

# Summary of Benefits – PIPL/DRILLASER

## A Singapore Company

PLAN	HIGHLIGHTS	FEATURES
<b>Healthcare Coverage</b> - Medical/Dental/Vision - Personal & Work-Related	<b>Eligibility: (for Employee &amp; Dependent)</b>	<ul style="list-style-type: none"> <li>• Employees are covered with healthcare coverage at the date of hire</li> <li>• Dependents cannot be covered under the plan unless the employee elects coverage</li> <li>• The coverage ends at the date of termination for the employee and dependents</li> </ul>
	<b>Late Enrollment Benefit Waiting Period</b>	<ul style="list-style-type: none"> <li>• If the employee chooses not to enroll their dependents at the date of hire and enrolls them at a later date, a waiting date will be applied:                             <ul style="list-style-type: none"> <li>- For non-accidental or non-emergency treatment: 3 months</li> <li>- For psychiatric treatment, dental, or vision care: 6 months</li> <li>- For any expenses related to pregnancy &amp; childbirth, as well as health check-ups: 10 months</li> </ul> </li> </ul>
	<b>Cost (Deducted on Salary)</b> <i>(Medical/Dental/Vision)</i>	<ul style="list-style-type: none"> <li>• Employee Only – Basic Coverage – 100% Company Paid</li> <li>• Employee Only – Basic plus Additional Coverage - \$38.25/mo</li> <li>• Family – Basic Coverage - \$69.75/mo</li> <li>• Family – Basic plus Additional Coverage - \$162.50/mo</li> <li>• The additional coverage (single and family) are not applicable for employees of 65 years old or more.</li> </ul>
<b>Reimbursement</b>	<b>Notice of Limits</b>	<ul style="list-style-type: none"> <li>• Reimbursement for medical expenses incurred throughout the world are reimbursed as of the first U.S. dollar</li> <li>• All treatment must be recognized by local medical authorities and delivered by licensed physicians</li> <li>• Health expenses (i.e. medical, vision and dental) are reimbursed in line with the “reasonable and customary” charges                             <ul style="list-style-type: none"> <li>- <i>A charge is determined to be “reasonable and customary” if it is the amount that is commonly charged for the same or similar services in the area where the service is rendered</i></li> </ul> </li> </ul>
	<b>General Features</b>	<ul style="list-style-type: none"> <li>• Basic Coverage – Employee is automatically covered with this coverage                             <ul style="list-style-type: none"> <li>- Non-work related claims = 90% of charges</li> <li>- Work-related claims = 100% of charges</li> </ul> </li> <li>• Basic + Additional Coverage                             <ul style="list-style-type: none"> <li>- 100% of charges for hospitalization for all stay (instead of 90% of charges after 20 days for basic coverage)</li> <li>- 100% for ambulance (instead of 90% for basic)</li> </ul> </li> </ul>
	<b>Specifics</b>	<ul style="list-style-type: none"> <li>• Physician fees and home visits by a doctor (excluding dentist, nurse and paramedical fees, laboratory test, X-Rays, prescription drugs: 100% of charges (instead of 90% for basic) up to 100 U.S.\$/consultation and 45 U.S.\$/act of physiotherapy (instead of 80 U.S.\$ and 34 U.S.\$ for basic)</li> <li>• Pregnancy and childbirth: 100% of charges (instead of 90% for basic)                             <ul style="list-style-type: none"> <li>- Out-of-Pocket Limit: U.S.\$2,000.00/person/calendar year</li> <li>- Out-of-Pocket maximum: U.S.\$6,000.00/family/calendar year</li> <li>- Work-Related Claims: 100% of charges</li> </ul> </li> </ul>
	<b>Hospitalizations</b>	<ul style="list-style-type: none"> <li>• In case of non-emergency, please contact Previnter at least 10 days before your admission in the hospital to notify them (pre-certification). Previnter will make direct billing arrangements with the basis of your healthcare cover. You will only pay the charges not covered by the plan and your personal expenses such as telephone and television rental.</li> <li>• In emergency cases, the program/claims administrator should be contacted within 3 days after Hospital admission to get certification.</li> </ul>
	<b>Pregnancy/Maternity</b>	<ul style="list-style-type: none"> <li>• Send the certificate of pregnancy before the end of third month. Previnter will send a pre certification agreement to medical facility in order to settle directly the delivery charges according to the terms of the plan</li> </ul>
	<b>Prior Approval</b>	<ul style="list-style-type: none"> <li>• Before starting some treatments, you will need a prior approval for expenses over 400 US\$ : hospitalizations, maternity, dental prostheses, crowns, bridges, dental surgery, orthodontic treatment, stays in medical facilities, series of medical (more than 3 sessions) physiotherapy,</li> </ul>

<b>Reimbursement (cont.)</b>		<p>acupuncture, osteopathic or chiropractic treatment, medical prostheses other than dental</p> <ul style="list-style-type: none"> <li>• Please send a treatment plan + doctor's prescription, full medical report and detailed estimate of costs</li> <li>• Failure to get this certification results in a 20% REDUCTION IN THE BENEFIT PAYMENT</li> </ul>
<b>Health Check-Ups &amp; Inoculations)</b>	<b>Health Check-Up</b>	<ul style="list-style-type: none"> <li>• 100% of charges up to U.S.\$546/person/calendar year - 1 health check-up/person/calendar year</li> </ul>
	<b>Inoculations</b>	<ul style="list-style-type: none"> <li>• 100% of charges if required and prescribed by a physician</li> </ul>
<b>Vision Care</b>		<ul style="list-style-type: none"> <li>• Glasses frames, glasses lenses and contact lenses: 90% of charges up to US\$300 per person per calendar year</li> </ul>
<b>Dental Care</b>		<ul style="list-style-type: none"> <li>• Diagnostic, preventive and necessary basic care: 90% of charges up to US\$2000 per person per calendar year</li> <li>• Dental crowns, bridges, dentures and Orthodontic treatment (for children under 18): 80% of charges up to US\$2400 per person per calendar year. Charges taken into consideration are limited to US\$600 per tooth</li> </ul>
<b>Prosthetic Appliances</b>		<ul style="list-style-type: none"> <li>• 90% of charges up to US\$4000 per person per calendar year</li> </ul>
<b>Psychiatric Treatment/Detoxification</b>		<ul style="list-style-type: none"> <li>• In-patient and Out-patient treatment: 50% of charges up to US\$1000 per person per calendar year</li> </ul>
<b>Life Insurance</b>	<b>Eligibility (for Employee Only)</b>	<ul style="list-style-type: none"> <li>• Date of Hire: Automatic Coverage</li> <li>• Benefit: 200% of the annual basic salary. Annual base salary id defined as 12 times the average basic salary currently paid</li> <li>• Cost: 100% Company paid</li> </ul>
<b>Accidental Death Personal &amp; Work-Related</b>	<b>Eligibility (for Employee Only)</b>	<ul style="list-style-type: none"> <li>• Date of Hire: Automatic Coverage</li> <li>• Benefit: 200% of the annual basic salary. Annual base salary id defined as 12 times the average basic salary currently paid</li> <li>• Cost: 100% Company paid</li> </ul>
<p><b>Disability</b></p> <p><b>Short-Term Disability</b></p> <p>- Temporary Disablement - Personal &amp; Work-Related</p> <p>In any cases, disability payment can only be made if the insurer has been provided with the requested document (i.e. in case of sick leave: a medical certificate and in case of work injury: an accident report + a medical certificate)</p>	<b>Eligibility (for Employee Only)</b>	<ul style="list-style-type: none"> <li>• Date of Hire: Automatic Coverage</li> <li>• Benefit – For non-work-related disability <ul style="list-style-type: none"> <li>- Benefit Waiting Period – 60 calendar days</li> <li>- Salary's payment during this period at management's discretion</li> <li>- Benefit Payment – 80% of daily basic salary</li> <li>- Maximum Benefit Payment Period – 36 months</li> </ul> </li> <li>• Benefit – For work-related disability <ul style="list-style-type: none"> <li>- Benefit Waiting Period – 15 calendar days</li> <li>- Salary's payment during this period at management's discretion</li> <li>- Benefit Payment – 90% of daily basic salary</li> <li>- Maximum Benefit Payment Period – 36 months</li> </ul> </li> </ul>
<p><b>Disability</b></p> <p><b>Long-Term Disability</b></p> <p>- Permanent Disability - Personal &amp; Work-Related</p>	<b>Eligibility (for Employee Only)</b>	<ul style="list-style-type: none"> <li>• Date of Hire: Automatic Coverage</li> <li>• Benefit – For non-work-related disability <ul style="list-style-type: none"> <li>- Benefit Waiting Period – Not automatic. Above all, the insurer must determine the degree of disability before agreeing (or not) on the payment. Medical examination &amp; detail medical report. (must be provided)</li> <li>- Maximum Benefit Payment Period – under the age of 65 years</li> </ul> </li> <li>• Benefit – For work-related disability <ul style="list-style-type: none"> <li>- Benefit Waiting Period – Not automatic. Above all, the insurer must determine the degree of disability before agreeing (or not) on the payment. Medical examination &amp; detail (must be provided)</li> <li>- Maximum Benefit Payment Period – under the age of 65 years.</li> </ul> </li> <li>• Benefit – Permanent disability: 80% of the annual basic salary in case of sickness / 90% in case of work-related injury – (degree of disability &gt;</li> </ul>

		<p>66%)</p> <ul style="list-style-type: none"> <li>• Benefit – Partial disability: 50% of the annual basic salary – (33% to 66%)</li> <li>• Benefit – Permanent disability with assistance of a third person: 100% of the annual basic salary. Annual basic salary is defined as 12 times the average monthly basic salary currently paid.</li> <li>• <b>No annuity is payable if the degree of disability is less than 33%. The yearly basic salary is limited to U.S. \$157,00.00</b></li> <li>• <b>Cost: 100%Company-paid.</b></li> </ul>
<b>ISP (Investment Savings Plan &lt;Legal &amp;General &gt;)</b>	<b>The Company established an Investment Savings Plan so that eligible employees may save for the future.</b>	<ul style="list-style-type: none"> <li>• Employees may contribute up to 15% of their monthly base salary and invest the money in a variety of investment funds offered by Legal &amp; General, the administrator of plan.</li> <li>• Company contributions are discretionary; however, the Company matching to employee contributions is currently 100% of up to the first 6% of employee contributions.</li> <li>• The Company matching contributions are deposited monthly with the employee's contribution to the same investments selected by the employee.</li> <li>• The employee is fully vested in all contributions from the first deposit.</li> </ul>
<b>Stock Purchase Plan</b>		<ul style="list-style-type: none"> <li>• The Company offers its employees a stock purchase under which employees may be eligible to purchase shares of Pride common stock at a 15% discount.</li> <li>• Stock is purchased once per calendar year during March of the following year.</li> <li>• The enrollment period is 15 November through 15 December with the effective date for participation 01 January.</li> <li>• All US Dollar payroll employees are eligible to participate if they have been continuously employed for six calendar months as of 01 January.</li> <li>• The employee is responsible for all taxes applicable and should consult with his/her tax advisor regarding any tax issues that participation in the plan may raise.</li> </ul>