

Benefit Summary

2026 Brief Benefit Summary—Exempt			
Benefit	What You Receive	Eligibility	Who Pays?
Medical Insurance	<p>Premiera 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 employee¹</p> <p>Coverage starts on the 31st day of employment.</p>	<p>Pyrotek has a tiered approach to an employee's cost share.</p> <p>See attached Employee Contributions for medical insurance premiums.</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>	Same as medical	See attached Employee Contributions for dental insurance premiums.
Vision	<p>Vision service plan (VSP) \$20 copay / annual exam / \$200 benefit allowance</p>	Same as medical	See attached Employee Contributions for vision insurance premiums.
Flexible Spending Account	Healthcare FSA ² and Dependent Care FSA	<p>Benefited employee¹</p> <p>First of the month following eligibility.</p>	Employee contribution only (up to current year IRS limit).
Life and AD&D	<p>Basic Life—2x annual salary up to \$100,000 max / \$50,000 min AD&D—matches life amount Supplemental Life / AD&D (Voluntary)—5x salary / \$500,000 max</p>	<p>Benefited employee¹</p> <p>Coverage starts on the 91st day of employment.</p>	<p>Employer covers Basic Life and AD&D Employee pays for Supplemental Life/AD&D coverage.</p>
Supplemental Insurance Coverage	<p>Critical Illness Hospital Accident</p>	Benefited employee ¹ .	<p>Employee pays for supplemental insurance coverage.</p> <p>See attached Employee Contributions.</p>



Benefit	What You Receive	Eligibility	Who Pays?
Short-Term Disability	Seven day elimination period 8-90 days of disability—66.67% of base earnings	Benefited employee ¹ Coverage starts after 91st day of continuous employment.	Employer paid
Long-Term Disability	60% of base earnings maximum benefit \$10,000 / month	Benefited employee ¹ Coverage starts after six months of continuous employment.	Employer paid
Travel Insurance	Comprehensive global business travel accident coverage	Benefited employee ¹	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 ¹ Eligible for use after 90 days of continuous employment.	NA
Sick and Safe Leave	Accrue 56 hours per year 1 hour for every 30 worked (Prorated for part-time)	Sick/Safe Leave hours will start accruing upon date of hire. There is no waiting period to use accrued hours.	NA
Paid Holidays	7.5 paid holidays plus two floating holidays (76 hours)	Benefited employee ¹ 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



¹ Benefited employee: Regular FT or PT employee scheduled for 20 hours or more per week. ² 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.

Employee Contributions

Medical

HDHP w/HSA Plan				
Earnings Under \$65,000				
	Biweekly (tobacco)	Weekly (tobacco)	Bi-weekly (non-tobacco)	Weekly (non-tobacco)
Employee Only	\$79.50	\$39.75	\$69.50	\$34.75
Employee + Spouse	\$222.00	\$111.00	\$212.00	\$106.00
Employee + Child(ren)	\$135.00	\$67.50	\$125.00	\$62.50
Employee + Family	\$277.50	\$138.75	\$267.50	\$133.75
Earnings Between \$65,000 - \$99,999				
	Biweekly (tobacco)	Weekly (tobacco)	Bi-weekly (non-tobacco)	Weekly (non-tobacco)
Employee Only	\$90.50	\$45.25	\$80.50	\$40.25
Employee + Spouse	\$247.00	\$123.50	\$237.00	\$118.50
Employee + Child(ren)	\$154.50	\$77.25	\$144.50	\$72.25
Employee + Family	\$311.50	\$155.75	\$301.50	\$150.75
Earnings Between \$100,000 - \$149,999				
	Biweekly (tobacco)	Weekly (tobacco)	Bi-weekly (non-tobacco)	Weekly (non-tobacco)
Employee Only	\$101.50	\$50.75	\$91.50	\$45.75
Employee + Spouse	\$272.50	\$136.25	\$262.50	\$131.25
Employee + Child(ren)	\$174.50	\$87.25	\$164.50	\$82.25
Employee + Family	\$345.50	\$172.75	\$335.50	\$167.75
Earnings Greater Than \$150,000				
	Biweekly (tobacco)	Weekly (tobacco)	Bi-weekly (non-tobacco)	Weekly (non-tobacco)
Employee Only	\$112.50	\$56.25	\$102.50	\$51.25
Employee + Spouse	\$297.50	\$148.75	\$287.50	\$143.75
Employee + Child(ren)	\$194.00	\$97.00	\$184.00	\$92.00
Employee + Family	\$379.50	\$189.75	\$369.50	\$184.75

Dental

	Biweekly	Weekly
Employee Only	\$6.95	\$3.48
Employee + Spouse	\$13.93	\$6.97
Employee + Child(ren)	\$12.53	\$6.26
Employee + Family	\$19.48	\$9.74

Vision

	Biweekly	Weekly
Employee Only	\$4.84	\$2.42
Employee + Spouse	\$7.74	\$3.87
Employee + Child(ren)	\$7.90	\$3.95
Employee + Family	\$12.74	\$6.37

Accident

	Biweekly	Weekly
Employee Only	\$2.32	\$1.16
Employee + Spouse	\$3.74	\$1.87
Employee + Child(ren)	\$4.57	\$2.29
Employee + Family	\$6.00	\$3.00

Hospital Indemnity

	Biweekly	Weekly
Employee Only	\$8.90	\$4.45
Employee + Spouse	\$19.92	\$9.96
Employee + Child(ren)	\$15.15	\$7.58
Employee + Family	\$26.17	\$13.09

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.