

# Benefit Summary

2025 Brief Benefit Summary—Exempt			
Benefit	What You Receive	Eligibility	Who Pays?
Medical Insurance	<p>Premera Blue Cross Consumer-driven Health Plan (CDHP)</p> <p>CDHP \$1,850 / individual deductible \$3,700 / family deductible 80% after deductible Preventive services covered 100% Rx 80% after deductible Health savings account with employer contribution</p> <p>Note: Please see plan document for full details. All information shows in-network benefit.</p>	<p>Benefited employee<sup>1</sup></p> <p>Coverage starts on the 31st day of employment.</p>	<p>Pyrotek has a tiered approach to an employee's cost share of the medical insurance premium. Please ask for details based on your specific situation.</p>
Dental Insurance	<p>Delta Dental of WA</p> <p>Maximum benefit per calendar year \$1,500 \$50 individual / \$150 family deductible Preventive services paid at 100%</p>	<p>Same as medical</p>	<p>Bi-weekly Employee Share: Employee only—\$5.87 Employee + spouse—\$11.73 Employee + family—\$16.42 Employee + child(ren)—\$10.56</p>
Vision	<p>Vision service plan (VSP) \$20 copay / annual exam / \$200 benefit allowance</p>	<p>Same as medical</p>	<p>Bi-weekly Employee Share: Employee only—\$4.84 Employee + spouse—\$7.74 Employee + family—\$12.74 Employee + child(ren)—\$7.90</p>
Flexible Spending Account	<p>Healthcare FSA<sup>2</sup> and Dependent Care FSA</p>	<p>Benefited employee<sup>1</sup></p> <p>First of the month following medical / dental benefit eligibility.</p>	<p>Employee contribution only (up to current year IRS limit).</p>
Life and AD&D	<p>Basic Life—2x annual salary up to \$100,000 max / \$50,000 min AD&amp;D—matches life amount Supplemental Life / AD&amp;D (Voluntary)—5x salary / \$500,000 max</p>	<p>Benefited employee<sup>1</sup></p> <p>Coverage starts on the 91st day of employment.</p>	<p>Employer covers Basic Life and AD&amp;D Employee pays for Supplemental Life/AD&amp;D coverage.</p>
Supplemental Insurance Coverage	<p>Critical Illness Hospital Accident</p>	<p>Benefited employee<sup>1</sup></p> <p>Coverage starts 1st of the month following date of hire.</p>	<p>Employee pays for Supplemental Insurance Coverage</p>



Benefit	What You Receive	Eligibility	Who Pays?
Short-Term Disability	Seven day elimination period 8-30 days of disability—100% of base earnings 31-90 days of disability—60% of base earnings	Benefited employee <sup>1</sup>  Coverage starts after 91st day of continuous employment.	Employer paid
Long-Term Disability	60% of base earnings maximum benefit \$10,000 / month	Benefited employee <sup>1</sup>  Coverage starts after six months of continuous employment.	Employer paid
Travel Insurance	Comprehensive global business travel accident coverage	Benefited employee <sup>1</sup>	Employer paid
401(k)	Automatic enrollment of 3% Employer match: 100% of first 1%, then 50% for 2-6% Vesting: 100% after completion of two years	Regular three months of continuous service.	Employee salary deferral Employer paid match
Profit-Sharing	Discretionary cash-based bonus plan paid twice a year	Regular employees with one year or more of service.	Employer paid
Vacation	Less than five years completed: 80 hours 5 years completed but less than 12 years completed: 120 hours 12+ years completed: 160 hours	Benefited employee <sup>1</sup>  Eligible for use after 90 days of continuous employment.	NA
Paid Personal Time	Three days (24 hours) per anniversary year	Same as vacation.	NA
Paid Holidays	7.5 paid holidays plus two floating holidays (76 hours)	Benefited employee <sup>1</sup>  Eligible upon hire.	NA
Vehicle Reimbursement	Reimbursement for use of your personal automobile for business under the Motus Vehicle Management Plan.	Participation in this IRS qualified program is based on the Sales Engineer's specific job requirements and whether they meet the minimum qualifications, including 5,000+ miles driven per year for the company. Sales Engineers who do not meet the minimum qualification would be eligible for the normal company mileage reimbursement.	Employer paid



<sup>1</sup> Benefited employee: Regular FT or PT employee scheduled for 20 hours or more per week. <sup>2</sup> Healthcare FSA available if not enrolled in Pyrotek medical plan.

NOTE: Every effort has been made to ensure this brief summary is accurate. For detailed information, please refer to the Summary Plan Descriptions (SPDs). The SPD determines how all benefits are paid.

# YOUR BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

MEDICAL	HDHP/HSA Plan	
	Tobacco User <i>Bi-weekly/Weekly</i>	Non-tobacco User <i>Bi-weekly/Weekly</i>
<b>Earnings Under \$65,000</b>		
EMPLOYEE ONLY	\$73.00/\$36.50	\$63.00/\$31.50
EMPLOYEE + SPOUSE	\$204.00/\$102.00	\$194.00/\$97.00
EMPLOYEE + CHILDREN	\$123.00/\$61.50	\$113.00/\$56.50
EMPLOYEE + FAMILY	\$253.50/\$126.75	\$243.50/\$121.75
<b>Earnings Between \$65,000 - \$99,999</b>		
EMPLOYEE ONLY	\$83.00/\$41.50	\$73.00/\$36.50
EMPLOYEE + SPOUSE	\$227.50/\$113.75	\$217.50/\$108.75
EMPLOYEE + CHILDREN	\$141.50/\$70.75	\$131.50/\$65.75
EMPLOYEE + FAMILY	\$284.50/\$142.25	\$274.50/\$137.25
<b>Earnings Between \$100,000 - \$149,999</b>		
EMPLOYEE ONLY	\$93.50/\$46.75	\$83.50/\$41.75
EMPLOYEE + SPOUSE	\$250.50/\$125.25	\$240.50/\$120.25
EMPLOYEE + CHILDREN	\$160.00/\$80.00	\$150.00/\$75.00
EMPLOYEE + FAMILY	\$315.50/\$157.75	\$305.50/\$152.75
<b>Earnings Greater Than \$150,000</b>		
EMPLOYEE ONLY	\$104.00/\$52.00	\$94.00/\$47.00
EMPLOYEE + SPOUSE	\$275.00/\$137.50	\$265.00/\$132.50
EMPLOYEE + CHILDREN	\$179.00/\$89.50	\$169.00/\$84.50
EMPLOYEE + FAMILY	\$348.00/174.00	\$338.00/\$169.00

# YOUR BENEFIT COSTS, continued

<b>DENTAL</b>	<i>Weekly</i>	<i>Bi-weekly</i>
EMPLOYEE ONLY	\$2.93	\$5.87
EMPLOYEE + SPOUSE	\$5.87	\$11.73
EMPLOYEE + CHILDREN	\$5.28	\$10.56
EMPLOYEE + FAMILY	\$8.21	\$16.42
<b>VISION</b>	<i>Weekly</i>	<i>Bi-weekly</i>
EMPLOYEE ONLY	\$2.42	\$4.84
EMPLOYEE + SPOUSE	\$3.87	\$7.74
EMPLOYEE + CHILDREN	\$3.95	\$7.90
EMPLOYEE + FAMILY	\$6.37	\$12.74

## Tobacco Surcharge

When you enroll in benefits, you will be asked to attest to you and your enrolled dependents’ tobacco usage. If your spouse is enrolled in Pyrotek’s medical plan and uses tobacco products an additional surcharge will be added to your biweekly/weekly premium cost (\$10 biweekly/\$5 weekly).

Tobacco products are rolling tobacco, pipes, cigars, snuff, snus, chewing tobacco, vaporizers, vape pens, hookah pens, electronic cigarettes, e-pipes, and all other electronic nicotine delivery systems (ENDS). To be Tobacco-free means the team member has never used tobacco products or has not used them within the past 60 days.