




**SUMMARY OF EMPLOYEE BENEFIT PROGRAMS
2015**

Health Benefits 	Cigna – Open Access Plus Plan (OAP) Open Access Plus Plan In Network (OAPIN)		
Medical			
	Cigna (OAP) In-network	Cigna (OAP) Out –of-Network coverage	Cigna (OAPIN) No out of network coverage
Product Availability	All regular employees working at least 30 hours per week *		
Description	You can receive care from any provider you choose, but the Plan pays a higher level of benefits when you use a Cigna participating network provider.		In-network coverage only (out-of network benefits provided for emergency care only).
Office Visits	100% after \$30 copay	70% of R&C charges after deductible	100% after \$25 copay
In-patient Hospital Copay	90% after deductible	70% of R&C charges after deductible	100% after \$300 copay per confinement
Out-patient Hospital Copay	90% after deductible	70% of R&C charges after deductible	100% after \$100 copay
Specialist Office Visits	100% after \$40 copay	70% of R&C charges after deductible	100% after \$35 copay
Annual Deductible (single/family)	\$300/\$900	\$550/\$1,650	None
Out of pocket Maximum (single/family)	\$1,700 Single \$5,100 Family	\$2,300 Single \$6,900 Family	N/A
Lifetime Benefit Maximum	No limit		No limit

* The Employee must be an Employee classified and treated for federal income tax purposes by the Company as a regular full-time (as opposed to a temporary or seasonal Employee, an independent contractor or consultant, an agency worker or a leased Employee).

Pharmacy Retail-31 day supply	Cigna (OAP) In network	Cigna (OAP) Out of network	Cigna (OAPIN)
Generic	\$15 copay	Not covered	\$15 copay
Preferred Brand	\$35 copay	Not covered	\$35 copay
Non-Preferred Brand	\$55 copay	Not covered	\$55 copay
Pharmacy (Mail Order-90 day supply)	2x retail copay	Not covered	2x retail copay

Dental	Cigna	
	PPO- In –Network	PPO- Out of Network
Annual Deductible (Single/Family)	\$50/\$150	\$50/\$150
Preventive and Diagnostic Services	100% of discounted rate	100% of reasonable and customary (R&C) Charges
Basic Restorative Care	80% of discounted rate after deductible	60% of R&C charges after deductible
Major Services	50% of discounted rate after deductible	40% of R&C charges after deductible
Annual Maximum	\$1,500	\$1,250
Orthodontia Services (up to age19)	50% of discounted rate after deductible	40% of R&C charges after deductible
Lifetime Orthodontic Maximum	\$1,250	\$1,000

Vision	EyeMed Vision Care	
	In-Network	Out-of-Network
Annual Exam	Covered in full after \$15 deductible	\$35 allowance
Single Lense	Covered in full after \$25 deductible	\$25 allowance
Bifocal Lense	Covered in full after \$25 deductible	\$40 allowance
Trifocal Lense	Covered in full after \$25 deductible	\$55 allowance
Frames (one pair every 2 years)	\$130	\$65 allowance
Contacts Medically needed	Covered in full	\$200 allowance
Contacts elective	\$130 allowance	\$104 allowance

Life/Accident Insurance (AD&D)	Prudential
	Coverage provided by Veeco Instruments
Basic Life	One times your annual salary, up to a maximum benefit of \$350,000
Basic AD&D Insurance	One times your annual salary, up to a maximum benefit of \$350,000
Business Travel Insurance	Five times your annual salary, up to a maximum benefit of \$1,000,000
	Coverage you may purchase
Supplemental Life Insurance	You may elect 1,2,3 or 4 times your annual salary, up to a maximum benefit of \$850,000 (Basic and Supplemental Life Insurance combined)
Dependent Life Insurance	Coverage for your spouse up to \$125,000 cannot exceed 100% of your Basic and Supplemental life. Coverage for your dependent children up to \$10,000
Supplemental AD&D	You may elect coverage up to 500,000 (cannot exceed 10 times your annual salary)
Dependent AD&D	Coverage for your spouse and dependent child(ren) in an amount equal to 100% of your benefit.
Short and Long Term disability	Prudential
	Coverage provided by Veeco Instruments
Short Term Disability	For certified disabilities the plan pays 66 2/3% of pay for 90 days. Benefits are reduced by state disability. This applies to California and New Jersey residents
Long Term Disability	Pays 66 2/3% of your monthly salary, up to \$16,000

	Additional benefit programs offered by Veeco Instruments
Flexible Spending Accounts	Save money by participating in the Health and Dependent Care FSA- Pay for eligible expenses with dollars that are never taxed
Tuition Assistance Program	Develop your career through education. You can receive reimbursement for tuition and laboratory fees up to \$7,500 per calendar year
401(k) Retirement Plan	Two plans offered; Traditional (pre-taxed) and Roth (post-taxed); Veeco will match up to 50% of the first 6% of contributions (combined-if choosing both plans).
Paid Time Off	The company recognizes 11 paid holidays per year (includes 2 floating holidays). Vacation (for all eligible employees) and sick time (for employees paid on hourly bases) is accrued bi-weekly based on length of service.

This guide provides a summary of the benefits available to eligible employees of Veeco Instruments Inc. Complete details are in the Summary Plan Descriptions (SPDs), legal plan documents and insurance contracts that officially govern each plan. In case of a conflict between any information in this guide and the official plan documents, the official plan documents will always govern. Veeco Instruments Inc. reserves the right to amend, revise, modify or terminate the benefits described in this Guide at any time without prior notice. This guide does not create an express or implied contract of employment or obligation.