

SRNS New Hire Benefit Options
Full Service Employee Only
(Effective January 1, 2013)

Benefit Plan	Who Is Covered	Effective Date	General Description of Benefits Provided
Medical Care	Full Service Employee and Eligible Dependents	Date of Hire	<ul style="list-style-type: none"> • Company and Employee share costs • Blue Cross / Blue Shield of SC • Includes pharmacy • 3 Plans from which to choose: <ul style="list-style-type: none"> ▪ Prime – BCBS - SC ▪ Standard– BCBS - SC ▪ Basic– BCBS - SC (<i>default plan</i>) • 3 Levels of Coverage: <ul style="list-style-type: none"> ▪ Employee Only (<i>default coverage</i>) ▪ Employee + 1 Dependent ▪ Employee + Family
Dental Care	Full Service Employee and Eligible Dependents	Date of Hire	<ul style="list-style-type: none"> • Company and Employee share costs • Blue Cross / Blue Shield of SC • 2 Plans from which to choose: <ul style="list-style-type: none"> ▪ Prime – BCBS - SC ▪ Standard– BCBS - SC
Vision Care	Full Service Employee and Eligible Dependents	Date of Hire	<ul style="list-style-type: none"> • Employee pays full cost • Eyemed Vision Care • Provides eye exams and eyeglasses/contacts
Flexible Spending Account	Full Service Employee and Eligible Dependents	First day of the next month following hire	<ul style="list-style-type: none"> • Provides pre-tax contribution for: <ul style="list-style-type: none"> ▪ Healthcare Flex Spending – up to \$2,500/year ▪ Dependent Care Flex Spending – up to \$5,000/year
Health Savings Account	Full Service Employee and Eligible Dependents	First day of the next month following hire	<ul style="list-style-type: none"> • Provides pre-tax contribution for healthcare when electing the Basic medical plan option. • Company contributes \$250/Single and \$500/Family • Contribution Limits: \$3,250/Single and \$6,450/Family

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<p>Short-Term Disability (STD)</p> <p>Long-Term Disability (LTD)</p>	Full Service Employee	<p>STD: 1st Day of Active Employment</p> <p>LTD: 1st Day of Active Employment. (Pre-existing limitation for disabilities that occur within 12 months of hire date.)</p>	<ul style="list-style-type: none"> • Company paid: <ul style="list-style-type: none"> ▪ STD – up to 1,040 hours with full pay for non-job related illness or injury. Benefits may begin after a waiting period of seven calendar days. ▪ LTD – maximum of 60% of pay when combined with other sources of income; benefits may begin after exhausting the STD benefit. 																								
Life Insurance	Full Service Employee and Eligible Dependents	First day of the next month following hire	<ul style="list-style-type: none"> • Basic Coverage: Company Paid 1 times annual base pay • Optional Coverages Available - premiums paid by Employee: <ul style="list-style-type: none"> ▪ 1 to 3 times annual base pay ▪ Dependent Life Insurance ▪ Accidental Death & Dismemberment for employee and/or family 																								
Paid Time Off	Full Service Employee	Per Established Policy	<ul style="list-style-type: none"> • Company Paid • Time Bank (vacations, sick days and personal absences) • Earn 1/12th of eligibility on the first of each month <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #4a5568; color: white;"> <th>Years of Service</th> <th>Exempt</th> <th>Non-Exempt</th> <th>Max. Carry-Over</th> </tr> </thead> <tbody> <tr> <td>0 – 4</td> <td>112</td> <td>120</td> <td>300</td> </tr> <tr> <td>5 – 9</td> <td>152</td> <td>160</td> <td>350</td> </tr> <tr> <td>10 – 19</td> <td>192</td> <td>200</td> <td>400</td> </tr> <tr> <td>20 – 29</td> <td>232</td> <td>240</td> <td>450</td> </tr> <tr> <td>30+ years</td> <td>272</td> <td>280</td> <td>500</td> </tr> </tbody> </table> <p style="text-align: center;">See policy for specific plan details.</p>	Years of Service	Exempt	Non-Exempt	Max. Carry-Over	0 – 4	112	120	300	5 – 9	152	160	350	10 – 19	192	200	400	20 – 29	232	240	450	30+ years	272	280	500
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Holidays	Full Service Employee	First Day	<ul style="list-style-type: none"> • 11 paid holidays each year
Miscellaneous Benefits	Full Service Employee	Per Established Policies	<ul style="list-style-type: none"> • Service awards • Military leave benefits • Invention and Patent awards • Professional Memberships • Tuition reimbursement (educational assistance)
Severance Pay	Full Service Employee	Per Established Policy	<ul style="list-style-type: none"> • 1 Week of Pay Times Years of Service up to Maximum of 26 Weeks
Savings & Investment Plan (SIP)	Full Service Employee	Eligible to enroll on date of hire	<ul style="list-style-type: none"> • Company Matching Account: <ul style="list-style-type: none"> ▪ Eligible to participate upon hire, and automatically enrolled at 4% ▪ Contribute from 1% to 75% of pay ▪ Eligible for Company Match 12 months from hire date ▪ Company Match up to 8% (\$0.50 / \$1.00) for a total potential company paid match of 4% ▪ 3-year cliff vesting ▪ 16+ Investment Funds, including target date of retirement ▪ Contribute before-tax, after-tax, and catch-up • Non-elective Account: <ul style="list-style-type: none"> ▪ Company contribution of 5% pay credited each pay period ▪ Immediate vesting ▪ Not available for loans or withdrawals ▪ Access at separation of employment or as legally required (e.g., age 59.5)
Defined Benefit Pension Plan			NOT AVAILABLE
Post-Retirement Benefits			NOT AVAILABLE

2013 HEALTH CHOICE NEW HIRE MONTHLY BENEFIT RATES (Effective 01/01/13)			
MEDICAL OPTIONS	Prime	Standard	Basic
Employee Only	\$ 359	\$100	\$ 0
Employee + 1	\$ 718	\$200	\$28
Employee + 2 or more	\$1,079	\$377	\$62
DENTAL OPTIONS	Prime	Standard	
Employee Only	\$20	\$ 7	
Employee + 1	\$48	\$21	
Employee + 2 or more	\$84	\$31	
VISION CARE			
Employee Only	\$ 8.12		
Employee + 1	\$15.28		
Employee + 2 or more	\$22.48		

Contributory Group Life Insurance Plan

Age Bracket	Employee Age Rate per \$1,000
Under 25	.05
25-29	.06
30-34	.08
35-39	.09
40-44	.10
45-49	.15
50-54	.23
55-59	.43
60-64	.66
65-69	1.27
70+	2.06

Dependent Life Insurance

Plan Type	Option	Amount
Level 1	Your spouse is insured for \$5,000 coverage and each eligible child is insured for \$1,000 coverage,	\$1.40
Level 2	Your spouse is insured for \$10,000 coverage and each eligible child is insured for \$2,000 coverage	\$2.80

Accidental Death & Dismemberment Insurance

Plan Type	Option	Amount
Employee	Coverage can be purchased in increments of \$10,000 up to a maximum of five times your Normal Annual Earnings , rounded up to the next higher multiple of \$10,000. Your coverage amount cannot exceed \$300,000.	\$0.25 per Ten Thousand
Family	Coverage can be purchased in increments of \$10,000 up to a maximum of \$100,000. If you purchase coverage for your spouse, your children are automatically covered in multiples of \$2,000 each, up to a maximum benefit of \$20,000. Your children's coverage is based on the level of coverage you elected for your spouse. You may elect coverage for dependent children with no spouse.	\$0.25 per Ten Thousand