

FONTANA GROUP, INC.

June 2014

THE INFORMATION PROVIDED IN THIS SUMMARY IS FOR GENERAL INFORMATION ONLY. IN ALL INSTANCES, THE PROVISIONS OF THE APPLICABLE PLAN/PROGRAM DOCUMENTS WILL BE CONTROLLING AND ARE SUBJECT TO CHANGE FOR ALL PARTICIPANTS. ALSO, CONTRIBUTIONS/PREMIUM AMOUNTS ARE SUBJECT TO CHANGE FOR ALL PARTICIPANTS. YOU WILL NOT BE ELIGIBLE FOR THESE PLANS IF YOU ARE RENDERING SERVICES TO MATHTECH/FONTANA PURPORTEDLY AS (1) AN INDEPENDENT CONTRACTOR OR (2) THE EMPLOYEE OF A COMPANY PROVIDING SERVICES TO MATHTECH/FONTANA. THIS WILL BE THE CASE EVEN IF YOU ARE DETERMINED TO BE A COMMON-LAW EMPLOYEE OF MATHTECH/FONTANA.

THE FONTANA GROUP RESERVES THE RIGHT TO AMEND OR DISCONTINUE ANY OF ITS BENEFITS.

11BENEFIT S	EFFECTIVE	WHO'S ELIGIBLE	BENEFIT DESCRIPTION	WHO PAYS FOR PLAN																																																		
MEDICAL INSURANCE	Date of Hire	RFT, RPT35, RPT32, RPT30, and eligible dependents	Plan codes: US-A/RX H9; Plan type: Choice Plus (PPO) - Deductible (ind/fam): in-network \$500/\$1,500; out-network: \$1,000/\$3,000 - Copays/coinsurance: office visit: \$20; specialist: \$35; - Hospital inpatient: 80%; Outpatient surgery: 80%. - Urgent care: \$50; Emergency room: \$100; In-net coins: 80%, out-net coins: 60%; - Out-of-pocket max (ind/fam): in-network: 2,000/\$4,000; out-of-network: \$4,000/\$8,000. - Presc drugs: member copay: \$10 copay tier 1*, \$35 tier 2*, \$60 tier 3*; member home deliv. *: 2.5 x copay Non-notification fee: 50%; life time max network and non net: combined: \$500,0000. High-deductible Insurance Plan coupled with a Health Savings Account (HSA). Employee can use pre-tax payroll deductions to pay for medical insurance deductible, dental co-pays and deductible and for vision care and over the counter drugs. Employer and employee funded. 2009 limits total annual contribution (from all sources): indiv/fam coverage: \$3,300 and \$6,550. Catch-up contribution of \$1,000 for employees 55+. - Deductible (ind/fam): in-network \$1,500/\$3,000; out-network \$3,000/\$6,000 - Co-pays 0% (insurance pays 100% after deduct met) - Out-of-pocket max (ind/fam): \$3,000/\$8,500 - Lifetime maximum of \$5,000,000 - Office visit charge: employee pays 100% until deduct. met, then pays \$0 - Prescription drugs: employee pays 100% until deduct. met, then pays \$15/\$35/\$60 See Health Insurance Options summary for further details	Divided between company and employee. PPO MONTHLY EMPLOYEE COST <table border="1"> <thead> <tr> <th></th> <th>RFT</th> <th>RPT35</th> <th>RPT32</th> <th>RPT30</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$92.18</td> <td>\$132.28</td> <td>\$165.20</td> <td>\$187.14</td> </tr> <tr> <td>Employee+Spouse</td> <td>\$430.16</td> <td>\$512.52</td> <td>\$570.78</td> <td>\$609.62</td> </tr> <tr> <td>Employee+Children</td> <td>\$368.72</td> <td>\$443.40</td> <td>\$497.04</td> <td>\$532.82</td> </tr> <tr> <td>Family</td> <td>\$706.70</td> <td>\$823.64</td> <td>\$902.64</td> <td>\$955.30</td> </tr> </tbody> </table> HSA MONTHLY EMPLOYEE COST <table border="1"> <thead> <tr> <th></th> <th>RFT</th> <th>RPT35</th> <th>RPT32</th> <th>RPT30</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$69.36</td> <td>\$118.50</td> <td>\$147.98</td> <td>\$167.62</td> </tr> <tr> <td>Employee+Spouse</td> <td>\$323.70</td> <td>\$404.62</td> <td>\$453.18</td> <td>\$485.56</td> </tr> <tr> <td>Employee+Children</td> <td>\$277.46</td> <td>\$352.60</td> <td>\$397.70</td> <td>\$427.76</td> </tr> <tr> <td>Family</td> <td>\$531.80</td> <td>\$638.74</td> <td>\$702.90</td> <td>\$745.68</td> </tr> </tbody> </table> Medical premiums are deducted on pre-tax basis		RFT	RPT35	RPT32	RPT30	Single	\$92.18	\$132.28	\$165.20	\$187.14	Employee+Spouse	\$430.16	\$512.52	\$570.78	\$609.62	Employee+Children	\$368.72	\$443.40	\$497.04	\$532.82	Family	\$706.70	\$823.64	\$902.64	\$955.30		RFT	RPT35	RPT32	RPT30	Single	\$69.36	\$118.50	\$147.98	\$167.62	Employee+Spouse	\$323.70	\$404.62	\$453.18	\$485.56	Employee+Children	\$277.46	\$352.60	\$397.70	\$427.76	Family	\$531.80	\$638.74	\$702.90	\$745.68
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DENTAL INSURANCE	Date of Hire	Same as medical; can be enrolled without medical coverage.	-Dental care annual maximum per calendar year: \$1,500 -Type A-Preventive Care: 100%--no deductible (oral exams, X-rays, fluoride) -Type B-Basic: 80%--see deductible (fillings, extraction's, etc.) -Type C-Major: 50%--see deductible (crowns, bridges, dentures, root canals) -Annual deductibles are: \$50 - Single \$150 - Family -Orthodontics: 50% - No deductible (must be covered for 24 mos.) - Lifetime Maximum: \$1,000	MONTHLY EMPLOYEE COST <table border="1"> <thead> <tr> <th></th> <th>RFT</th> <th>RPT35</th> <th>RPT32</th> <th>RPT30</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$6.84</td> <td>\$11.68</td> <td>\$14.60</td> <td>\$16.54</td> </tr> <tr> <td>Employee+Spouse</td> <td>\$29.42</td> <td>\$34.26</td> <td>\$37.18</td> <td>\$39.12</td> </tr> <tr> <td>Employee+Children</td> <td>\$29.64</td> <td>\$34.48</td> <td>\$37.40</td> <td>\$39.34</td> </tr> <tr> <td>Family</td> <td>\$58.82</td> <td>\$63.68</td> <td>\$66.58</td> <td>\$68.52</td> </tr> </tbody> </table> Dental premiums are deducted on pre-tax basis.		RFT	RPT35	RPT32	RPT30	Single	\$6.84	\$11.68	\$14.60	\$16.54	Employee+Spouse	\$29.42	\$34.26	\$37.18	\$39.12	Employee+Children	\$29.64	\$34.48	\$37.40	\$39.34	Family	\$58.82	\$63.68	\$66.58	\$68.52																									
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LIFE INSURANCE	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	100% of annual earnings to next higher \$1,000 (min. \$5,000; max. \$250,000)	RFT -- Paid by company RPT35 – employee pays 12.5% of premium RPT32 – Employee pays 20% of premium RPT30 – Employee pays 25% of premium RPT24 – Employee pays 40% of prem; RPT20 – Employee pays 50% of prem																																																		
ACCIDENTAL DEATH BENEFIT	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	100% of annual earnings if death occurs due to accident; partial benefit payable for loss of legs, arms, or sight.	RFT -- Paid by company RPT35 – Employee pays 12.5% of premium RPT32 – Employee pays 20% of premium RPT30 – Employee pays 25% of premium RPT24 – Employee pays 40% of prem; RPT20 – Employee pays 50% of prem																																																		
OPTIONAL INSURANCE	Date of Hire	All Employees	May purchase up to 5 times annual salary to max \$500K for employee. May also purchase coverage for spouse up to 50% of your coverage to a maximum of \$250K, children may be covered to a maximum of \$10K.	-Paid by employee -Premium dependent upon age and smoking status																																																		
TRAVEL ACCIDENT INSURANCE	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	If death occurs due to an accident while traveling on company business, an additional \$200,000 will be paid.	Paid by company																																																		
DISABILITY BANK	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	The disability bank provides paid leave to supplement short- or long-term disability benefits. On January 1 of each year, employees with one year of service or more will receive four days in their disability bank. Employee with less than one year of service will accrue .33 of an hour on a monthly basis, until their one year of service date. Upon reaching one year of service, employees will be credited with the remainder of that calendar year's disability leave. Pro-rated for part-time employees.	Provided by company																																																		

Neither full-time or part-time employees are obligated to enroll in any insurances or the 401(k) plan.

*Tier 1 formerly "Generic"; Tier 2 formerly "Preferred"; Tier 3 formerly "Non-preferred"; Home Delivery formerly "Mail Order".

BENEFITS	EFFECTIVE	WHO'S ELIGIBLE	BENEFIT DESCRIPTION	WHO PAYS FOR PLAN
LONG TERM DISABILITY	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	Benefits begin on 91st day of disability. If totally disabled, plan pays 60% of salary. Max \$10,000/mo or 70% of all monthly earnings less any deductible sources of income. Benefits payable to age 65 or longer depending on date of disability. Leave from the disability bank may be used to supplement LTD.	RFT -- Paid by company RPT35 – Employee pays 12.5% of premium RPT32 – Employee pays 20% of premium RPT30 – Employee pays 25% of premium RPT24 – Employee pays 40% of premium RPT20 – Employee pays 50% of premium
SHORT TERM DISABILITY	Date of Hire	ALL EMPLOYEES	Must be disabled for 7 consecutive days. Plan pays 2/3 of average weekly earnings (max. \$1500 per week) for max. 26 weeks. Leave from the disability bank can be used to bring disability benefits to regular salary.	Divided between company and employee. 2014 annual employee cost = \$148.00
PERSONAL LEAVE	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	Personal leave is available to provide paid time-off for relaxation, illness (employee or family) or personal business. For the first 12 months of employment, personal leave accrues at 10 hours per month until one-year service date. Employees with at least one year of service receive leave on January 1 of each year as follows: 1 – 5 years service.....15 days per year 5 – 10 years service.....20 days per year 10 or more years service... 25 days per year Pro-rated for part-time employees. See the personal leave plan for details pertaining to new employees and terminating employees.	PROVIDED BY COMPANY
HOLIDAYS	First holiday after day of date of hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	The company provides 8 holidays as follows (pro-rated for part-time employees): New Years Day Memorial Day Independence Day Labor Day Thanksgiving Day Day After Thanksgiving Christmas Day 8 th Holiday determined in January of each year	PROVIDED BY COMPANY
BEREAVEMENT LEAVE	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	Up to 4 days with pay in the event of death in immediate family, children, parents, siblings, and grandparents. Pro-rated for part-time employees.	PROVIDED BY COMPANY
MILITARY RESERVE	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	Leave without pay for period of duty.	PROVIDED BY COMPANY
JURY DUTY	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	Regular pay for period of duty up to 5 days.	PROVIDED BY COMPANY
FLEXIBLE SPENDING	First day after 6 full months of employment	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	A plan which allows you to budget and pay for uncovered medical, dental, and child care expenses from pre-tax dollars. All options available to those with PPO or no medical or dental coverage through Fontana. Medical option is not available to those with HSA coverage.	EMPLOYEE FUNDED
401K PROFIT SHARING	Date of Hire	RFT, RPT35, RPT32, RPT30, RPT24, RPT20	Employees can defer up to 75% (max. \$17,500 in 2014) of annual earnings into plan. Certain restrictions may be applicable to higher paid employees. An additional \$5,500 is permitted for those 50 years of age or older. All contributions are fully vested immediately. Loans are available.	PROVIDED BY COMPANY
ESOP	After one year of eligible employment	RFT, RPT	Employee Stock Ownership Program. Annual company contribution used to purchase company stock for the employee. The amount is determined annually based on company profitability.	COMPANY FUNDED
EMPLOYEE ASSISTANCE	Date of Hire	ALL EMPLOYEES	A counseling and referral service for employees and their families to assist with personal problems.	PAID BY COMPANY

RFT - Regular Full-time (40 hrs per week)
RPT - Regular Part-time (35 hrs per week but less than 40)
RPT32 - Regular Part-time (32 hrs per week but less than 40)
RPT30 - Regular Part-time (30 hrs per week but less than 32)

RPT24 - Regular Part-time (24 hrs per week but less than 30)
RPT20 - Regular Part-time (20 hrs per week but less than 24)
OC - On Call (a variable schedule to meet peak workloads)