

Employee Benefits Summary

2005 Flex Plus

Upon employment with TAIS and meeting the eligibility criteria, you may immediately enroll in the Flex Plus Group Insurance Plan. Elections must be chosen within 10 days of your hire date and will be made effective retroactively to your hire date.

Our Flexible Benefits Program (Flex Plus) allows you the opportunity to choose the type and level of benefits that best meet your needs.

The following Summary highlights the benefits currently being offered by Toshiba America Information Systems, Inc. for full-time employees who are scheduled to regularly work 21 hours or more per week within the United States. It is for your personal information and is not to be considered as a legal document or used for unwarranted interpretation of the benefits described. Further details can be found in the Employee Handbook and Benefits Summary Plan Descriptions, in Lotus Notes.

2005

TOSHIBA

TOSHIBA AMERICA INFORMATION SYSTEMS, INC.

HIGHLIGHTS OF YOUR MANAGED CARE CHOICES AT TAIS

Your enrollment materials will include more details about each option's benefit levels.

MEDICAL PLAN SUMMARY

DESCRIPTION	EPO PLAN	PPO PLAN		OUT-OF-AREA PLAN
		NETWORK	NON-NETWORK	
MEDICAL OPT-OUT FLEX CREDITS \$20.00* * Credits will be paid and taxed as ordinary income.				
BI-WEEKLY COST * Single Employee + 1 Dependent Family * All deductions are withheld on a pre-tax basis.	\$19.00 \$47.00 \$94.00	\$45.00 \$87.00 \$165.00		\$45.00 \$87.00 \$165.00
	NETWORK	NETWORK	NON-NETWORK	
DEDUCTIBLE Individual Family	None None	\$100 \$300	\$300 \$900	\$100 \$300
HOSPITAL COPAY	None	None	\$300 per admission	None
COINSURANCE*	90%	85% after deductible	60% after deductible	85%
PHYSICIAN OFFICE VISITS	\$15 copay per visit	\$15 copay per visit	60% after deductible	\$15 copay per visit
WELL CHILD CARE (Includes Immunizations)	\$15 copay per visit	\$15 copay per visit	60% after deductible	\$15 copay per visit
PREVENTIVE CARE (Adult)	\$15 copay per visit	\$15 copay per visit	60% after deductible	\$15 copay per visit
HOSPITAL EMERGENCY ROOM	100% after \$50 copay if confined	100% after \$50 copay if confined	100% after \$50 copay if confined	100% after \$50 copay if confined
NON-EMERGENCY USE	60%	60% after deductible	60% after deductible	60% after deductible
OUT-OF-POCKET MAXIMUM Individual Family	\$1,500 \$3,000	\$2,000 \$4,000	\$4,000 \$8,000	\$2,000 \$4,000
LIFETIME MAXIMUM	Unlimited	Unlimited		Unlimited
* All coinsurance amounts are applied after deductible has been met				
PRESCRIPTION DRUGS				
Network Retail Pharmacy (up to 31-day supply)	10% generic, up to \$25 maximum 20% preferred drug, up to \$50 maximum 30% brand-name, up to \$100			
Mail Order (up to a 90-day supply) Includes phone and on-line refills	10% generic, up to \$50 maximum 20% preferred drug, up to \$100 maximum 30% brand-name, up to \$200 maximum			

VISION PLAN SUMMARY

DESCRIPTION	EYE EXAM BENEFIT		SUPPLEMENTAL MATERIALS COVERAGE	
	NETWORK	NON-NETWORK*	NETWORK	NON-NETWORK*
BI-WEEKLY COST Single Employee + 1 Dependent Family	Company Provided Company Provided Company Provided		\$3.00 Bi-weekly \$5.00 Bi-weekly \$9.00 Bi-weekly	
EYE EXAMS - Company provided Frequency Co-Payment	Once every 12 months \$10.00	Once every 12 months \$45 max. allowance		
LENS REPLACEMENT Frequency Co-Payment			Once every 12 months \$20.00	Once every 12 months \$210 max. allowance
FRAME REPLACEMENT Frequency Co-Payment			Once every 24 months \$20.00	Once every 24 months \$46 max. allowance

*VSP will reimburse up to the amounts allowed under the Plan's non-VSP provider schedule.

DENTAL PLAN SUMMARY

DESCRIPTION	TRADITIONAL LEVEL PPO	DENTAL OPT-OUT
BI-WEEKLY DENTAL OPT-OUT CREDIT * \$5.00 <small>*Credits will be paid and taxed as ordinary income.</small>		
BI-WEEKLY COST Single Employee + 1 Dependent Family	\$3.00 \$6.00 \$14.00	
DEDUCTIBLE* Individual Family <small>*Waived for Diagnostic/Preventive</small>	\$50 \$150	No Covered Dental Care
PREVENTIVE CARE	100%	
BASIC CARE	80%	
MAJOR CARE	50%	
CALENDAR YEAR MAXIMUM Per Person	\$1,500	
ORTHODONTIA COVERAGE Deductible Coverage Level Lifetime Maximum (per person)	\$100 50% \$1,500	

ADDITIONAL BENEFITS

SPENDING ACCOUNTS

The spending accounts allow tax-free reimbursement for certain tax-deductible expenses. The two types of available accounts are health care and dependent care.

HEALTH CARE SPENDING ACCOUNT

For medical, dental, prescriptions and/or vision expenses not covered by your health care plans.

DEPENDENT CARE SPENDING ACCOUNT

For dependent day care expenses incurred for eligible dependents while you are at work.

LIFE AND AD&D INSURANCE

Basic Life: Equal to one times your annual "Targeted Compensation" rounded to nearest \$1,000 but not to exceed \$600,000. TARGETED COMPENSATION is defined as your base salary, sales incentive pay and management incentive bonuses.
 Effective: Date of hire.
 Cost: Company provided.
 Supplemental Life: Employees have the option to purchase an additional five times their "Targeted Compensation", not to exceed \$600,000.
 Effective: Date of hire.
 Cost: \$0.125 per month per thousand dollars of coverage.

DEPENDENT LIFE INSURANCE

Benefits: Spouse \$2,000
 Children \$1,000
 Effective: Date of hire.
 Cost: Company provided.
 Supplemental Life: Employees have the option to purchase additional life insurance coverage for spouse and children.
 Spouse: \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$75,000, \$100,000.
 Child: \$5,000

SHORT TERM DISABILITY

Benefits: 69% of base salary "tax free" up to a maximum of \$3,000 per week.
 Effective: Date of hire.
 Cost: Employee/Employer funded.

LONG TERM DISABILITY

Benefits: 60% of base salary, to a monthly maximum of \$15,000.
 Waiting Period: After 180 days of disability.
 Effective: Date of hire.
 Cost: Company provided.
 Supplemental LTD: Employees are able to purchase additional 10% long-term disability insurance which can increase coverage up to 70%. There is no maximum amount applied to the supplemental portion.
 Effective: Date of hire.
 Cost: \$0.099 per month per hundred dollars of coverage.

DEFINED BENEFIT PENSION PLAN

Eligibility:	Completion of one year of service; then retro-active to date of hire.
Minimum Age:	21 years of age.
Benefit Calculation based on:	TAIS will credit your retirement account with 4% of your compensation up to the Social Security Wage Base, plus 8% of your compensation that is greater than the Social Security Wage Base.
Vesting:	100% after completion of 5 years of service.
Cost:	Company provided.

401(k) SAVINGS PLAN

Eligibility:	Completion of 30 days of service. Enrollment will commence on the next available enrollment month.
Minimum Age:	21 years of age.
Employee Contributions:	Pre-tax contributions from 1% to 25% of eligible compensation. Highly Compensated employees, as defined by the IRS, may be limited to lower percentage.
Matching Contributions:	Company matching contribution of 100% of the first 3% of your pre-tax contributions.
Vesting:	25% after completion of 1 year. 50% after completion of 2 years. 75% after completion of 3 years. 100% after completion of 4 years.

PAID TIME-OFF BENEFITS

Vacation:	1st - 5th calendar year prorated to a maximum of 10 days. 6th - 10th calendar year 15 days. 11th calendar year and longer 20 days.														
Holidays:	<table><tr><td>1. New Year's Day</td><td>7. Thanksgiving Day</td></tr><tr><td>2. President's Day</td><td>8. Day after Thanksgiving</td></tr><tr><td>3. Good Friday</td><td>9. Christmas Day</td></tr><tr><td>4. Memorial Day</td><td>10. Designated Holiday</td></tr><tr><td>5. Independence Day</td><td>11. Designated Holiday</td></tr><tr><td>6. Labor Day</td><td>12. Designated Holiday</td></tr><tr><td></td><td>13. Designated Holiday</td></tr></table>	1. New Year's Day	7. Thanksgiving Day	2. President's Day	8. Day after Thanksgiving	3. Good Friday	9. Christmas Day	4. Memorial Day	10. Designated Holiday	5. Independence Day	11. Designated Holiday	6. Labor Day	12. Designated Holiday		13. Designated Holiday
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Short Term Absence:	1st calendar year prorated to a maximum of 5 days. 2nd - 10th calendar year a maximum of 10 days. 11th calendar year and longer a maximum of 15 days. At each calendar year end, all unused short term absence will be forfeited.														
Other Time Off:	Company allows appropriate time off for Jury Duty, Military Leave, Bereavement Leave, Family Leave and Personal Leave of Absence.														

OTHER EMPLOYEE BENEFITS

Employee Assistance Program:	The EAP and mental health/substance abuse benefits are offered through a managed care arrangement with United Behavioral Health.
Flexible Work Hours:	Work schedules may be developed that best service the Company and the employees. Core hours are 9:00 am to 3:00 pm. Allowable start times may be between 6 – 9 am and quitting time between 3-6 pm.
Work/Life Benefits:	Work/Life benefits are offered as part of the EAP program through United Behavioral Health.
Employee Purchase:	Periodically certain products marketed and sold by Toshiba America Information Systems, Inc. are available for purchase by employees at a discount through Shop Toshiba.
Recreation:	Discount tickets to various entertainment attractions are available. The Company from time-to-time sponsors various activities such as charity walks and volleyball leagues.
Educational Assistance:	TAIS reimburses for registration, tuition and laboratory fees only on a graduated scale, less applicable taxes, for approved courses/programs.
Credit Union:	TAIS offers two credit union memberships. Wescom and Pacific Resources. Membership applications are available in Human Resources.
Work Environment:	TAIS Irvine facility provides a drug-free, smoke-free, safe and secure work environment.
Employee Referral Program:	TAIS offers Employee Referral Bonuses for qualified positions. Contact your Human Resources Department for details.
Adoption Benefits:	TAIS offers a reimbursement program for eligible expenses incurred by employees who choose to adopt a child(ren).
Health Club Membership Discount:	Discount memberships are available through 24 Hour Fitness and 24 Hour Fitness Ultra Sport Club.
Long Term Care Insurance:	TAIS offers Long Term Care Insurance coverage for Nursing Home Facilities, Residential Care Facilities and Home Care. Coverage is available for spouses, parents (in-laws) and grandparents (in-laws) between the ages of 18-84. Medical underwriting will be required for Family Members.
Employee On-Line Store:	Employees may purchase various apparel products with the Toshiba logo through the Toshiba On-Line Store.