



Bsquare Corporation Overview of Benefits 2016

Benefits You Can Count On

Bsquare is committed to providing employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health coverage and a degree of financial security to our employees and their families. This guide provides a general overview of your benefits.

This guide contains only general and summary information; it should not be considered a replacement for the more detailed information set forth in certificates of coverage or master plan documents produced by each insurance company. Every care is taken to ensure the accuracy of this guide; however, in the event of any conflict between this guide and information provided by each insurance company, the insurance company's document will be the final authority.

Eligibility

Employee and Dependents

If you are a full-time employee regularly scheduled to work at least 20 hours per week, your benefits will begin on the first of the month following or coinciding with date of hire.

You also have the option to enroll your eligible dependents in specified benefits which include:

- Your spouse, legally married same-sex couples, or domestic partner;
- Your children up to age 26 regardless of marital or student status for medical, dental, and vision;
- Your unmarried children of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you.

Domestic Partner Coverage

Domestic partners are eligible to enroll as a dependent in the benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage. In general, employee premium contributions for domestic partners must be deducted from your pay on a post-tax basis (not pre-tax).

In addition, any premium contributions made by Bsquare on behalf of your domestic partner are considered taxable income to you. Please contact Human Resources for more information and forms.

Benefit Rates

Plan Tier	Monthly Premium	Bsquare Paid	Employee Cost
Medical			
Employee Only	\$568.81	\$568.81	\$0.00
Employee & Spouse/Domestic Partner*	\$1262.74	\$984.25	\$278.49
Employee & Child(ren)	\$1092.10	\$882.09	\$210.01
Employee & Family	\$1786.04	\$1297.54	\$488.50
Dental			
Employee Only	\$52.47	\$52.47	\$0.00
Employee & Spouse/Domestic Partner*	\$112.47	\$80.90	\$31.57
Employee & Child(ren)	\$135.18	\$105.21	\$29.97
Employee & Family	\$195.14	\$129.61	\$65.53
Vision			
Employee Only	\$7.01	\$7.01	\$0.00
Employee & Spouse/Domestic Partner*	\$10.16	\$7.72	\$2.44
Employee & Child	\$10.16	\$7.72	\$2.44
Employee & Children	\$18.22	\$9.57	\$8.65
Employee & Family	\$18.22	\$9.57	\$8.65
Medical, Dental & Vision			
Employee Only	\$628.29	\$628.29	\$0.00
Employee & Spouse/Domestic Partner*	\$1385.37	\$1072.87	\$312.50
Employee & Child	\$1237.44	\$995.02	\$242.42
Employee & Children	\$1245.50	\$996.87	\$248.63
Employee & Family	\$1999.40	\$1436.72	\$562.68
Rates listed are deducted pre-tax from Employee's paycheck, split equally over 2 paychecks per month.			
*Employee will be required to complete a Domestic Partner Affidavit in order to add the Domestic Partner to the Bsquare Benefit Plans. Domestic Partner benefits cannot be considered as Section 125 pre-tax deductions. An amount equivalent to the Domestic Partner portion of the benefit will be added as income to Employee's check. Check with HR for the amounts.			



Carrier	United Healthcare (UHC)	
Plan Name	LP5-P Rx Plan: H9	
Provider Network	Choice Plus Network	Non-Network
Annual deductible	\$300 individual \$600 family	\$600 individual \$1,200 family
Out-of-pocket limit Includes deductible & coinsurance	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Office visits		
Office visit	\$25 copay	50%
Chiropractic	\$25 copay 20 visits pcy	50% 20 visits pcy
Mental health	Covered in full, deductible waived	50%
Preventive care		
Office visit, screenings, immunizations	Covered in full, deductible waived	Not covered
Lab & X-ray		
Diagnostic testing	Covered in full, deductible waived	50%
Imaging CT, PET scans, MRIs	20%	50%
Rehabilitation		
Outpatient physical/occupational therapy	\$25 copay 20 visits pcy	50% 20 visits pcy
Prescription drugs		
Generic/Preferred Brand/Non-Preferred Brand	\$10/\$30/\$50	\$10/\$30/\$50
Mail order – per 90-day supply	\$25/\$75/\$125	Not covered
Emergency room copay	20%	



Dental Plan Highlights

Calendar year deductible	In-network	Out-of-network
Individual	\$25	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)		
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	90%	80%
Major Care (e.g. crowns, dentures)	50%	50%
Orthodontia	Not covered	
Annual Maximum Benefit	\$2,000	\$2,000
Network	DentalGuard Preferred	



Vision Plan Highlights

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses		\$25
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 Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$50 \$80-90 \$120-160
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting & evaluation) Every calendar year 	Up to \$60

Flexible Spending Accounts



Health Spending Account allows you to pay for some out-of-pocket health expenses that are not covered by insurance with pre-tax dollars.

Type of Coverage	Employee Contribution	Employee Contribution
Healthcare Flexible Spending Arrangement	Maximum of \$2550 per year	\$150 per year
Day Care Flexible Spending Arrangement	Maximum of \$5000 per year	None



Basic Term Life and Disability Insurance

Type of Coverage	Benefit Amount	Duration of Benefit
Short-Term Disability	60% of your weekly income; maximum of \$2500	11 weeks
Long-Term Disability	60% of your monthly income; maximum of \$10,000 until retirement.	Benefit payments will continue until retirement as long as you continue to meet the definition of disability.
	Employee provided amount	Employee provided amount
Basic Term Life & AD&D	\$50,000 for employee \$5,000 for spouse/domestic partner \$250 Children age 14 days to 6 months \$2,500 Children age 6 month to 26	Optional Employee Supplemental coverage in increments of \$10,000 to a maximum of \$500,000. Optional Spouse Supplemental coverage in increments of \$5,000 to a maximum of \$250,000. Supplemental coverage is dependent upon age. Ask HR for a rate schedule.

Employee Assistance Program

EAP is a confidential, employer-offered program that helps active employees, retired employees, members of their households and their adult children up to age 26 balance the demands of work, life and personal issues. EAP can assist with topics such as:

Confidential Counseling on Personal Issues
Information, Referrals and Resources for Work-Life Needs
Legal Information, Resources and Consultation
Financial Information, Resources and Tools
Online Information, Tools and Services
Free Online Will Preparation
Support for Expectant and New Parents



Retirement Plan

Type of Account	Bsquare Contribution	Employee Contribution
401(k) Plan (pre-tax)	Match 50% of the first 6% contributed by the employee in either the pre- or post-tax plans. Bsquare Contributions vest immediately.	Auto-enrollment at 6% of your salary. Can contribute up to \$18,000 per year.
Roth 401(k) Plan (post-tax)		
Catch-up Contribution	Catch-up contributions are not matched.	Allows employees age 50 or older to contribute an additional \$6,000 per year.

You will be enrolled on the first day of the month after your start date of employment. You may change your contribution amount and fund selections online through www.401k.com.



Stock Options

All new employees are offered stock options as part of your total compensation. Shares shall be Nonqualified Stock Options and will vest 25% per year for four years. The strike price shall be the closing price of BSQUARE stock on the date of hire. The stock options shall expire after 10 years.

Paid-Time Off (PTO)

Years of Service	PTO Accrual	Per Year	PTO Account Maximum
0-2 years	15 days (120 hours)	15 days (120 hours)	15 days (120 hours)
2-5 years	18 days (144 hours)	18 days (144 hours)	18 days (144 hours)
5-9 years	22 days (176 hours)	22 days (176 hours)	22 days (176 hours)
9+ years	25 days (200 hours)	25 days (200 hours)	25 days (200 hours)

Holidays & Floating Holidays

Bsquare provides 8 paid holidays per year and 2 Floating holidays per year to be used at your discretion and manager's approval.

United States Holidays

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Day after Thanksgiving

Christmas Day

Either the day before or after Christmas (management discretion)

2 Floating Holidays used at Employee's discretion

The B.E.A.T. – The Bsquare Entertainment & Activities Team plans employee events throughout the year. Typical events are a monthly birthday celebration with cake and ice cream, free espresso cart periodically, and game night. Events vary by location. The B.E.A.T.'s mission is to create and maintain a welcoming, open, and fun work environment for all employees.