

(Effective January 1, 2009)

Benefit Plan	Who Is Covered	Effective Date	General Description of Benefits Provided*
Medical Insurance	Employee and Eligible Dependents	Date of Hire	<input checked="" type="checkbox"/> Company and Employee share costs <input checked="" type="checkbox"/> Blue Cross / Blue Shield of SC & GA <input checked="" type="checkbox"/> Includes pharmacy <input checked="" type="checkbox"/> 4 Plans from which to choose: <ul style="list-style-type: none"> ▪ Prime – BCBS - SC ▪ Standard– BCBS - SC ▪ Basic– BCBS – SC (<i>default plan</i>) ▪ HMO– BCBS - GA <input checked="" type="checkbox"/> 3 Levels of Coverage: <ul style="list-style-type: none"> ▪ Employee Only ▪ Employee + 1 Dependent ▪ Employee + Family
Dental Care	Employee and Eligible Dependents	1 st Day of the month after six (6) months of service	<input checked="" type="checkbox"/> Company and Employee share costs <input checked="" type="checkbox"/> Blue Cross / Blue Shield of SC <input checked="" type="checkbox"/> 2 Plans from which to choose: <ul style="list-style-type: none"> ▪ Prime – BCBS - SC ▪ Standard– BCBS – SC
Vision Care	Employee and Eligible Dependents	Date of Hire	<input checked="" type="checkbox"/> Employee pays full cost <input checked="" type="checkbox"/> Eyemed Vision Care <input checked="" type="checkbox"/> Provides eye exams and eyeglasses/contacts
Flexible Spending Account	Employee and Eligible Dependents	First day of the next following month of hire	<input checked="" type="checkbox"/> Provides pre-tax contribution for: <ul style="list-style-type: none"> ▪ Healthcare Flex Spending – up to \$4000/year ▪ Dependent Care Flex Spending – up to \$5000/year
Short-Term Disability (STD) Long-Term Disability (LTD)	Employee	STD: Date of Hire LTD: 1 st Day after 1 year of service	<input checked="" type="checkbox"/> Company paid: <ul style="list-style-type: none"> ▪ STD – up to 1040 hours with full pay for non-job related illness or injury. Benefits may begin after 24 hours ▪ LTD – 60% of pay when combined with other sources of income; benefits may begin after exhausting the STD benefit.

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Life Insurance	Employee and Eligible Dependents	First day of the next following month of hire	<input checked="" type="checkbox"/> Basic Coverage: Company Paid 1 times annual base pay <input checked="" type="checkbox"/> Optional Coverages Available - premiums paid by Employee: <ul style="list-style-type: none"> ▪ 1 to 3 times annual base pay ▪ Dependent Life Insurance ▪ Accidental Death & Dismemberment for employee and/or family 																								
Paid Time Off	Employee	Per Established Policy	<input checked="" type="checkbox"/> Company Paid <input checked="" type="checkbox"/> Time Bank (vacations, sick days and personal absences) <input checked="" type="checkbox"/> Earn 1/12 th of eligibility on the first of each month <table border="1" data-bbox="917 913 1485 1165"> <thead> <tr> <th>Years of Service</th> <th>Exempt</th> <th>Non-Exempt</th> <th>Max. Carry-Over</th> </tr> </thead> <tbody> <tr> <td>0 – 4</td> <td>112</td> <td>120</td> <td>120</td> </tr> <tr> <td>5 – 9</td> <td>152</td> <td>160</td> <td>240</td> </tr> <tr> <td>10 – 19</td> <td>192</td> <td>200</td> <td>280</td> </tr> <tr> <td>20 – 29</td> <td>232</td> <td>240</td> <td>320</td> </tr> <tr> <td>30+ years</td> <td>272</td> <td>280</td> <td>360</td> </tr> </tbody> </table> <p>See policy for specific plan details.</p>	Years of Service	Exempt	Non-Exempt	Max. Carry-Over	0 – 4	112	120	120	5 – 9	152	160	240	10 – 19	192	200	280	20 – 29	232	240	320	30+ years	272	280	360
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Holidays	Employee	First Day	<input checked="" type="checkbox"/> 11 paid holidays each year																								
Miscellaneous Benefits	Employee	Per Established Policies	<input checked="" type="checkbox"/> Service awards <input checked="" type="checkbox"/> Military leave benefits <input checked="" type="checkbox"/> Invention and Patent awards <input checked="" type="checkbox"/> Professional Memberships <input checked="" type="checkbox"/> Tuition reimbursement (educational assistance)																								
Severance Pay	Employee	Per Established Policy	<input checked="" type="checkbox"/> 1 Week of Pay Times Years of Service up to Maximum of 26 Weeks																								
Post-Retirement Benefits	Employee & Eligible Dependents	Meets Eligibility and Application Requirements	<input checked="" type="checkbox"/> Company and Retiree cost share <input checked="" type="checkbox"/> Age 55 and 10 years SRNS service required <input checked="" type="checkbox"/> Medical, dental, and life insurances																								

SRNS New Hire Benefit Options
 (Effective January 1, 2009)

Benefit Plan	Who Is Covered	Effective Date	General Description of Benefits Provided*
Savings and Investment Plan (SIP)	Employee	Eligible to enroll on date of hire	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Company Matching Account: <ul style="list-style-type: none"> ▪ Eligible to participate upon hire ▪ Contribute from 1% to 50% of pay ▪ Company Match up to 8% (\$0.50 / \$1.00) for a total potential company paid match of 4% ▪ 3-year cliff vesting ▪ 13 Investment Funds ▪ Contribute before - tax and after – tax <input checked="" type="checkbox"/> Non-elective Account: <ul style="list-style-type: none"> ▪ Company contribution of 5% pay credited each pay period ▪ Immediate vesting ▪ No loans or withdrawals ▪ Access at separation of employment or as legally required (e.g., age 59.5)
Defined Benefit Pension Plan			NOT AVAILABLE

This Summary is meant to simply highlight the SRNS new hire benefit options. In all cases, refer to individual plan books, Summary Plan Descriptions, and plan documents.

2009 HEALTH CHOICE NEW HIRE MONTHLY BENEFIT RATES <i>(effective 01/01/09)</i>				
MEDICAL OPTIONS	Prime	Standard	Basic	HMO
Employee Only	\$267	\$ 75	\$ 0	\$130
Employee + 1	\$534	\$150	\$ 21	\$260
Employee + 2 or more	\$802	\$280	\$ 46	\$531
DENTAL OPTIONS	Prime	Standard		
Employee Only	\$22	\$ 8		
Employee + 1	\$44	\$16		
Employee + 2 or more	\$77	\$24		
VISION CARE				
Employee Only	\$7.80			
Employee + 1	\$14.68			
Employee + 2 or more	\$21.60			

Contributory Group Life Insurance Plan

Age Bracket	Employee Age Rate Per \$1,000
Under 25	.05
25-29	.06
30-34	.08
35-39	.09
40-44	.10
45-49	.15
50-54	.23
55-59	.43
60-64	.66
65-69	1.27
70+	2.06

Dependent Life Insurance

Plan Type	Option	Amount
Level 1	Your spouse is insured for \$5,000 coverage and each eligible child is insured for \$1,000 coverage,	\$1.40
Level 2	Your spouse is insured for \$10,000 coverage and each eligible child is insured for \$2,000 coverage	\$2.80

Accidental Death & Dismemberment Insurance

Plan Type	Option	Amount
Employee	Coverage can be purchased in increments of \$10,000 up to a maximum of five times your Normal Annual Earnings , rounded up to the next higher multiple of \$10,000. Your coverage amount cannot exceed \$300,000.	\$0.25 per Ten Thousand
Family	Coverage can be purchased in increments of \$10,000 up to a maximum of \$100,000. If you purchase coverage for your spouse, your children are automatically covered in multiples of \$2,000 each, up to a maximum benefit of \$20,000. Your children's coverage is based on the level of coverage you elected for your spouse. You may elect coverage for dependent children with no spouse.	\$0.25 per Ten Thousand