

## PAR, Inc. Benefits Summary (updated 1/1/2022)

PLAN	ELIGIBILITY	SUMMARY OF BENEFITS
<b>Medical Insurance</b>		
Medical Plan Network: Aetna OpenChoice PPO	<ul style="list-style-type: none"> <li>Regularly scheduled for work 30 hours or more per week.</li> <li>Coverage commences first of month following 30 days of employment.</li> <li>Employee coverage 100% employer paid.</li> </ul>	<ul style="list-style-type: none"> <li>Network providers: no deductible.</li> <li>Out-of-network providers: \$200 deductible.</li> <li>Office visit: \$20 in network.</li> <li>Co-pays: 90% to 100% on in-network providers.</li> <li>Annual out-of-pocket maximum: \$1,000 (in network).</li> </ul>
Prescription Drugs	Same as above	<ul style="list-style-type: none"> <li>\$20 co-pay generic, \$40 co-pay preferred brand, \$60 co-pay non-preferred brand.</li> <li>Specialty: 10% co-pay or 30% co-pay, CVS/Caremark specialty pharmacy only. Prudent Rx may be available for certain medications.</li> <li>Mail-in service provided: extended prescription quantity; double co-pay. Specialty not available.</li> <li>Maintenance meds must be filled through mail service or CVS pharmacy.</li> </ul>
Vision Care Plan	Same as above	<ul style="list-style-type: none"> <li>Cost-reimbursement: participant chooses own vision care provider.</li> <li>Annual benefit: \$75 single-vision lens; \$150 multi-vision lens; \$150 contact lens; \$75 vision exam.</li> <li>Bi-annual benefit: \$100 eyeglass frames</li> </ul>
Flexible Spending Account	Same as above	<p><b>MEDICAL:</b> 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 \$2,850.</p> <p><b>DEPENDENT CARE:</b> Qualifying dependent care expenses with “pre-tax” dollars. Maximum contribution \$5,000 or \$2,500 (married filing separately).</p>
<b>Dental Insurance</b>		
Employee Choice Provided	<ul style="list-style-type: none"> <li>Regularly scheduled for work 30 hours or more per week.</li> <li>Coverage commences first of month following 30 days of employment.</li> <li>Employee coverage 100% employer paid.</li> </ul>	<ul style="list-style-type: none"> <li>No deductible.</li> <li>Pays based on “reasonable and customary” charges.</li> <li>100% coverage of preventive, 90% coverage of basic, and 60% coverage of major services.</li> <li>Calendar year maximum: \$2,000 per person.</li> </ul>
<b>Disability Insurance</b>		
Short-Term Disability Plan	<ul style="list-style-type: none"> <li>Regularly scheduled for work 30 hours or more per week.</li> <li>Coverage commences first of month following 90 days of employment.</li> <li>Employee premium 100% employer paid.</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 60% of employee’s salary.</li> <li>Plan begins paying on 1<sup>st</sup> day following accident; on 8<sup>th</sup> day following illness.</li> <li>Maximum benefit: \$2,400 per week.</li> </ul>
Long-Term Disability Plan	Same as above	<ul style="list-style-type: none"> <li>Plan pays 60% of employee’s salary.</li> <li>Plan begins paying on 90<sup>th</sup> day.</li> <li>Maximum benefit: \$10,000 per month</li> <li>Benefits payments reduced by applicable payments from government-sponsored programs.</li> </ul>

PLAN	ELIGIBILITY	SUMMARY OF BENEFITS
<b>Life Insurance</b>		
Basic Group Life	<ul style="list-style-type: none"> <li>Regularly scheduled for work 30 hours or more per week.</li> <li>Coverage commences first of month following 30 days of employment.</li> <li>Employee premium 100% employer paid.</li> </ul>	<ul style="list-style-type: none"> <li>\$50,000 coverage</li> <li>Includes accidental death and dismemberment coverage</li> </ul>
Business Travel Accident Insurance Plan	<ul style="list-style-type: none"> <li>Regularly scheduled for work 30 hours or more per week.</li> <li>Coverage commences first of month following 90 days of employment.</li> <li>Employee premium 100% employer paid.</li> </ul>	<ul style="list-style-type: none"> <li>All employees: \$1,000,000.</li> <li>Coverage any conveyance.</li> <li>24-hour coverage.</li> <li>Coverage applies while traveling on company business.</li> </ul>
Supplemental Life	<ul style="list-style-type: none"> <li>Available at employee cost to employees regularly scheduled for work 30 hours or more per week.</li> <li>Employee pays premium, employer administers.</li> </ul>	<ul style="list-style-type: none"> <li>Up to five times annual salary or \$500,000, whichever is lower.</li> </ul>
<b>Paid Time Off</b>		
Paid Time Off (includes vacation, sick days, personal days)	<ul style="list-style-type: none"> <li>Regularly scheduled for work 30 hours or more per week.</li> <li>Employee begins earning immediately</li> </ul>	<ul style="list-style-type: none"> <li>Varying amounts of leave depending upon seniority.</li> <li>Maximum annual "earning" level of 30 days.</li> <li>Maximum overall allowed balance carryforward of 20 days.</li> </ul>
<b>Holidays</b>		
Traditional holiday schedule	<ul style="list-style-type: none"> <li>Regularly scheduled for work 30 hours or more per week.</li> </ul>	<ul style="list-style-type: none"> <li>Ten holidays per year, including occasional floating holiday</li> </ul>
<b>401(k)/Profit Sharing Plan</b>		
PAR, Inc. 401(k)/Profit Sharing Plan	<ul style="list-style-type: none"> <li>Next enrollment date following three months of employment; four enrollment dates annually: January 1, April 1, July 1, October 1</li> </ul>	<ul style="list-style-type: none"> <li>Employee may contribute up to statutory limits (\$19,500) in 2021 or 50% of salary, whichever is less.</li> <li>PAR matches 100% of first 3% salary deferral.</li> <li>PAR matches 50% of next 2% salary deferral.</li> <li>Additional annual employer contribution based on company profitability (profit sharing portion).</li> </ul>
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.**