

Benefit Summary

| 2024 Brief Benefit Summary—Exempt | | | | | |
|---------------------------------------|--|---|--|--|--|
| Benefit | What You Receive | Eligibility | Who Pays? | | |
| | Premera Blue Cross Consumer-driven Health Plan (CDHP) | | | | |
| Medical Insurance | 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 | Benefited employee ^l Coverage starts on the 31st day of employment. | 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. | | |
| | Note: Please see plan document for full details. All information shows in-network benefit. | | | | |
| | Delta Dental of WA | | Bi-weekly Employee Share: Employee only—\$5.87 | | |
| Dental Insurance | Maximum benefit per calendar year \$1,500 \$50 individual / \$150 family deductible Preventive services paid at 100% | Same as medical | Employee + spouse—\$11.73 Employee + family—\$16.42 Employee + child(ren)—\$10.56 | | |
| Vision | Vision service plan (VSP) \$20 copay / annual exam / \$200 benefit allowance | Same as medical | Bi-weekly Employee Share: Employee only—\$4.84 Employee + spouse—\$7.74 Employee + family—\$12.74 Employee + child(ren)—\$7.90 | | |
| | | Benefited employee ¹ | | | |
| Flexible Spending Account | Healthcare FSA ² and Dependent Care FSA | First of the month following medical / dental benefit eligibility. | Employee contribution only (up to current year IRS limit). | | |
| 1:5 | Basic Life—2x annual salary up to \$100,000 max / \$50,000 min | Benefited employee ¹ | Employer covers Basic Life and AD&D | | |
| Life and AD&D | AD&D—matches life amount Supplemental Life / AD&D (Voluntary)—5x salary / \$500,000 max | Coverage starts on the 91st day of employment. | Employee pays for Supplemental Life / AD&D coverage. | | |
| Supplemental Insurance Coverage | Critical Illness Hospital Accident | Benefited employee ¹ Coverage starts 1st of the month following date of hire. | Employee pays for Supplemental Insurance Coverage | | |



Pyrotek.

| 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 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 Five 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 |
| 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 ¹ Eligible upon hire. | NA |



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

| Earnings Under \$65,000 | Tobacco User Bi-weekly/Weekly | Non-tobacco User Bi-weekly/Weekly | | |
|--|----------------------------------|--------------------------------------|--|--|
| EMPLOYEE ONLY | \$66.38/\$33.19 | \$56.38/\$28.19 | | |
| EMPLOYEE + SPOUSE | \$188.75/\$94.38 | \$178.75/\$89.38 | | |
| EMPLOYEE + CHILDREN | \$111.00/\$55.50 | \$101.00/\$50.50 | | |
| EMPLOYEE + FAMILY | \$232.88/\$116.44 | \$222.88/\$111.44 | | |
| Earnings Between \$65,000 - \$99,999 | | | | |
| EMPLOYEE ONLY | \$76.38/\$38.19 | \$66.38/\$33.19 | | |
| EMPLOYEE + SPOUSE | \$212.25/\$106.13 | \$202.25/\$101.13 | | |
| EMPLOYEE + CHILDREN | \$129.50/\$64.75 | \$119.50/\$59.75 | | |
| EMPLOYEE + FAMILY | \$263.88/\$131.94 | \$253.88/\$126.94 | | |
| Earnings Between \$100,000 - \$149,999 | | | | |
| EMPLOYEE ONLY | \$86.88/\$43.44 | \$76.88/\$38.44 | | |
| EMPLOYEE + SPOUSE | \$235.25/\$117.63 | \$225.25/\$112.63 | | |
| EMPLOYEE + CHILDREN | \$148.00/\$74.00 | \$138.00/\$69.00 | | |
| EMPLOYEE + FAMILY | \$294.88/\$147.44 | \$284.88/\$142.44 | | |
| Earnings Greater Than \$150,000 | | | | |
| EMPLOYEE ONLY | \$97.38/\$48.69 | \$87.38/\$43.69 | | |
| EMPLOYEE + SPOUSE | \$259.75/\$129.88 | \$249.75/\$124.88 | | |
| EMPLOYEE + CHILDREN | \$167.00/\$83.50 | \$157.00/\$78.50 | | |
| EMPLOYEE + FAMILY | \$327.38/163.69 | \$317.38/\$158.69 | | |

YOUR BENEFIT COSTS, continued

| DENTAL | Weekly | Bi-weekly |
|---------------------|--------|-----------|
| EMPLOYEE ONLY | \$2.93 | \$5.87 |
| EMPLOYEE + SPOUSE | \$5.87 | \$11.73 |
| EMPLOYEE + CHILDREN | \$5.28 | \$10.56 |
| EMPLOYEE + FAMILY | \$8.21 | \$16.42 |
| VISION | Weekly | Bi-weekly |
| EMPLOYEE ONLY | \$2.42 | \$4.84 |
| EMPLOYEE + SPOUSE | \$3.87 | \$7.74 |
| | | |
| EMPLOYEE + CHILDREN | \$3.95 | \$7.90 |

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 \$10 per pay surcharge will be added to your biweekly/weekly premium cost.

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.