

# Comtech, LLC Benefit Summary



**Welcome to Comtech, LLC, the official sponsor of your benefits program! As a full-time active employee, you are eligible to participate in a competitive benefits program.**

**Medical**

**Dental**

**Vision**

**Life/AD&D**

**Disability**

**401(k)/Profit  
Sharing**

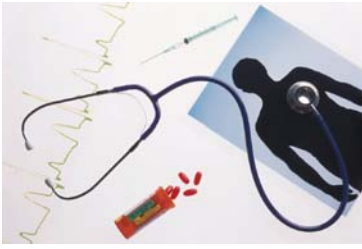
**Holidays**

**Vacation**

**Sick Leave**

**Flexible  
Spending  
Accounts**

## - Medical Insurance -



### Medical

Comtech, LLC has two medical plans from United Healthcare to choose from: HMO, and PPO.

The following charts are a brief summary of the benefits of each plan:

HMO Plan Feature (NO referrals)	In-Network	Out-of-Network
Deductible	None	No out-of-network benefits
Coinsurance	None	N/A
Out-of-Pocket Maximum	None	N/A
Lifetime Maximum Benefit	Unlimited	N/A
Office Visit (no PCP)	\$10 co-pay	N/A
Specialist (no referrals)	\$20 co-pay	N/A
Emergency Services	\$100 co-pay	N/A
In-Patient Hospital	None	N/A
Prescription Drug Coverage	\$10/\$30/\$50 or 20%	N/A

PPO Plan Feature (NO referrals)	In-Network	Out-of-Network
Deductible	None	\$300 individual \$900 family
Coinsurance	None	You pay 20%
Out-of-Pocket Maximum	None	\$2,500 individual \$5,000 family
Lifetime Maximum Benefits	Unlimited	\$1,000.000 per covered person
Office Visit	\$10 co-pay	You pay 20% after deductible
Specialist	\$20 co-pay	You pay 20% after deductible
Emergency Services	\$100 co-pay	\$100 co-pay
Inpatient Hospital	None	You pay 20% after deductible
Prescription Drug Coverage	\$10/\$30/\$50 or 20%	N/A

## - Dental Insurance -

### Dental

This chart is an overview of the MetLife dental plan works and how each type of service is covered.

Type of Service	In-Network	Out-of-Network
Deductible	\$25 Individual \$75 Family	\$50 Individual \$150 Family
Annual Maximum	\$2,000	\$2,000
Preventive Services: Oral Exams X-rays Cleanings	100%	100%
Basic Services: Fillings Routine Extractions Space Maintainers	90%	80%
Major Services: Crowns Inlays and Onlays Bridgework	60%	50%
Orthodontia	50%	50%



## -Vision-

### Vision

This chart is an overview of the United HealthCare vision plan works and how each type of service is covered.

Type of Service	In-Network	Out-of-Network
Vision Exam: Co-pay	\$10	N/A
Materials: Co-pay (lens and frames)	\$10	N/A
Lenses: Once every 12 months Single view Bifocal Trifocal	Covered in full Covered in full Covered in full	Reimbursed up to: \$40 \$60 \$80
Tints, Coatings, etc.	20% of retail	No reimbursement
Frames: Once every 24 months	\$35 wholesale allowance (retail of \$75-\$100)	Reimbursed up to \$45
Contacts: Once every 12 months	\$100 allowance (in lieu of lenses and frames)	Reimbursed up to \$105
Laser Vision Correction	Discount	N/A



## - Life & AD&D Insurance -

### Basic Life & AD&D Insurance

Comtech, LLC provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. The benefit is 1 times annual salary up to \$200,000.

## - Disability Insurance -

### Disability Income Benefits

Comtech, LLC provides full-time employees with short and long-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

	Short-term Disability	Long-term Disability
Benefits Begin	On 15 calendar day	When STD ends
Percentage of Income Replaced	60%	60%
Maximum Benefit	\$1,500 per week	\$8,000 per month

## - 401(k) & Profit Sharing Plan -



### 401(k) Retirement Plan

To help you prepare for the future, Comtech, LLC sponsors a 401(k) Plan as part of its benefits package. As a full or part-time employee, over the age of 21, you may start participating in this plan on the first day of the calendar quarter after completing 3 months of service.

With this plan, you may save up to 60 percent of your pay on a before-tax basis or the IRS maximum, whichever is less. Comtech LLC will match 50% up to 6% of your contribution. Your length of service at Comtech, LLC determines the amount of your matching contribution that is vested. Your contributions are vested 100% immediately.

By saving on a before-tax basis, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

The following is the vesting schedule for Comtech LLC's match:

Completed Years of Service	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

**- Paid Time Off -**



**Sick Leave**

Sick leave benefits allow you be paid for time away from work if you or a family member becomes ill or injured. Full time employees receive 40 hours on their first day of employment. Employees are not allowed to go into the negative. Sick leave can not be carried over into the following calendar year. Sick leave balances are not paid out upon leaving the company.

**Vacation**

Full-time employees begin earning vacation based on the schedule below. You may carry over 40 hours from one calendar year to the next. Employees are not allowed to go into the negative. If you leave Comtech, LLC you will be paid for any unused vacation.

Years of Eligible Service	Vacation Days Earned Each Year
0-5 years	2 week (80 hours)
Over 5 years	3 weeks (120 hours)

**Holidays**

As a full-time employee, you will receive the following paid holidays each year:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day

### **Other**

Comtech, LLC also pays for bereavement leave, jury and witness duty, maternity and paternity leave, wedding leave, and military leave. Contact Human Resources for more details.



### **- Flexible Spending - Accounts (FSA)**

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses, as well as transportation costs, on a pre-tax basis. By anticipating your family's health care, dependent care, and transportation costs for the next year, you can actually lower your taxable income. The maximum amount you can put into this account tax-free is \$2500.

#### **Health Care Reimbursement FSA**

This program lets Comtech, LLC's employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Laser Vision Correction

### **Dependent Care FSA**

The Dependent Care FSA lets Comtech, LLC's employees use pre-tax dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

### **Transportation FSA**

The program allows you to use pre-tax money for your qualified commuting expenses. In addition Comtech will subsidize your qualified commuting expenses with 50% of your contribution up to \$50 per month. Tax savings of the program combined with the Comtech subsidy can result in an annual savings of up to \$1,700 for you. The Swipe-N-Save Debit VISA card is funded with your payroll deductions on each payday of the month. You have the opportunity to deduct your entire transit and parking costs using pre and post tax dollars.



### **- Employee Discount - Purchase Program**

### **Working Advantage**

The program provides our employees with discounts for movie theatres, theme parks, hotels, ski resorts, Broadway theatre, sporting events, family events, online shopping and more!

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions, contact Human Resources.*