

Benefits at a Glance

POLYDECK SCREEN CORPORATION

July 1, 2009 through June 30, 2010

Group Term Life Insurance and AD&D

Each eligible employee **will** be enrolled for Basic Life Insurance with Lincoln Financial. The benefit is \$15,000 and that amount doubles in the event of an accident. The company pays 100% of this coverage.

Dependent Life Insurance

If you elect dependent medical insurance, you **will** also be enrolled for Dependent Life Insurance with Lincoln Financial. The benefit is \$5,000 for a legal spouse and **up to** \$2,000 for each eligible child. The company pays 25% of this coverage.

Voluntary Term Life Insurance

Each eligible employee **may** enroll for additional Voluntary Life Insurance with Lincoln Financial. The benefit is based on age and the amount of coverage selected by the employee. Employee pays 100% of this coverage.

Short Term Disability Insurance (STD)

Each eligible employee **will** be enrolled for STD insurance with Lincoln Financial. Should you become disabled due to illness or accidental injury and following a seven (7) day period of disability (on the 8th day) referred to as the elimination period, you will be eligible to begin receiving a weekly benefit equal to 50% of your base pay {40 hours} up to a maximum of \$500 per week. Benefits may be continued for up to 26 weeks, if you stay disabled under a physician's care. The company pays 100% of this coverage.

Long Term Disability Insurance (LTD)

Each eligible employee **may** enroll for LTD insurance with Lincoln Financial. Should you become disabled due to illness or accidental injury and following a 180 days period of disability, referred to as the elimination period; you will be eligible to begin receiving a monthly benefit equal to 50% of your basic annual earnings up to a maximum of \$5,000 per month. Benefits may be continued either for the own occupation period or later of age 65/SSNRA. The company pays 75% of this coverage.

Medical Insurance

Each eligible employee **will** be enrolled for Medical Insurance with Blue Cross & Blue Shield of SC. You **may** also enroll your eligible dependents. The company pays 100% of employee's coverage and 25% of dependent coverage.

Dental Insurance

Each eligible employee **may** enroll for Dental insurance with Lincoln Financial. You **may** also enroll your eligible dependents. The company pays 50% of employee and dependent coverage.

Retirement Benefit Plan - 401(k)

Each eligible employee **may** elect to participate in the company 401(k) program with Wachovia. The first of the month after one complete year of full time employment, the company will match employee contributions based on the scale below:

Employee Contribution	Company Match
1%	1%
2%	2%
3%	3%
4%	3.5%
5%	4% (Company max)

Waiting Period for New Employees

Life, Short Term Disability, Long Term Disability, Dental & Medical Insurance – 1st of the month following 3 months of continuous, full-time employment. For example, if you are hired on June 5th, you will be eligible to participate in the Employee Benefits Program on October 1st.

If you waive coverage when you first become eligible and later wish to enroll, you will be considered a late entrant and may be unable to enroll for coverage until the following plan anniversary. Late entrants may also be subject to pre-existing condition exclusions and/or benefit limitations. **A provision of the Health Insurance Portability and Accountability Act (HIPAA) does apply which may affect your pre-existing condition waiting period by shortening the time he/she has to wait before receiving benefits covering pre-existing conditions.**

Dependent Eligibility

An eligible dependent includes your legal spouse and eligible children less than 19 years of age (through age 18). Once a child reaches age 19, they may continue coverage to less than 25 years of age (through age 24), if they are enrolled as a full-time student at an accredited educational institution. *In order to continue coverage for a dependent child over age 19, you should provide proof of student status to the Plan at the beginning of each semester.*

Loss of Eligibility

If you or a covered dependent lose eligibility to participate in the Health and Dental Plan, **insurance will end on the last day of the month** in which eligibility is lost. Loss of eligibility may include reduction of work hours, termination of employment or a dependent child exceeding the maximum age. Certain coverage may be continued (through COBRA) at your expense when benefits are terminated.