

# BENEFITS AT A GLANCE – SALARIED EMPLOYEES

<b>MEDICAL PLAN</b>	Medical plan coverage is provided through a Blue Cross High Deductible Plan (HDHP) with Health Savings Account (HSA) or a Blue Cross Preferred Provider option (PPO). For California residents, Kaiser HMO is available as an alternate medical plan. All three plans provide comprehensive medical and prescription drug coverage as well as 100% coverage for preventive care. <i>Your contributions are before-tax contributions.</i>															
<b>HIGH DEDUCTIBLE HEALTH PLAN (HDHP) w/ HSA</b>	<p><b>In-Network</b> – Once the employee deductible of \$1,600 or a family deductible of \$3,200 is reached, you and the plan share in the co-insurance. The employee pays 20% and the plan pays 80% until the out-of-pocket limit is reached. Out-of-pocket limit is \$3,200 for employee and \$6,400 for a family.</p> <p><b>Non-Network</b> – Individual deductible of \$3,200 with a family deductible of \$6,400. Reimburses 60% of covered expenses.</p> <p><b>Health Savings Account (HSA)</b> – Portable interest bearing account which will be funded by your own contributions and a onetime pro-rated contribution from DMFI (\$250 individual and \$500 family), subject to IRS contribution limits.</p>															
<b>PREFERRED PROVIDER OPTION (PPO)</b>	<p><b>In-Network</b> – Individual deductible of \$500 with a family deductible of \$1,000; reimburses 80% of covered expenses; \$20 copay for office visits and \$30 for specialist visits.</p> <p><b>Non-Network</b> – Individual deductible of \$1,250 with a family deductible of \$2,500; reimburses 60% of covered expenses.</p>															
<b>PRESCRIPTION DRUGS</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Retail Copay (30 days)</th> <th style="width: 30%; text-align: center;">Mail Order Copay (90 days)</th> </tr> </thead> <tbody> <tr> <td><b>Generic -</b></td> <td style="text-align: center;">20%</td> <td style="text-align: center;">20%</td> </tr> <tr> <td><b>Plan Preferred -</b></td> <td style="text-align: center;">30%</td> <td style="text-align: center;">30%</td> </tr> <tr> <td><b>Non Preferred -</b></td> <td style="text-align: center;">40%</td> <td style="text-align: center;">40%</td> </tr> <tr> <td><b>Specialty -</b></td> <td style="text-align: center;">40%</td> <td style="text-align: center;">40%</td> </tr> </tbody> </table>		Retail Copay (30 days)	Mail Order Copay (90 days)	<b>Generic -</b>	20%	20%	<b>Plan Preferred -</b>	30%	30%	<b>Non Preferred -</b>	40%	40%	<b>Specialty -</b>	40%	40%
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<b>DENTAL PLAN</b>	Reimburses 100% of expenses for preventive care with no deductible; reimburses 80% of minor restorative services and 50% of major restorative services after a \$50 deductible. There is a \$1,500 annual Dental Maximum per covered person. Orthodontia is reimbursed at 50% of expenses after a \$50 deductible. There is a \$1,500 lifetime orthodontia maximum per covered person. For California residents, a dental HMO is available as an alternative dental coverage. <i>You and the company share the cost of this benefit. Your contributions are before-tax contributions.</i>															
<b>VISION PLAN</b>	Eye exam every twelve months - \$10 copay. Prescription lenses every twelve months - \$15 copay. Frame of your choice every twenty-four months covered up to \$120.00. <i>You and the company share the cost of this benefit. Your contributions are before-tax contributions.</i>															
<b>SHORT TERM DISABILITY</b>	You are covered for salary continuation in the event of illness or injury. It replaces 100% of your base pay or two-thirds of your base pay, depending upon your years of service, for up to 26 consecutive weeks. <i>The company pays the entire cost of this benefit.</i>															
<b>LONG TERM DISABILITY</b>	You are covered for 60% of your base pay after 26 weeks of total disability. <i>The company pays the entire cost of this benefit.</i>															
<b>CORE LIFE INSURANCE</b>	You can elect either two times your base pay (any coverage amount over \$50,000 is subject to imputed income) or, two times your base pay to a maximum of \$50,000 (no imputed income applies).															

<b>OPTIONAL LIFE INSURANCE</b>	<p>You can elect additional life insurance coverage of one to three times your base pay up to a maximum of \$1,800,000.</p> <p>Coverage for your eligible dependents is also available. There are four levels of coverage: Child \$2,000 and \$4,000 options, and Spouse \$10,000 and \$20,000 options. <i>You pay for this benefit with after-tax contributions.</i></p>												
<b>AD&amp;D INSURANCE</b>	<p>You can elect Accidental Death and Dismemberment (AD&amp;D) insurance for yourself in the amount of one to five times your base pay up to a maximum of \$500,000.</p> <p>AD&amp;D coverage is also available for eligible dependents. Coverage options for your spouse range from one to five times your base pay up to a maximum of \$500,000; dependent children can be covered at 15% of the employee coverage amount. <i>You pay for this benefit with after-tax contributions.</i></p>												
<b>BTA INSURANCE</b>	<p>Business Travel Accident (BTA) insurance covers you for five times your base pay up to a maximum of \$2,500,000 while you are traveling on company authorized business. Benefits are paid subject to a maximum of \$10,000,000 per accident. <i>The company pays the entire cost of this benefit.</i></p>												
<b>FLEXIBLE SPENDING ACCOUNTS</b>	<p>You can elect to contribute before-tax dollars to the Health Care Spending Account up to an annual maximum of \$2,550 and/or to the Dependent Care Spending Account to an annual maximum of \$5,000. <i>Note: if you elect the HDHP with H.S.A., you are not eligible for a Health Care Spending Account.</i></p>												
<b>SAVINGS PLAN (401K)</b>	<p>Generally, you can contribute as much as 20% of your base pay to this plan on a before-tax basis (this percentage may be lower for certain employees). The company provides a matching contribution equal to 100% of the amount you contribute on a before-tax basis up to the first 6% of your base pay. You vest in the company matching contributions after two years of service. To become eligible to contribute to this plan, you must complete one year of service. <i>This plan has an automatic enrollment feature that takes effect when you complete one year of service.</i></p>												
<b>VACATION</b>	<p>You are eligible to accrue vacation each year based upon your years of service. Vacation accrues monthly. <i>In addition, you may purchase 1 to 5 days of additional vacation during years 1 to 19.</i></p> <table border="0" data-bbox="443 1182 1222 1304"> <tr> <td><b>1 - 4 years</b></td> <td>10 days</td> <td><b>20 - 29 years</b></td> <td>25 days</td> </tr> <tr> <td><b>5 - 9 years</b></td> <td>15 days</td> <td><b>30 or more</b></td> <td>30 days</td> </tr> <tr> <td><b>10 - 19 years</b></td> <td>20 days</td> <td></td> <td></td> </tr> </table>	<b>1 - 4 years</b>	10 days	<b>20 - 29 years</b>	25 days	<b>5 - 9 years</b>	15 days	<b>30 or more</b>	30 days	<b>10 - 19 years</b>	20 days		
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<b>HOLIDAYS</b>	<p>DMFI offers 12 days as paid holidays each year. In some locations, a number of these days are designated as floating holidays to be taken at the employee's discretion. The corporate offices currently recognize nine company scheduled holidays and three floating holidays each year.</p>												
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	<p>The Employee Assistance Program (EAP) is a professional service that offers free confidential counseling, information and support for professional and/or personal issues. This service is available 24 hours a day, 7 days a week. <i>The company pays the entire cost of this benefit.</i></p>												
<p>This is a brief summary of benefit plans available to eligible salaried employees. Official plan documents describe eligibility requirements as well as benefit plan provisions. In the case of any conflict between this summary and the official documents, the official documents will govern. The Company reserves the right to change or terminate the benefit plans at any time.</p> <p style="text-align: center;"><b>Effective January 1, 2017</b></p>													