

OUR EMPLOYEE BENEFITS

Regular, full-time employees of **Pearl Carroll & Associates LLC** are eligible for a comprehensive benefits program designed to make the job more rewarding and to protect the well-being of our employees and their families. Benefits are a significant part of our total remuneration from Pearl Carroll & Associates. This benefits package is an investment in the Company's greatest asset: our employees.

New employees of Pearl Carroll & Associates need to complete the applicable enrollment forms to participate in each of the benefit plans. A benefit enrollment kit will be provided during the orientation period.

This information is only a summary of our employee benefits. Specific information regarding each benefit is available from a Human Resources representative. Benefit programs are subject to change at any time.

MEDICAL COVERAGE	
Eligibility	First day of the month following 30 days of employment for employee, spouse and eligible children under age 26 as specified under the Patient Protection and Affordable Care Act.
Cost	A portion of the total premium is paid by the employee through payroll deductions (<i>option of pre-tax or post-tax</i>). The remainder is paid by the Company.
CDPHP Shared Health High Deductible PPO with Health Savings Account (HSA) www.cdphp.com	<ul style="list-style-type: none"> • Preventive and Well Care Services are covered in full – no copayments or deductible! • Hospital and other medical services are covered at 90% of allowable charges after an annual deductible of \$3,500 per Individual / \$7,000 per Family. • The company contributes to an individual HSA (Health Savings Account) based on coverage - \$2,000 per Individual / \$4,000 per Family - so employees can use their HSA funds to cover qualifying medical expenses, including deductibles and coinsurance. • Prescription drug charges are subject to the annual deductible, <i>with the exception of preventive prescription drugs</i>. After the plan deductible is met, prescription drug coverage for a 30 day supply is: <ul style="list-style-type: none"> Tier 1 \$4 copayment Tier 2 50% coinsurance to a maximum of \$100 Tier 3 50% coinsurance to a maximum of \$100 <p>Eligible preventive prescription drugs are <u>not</u> subject to the deductible. The coinsurance schedule above applies.</p> <p>All prescription drugs are then covered in full if the plan's annual out-of-pocket maximum is met.</p> <ul style="list-style-type: none"> • No referrals required • Network provider delivers all care, and includes CDPHP's National Network Coverage – access to more than 500,000 doctors, specialists and hospitals throughout the U.S. • Members earn up to \$365 LifePoints Rewards for a range of healthy activities • Includes Core Wellness features: Free Wellness Classes & Workshops, Weigh2Be with Weight Watchers Rebate, Health Coach, WholeHealth – Complementary and Alternative Medicine, and more!

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PERSONAL HEALTH ADVOCATE	
Eligibility	Employees enrolled in Medical Coverage and any dependents covered under the plan. Begins in conjunction with Medical coverage the first day of the month following 30 days of employment.
Cost	Included in Medical premiums
Compass Health	<ul style="list-style-type: none"> • Personal Health Advocate available to assist with: <ul style="list-style-type: none"> • Pricing transparency/cost comparison • Billing and claims questions • Doctor/provider recommendations • Scheduling appointments

DENTAL & VISION COVERAGE	
Eligibility	First day of the month following 30 days of employment for employee, spouse and dependent children under age 26
Cost	A portion of the total premium is paid by the employee through payroll deductions (<i>option of pre-tax or post-tax</i>). The remainder is paid by the Company.
Basic Dental Plan	<ul style="list-style-type: none"> • Plan Year Deductible is \$50 per individual; \$150 per family • Plan Year Maximum (preventive care included) is \$1,500 • Maximum Allowable Charges covered in-network at: <ul style="list-style-type: none"> 100% Preventive Care – no deductible 100% Routine Restorative Care – after deductible 50% Major Restorative Care – after deductible • Out of network also available
High Dental Plan	<ul style="list-style-type: none"> • Plan Year Deductible is \$50 per individual; \$150 per family • Plan Year Maximum (preventive care included) is \$2,000 • Reasonable and Customary Charges covered in-network at: <ul style="list-style-type: none"> 100% Preventive Care – no deductible 90% Routine Restorative Care – after deductible 50% Major Restorative Care – after deductible • Out of network also available • 50% Orthodontic Coverage for dependent children; \$1,500 lifetime maximum
Vision Plan	<ul style="list-style-type: none"> • Managed vision care plan with both in-network and out-of-network options • Empire Vision, Walmart Vision and private providers in-network • Low co-payments and standard in-network benefits schedule • Davis Vision collection frames covered in full – or – frame allowance up to \$130 • Standard contact lenses covered in full – or – contact allowance up to \$110 • Laser Vision Correction discounts!

EMPLOYEE WELLNESS PLAN	
Eligibility	Following six months of employment.
Reimbursement	Up to \$150 per calendar year for approved program expenses.
Approved Programs	<ul style="list-style-type: none"> • Fitness membership and/or individual fitness classes • Nutrition and healthy living classes, including weight loss programs • Self-help programs, e.g., self esteem, parenting, senior-care, CPR • Smoking cessation classes

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FLEXIBLE SPENDING ACCOUNTS	
Eligibility	First day of the month following 30 days of employment.
Contributions	Employee contributions are made through payroll deduction on a pre-tax basis.
Medical Care	<ul style="list-style-type: none"> • Ineligible to participate if an HSA-eligible employee • Plan Year Maximum: \$2,550 • Set aside money for un-reimbursed medical care expenses and save on taxes • Money does not rollover from one plan year to the next
Dependent Care	<ul style="list-style-type: none"> • Plan Year Maximum: \$5,000 (\$2,500 if married filing separate returns) • Set aside money for dependent care (child or elder care) expenses and save on taxes • Money does not rollover from one plan year to the next

DISABILITY	
Eligibility	Following 90 days of employment, unless otherwise mandated by state law.
Cost	Total premium is paid by the Company.
Short-term Disability <i>(Non-work related illness or injury)</i>	<ul style="list-style-type: none"> • Following 7 calendar day waiting period, plan pays 66.67% of basic monthly earnings; benefits provided will be offset by payments received under NYS statutory disability plan (see below) • Maximum benefit period of 90 days <p>New York State Employees ONLY (state mandated)</p> <ul style="list-style-type: none"> • Following 7 calendar day waiting period, plan pays 50% of average weekly earnings to a maximum of \$170 per week • Maximum benefit period of 180 days
Long-term Disability	<ul style="list-style-type: none"> • Following 90th day of disability, plan pays 60% of monthly salary to a maximum of \$11,000 per month; benefits provided will be offset by other sources of income as specified in the plan document • Option to pay taxes on monthly premium for tax free benefit

LONG TERM CARE INSURANCE	
Eligibility	First day of the month following 30 days of employment.
Cost	Total premium is paid by the employee.
Long Term Care	<ul style="list-style-type: none"> • Coverage is available to the employee, spouse, parents (in-law), grandparents (in-law) between the ages of 18-80 (new participants must complete a medical evidence form subject to approval) • Plan 1: Long Term Care Facility, Professional Home Care, Total Home Care • Plan 2: Long Term Care Facility, Professional Home Care, Total Home Care, Simple Inflation • Facility Benefit Amount—elect up to \$8,000 in increments of \$500 starting at \$2,500 for facility • Facility Benefit Duration—elect 3 or 6 years or unlimited duration • Premium is based upon employee's age or age of spouse/parent/grandparent

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LIFE INSURANCE	
Eligibility	First day of the month following 30 days of employment.
Cost	Total premium is paid by the Company.
Basic Life	<ul style="list-style-type: none"> Two times annual salary to a maximum of \$500,000 (<i>age reduction rule applies beginning age 65</i>) Insurance amount over \$275,000 subject to Evidence of Insurability
Basic AD&D	<ul style="list-style-type: none"> Two times annual salary to a maximum of \$500,000 (<i>age reduction rule applies beginning age 65</i>)

TRAVEL ACCIDENT INSURANCE	
Eligibility	Upon hire.
Cost	Total premium is paid by the Company.
Travel Accident	<ul style="list-style-type: none"> Up to ten times base annual salary to a maximum of \$750,000 (<i>age reduction rule applies beginning age 70</i>) for accidental death or dismemberment sustained while traveling on Company business

OPTIONAL LIFE AND AD&D INSURANCE							
Eligibility	First day of the month following 30 days of employment.						
Cost	Total premium is paid by the employee through payroll deduction.						
Optional Life	<ul style="list-style-type: none"> Elect in increments of \$25,000 to the lesser of \$300,000 or 5 times your annual base earnings Increments over \$100,000 subject to Evidence of Insurability Premium is based upon employee's age 						
Optional Spouse Life	<ul style="list-style-type: none"> Increments of \$10,000 to the lesser of \$150,000 or 60% of the employee's supplemental life insurance amount Increments over \$20,000 subject to Evidence of Insurability Premium is based upon spouse's age 						
Dependent Group Life	<ul style="list-style-type: none"> \$20,000 / spouse, \$4,000 / child (19 years of age / 25 if full-time student) 						
Optional AD&D	<ul style="list-style-type: none"> Elect in increments of \$25,000 to \$300,000 for individual or family coverage Qualified dependent coverage is a percent of employee coverage: <table border="0" style="margin-left: 20px;"> <tr> <td>Spouse only</td> <td>60% on your spouse</td> </tr> <tr> <td>Child(ren) only</td> <td>15% on each child</td> </tr> <tr> <td>Your spouse and child(ren)</td> <td>50% on your spouse and 10% on each child</td> </tr> </table> Premium is determined by plan chosen 	Spouse only	60% on your spouse	Child(ren) only	15% on each child	Your spouse and child(ren)	50% on your spouse and 10% on each child
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Child(ren) only	15% on each child						
Your spouse and child(ren)	50% on your spouse and 10% on each child						

RETIREMENT PLAN	
Eligibility	Employee deferrals: First day of the month following 3 months of employment. Employer match: First day of the month following 6 months of employment.
401(k) Plan	<ul style="list-style-type: none"> Contribute 1-100% of eligible compensation up to IRS maximum each year Choose from a traditional (pre-tax) or Roth (after-tax) plan Employees age 50 and older may make a catch-up contribution subject to IRS maximum Company matches 75% up to the first 4% you contribute Employee contributions are 100% vested at all times; employer matching is 20% vested for each completed year of service (<i>100% vested after five years</i>)

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PAID TIME OFF (PTO)													
Eligibility	Accrual begins date of hire. All time-off requests are subject to supervisor approval.												
Paid Time Off (PTO)	<p>Employees accrue PTO on a per pay period (bi-weekly) basis in accordance with the following schedule (based on 40 hours per week schedule):</p> <table border="1"> <thead> <tr> <th><u>Years of Completed Service</u></th> <th><u>Accrual per Pay Period</u></th> <th><u>Maximum Annual Accrual</u></th> </tr> </thead> <tbody> <tr> <td>0 to 3</td> <td>5.54 hours</td> <td>144 hours (18 days)</td> </tr> <tr> <td>4 to 9</td> <td>7.08 hours</td> <td>184 hours (23 days)</td> </tr> <tr> <td>10 or more</td> <td>8.62 hours</td> <td>224 hours (28 days)</td> </tr> </tbody> </table> <ul style="list-style-type: none"> As of December 31 of each year, your PTO account balance may not exceed 80 hours; any hours in excess of 80 are forfeited PTO can be used in 15 min increments 	<u>Years of Completed Service</u>	<u>Accrual per Pay Period</u>	<u>Maximum Annual Accrual</u>	0 to 3	5.54 hours	144 hours (18 days)	4 to 9	7.08 hours	184 hours (23 days)	10 or more	8.62 hours	224 hours (28 days)
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0 to 3	5.54 hours	144 hours (18 days)											
4 to 9	7.08 hours	184 hours (23 days)											
10 or more	8.62 hours	224 hours (28 days)											

COMPANY HOLIDAYS	
Observed	<ul style="list-style-type: none"> New Year's Day President's Day Memorial Day Independence Day Labor Day Thanksgiving Day Day after Thanksgiving Day Christmas Eve Christmas Day

EMPLOYEE ASSISTANCE PROGRAM (EAP)	
Eligibility	Date of hire.
Cost	Total premium is paid by the Company.
EAP	<p>24/7 access to a professional counselor for assistance in the following areas:</p> <ul style="list-style-type: none"> Counseling Benefits Work/Life Benefits Information Resource Benefits Lifestyle Benefits Career Development and Training Benefits

This summary does not detail all benefits, exclusions and limitations of the benefit plans offered to eligible employees of Pearl Carroll & Associates LLC. Its contents are subject to change. The Company's benefit programs are defined in specific legal documents, including insurance contracts, official plan documents and trust agreements. The contents of these legal documents override any informal summary of benefits that may be distributed to employees. These documents are available upon request through the Human Resources Office. Information provided in this summary is not a guarantee of benefits.