose.

Employee contributions, when provided, are 100% vested when deposited. Employer contributions will be 100% vested in 4 years. Each year 25% of the employer contributions will be vested to the employee 100% has been reached.

New hires may enroll in the 401(k) plan during the quarterly enrollment period after their hire date. There is no required waiting period.

## Sick/Personal Leave

Each eligible employee receives five (5) sick/personal days each year. Sick/personal time accrues at a rate of 3.334 hours per month.

Unused sick/personal hours expire at the end of each calendar year (12-31-08) and will not be paid when leaving *COLE* Technology Corporation.

## Holiday Schedule

COLE Technology Corporation observes ten (10) paid holidays per calendar year.

**IMPORTANT NOTE:** In the event that a work site is closed on days preceding or following a COLE paid holiday and COLE employees are unable to access their work location, time away from work must be reported as vacation, personal leave, non-paid or approved flex-time on employee's time card.

HOLIDAY	DATE
New Year's Day	Thursday, January 1, 2008
Martin Luther King, Jr.'s B-Day	Monday, January 19, 2008
Washington's Birthday	Monday, February 16, 2008
Memorial Day	Monday, May 25, 2008
Independence Day	Friday, July 3**, 2008
Labor Day	Monday, September 7, 2008
Columbus Day	Monday, October 12, 2008
Veterans Day	Wednesday, November 11, 2008
Thanksgiving Day	Thursday, November 26, 2008
Christmas Day	Friday, December 25, 2008

\*\*July 4th, 2009 falls on a Saturday. Friday July 3rd, will be treated as a holiday for pay and leave purposes.

## Annual Vacation Pay

Eligible employees working for COLE Technology Corporation will accumulate vacation hours based on the table below related to years of service. The hours accrue starting with your first day of employment.

More than years	Less than years	Vacation Days/Hours	Accrual
0	5	10/80	6.667
5	10	15/120	10.00
11	TBD	20/160	13.334

Employees are expected to use their vacation each year.

The maximum vacation accrual is 160 hours at which time accrual will cease until the employee has used vacation hours sufficient to fall below the maximum.

When you leave COLE Technology Corporation, accrued but unused vacation hours not to exceed 160 will be included in your final paycheck.



## Employee Contributions per paycheck

Medical	HSA 4	HSA 8	PPO F13
<b>Employee Only</b>	\$ 0.00	\$ 9.41	\$ 35.05
<b>Employee + Spouse</b>	\$ 88.69	\$ 106.13	\$ 164.29
<b>Employee + Child(ren)</b>	\$ 86.63	\$ 103.56	\$ 159.64
<b>Employee + Family</b>	\$ 127.25	\$ 152.20	\$ 240.79

\*If you elect the HSA plan, you will receive \$25 into your HSA account from *COLE* Technology. If you elect the PPO plan, you will not receive the \$25 but it is taken into account in your contribution.

Dental	Indemnity
<b>Employee Only</b>	\$ 0.00
<b>Employee + Spouse</b>	\$ 12.30
<b>Employee + Child(ren)</b>	\$ 15.25
<b>Employee + Family</b>	\$ 29.07

Vision	
<b>Employee Only</b>	\$ 3.62
<b>Employee + Spouse</b>	\$ 6.86
<b>Employee + Child(ren)</b>	\$ 7.22
<b>Employee + Family</b>	\$ 10.60

<b>Life—Employee Only</b>	<b>Employer Paid</b>
<b>LTD—Employee Only</b>	<b>Employer Paid</b>
<b>STD—Employee Only</b>	<b>Employer Paid</b>
<b>Voluntary Life</b>	<b>See rate sheet provided on website</b>

\*IF YOU OPT OUT OF THE MEDICAL COVERAGE, YOU WILL RECEIVE \$25 PER PAY PERIOD TO OFFSET OTHER MEDICAL COVERAGE

**T**his brochure highlights the main features of *COLE* Technology Corporation benefits program.

This brochure does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority.

If you have further questions, please contact Amy Kidd at Higginbotham & Associates at 800-728-2374, ext. 2254.

## Provider Phone Numbers and Web Sites

Carrier	Telephone	Web Site
<b>Blue Cross Blue Shield</b> Medical	800-521-2227	www.bcbstx.com
<b>Principal</b> Dental	800-247-4695	www.principal.com
<b>Principal</b> LTD	800-245-1522	www.principal.com
<b>Principal</b> STD	800-245-1522	www.principal.com
<b>Principal</b> Life & Voluntary Life	800-245-1522	www.principal.com
<b>Section 125</b>	866-419-3520	www.ezflexplan.com/hig

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Example:  
Prepared by Higginbotham & Associates  
"Your Single Source for a Secure Future"  
P.O. Box 908  
Fort Worth, TX 76101

Phone: (817) 336-2377  
Toll Free: (800) 728-2374  
Fax: (817) 882-9341

