



EMPLOYEE BENEFITS SUMMARY

1/1/2025-12/31/2025

About this summary: This document summarizes only some of the highlights of the health plans available to eligible employees of Synoligo. The actual terms of each health plan are included in an official plan document for the plan (which may incorporate a Summary Plan Description), and Synoligo reserves the right to amend the terms of its health plans at any time (as well as the right to terminate any plan at any time). In case of any conflict between the plan document and this document, the plan document will control. You may view and/or obtain a copy of the plan document for a health plan by contacting 919-650-1014. You can find a complete listing of covered services, as well as information on who should receive these services and how often in your Summary Plan Document.

BENEFIT OPTIONS AT A GLANCE

EMPLOYEE ELECTED BENEFITS

- United Healthcare 2500 plan*
- United Healthcare high deductible 8050 plan*
- BCBS Dental Blue Preferred (PPO)*
- BCBS Vision Blue 20/20*
- Health Savings Account (for high deductible plan participants only)*
- Flexible Spending Accounts* – Health care, Limited Purpose Health Care, and Dependent Care
- Supplemental Medical Benefits – Critical Illness[#], Accident[#], and Hospital Indemnity[#] Insurances
- Buy-up Short-Term Disability
- Supplemental Life and AD&D Insurance – Employee, Spouse, and Children
- Retirement Plan (401k* and Roth)

COMPANY PROVIDED BENEFITS

- Health Savings Account Contribution (for high deductible plan participants only)
- Basic Life Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Basic Short-Term Disability
- Long-Term Disability
- 401k Match (when you participate)

* Pre-tax Benefits – Some of your benefits are calculated on a pre-tax basis. This means the money you pay for these benefits is deducted from your paycheck before taxes are calculated and withheld. Pre-tax benefit deductions allow you to receive greater savings on taxable income and benefits costs.

Assuming we have enough enrollment for year 2025.

COMPANY SUBSIDIZED BENEFITS

As part of your benefit package, Synoligo pays on behalf of employees on certain plan premium. The premium payment schedule is as follows:

Synoligo will pay	Employee cost	Dependent cost
Health	100%	40%
Dental	100%	0%
Vision	100%	0%
Basic Life Insurance, AD&D	100%	N/A
Short Term Disability	100%	N/A
Long Term Disability	100%	N/A

ELIGIBILITY FOR BENEFITS

All regular full-time employees working an average of 30 or more hours per week are eligible for benefits. Employees may also enroll eligible dependents, including:

- Spouse
- Child(ren) until age 26, or disabled child(ren) of any age
- Domestic partner and eligible domestic partner's child(ren) – notarized affidavit is required.



Health insurance benefits

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Enrollment

If you do not enroll within 30 days of your eligibility date, you will not be able to enroll or make mid-year changes for any reason other than those listed in Changing Your Elections below.

Changing Your Elections

Federal law limits when employees can change their benefit elections during the year. You may only change your benefits during the plan year if you experience a qualifying event. Listed below are some examples of qualifying events. Contact Human Resources if you are unsure if an event will qualify.

- Marriage, divorce, legal separation
- Birth, adoption
- Your spouse/child gains or loses health coverage

If you have a qualifying event, you must submit the election change request within 30 days of the event. Most changes will become effective on the first of the month following the date of the qualifying event.

Monthly Costs: Synoligo pays 100% of your (employee only) premium cost to be covered by the United Healthcare 2500 copay plan (option 1) or 8050 H.S.A. plan (option 2). Additionally, Synoligo pays 40% of the premium cost for your dependents (spouse, children, or both). If covering dependents, you pay the remaining 60% share of the cost to cover dependents. You pay your share of the health insurance costs pre-tax through payroll deduction. See below for the insurance costs, based on the plan design you choose:

	Option 1 ¹		Option 2 ^{2, 3}	
	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee Only	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Employee + Spouse	\$ 280.90	\$ 140.45	\$ 197.76	\$ 98.88
Employee + Child(ren)	\$ 210.68	\$ 105.34	\$ 148.33	\$ 74.16
Employee + Family	\$ 491.57	\$ 245.79	\$ 346.08	\$ 173.04

¹ You can contribute to Flexible Spending Account (medical) up to annual IRS limit. The FSA is managed by HealthEquity.

² You can contribute to Flexible Spending Account (limited purpose) up to annual IRS limit. The FSA is managed by HealthEquity.

³ Synoligo contributes \$50 monthly to your Health Savings Account if you choose the 8050 H.S.A. plan option. The HSA is managed by HealthEquity.



BlueCross BlueShield of North Carolina

Dental and vision insurance benefits

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Enrollment

If you do not enroll within 30 days of your eligibility date, you will not be able to enroll or make mid-year changes for any reason other than those listed in Changing Your Elections below.

Changing Your Elections

Federal law limits when employees can change their benefit elections during the year. You may only change your benefits during the plan year if you experience a qualifying event. Listed below are some examples of qualifying events. Contact Human Resources if you are unsure if an event will qualify.

- Marriage, divorce, legal separation
- Birth, adoption
- Your spouse/child gains or loses health coverage

If you have a qualifying event, you must submit the election change request within 30 days of the event. Most changes will become effective on the first of the month following the date of the qualifying event.

Monthly Costs: Synoligo pays 100% of your (employee only) premium cost to be covered by BCBC NC Dental Blue Preferred and Blue 20/20. If covering dependents, you pay the remaining 100% share of the cost to cover dependents. You pay your share of the dental and vision insurance costs pre-tax through payroll deduction. See below for the insurance costs, based on the plan design you choose.

	<i>Dental</i>		<i>Vision</i>	
	Monthly	Per Pay Period	Monthly	Per Pay Period
<i>Employee Only</i>	\$0.00	\$0.00	\$0.00	\$0.00
<i>Employee + Spouse</i>	\$48.35	\$24.18	\$7.92	\$3.96
<i>Employee + Child(ren)</i>	\$64.74	\$32.37	\$8.80	\$4.40
<i>Employee + Family</i>	\$118.80	\$59.40	\$17.07	\$8.54

Benefit Highlights:



BlueCross BlueShield of North Carolina

Dental Blue Preferred (PPO) Benefit Highlights - Traditional Plan

Services	In-network	Out-of-network
Preventive Care Routine Oral Exams, Cleanings, Bitewing X-rays, Emergency Palliative, Fluoride Application, Sealants, Space Maintainers	0%	20%
Basic Care Routine Fillings, Oral Surgery (including Simple Extractions), Periodontal Maintenance, Endodontics, Periodontics	20% after Dental deductible	40% after Dental deductible
Major Care Crowns, Inlays and Onlays, Dentures, Implants	50% after Dental deductible	50% after Dental deductible
Benefit Period Deductible (Applies to Basic and Major Care)		
Individual	\$50	\$50
Family	\$150	\$150
Combined Benefit Period Maximum (Includes Diagnostic and Preventive, Basic and Major Care)	\$3,000	\$3,000
Orthodontic Care <i>Covered through age 18</i>	50%	50%
Lifetime Orthodontic Maximum	\$3,000	\$3,000

Some services may have frequency limitations. For example, 3 exams and cleanings per benefit period, replacements of crowns & dentures every 8 years.

Benefit Highlights - Blue 20/20 Lens & Frame Plus

Benefits	In-Network Copayment	Out-of-Network Reimbursement
Routine Eye Exam	\$10 Copayment	Provider's billed charge or \$39, whichever is less
Lenses, Frames or Contact Lenses	\$200 Allowance	Provider's billed charge or 50% of your In-Network Allowance for Frames/Lenses, or 80% of your In-Network Allowance for Contact Lenses, whichever is less
Medically required contact lenses* *Subject to eligibility review	\$0 Copayment	Provider's billed charge or \$200, whichever is less
Frequency		
Exam	1 per 12 months (Exam)	
Lenses / Contact Lenses / Frames	1 per 12 months	
Voluntary or Non Voluntary	Voluntary	



Flexible spending account

The company offers three types of FSA plan for medical and dependent care expenses – Healthcare FSA, Limited Purpose FSA, and Dependent Care FSA.

Eligibility

To be eligible for Healthcare FSA, you need to enroll in the copay medical plan. This plan can cover deductible, copays and coinsurance expenses incurred for medical, dental and vision and Rx costs.

To be eligible for Limited FSA, you can have either of the medical insurance plans. This plan can cover expenses incurred for dental and vision costs.

There are no qualification criteria for dependent care FSA. You can have either or none of the medical plan and still enroll in this plan. This plan can cover preschool, summer day camp, before- and after-school programs and child or elder daycare.

Plan Period

From January 1 to the end of December.

Fund and reimbursement

You must enroll at the beginning of the plan year and can't drop out unless there is a qualifying life event. The contribution will be pre-tax, and you can contribute up to IRS limit, which is \$3,300 for Healthcare and Limited Purpose FSA and \$5,000 for dependent care FSA

To get reimbursed, one can submit a reimbursement request online. No debit card will be issued.

You have until the end of Feb of the following year to submit all expenses incurred in the current plan year. If you haven't used up all the balances by the year end, you can continue submitting expenses incurred in the following Jan and Feb to get reimbursed from the leftover balances. On and after March 1 of the following year, any unused balanced will be forfeited.

If you leave the company in the middle of the plan year, you have 60 days to submit all expenses incurred up to the termination date. Any unused balance will be forfeited.



Health saving account

Eligibility

To be eligible for the Health Saving plan, you must enroll in high-deductible plan. This plan can cover any expenses related to medical, dental, vision and Rx costs.

Fund and reimbursement

You can fund this account with pre-tax payroll deductions up to IRS limit, which is \$4,300. Unused funds roll over from year-to-year. If you leave the company, the unused funds are yours to keep.



401(k) Savings Plan

Eligibility

You are eligible to participate in the Synoligo 401(k) plan starting on the first date of hire.

Fund

Your contributions are tax-deferred and are subject to the IRS annual maximum. If you are age 50 or over, you may make additional “catch-up” contributions up to the IRS annual maximum.

Your pre-tax contributions are deducted from your paycheck each pay period and you may invest them in a variety of investment options with varying levels of investment risk. You are always 100% vested in your contributions.

Synoligo matches 100% of your contributions up to 4% of your salary. Vesting for matching contributions is immediate.



Voluntary Critical Illness

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Monthly Costs:

HEALTH SCREENING BENEFIT - \$50 once per year for each covered person

Employee/Child Monthly Rates				
AGE BAND	Tobacco		Non Tobacco	
	\$5,000	\$10,000	\$5,000	\$10,000
<25	\$1.95	\$3.90	\$1.95	\$3.90
25-29	\$2.70	\$5.40	\$2.40	\$4.80
30-34	\$3.40	\$6.80	\$2.65	\$5.30
35-39	\$4.25	\$8.50	\$3.10	\$6.20
40-44	\$5.95	\$11.90	\$4.00	\$8.00
45-49	\$9.30	\$18.60	\$5.75	\$11.50
50-54	\$13.20	\$26.40	\$7.55	\$15.10
55-59	\$17.70	\$35.40	\$9.70	\$19.40
60-64	\$25.45	\$50.90	\$13.05	\$26.10
65-69	\$36.25	\$72.50	\$18.45	\$36.90
70-74	\$47.50	\$95.00	\$24.10	\$48.20
75-79	\$60.35	\$120.70	\$30.50	\$61.00
80+	\$73.15	\$146.30	\$36.90	\$73.80

Spouse Monthly Rates				
AGE BAND	Tobacco		Non-Tobacco	
	\$5,000	\$10,000	\$5,000	\$10,000
<25	\$1.30	\$2.60	\$1.30	\$2.60
25-29	\$2.05	\$4.10	\$1.70	\$3.40
30-34	\$2.75	\$5.50	\$2.00	\$4.00
35-39	\$3.55	\$7.10	\$2.45	\$4.90
40-44	\$5.25	\$10.50	\$3.35	\$6.70
45-49	\$8.70	\$17.40	\$5.10	\$10.20
50-54	\$12.55	\$25.10	\$6.90	\$13.80
55-59	\$17.05	\$34.10	\$9.05	\$18.10
60-64	\$24.80	\$49.60	\$12.40	\$24.80
65-69	\$35.65	\$71.30	\$17.80	\$35.60
70-74	\$46.85	\$93.70	\$23.45	\$46.90
75-79	\$59.65	\$119.30	\$29.85	\$59.70
80+	\$72.45	\$144.90	\$36.25	\$72.50

Benefit: Critical Illness plan(s) will pay a lump-sum benefit for a covered person diagnosed with a covered illness while insurance is in effect.

	EMPLOYEE	SPOUSE	CHILD(REN)
BENEFIT	Increments of \$5,000 to a Maximum of \$10,000	100% of Employee Election*	50% of Employee Election*



Voluntary Accident

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Monthly Costs:.

VOLUNTARY ACCIDENT INSURANCE Health Screening Benefit - \$50 once per year for each covered person

PLAN TYPE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
MONTHLY RATES	8.35	13.14	13.96	21.96

Benefit: This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident.



Voluntary Hospital Indemnity

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Monthly Costs:.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE Health screening benefit - \$50 once per year for each covered person

PLAN TYPE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
MONTHLY RATES	17.92	37.07	33.91	55.84

Benefit:

PLAN INFORMATION		EMPLOYEE & DEPENDENTS
Covered Events		Illness and injury
Covered Type		On and off-job (24 hour)
HOSPITAL CARE		PLAN 2
First Day Hospital Confinement	Up to 1 day per year	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$200
Daily ICU Confinement (Day 2+)	Up to 30 days per year (31 days in UT)	\$400
FAMILY CARE		
Health Screening	1 day per year	\$50



Employer paid Life Insurance /AD&D

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Monthly Costs: Synoligo Biotechnologies pays 100% of the employee cost life insurance.

Benefit: The benefit amount is 1x your annual salary to a maximum of \$100,000. You will be eligible for this benefit as long as you continue to be a full-time employee.

Voluntary Dependent Basic Life Insurance

Eligibility

As long as employee is enrolled.

Monthly Costs: \$3.03/month per dependent.

Benefit: The benefit amount is \$10,000 for Spouse and \$5,000 for Child 6 months to 22 years or \$500 for Child 15 days to 6 months.

Voluntary Life Insurance and AD&D

Eligibility

Minimum of 4 lives company-wide

Monthly Costs: See premium schedule below

Benefit: Employee can elect up to \$100,000 in \$25,000 increments. Spouse can elect up to \$25,000 in \$5,000 increments.

Monthly Premium per Covered Employee				
EMPLOYEE AGE	\$25,000 Employee	\$50,000 Employee	\$75,000 Employee	\$100,000 Employee
0-24	\$2.10	\$4.20	\$6.30	\$8.40
25-29	\$1.68	\$3.35	\$5.03	\$6.70
30-34	\$1.83	\$3.65	\$5.48	\$7.30
35-39	\$2.30	\$4.60	\$6.90	\$9.20
40-44	\$3.15	\$6.30	\$9.45	\$12.60
45-49	\$4.60	\$9.20	\$13.80	\$18.40
50-54	\$6.75	\$13.50	\$20.25	\$27.00
55-59	\$9.65	\$19.30	\$28.95	\$38.60
60-64	\$13.05	\$26.10	\$39.15	\$52.20
65-69	\$18.70	\$37.40	\$56.10	\$74.80
70-74	\$31.95	\$63.90	\$95.85	\$127.80
75 or older	\$86.10	\$172.20	\$258.30	\$344.40

Monthly Premium for Dependent Spouse												
Benefit Amount	Age 0-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$5,000	\$0.52	\$0.40	\$0.43	\$0.54	\$0.75	\$1.11	\$1.64	\$2.37	\$3.22	\$4.61	\$7.84	\$20.97
\$10,000	\$1.03	\$0.79	\$0.87	\$1.08	\$1.50	\$2.22	\$3.28	\$4.73	\$6.44	\$9.21	\$15.68	\$41.95
\$15,000	\$1.55	\$1.19	\$1.30	\$1.62	\$2.25	\$3.33	\$4.92	\$7.10	\$9.66	\$13.82	\$23.52	\$62.92
\$20,000	\$2.06	\$1.58	\$1.74	\$2.16	\$3.00	\$4.44	\$6.56	\$9.46	\$12.88	\$18.42	\$31.36	\$83.90
\$25,000	\$2.58	\$1.98	\$2.17	\$2.70	\$3.75	\$5.55	\$8.20	\$11.83	\$16.10	\$23.03	\$39.20	\$104.87
DEPENDENT CHILDREN 6 months to age 22			\$5,000 Death Benefit			\$0.67 per Unit Per Child unit represents the total cost to cover all of an employee's dependent children with \$5,000 death benefit.						



Employer paid short term disability

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Monthly Costs: Synoligo Biotechnologies pays 100% of the short-term disability.

Benefit: If you can't work due to accident or illness it will pay 60% of your salary to a maximum of \$1,000 per week. The benefit will kick in on the 8th day that you are out of work due to accident or illness for 12 weeks. You will be eligible for this benefit as long as you continue as a full-time employee. This benefit will terminate if you are no longer employed as a full-time employee.



Employer paid long term disability

Eligibility

Your coverage is effective on the first day of the month following 30 days of service.

Monthly Costs: Synoligo Biotechnologies pays 100% of the long-term disability.

Benefit: If you exhaust your short-term disability benefit, long term disability will begin. It will pay 60% of your salary to a maximum of \$6,000 per month. The benefit will kick in on the 90th day for the greater of 4 years or your Social Security normal retirement age. You will be eligible for this benefit as long as you continue full time employment. This benefit will terminate if you are no longer employed as a full-time employee