

EMPLOYEE BENEFITS SUMMARY 2024

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Polar Dynamics Robotics, Inc.

Effective Date: January 1, 2024

1. INTRODUCTION

This Employee Benefits Summary ("Summary") describes the benefits available to eligible employees of Polar Dynamics Robotics, Inc. ("Company") for the 2024 calendar year. This document serves as a high-level overview and does not constitute the full plan documents or create any contractual rights.

2. ELIGIBILITY

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1. Full-time employees working 30+ hours per week are eligible for all benefits

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2. Part-time employees working 20-29 hours per week are eligible for pro-rated

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3. Benefits eligibility begins on the first day of the month following date of hire

3. HEALTH INSURANCE

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1. Medical Coverage

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PPO Plan through Blue Cross Blue Shield

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HMO Plan through Kaiser Permanente

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Company covers 80% of premium for employee coverage

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Company covers 60% of premium for dependent coverage

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Annual deductibles: \$1,500 (individual) / \$3,000 (family)

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2. Dental Coverage

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Delta Dental PPO Plan

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Company covers 75% of premium

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Annual maximum benefit: \$2,000

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Orthodontia coverage up to \$1,500 lifetime

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3. Vision Coverage

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VSP Choice Plan

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Company covers 75% of premium

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Annual eye exam copay: \$10

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Frame allowance: \$175 every 24 months

4. RETIREMENT BENEFITS

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1. 401(k) Plan

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Automatic enrollment at 3% contribution

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Company match: 100% of first 4% contributed

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Immediate vesting of employee contributions

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3-year graded vesting of employer match

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Annual IRS contribution limits apply

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2. Employee Stock Purchase Plan (ESPP)

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Semi-annual offering periods

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15% discount on fair market value

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Maximum annual contribution: \$25,000

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6-month holding period required

5. PAID TIME OFF AND LEAVE

- - 6 -

1. Vacation Time

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0-2 years: 15 days annually

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3-5 years: 20 days annually

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6+ years: 25 days annually

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Maximum accrual: 1.5x annual allowance

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2. Sick Leave

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10 days annually

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Unused sick leave rolls over

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Maximum bank: 30 days

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3. Other Paid Leave

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11 paid holidays annually

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3 personal days annually

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Bereavement leave: up to 5 days

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Jury duty leave: fully paid

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Military leave: as required by law

6. ADDITIONAL BENEFITS

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1. Life and Disability Insurance

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Company-paid basic life insurance: 2x annual salary

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Optional supplemental life insurance available

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Short-term disability: 60% of salary up to 12 weeks

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Long-term disability: 60% of salary after 90 days

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2. Flexible Spending Accounts

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Healthcare FSA: \$3,050 annual maximum

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Dependent Care FSA: \$5,000 annual maximum

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Transit/Parking: IRS monthly limits apply

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3. Professional Development

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Annual training allowance: \$3,000

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Professional certification reimbursement

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Conference attendance support

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Professional membership dues coverage

7. SPECIAL PROGRAMS

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1. Wellness Benefits

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Annual fitness reimbursement: \$500

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Quarterly wellness challenges

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Mental health resources

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Telemedicine access

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2. Family Support

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Fertility treatment coverage: \$15,000 lifetime

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Adoption assistance: \$5,000 per adoption

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Parental leave: 12 weeks paid

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Backup childcare: 10 days annually

8. LEGAL DISCLAIMERS

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1. This Summary provides an overview of benefits and does not create any c

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2. The Company reserves the right to modify, amend, or terminate any benef

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3. In case of discrepancy between this Summary and official plan documents

9. CONTACT INFORMATION

Benefits Department

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