

Benefits Overview

Paid Time Off

Vacation: 0 yrs-4.99 yrs = 80 hours, 5 yrs-9.99 yrs = 120 hours, 10 yrs+ = 160 hours. Hours shown are accrued annually. New employees may not take vacation time without permission during the first six months of employment.

Sick Leave: 48 hours accrued per year. Sick leave may not be used as vacation time.

Paid Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, day after Thanksgiving, Christmas Eve, Christmas

Flex Hours

Employees are encouraged to speak with their direct supervisor about a variety of options available.

Insurance

All full-time employees are eligible for medical health, dental, vision, long-term disability, short-term disability, and life insurance benefits on the first of the month after thirty days after commencement of employment. Basic life insurance of \$50,000 is provided to all full-time employees regardless of health insurance enrollment status.

Insurance Cost Summary:

Below is the monthly employee cost summary for medical health, dental, vision, short-term disability, and long-term disability insurance benefits. These costs are effective through July 1, 2018, after which time they are subject to change, depending upon increases or decreases in costs charged to the Company by the health insurance companies. Employees do have the option to only participate in the dental program but proof of other health coverage is required if the employee waives medical coverage.

Employee Category	Employee Monthly Cost	Cost Per Pay Check
Employee only	\$141.16	\$65.15
Employee and Spouse	\$434.55	\$200.56
Employee and Children	\$462.91	\$213.65
Employee and Family	\$725.22	\$334.72

Flexible Spending Account (FSA)

All full-time employees are eligible for participation on the first of the month after thirty days after commencement of employment. A FSA allows you to pay for expenses such as prescription drugs/medications, medical/dental office visit co-pays, eye exams and prescription glasses/lenses, vaccinations, daycare tuition, and travel/parking using pre-tax dollars.

401K

HKS voluntarily matches employee contributions to all eligible employees who participate in the 401k plan. Employees must participate in the 401k plan to be eligible. For 2018, the Company anticipates making a 50% match of what the employee contributes, up to a 4% maximum. The match is made annually and is contingent on the employee working the last day of the calendar year.

Employee Contribution (equal to % of annual salary)	HKS Match
1%	.5%
2%	1%
3%	1.5%
4%	2%* Maximum HKS Contribution

Cigna Summary of Benefits

General Services	In-Network Coverage Only
Deductible	\$1,000
Family Deductible	\$3,000
Out of Pocket Maximum	Individual - \$4,000 Family - \$8,000
Coinsurance	20%
Primary Care Office Visit	\$35 Copay
Specialist Visit	\$70 Copay
Preventive Care	No Charge
Emergency Room	\$300 Copay
Urgent Care	\$75 Copay
Dispatch Health Visit	\$70 Copay
24-Nurse Hotline	\$35 Copay
In-Patient Surgery	20% after Deductible + \$250 Copay
Out Patient Surgery	20% after Deductible
Lab & X-ray	0% After Office Visit Copay
Advanced radiology imaging services MRI, PET, CT	20% after Deductible
Pharmacy Coverage	Tier 1 - \$10
Home Delivery – 2X for a 90 day supply	Tier 2 - \$35 Tier 3: \$70

HumanaDental PPO 09

COLORADO

Harris Kocher Engineering

	If you use IN-NETWORK provider		If you use OUT-OF-NETWORK provider	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Annual maximum (excludes orthodontia services)	\$2,500 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year. (Implants and orthodontia excluded.)			
Preventive services <ul style="list-style-type: none"> • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14) 	100% no deductible		80% no deductible of maximum allowed fee	
Basic services <ul style="list-style-type: none"> • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns 	80% after deductible		50% after deductible of maximum allowed fee	
Major services <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Periodontics • Endodontics (root canal) 	50% after deductible		50% after deductible of maximum allowed fee	
Orthodontia	Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$2,000 lifetime orthodontia maximum.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan**Make regular dental visits a priority**

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits**Find a dentist**

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.

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Specialty Benefits

Insured or administered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York or The Dental Concern, Inc.

This is not a complete disclosure of plan qualifications and limitations. Your agent will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



Protect
your vision
with VSP.

Get the best in eyecare and eyewear
with HARRIS KOCHER SMITH
ENGINEERING GROUP, INC and VSP®
Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more! Visit vsp.com to find a VSP provider who carries these brands.

Enroll in VSP today.
You'll be glad you did.

Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary



HARRIS KOCHER SMITH ENGINEERING GROUP, INC and VSP provide you with an affordable eyecare plan.

VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance 	Combined with exam	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <hr/> <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <hr/> <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to \$50	Single Vision Lenses.....up to \$50	Lined Trifocal Lenses.....up to \$100	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$75	Progressive Lenses.....up to \$75	

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us. 800.877.7195 | vsp.com

¹ Brands/Promotion subject to change.

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