

# **MENTAL HEALTH AND WELLNESS PROGRAM GUIDE**

**Polar Dynamics Robotics, Inc.**

*Effective Date: January 1, 2024*

*Document Version: 2.0*

## **1. PROGRAM OVERVIEW AND PURPOSE**

1. Polar Dynamics Robotics, Inc. ("Company") establishes this Mental Health and Wellness Program Guide ("Program Guide") to promote employee wellbeing and maintain a psychologically safe workplace environment, particularly considering the unique stressors associated with robotics development and manufacturing operations in mission-critical environments.

2. This Program Guide outlines the Company's commitment to supporting employee mental health through comprehensive benefits, resources, and accommodations in accordance with applicable federal and state laws, including but not limited to the Americans with Disabilities Act (ADA) and state mental health parity laws.

## **2. SCOPE AND ELIGIBILITY**

1. This Program Guide applies to all full-time employees of the Company who have completed their 90-day probationary period.

2. Part-time employees working more than 20 hours per week are eligible for modified program benefits as detailed in Section 4.

3. Independent contractors and temporary workers may access certain program resources as specified in their respective service agreements.

## **3. CONFIDENTIALITY AND PRIVACY**

1. All mental health and wellness program participation shall be treated with strict confidentiality in accordance with HIPAA requirements and applicable privacy laws.

2. Employee personal health information (PHI) shall be maintained separately from personnel files and accessed only by authorized HR personnel on a need-to-know basis.

3. Program utilization data shall be reported only in aggregate form without individual identifying information.

## **4. PROGRAM COMPONENTS AND BENEFITS**

### **1. Employee Assistance Program (EAP)**

- 24/7 confidential counseling services
- Up to 12 free sessions per issue annually
- Crisis intervention support
- Work-life resource referrals

### **2. Mental Health Insurance Coverage**

- In-network mental health provider coverage at 90%
- Out-of-network coverage at 70%
- Teletherapy services covered at in-network rates
- Prescription medication coverage per formulary

### **3. Wellness Benefits**

- Annual wellness stipend of \$500
- Meditation app subscriptions
- Quarterly wellness workshops
- On-site relaxation room access

## **5. ACCOMMODATION PROCEDURES**

1. Employees requiring mental health accommodations shall submit requests to Human Resources using Form MH-101.

2. The Company shall engage in an interactive process to determine reasonable accommodations, which may include:

- Modified work schedules
- Remote work arrangements
- Adjusted performance metrics
- Environmental modifications
- Extended leave periods

3. Documentation from qualified healthcare providers may be required to support accommodation requests.

## **6. CRISIS RESPONSE PROTOCOL**

1. The Company maintains a 24-hour crisis response team accessible via:

- Emergency hotline: (800) 555-0123
- Crisis email: crisis@polardynamics.com
- On-site HR personnel during business hours

2. Managers shall complete mandatory annual mental health first aid training to identify and respond to employee crisis situations.

## **7. PROGRAM ADMINISTRATION**

1. The Mental Health and Wellness Program is administered by:

- Director of Human Resources
- Benefits Administration Team
- Wellness Committee
- External EAP provider

2. Program effectiveness shall be evaluated quarterly through:

- Utilization metrics
- Employee satisfaction surveys
- Absence and productivity data
- Workers' compensation claims analysis

## **8. COMPLIANCE AND UPDATES**

1. This Program Guide shall be reviewed annually and updated as necessary to ensure compliance with applicable laws and regulations.

2. Employees shall be notified of material changes to the Program Guide within 30 days of implementation.

## **9. DISCLAIMER**

1. This Program Guide does not constitute a contract between the Company and its employees.

2. The Company reserves the right to modify, suspend, or terminate any aspect of this program at its

sole discretion.

## **10. ACKNOWLEDGMENT**

I acknowledge receipt of the Mental Health and Wellness Program Guide and understand its contents.

**Employee Name:** \_

**Employee Signature:**

**Date:** \_

Authorized by:

/s/ Katherine Wells

Chief Financial Officer

Polar Dynamics Robotics, Inc.

Date: January 1, 2024