



## 2021 Summary of Benefits

All associates employed by Molecular Devices with full-time and part-time status (minimum 20 hours per week) are eligible for Medical, Vision and Dental insurance, Short-term Disability, Long-term Disability insurance, Life and AD&D insurance, Optional Life and AD&D insurance, and Flexible Spending accounts. Coverage is effective the first day of employment.

Benefit information can also be reviewed at <https://danaherbenefitsinfo.com/>.

MEDICAL INSURANCE – Offered by multiple carriers	
<ul style="list-style-type: none"> <li>You may choose the Silver Plan with the Health Savings Account (HSA), Gold Plan or Platinum Plan.</li> <li>If you live in California, you may choose Gold Plan II (HMO).</li> <li>All family members must be enrolled in the same coverage.</li> </ul>	<p><b>Silver Plan</b> - \$1,500 Individual/\$3,000 Family deductible in-network</p> <ul style="list-style-type: none"> <li>Copay: None, you pay 100% of eligible charges until deductible is met, then 25% after paying deductible.</li> <li>Preventative care visits are covered, including generic contraceptives, at 100% with no deductible (in-network)</li> <li>75% in-network co-insurance</li> <li>100% coverage once out of pocket maximum is met</li> <li>\$3,800 individual/\$7,600 family in-network annual out-of-pocket max</li> <li>\$8,000 individual/\$16,000 family out-of-network annual out-of-pocket max</li> <li>Health Savings Plan (HSA) special tax-advantaged savings account.</li> </ul> <p><b>Gold Plan</b> - \$800 Individual/\$1,600 Family deductible in-network</p> <ul style="list-style-type: none"> <li>Copay: \$25 office/\$40 Specialist</li> <li>Preventative care visits are covered, at 100% with no deductible (in-network)</li> <li>75% in-network co-insurance</li> <li>\$3,600 individual/\$7,200 family in-network annual out-of-pocket max</li> <li>\$7,200 individual /\$14,400 family out-of-network annual out-of-pocket max</li> </ul> <p><b>Gold Plan II</b> - \$0 Individual/\$0 Family deductible</p> <ul style="list-style-type: none"> <li>\$5,400 individual/\$10,800 family in-network out of pocket max</li> <li>Copay: \$25 office/\$40 Specialist</li> <li>Out of network not covered</li> <li>70% in-network co-insurance</li> <li>No copay for preventive care visits (in-network)</li> </ul> <p><b>Platinum</b> - \$250 Individual /\$500 Family deductible in-network</p> <ul style="list-style-type: none"> <li>\$2,300 individual/ \$4,600 family in-network out of pocket max</li> <li>Preventative care visits are covered, at 100% with no deductible (in-network)</li> <li>Copay: \$25 office/\$40 Specialist</li> <li>85% in-network co-insurance</li> <li>\$2,300 individual/\$4,600 family in-network annual out-of-pocket max</li> <li>\$11,500 individual /\$23,000 family out-of-network annual out-of-pocket max</li> </ul>
PRESCRIPTION COVERAGE – CVS Caremark (Basic Plan)	
<ul style="list-style-type: none"> <li>If you choose Aetna, CareFirst, Cigna, or UnitedHealthcare the prescription network available for all states is CVS Caremark.</li> <li>Prescription coverage is included with all plans.</li> <li>Your prescription drug cost will vary by prescription tier. And with the Gold and Platinum plans, you will have flat copays. With Silver, once you meet your deductible, you pay 25% of the negotiated price for your prescriptions.</li> <li>Part-time employees are eligible for prescription coverage.</li> <li>A different company will manage your prescription drug benefits if you enroll in a medical plan through Kaiser Permanente, Health Net, Dean / Prevea360, Geisinger, Medical Mutual, Priority Health, or UPMC.</li> </ul>	<ul style="list-style-type: none"> <li>Short-term medications: The plan will cover 30-day fills of acute-care medications at any pharmacy in our network.</li> <li>Long-term medications: The plan will cover (2) 30-day fills of maintenance medications at any pharmacy in the network. After that, participating members can choose to have 90-day supplies of long-term medications delivered by CVS Caremark Mail Service Pharmacy or pick them up at any CVS Pharmacy+ (including those inside Target stores).</li> </ul>
DENTAL PLAN - CIGNA	
<ul style="list-style-type: none"> <li>Covers routine checkups and other comprehensive dental services (including orthodontic treatment).</li> <li>Administered by Cigna, the plan pays the full cost of preventive care, including semi-annual exams, cleanings, and X-rays.</li> <li>Pay an annual deductible for other services, and then the plan shares the cost with you.</li> </ul>	<ul style="list-style-type: none"> <li>Annual deductible \$50 individual/\$150 family.</li> <li>Yearly maximum: \$2,000 per individual.</li> <li>Orthodontia: Up to a \$2,000 lifetime maximum.</li> </ul>

**VISION COVERAGE – EyeMed**

- Helps you save money on eye exams, glasses, and corrective contact lenses. Vision services are provided through Vision Service Plan (VSP).
- Use a VSP network provider and get more for your money on eye care services and supplies, and qualify for discounts.
- One exam every 12 months (\$10 co-pay| \$0 copay at a PLUS provider).
- Lenses every 12 months- \$150-170 allowance for frames (includes lenses); you pay 20% after that
- Additional charges for progressive lenses and lens coatings
- Contact lenses every 12 months- \$175 allowance for exam and lenses
- Frame coverage every two years - \$200 allowance for frames

**Life Insurance**

- The amount of your Basic Life is equal to 1.5x your annual base salary (premiums paid by Danaher).
- Employees may purchase Optional Life insurance coverage up to 7x their salary up to \$3,000,000.00 (combined with Basic Life).
- Spousal Life insurance coverage may be purchased up to a maximum of \$100,000.
- Life insurance coverage for dependent children may be purchased for either \$5,000 or \$10,000 per child.

**AD&D Insurance**

- Choose associate-only coverage in increments of 1 to 5 times your pay, up to \$1 million.
- Pay the full cost on an after-tax basis. The monthly cost for coverage is \$0.025 per \$1,000 of coverage.
- If you die accidentally, the plan pays the full amount. For injuries, the plan pays a scheduled amount depending on the severity of the injury.
- No Evidence of Insurability is required to enroll in or increase this coverage.

**FLEXIBLE SPENDING ACCOUNTS**

- The cost of administration is paid by Danaher.
- Medical reimbursement allows an employee to use pre-tax dollars to pay for un-reimbursed medical expenses.
- Dependent care reimbursement allows an employee to use pre-tax dollars to pay for childcare services.
- Limited Purpose Flexible Spending Account (Dental/Vision) only.
- Medical reimbursement - \$2,700 per year (available with **Gold or Platinum** medical plan or **waived medical coverage**)
- Dependent care reimbursement - \$5,000 per year
- Deposit up to an additional \$2,700 (pretax) (Dental and Vision) if enrolled in Silver Plan

**SHORT-TERM DISABILITY**

- The premium is paid by Danaher.
- 7-day elimination period.
- Maximum benefit period is 180 days
- Plan pays 100% of base pay for first 7 weeks of disability, then 75% of base pay for next 18 weeks of disability

**LONG-TERM DISABILITY**

- Voluntary benefit.
- The premium is paid by Employee.
- 180-day elimination period
- Pays 60% of current monthly income to a maximum of \$15,000

**401(K) PLAN**

- Fidelity Investments administers the 401(k) plan.
- Full-time, part-time & variable employees are eligible.
- Employees are eligible to participate immediately.
- You are eligible to start investing upon hire and can contribute up to 75% of your salary annually.
- You are 100% vested in your account upon enrollment.
- Danaher matching formula is 100% of the first 3% deferred plus 50% of the next 2% deferred. Immediate 100% vesting on match.
- In addition, Danaher may provide a Retirement Contribution of 2% after one year of service. Retirement contribution vests following 3 years of service.

**CORE HOLIDAYS**

- Twelve holidays are observed each calendar year.
- Full-time and part-time employees are eligible to receive holiday pay.

**VACATION**

- Vacation benefits for full-time employees are earned by calendar year according to the following schedule:
- Max accrual = Annual Accrual + 15 days
- Vacation is earned per pay period. Vacation benefits for part-time and variable employees will be pro-rated.
- Employees should only use vacation as it is accrued.
- Years 1-4 accrue 4.6 hours vac. per pay (i.e. 15 days per year)
- Years 5-6 = 16 days/year      Year 14 = 24 days/year
- Year 7 = 17 days/year      Years 15 - 24 = 25 days/year
- Year 8 = 18 days/year      Year 25 = 26 days/year
- Year 9 = 19 days/year      Years 26 - 27 = 27 days/year
- Year 10 = 20 days/year      Years 28 - 29 = 28 days/year
- Year 11 = 21 days/year      Years 30 - 31 = 29 days/year
- Year 12 = 22 days/year      Year 32 = 30 days/year
- Year 13 = 23 days/year

**SICK DAYS**

- Full-time employees receive 8 sick days at the beginning of each year to use or lose each year.

#### **EMPLOYEE ASSISTANCE PROGRAM**

- The GuidanceResources Employee Assistance Program is provided to you by Danaher at no cost and covers your spouse/domestic partner and dependent children. This program is strictly confidential and may assist you with a variety of issues. You do not need to enroll in a Danaher medical plan to use the EAP
- call 833.306.0107 or
- Log on to [guidanceresources.com](http://guidanceresources.com)
- App: GuidanceNow
- Web ID: DANAHER

This publication does not constitute a contract. Refer to your individual benefit plan for specific coverage and/or qualifications.