# PAR, Inc. Benefits Summary (updated 3/1/18)

<table>
<thead>
<tr>
<th>PLAN</th>
<th>ELIGIBILITY</th>
<th>SUMMARY OF BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Insurance</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Medical Plan | • Regularly scheduled for work 30 hours or more per week.  
• Coverage commences first of month following 30 days of employment.  
• Employee coverage 100% employer paid. | • Network providers: no deductible.  
• Out-of-network providers: $200 deductible.  
• Office visit: $20 in network.  
• Co-pays: 90% to 100% on in-network providers.  
• Annual out-of-pocket maximum: $1,000 (in network). |
| Network: Aetna OpenChoice PPO | | |
| Prescription Drugs | Same as above | • $20 co-pay generic, $40 co-pay preferred brand, $60 co-pay non-preferred brand.  
• Specialty: 10% co-pay, CVS/Caremark specialty pharmacy only.  
• Mail-in service provided: extended prescription quantity; double co-pay. Specialty not available.  
• Network pharmacies. |
| Vision Care Plan | Same as above | • Cost-reimbursement: participant chooses own vision care provider.  
• Annual benefit: $75 single-vision lens; $150 multi-vision lens; $150 contact lens; $75 vision exam.  
• Bi-annual benefit: $100 eyeglass frames |
| Flexible Spending Account | Same as above | MEDICAL: Account for defraying the cost of medical, dental, and optical expenses not covered by medical/dental health plans with “pre-tax” dollars. Elected amount must be used in year elected (“use it or lose it”). Maximum annual contribution $2,650.  
DEPENDENT CARE: Qualifying dependent care expenses with “pre-tax” dollars. Maximum contribution $5,000 or $2,500 (married filing separately). |
| **Dental Insurance** | | |
| Employee Choice Provided | • Regularly scheduled for work 30 hours or more per week.  
• Coverage commences first of month following 30 days of employment.  
• Employee coverage 100% employer paid. | • No deductible.  
• Pays based on “reasonable and customary” charges.  
• 100% coverage of preventive, 90% coverage of basic, and 60% coverage of major services.  
• Calendar year maximum: $2,000 per person. |
| **Disability Insurance** | | |
| Short-Term Disability Plan | • Regularly scheduled for work 30 hours or more per week.  
• Coverage commences first of month following 90 days of employment.  
• Employee premium 100% employer paid. | • Plan pays 60% of employee’s salary.  
• Plan begins paying on 1st day following accident; on 8th day following illness.  
• Maximum benefit: $2,400 per week. |
| Long-Term Disability Plan | Same as above | • Plan pays 60% of employee’s salary.  
• Plan begins paying on 90th day.  
• Maximum benefit: $10,000 per month  
• Benefits payments reduced by applicable payments from government-sponsored programs. |

Page 1 of 2
### PLAN ELIGIBILITY SUMMARY OF BENEFITS

#### Life Insurance

**Basic Group Life**
- Regularly scheduled for work 30 hours or more per week.
- Coverage commences first of month following 30 days of employment.
- Employee premium 100% employer paid.
- $50,000 coverage
- Includes accidental death and dismemberment coverage

**Business Travel Accident Insurance Plan**
- Regularly scheduled for work 30 hours or more per week.
- Coverage commences first of month following 90 days of employment.
- Employee premium 100% employer paid.
- All employees: $1,000,000.
- Coverage any conveyance.
- 24-hour coverage.
- Coverage applies while traveling on company business.

**Supplemental Life**
- Available at employee cost to employees regularly scheduled for work 30 hours or more per week.
- Employee pays premium, employer administers.
- Up to five times annual salary or $300,000, whichever is lower.

#### Paid Time Off

**Paid Time Off (includes vacation, sick days, personal days)**
- Regularly scheduled for work 30 hours or more per week.
- Employee begins earning immediately
- Varying amounts of leave depending upon seniority.
- Maximum annual “earning” level of 30 days.
- Maximum overall allowed balance carryforward of 20 days.

#### Holidays

**Traditional holiday schedule**
- Regularly scheduled for work 30 hours or more per week.
- Ten holidays per year, including occasional floating holiday

#### 401(k) Profit Sharing Plan

**PAR, Inc. 401(k)/Profit Sharing Plan**
- Next enrollment date following three months of employment; four enrollment dates annually: January 1, April 1, July 1, October 1
- Employee may contribute up to statutory limits ($18,500) in 2018 or 50% of salary, whichever is less.
- PAR matches 100% of first 3% salary deferral.
- PAR matches 50% of next 2% salary deferral.
- Additional annual employer contribution based on company profitability (profit sharing portion).

Other additional benefits include Tuition Reimbursement Plan, Charitable Contribution Matching, Volunteer Day, Dependent Care Expense Reimbursement Plan, and Employee Assistance Program.

**ALL BENEFITS ARE SUBJECT TO CHANGE WITHOUT NOTICE.**