

# Benefit Summary

| 2026 Brief Benefit Summary—Hourly |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                                                                                              |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                           | What You Receive                                                                                                                                                                                                                                                                                                                                                                                    | Eligibility                                                                                 | Who Pays?                                                                                                                                    |
| Medical Insurance                 | <p>Premiera Blue Cross<br/>Consumer-driven Health Plan (CDHP)</p> <p>CDHP<br/>\$1,850 / individual deductible<br/>\$3,700 / family deductible<br/>80% after deductible<br/>Preventive services covered 100%<br/>Rx 80% after deductible<br/>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.</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 \$2,000<br/>\$50 individual / \$150 family deductible<br/>Preventive services paid at 100%</p>                                                                                                                                                                                                                                       | Same as medical                                                                             | See attached Employee Contributions for dental insurance premiums.                                                                           |
| Vision                            | <p>Vision service plan (VSP)<br/>\$20 copay / annual exam / \$200 benefit allowance</p>                                                                                                                                                                                                                                                                                                             | Same as medical                                                                             | See attached Employee Contributions for vision insurance premiums.                                                                           |
| Flexible Spending Account         | Healthcare FSA <sup>2</sup> and Dependent Care FSA                                                                                                                                                                                                                                                                                                                                                  | Benefited employee <sup>1</sup><br>First of the month following eligibility.                | 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<br/>AD&amp;D—matches life amount<br/>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</p> <p>Employee pays for Supplemental Life / AD&amp;D coverage.</p>                               |
| Supplemental Insurance Coverage   | <p>Critical Illness<br/>Hospital<br/>Accident</p>                                                                                                                                                                                                                                                                                                                                                   | Benefited employee <sup>1</sup>                                                             | <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<br>8-90 days of disability—66.67% of base earnings                                                    | Benefited employee <sup>1</sup><br><br>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><br><br>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%<br>Employer match: 100% of first 1%, then 50% for 2-6%<br>Vesting: 100% after completion of two years   | Regular three months of continuous service.                                                                                    | Employee salary deferral<br>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<br>5 years completed but less than 12 years : 120 hours<br>12+ years completed: 160 hours | Benefited employee <sup>1</sup>                                                                                                | NA                                              |
| Sick and Safe Leave   | Accrue 56 hours per year<br>1 hour for every 30 worked<br>(Prorated for part-time)                                                 | Employees will start accruing Sick/<br>Safe Leave hours upon date of hire.<br>There is no waiting period to use accrued hours. | NA                                              |
| Paid Holidays         | 7.5 paid holidays plus two floating holidays (76 hours)                                                                            | Benefited employee <sup>1</sup><br><br>Eligible upon hire.                                                                     | NA                                              |



<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.

# 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.