Trillium Health recognizes the importance of providing employees and their families with a comprehensive and valuable benefits program. Each year when evaluating plan designs and costs, consideration is given to what changes are necessary in order to maintain comprehensive benefits while controlling costs for both Trillium Health and employees. This document is intended to be a summary. More details will be found in the Personnel Policies in the Employee Handbook as well as in the carrier information.

**Paid Holidays**

TBD

**Accrued Paid Time Off (PTO)**

**Eligibility:** All regular full-time and part-time employees working a minimum of 20 hours per week.

**Benefit Summary:** PTO runs on the calendar year and will be earned on the 15th and last of the month. The amount of paid time off accrued by each employee will be based on the employee’s length of continuous benefits eligible service with the agency. PTO accrual will increase at certain levels of employment. First accrual is pro-rated based on portion of the month worked. Increased accruals will be earned in the pay period following the anniversary date. Employees will be allowed to carry over hours equivalent of up to two weeks of their scheduled work week.

Accruals shown are for full-time employment based on a 37.5 work week. Accruals for part-time employees will be prorated based on their employment work week.

<table>
<thead>
<tr>
<th>Years of Employment</th>
<th>Per Period Accrual</th>
<th>Annual PTO Earned</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>6.57</td>
<td>157.68</td>
<td>75</td>
</tr>
<tr>
<td>2nd thru 4th</td>
<td>8.44</td>
<td>202.56</td>
<td>75</td>
</tr>
<tr>
<td>5th thru 9th</td>
<td>9.38</td>
<td>225.12</td>
<td>75</td>
</tr>
<tr>
<td>10th +</td>
<td>10.16</td>
<td>243.84</td>
<td>75</td>
</tr>
</tbody>
</table>

**Long Term Illness/Retirement Bank (LTIRB)**

**Eligibility:** All regular full-time and part-time employees working a minimum of 20 hours per week.

**Benefit Summary:** At the end of the calendar year, the amount of PTO in excess of the allowed carry over amount will automatically roll into the LTIRB. The LTIRB will cap at a maximum of hours equivalent to 12 weeks of work time or 450 hours for a full time employee. These hours will not be paid out at termination of employment and the employee accrues no rights to the hours or their financial equivalent. This bank may only be accessed to cover time not worked due to a medically certified illness or injury or at retirement.

---

1 Retirement is defined as occurring at age 55 or after & 5 years of service.
NYS Disability Insurance  
Carrier: Lincoln Financial

**Eligibility:** Any regular full-time or part-time employee who has worked for at least four consecutive weeks.

**Employee Contribution:** $1.20 per pay period, through payroll deduction

**Benefit Summary:** Benefits are paid in the event of a disability from an injury or illness occurring off the job
- Weekly Benefit: 50% of pay, maximum of $170.00
- Waiting period: 7 days
- Benefit period: 26 weeks

**Enhanced Disability**

**Eligibility:** Full-time regular employees are eligible to participate in the enhanced disability coverage once in a 24 month period based on years of service as outlined in the schedule below. In order to qualify for benefits from this plan, employees must apply for, and be approved for payment of New York State Disability benefits.

**Benefit Summary:** The agency will pay the full salary for eligible employees for a certain number of weeks as determined by length of service.
- While employees are utilizing this benefit, any amounts received from New York State Disability are paid directly to the agency as reimbursement of a portion of the full wages paid to the employee.
- The employee is not eligible for voluntary short term disability benefits during this period.
- PTO will not accrue while Enhanced Disability is in effect.

<table>
<thead>
<tr>
<th>Length of Consecutive Service</th>
<th>Weeks of Full Pay</th>
<th>Weeks of NYS Disability Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 years</td>
<td>0 Weeks</td>
<td>26 Weeks</td>
</tr>
<tr>
<td>1 year but less than 4 years</td>
<td>4 Weeks</td>
<td>22 Weeks</td>
</tr>
<tr>
<td>4 years but less than 6 years</td>
<td>6 Weeks</td>
<td>20 Weeks</td>
</tr>
<tr>
<td>6 years or more</td>
<td>8 Weeks</td>
<td>18 Weeks</td>
</tr>
</tbody>
</table>

**Long Term Disability**

**Carrier:** Lincoln Financial

**Eligibility:** All full-time and part-time employees working a minimum of 20 hours per week. Eligible upon hire.

**Employee Contribution:** None

**Benefit Summary:** 60% monthly income
- Maximum: $7,500 per month
- Minimum monthly benefit: $100.00
- Waiting period: 180 days
Life & AD&D Insurance  
Carrier: Lincoln Financial

Eligibility: All regular employees working a minimum of 20 hours per week are eligible upon hire.

Employee Contribution: None

Benefit Summary: Benefits are paid in the event of death, dismemberment or a life threatening illness
- Benefit: 2X annual salary
- Maximum Benefit: $300,000
- Age Reduction Formula: original benefit reduces by 50% at age 70
- AD&D benefit: same as life benefit

Paid Family Leave  
Carrier: Lincoln Financial

Eligibility: Employees with a regular work schedule of 20 or more hours per week are eligible after 26 weeks of employment. Employees with a regular work schedule of less than 20 hours per week are eligible after 175 days worked.
- An employee can waive coverage if they:
  - regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for Trillium, or
  - regularly work less than 20 hours per week, but will not work 175 days in 52 consecutive weeks (a year) for Trillium.

Employee Contribution: .270% of wages up to maximum $196.72 per year, through payroll deduction

Benefit Summary: Paid time off so an employee can bond with a newly born, adopted, or fostered child; care for a family member with a serious health condition; or assist loved ones when a family member is deployed abroad on active military duty.
- Weekly Benefit: 60% of average weekly pay up to $840.70
- Waiting period: none
- Benefit period: 10 weeks

Employee Assistance Program  
Provider: Employee Network Inc.

Eligibility: All employees and family members of their household are eligible upon employee's hire.

Employee Contribution: None

Benefit Summary: Call 1.800.327-2255, or visit www.nexgeneap.com
- Free, confidential counseling and referral service to assist employees and their families with concerns that affect their personal lives or job performance
- Free, unlimited telephonic Certified Wellness Coaching services for fitness, nutrition, stress, and financial strength
- Phone counseling 24 hours a day, 7 days a week.
- Virtual Concierge service
- Health Advocacy Services
- Financial and legal resources as well as free 30 minute consultations and referrals
- Comprehensive website offering resources and tools.
Mobile Telehealth
Provider: EZaccessMD

Eligibility: All employees, spouse/domestic partners, and dependents to age 27, are eligible first of the month following hire.

Employee Contribution: None unless referral to additional medical providers, including prescriptions, are necessary.

Benefit Summary: Through a network of providers and technicians, an ordinary telemedicine call for low acuity illnesses and conditions can turn into a mobile diagnostic visit. The provider on the call is able to send a mobile technician to your location. The mobile technician is equipped with technology to be the eyes and ears of the provider as they perform medical imaging or testing that is reviewed by the provider. The provider can send any necessary prescription to your pharmacy.

Flexible Benefit Plan
Provider: Trillium Health

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week. Provisional employees are eligible for minimum medical coverage and Healthcare Stipend under the Affordable Care Act.

Benefit Summary: The Agency will provide a per pay period stipend to purchase benefits. The total amount of the stipend is determined based on years of service at January 1 each year. It is also broken up into two parts: the Healthcare Stipend which must be only used towards healthcare related benefits, any unused amounts are forfeited; the Benefit Stipend which can be used toward healthcare related benefits not covered by the Healthcare Stipend in addition to any other benefits.

- Healthcare related benefits qualifying for the Healthcare Stipend are medical, dental, and vision premiums in addition to Medical FSA and Limited FSA contributions.

The stipends in the chart below are per pay period and based on a full time employment status of 37.5 hrs/week. Eligible part-time employees will be prorated based on work week.

<table>
<thead>
<tr>
<th>Per Pay Period Amounts</th>
<th>Level 1 Hire &lt; 2 years</th>
<th>Level 2 2 &lt; 5 years</th>
<th>Level 3 5+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Stipend</td>
<td>$211.38</td>
<td>$249.84</td>
<td>$288.31</td>
</tr>
<tr>
<td>Healthcare Stipend</td>
<td>$180.93</td>
<td>$180.93</td>
<td>$180.93</td>
</tr>
<tr>
<td>Total Possible Stipend</td>
<td>$392.31</td>
<td>$430.78</td>
<td>$469.24</td>
</tr>
</tbody>
</table>

Flexible Benefit Plan Options
Medical Insurance
Carrier: Excellus BlueCross BlueShield

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week and as required by government regulations. Eligible for coverage upon hire.
*Domestic Partner Coverage available

Employee Contribution: Yes, through payroll deduction (Healthcare and Benefit Stipends may be applied)

Benefit Summary: Five medical plan options are offered to provide for various needs. The chart below is intended to be a basic summary for comparison purposes.
- All plans include coverage of medically necessary health services for transgender people, including transition related treatment. For more information, please see HR.

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Signature 25/40 Copay</th>
<th>Signature 30/50 Hybrid</th>
<th>Signature $1,500 HDHP</th>
<th>Signature $3,000 HDHP</th>
<th>Signature $6,500 HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
<td>In-Network</td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Cost Sharing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>N/A</td>
<td>$1,000/$3,000</td>
<td>$1,500/$3,000</td>
<td>$3,000/$6,000</td>
<td>$6,500/$13,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>N/A</td>
<td>20%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,500/$13,000</td>
<td>$3,000/$9,000</td>
<td>$3,000/$6,000</td>
<td>$3,000/$6,000</td>
<td>$6,500/$13,000</td>
</tr>
<tr>
<td>Office Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP</td>
<td>$25, $0 copay for children 19</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>$50</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$500</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$100</td>
<td>$200</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$40</td>
<td>$50</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$100</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Diagnostic Lab</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Diagnostic X-Ray</td>
<td>$40</td>
<td>$50</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
<td>Subject to Deductible/Coins.</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5/$25/$50, $0 generic to age 19</td>
<td>Subject to Deductible/Coins., Preventive drugs Not subject to the Deductible</td>
<td>Subject to Deductible, Preventive drugs Not subject to the Deductible</td>
<td>Subject to Deductible, Preventive drugs Not subject to the Deductible</td>
<td></td>
</tr>
</tbody>
</table>

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Medical Plan Definitions

**Annual Deductible**
The annual deductible, based on a 12 month medical plan year (1/1/2020 – 12/31/2020), is the dollar amount of covered charges that you must pay before the plan begins to pay benefits for most services. For the Hybrid plan, the deductible is applied on an individual by individual basis, with a family maximum. For the HDHP, the deductible is applied on an individual or family basis. Co-pays and expenses charged in excess of allowable charges do not apply toward deductibles.

**Annual Out-of-Pocket Maximum**
The out-of-pocket maximum is a plan feature that caps the amount you have to pay for covered expenses each 12 month plan year. When your share of covered expenses reaches the out-of-pocket maximum, the plan will pay 100% of the allowed amount for your eligible covered expenses for the remainder of the year. The out-of-pocket maximum includes deductibles, coinsurance and co-pays.

**Co-Insurance**
Once you and/or your dependents have met the 12 month plan year annual deductible, you share expenses with the health plan. Your portion of these expenses is called co-insurance.

**Co-pays**
A set dollar amount you pay a provider at the time of service.

**How Medical Expenses are covered - Copay Plan**
The benefits you receive for most medically necessary covered expenses are determined as follows:

- For office visits to your primary care physician and specialist, as well as, prescription drugs, you pay a copayment and then the plan pays 100% of the charges. If you reach the annual out-of-pocket maximum copays no longer apply and the plan will pay 100% of covered medical expenses for the balance of the plan year. The annual out of pocket maximum for an individual is $6,500 maximum and $13,000 on aggregate level for a family.

**How Medical Expenses are covered - $1,000/$3,000 Deductible - Hybrid Plan**
The benefits you receive for most medically necessary covered expenses are determined as follows:

- For services such as primary care physician, specialist, preventive care and prescription drugs, you will pay a copayment. For services such as inpatient, outpatient and skilled nursing facility, you must satisfy the annual deductible before the plan begins to pay benefits. Coinsurance applies after the deductible. The plan has a $1,000 per individual deductible; to a maximum of three individuals meeting the $1,000 deductible ($3,000 deductible maximum).

- The plan’s coinsurance is 80%/20%, meaning that for services that have coinsurance, the plan pays 80% of the charge and the participant pays 20% of the charge after the deductible is met.

- If you reach the annual out of pocket maximum, copayments and co-insurance no longer apply and the plan will pay 100% of covered medical expenses for the balance of the plan year. The annual out of pocket maximum for an individual is $3,000; family contract would have a $9,000 total out of pocket.
How Medical Expenses are covered – $1,500 High Deductible Health Plan

The benefits you receive for most medically necessary covered expenses are determined as follows:

- For services except preventive care and preventive prescription drugs, you must satisfy the annual deductible before the plan begins to pay benefits. Once the deductible is met, coinsurance applies. The plan has a $1,500 per individual deductible; and $3,000 for all other tiers.
- The plan’s co-insurance is 80%/20%, meaning that for services to which the co-insurance applies, the plan pays 80% of the charge and the participant pays 20% of the charge after the deductible is met.
- If you reach the annual out of pocket maximum, coinsurance no longer applies and the plan will pay 100% of covered medical expenses for the balance of the plan year. The annual out of pocket maximum for an individual is $3,000; and all other tiers would have a $6,000 total out of pocket maximum.

How Medical Expenses are covered – $3,000 and $6,500 High Deductible Health Plans

The benefits you receive for most medically necessary covered expenses are determined as follows:

- For services except preventive care and preventive prescription drugs, you must satisfy the annual deductible before the plan begins to pay benefits.

The out of pocket maximum on these plans are the same as their deductibles, therefore once the deductibles are met, any additional services the plan will pay 100% of covered medical expenses for the balance of the plan year.

Plan Design components of an HDHP:

- Plan does not pay any benefits including prescriptions until the deductible is met except preventive care and preventive prescription drugs.
- Once the deductible is met, you pay coinsurance with the health plan until you reach your out of pocket maximum. If the deductible and out of pocket maximum are the same, services will be covered in full once the deductible is met.
- All out of pocket costs and amounts paid toward the deductible apply toward the out of pocket maximum.
- By participating in an HDHP an employee is eligible to participate in a Health Savings Account (HSA).
# Dental Insurance

**Carrier:** Excellus BlueCross BlueShield

**Eligibility:**
All regular full-time and part-time employees working a minimum of 20 hours per week.
Eligible for coverage upon hire.
*Domestic Partner Coverage available

**Employee Contribution:**
Yes, through payroll deduction (Healthcare and Benefit Stipends may be applied)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Oral Exams</td>
<td>Covered at 100%</td>
<td></td>
</tr>
<tr>
<td>X-Rays</td>
<td>Covered at 100%</td>
<td></td>
</tr>
<tr>
<td>Cleaning</td>
<td>Covered at 100%</td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td>Covered at 100%</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered at 90%,</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Covered at 90%,</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Covered at 90%,</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Covered at 90%,</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td>Covered at 60%,</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td>Crowns</td>
<td>Covered at 60%,</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td>Dentures</td>
<td>Covered at 60%,</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td>Bridges</td>
<td>Covered at 60%,</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td><strong>Orthodontia Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia Services</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td><strong>Deductibles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/Family</td>
<td>No Deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Maximums</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year per individual</td>
<td>$1,250</td>
<td></td>
</tr>
<tr>
<td>Lifetime (Orthodontia)</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Network Reimbursement</strong></td>
<td>Subject to Balance Billing</td>
<td></td>
</tr>
<tr>
<td><strong>Dependent Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Premium Per Pay Period</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$16.19</td>
<td></td>
</tr>
<tr>
<td>2 Person</td>
<td>$36.53</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$53.59</td>
<td></td>
</tr>
</tbody>
</table>

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Vision Insurance
Carrier: VSP

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week. Eligible for coverage on the first of the month following hire.
*Domestic Partner Coverage available

Employee Contribution: Yes, through payroll deduction (Healthcare and Benefit Stipend may be applied)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10 Copay</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Frames</td>
<td>$130 Allowance</td>
<td>Up to $70</td>
</tr>
<tr>
<td>Lenses</td>
<td>Single, Bifocal, Trifocal: $25 Copay</td>
<td>Varies by lens type</td>
</tr>
<tr>
<td>Contacts (Instead of glasses)</td>
<td>$130 Allowance</td>
<td>Up to $105</td>
</tr>
</tbody>
</table>

Frequency
Exam: Every Calendar Year
Frames: Every Other Calendar Year
Contacts: Every Calendar Year

Premium Per Pay Period
- Single: $2.25
- 2 Person: $4.50
- Family: $7.26

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Flexible Spending Account (FSA)
Provider: Benefit Resource, Inc.

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week. Eligible upon hire.

Employee Contribution: Yes, through payroll deduction. Healthcare Stipend can be applied to Medical and Limited Purpose FSA’s, limitations may apply. The Benefit Stipend can be applied to all FSA’s.

Benefit Summary: Allows employees to have pre-tax dollars deducted from their wages to cover eligible expenses during the plan year. FSA accounts feature a MasterCard for ease of use.

- **Dependent Care**: dependent child or elder care expenses (used with any health plans)
- **Medical**: health care, dental or vision expenses (used with Copay and Hybrid plans)
- **Limited Purpose**: dental and vision expenses only (used with any of the high deductible plans)
Health Savings Account (HSA)
Provider: Benefit Resource

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week. Eligible first of initial full month of enrollment in High Deductible plan.

Employee Contribution: Yes, through payroll deduction. The Benefit Stipend may be applied. Amount may be changed any time.

Benefit Summary: Contributions are pre-tax and distributions are tax-free for qualifying health expenses. Contributions are also 100% vested and portable. Unused balances roll over year to year. No “use it or lose it” rules. HSA account features a MasterCard for ease of use. Medical FSA cannot be combined with an HSA. Limited Purpose FSA can be used for qualified dental and vision expense in conjunction with an HSA).

HSA/FSA Comparison

<table>
<thead>
<tr>
<th></th>
<th>HSA</th>
<th>FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of account</td>
<td>Health Savings Account</td>
<td>Flexible Spending Account</td>
</tr>
<tr>
<td>Who owns the account?</td>
<td>Individual/Employee</td>
<td>Employer</td>
</tr>
<tr>
<td>Is there a limit on the amount that can be contributed per year?</td>
<td>$3,550 Single / $7,100 Family Catch-up contributions: $1,000/year – age 55 by end of tax year</td>
<td>General Purpose: $2,550 Limited Purpose: $1,500 Dependent Care: $5,000</td>
</tr>
<tr>
<td>Can you change your election during the year?</td>
<td>HSA Contributions can be changed at any time throughout the year</td>
<td>FSA Contributions cannot be changed throughout the year. Unless through a qualifying event</td>
</tr>
<tr>
<td>Can unused funds be rolled over from year to year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>May account reimburse non-medical expenses?</td>
<td>Yes, but taxed as income and 20% penalty (no penalty if distributed after death, disability, or eligible for Medicare)</td>
<td>No</td>
</tr>
<tr>
<td>Is interest earned on the tax-advantaged account?</td>
<td>Yes, accrues tax-free</td>
<td>No</td>
</tr>
</tbody>
</table>

401(k) Plan
Provider: ADP

Eligibility: All employees except temporary, per diem, and interns. Age 21 or over and employed for one month.

Employee Contribution: Yes, through payroll deduction as a percentage of wages. The Benefit Stipend may be applied. Amount may be changed any time.
- Maximums: $19,500; Catch-up (50+) $6,000

Benefit Summary: The organization will make a 3% guaranteed contribution plus .25% match up to 1% every pay period. The contribution is 100% vested at the time of contribution.
Optional Life Insurance:
Carrier: Lincoln Financial

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week. Effective 1st of month following employment if application is approved.
*Domestic Partner Coverage available

Employee Contribution: Yes, through payroll deduction (Only the Benefit Stipend may be applied)
-Rates are based on age, smoker or non-smoker and the benefit amount elected.

Benefit Summary: Benefits are paid in the event of death, dismemberment or a life threatening illness.

- **Employee Benefit**
  - At hire, Guaranteed Issue $80,000; 50% reduction at age 70
  - Increments of $10,000; subject to a maximum of 5x annual salary, not to exceed $300,000 (Combined Basic and Optional life amounts not to exceed $600,000)
  - Increase of 2 increments at open enrollment

- **Spouse Benefit**
  - At employee hire, $10,000 Guaranteed Issue. Benefits terminate at employee's age 70 or retirement, whichever occurs first.
  - Increments of $5,000 up to 50% of employee’s optional life amount, not to exceed $150,000
  - Increase of 2 increments at open enrollment
  - Reduces at the same rate and time as the employee

- **Child Benefit**
  - 14 days to 6 Months: $1,000
  - 6 Months to 19 years or 25 if full-time student: $10,000
  - Benefits will terminate when the employee terminates/retires (not employee age dependent)

Optional Short Term Disability
Carrier: Lincoln Financial

Eligibility: Regular full-time and part-time employees working a minimum of 20 hours per week are eligible at hire or open enrollment. Effective 1st of month following application approval.

Employee Contribution: Yes, though payroll deduction (Only the Benefit Stipend may be applied)
- Premium is based on each $10 of benefit.

Benefit Summary: Benefits (40% of salary, up to $1,000 per week) are paid for a maximum period of up to 26 weeks in the event of illness or injury that prevents you from working.
- Waiting period: 7 days
- Payments offset by NYS and Enhanced Disability
Additional Individual Voluntary Benefits Available (portable)

Carriers: Various

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week are eligible. Effective 1st of month following employment if application is approved.

*Domestic Partner Coverage available

Employee Contribution: Yes, though payroll deduction

- Rates vary based on level of coverage and potentially age.

Benefit Summary:

- **Allstate Critical Illness Insurance**: Benefits to be used for critical illness expenses that health insurance might not cover.

- **Allstate Accident Insurance**: Provides protection for you and your family against expenses associated with an accidental injury.

- **LifeLock**: Identity Theft Protection

- **Legal Access Plan**: Membership plan for free or discounted legal services.

529 Education Savings Account

Eligibility: All staff

Employee Contribution: Yes, though payroll direct deposit, amount may be changed any time

Benefit Summary: Save for education expenses for a child, grandchild or even yourself. Meet with Fred Scarpula with LifeMark Securities at 585-265-1200 to set up an account. Contributions are NYS and Federal tax deductible, limits may apply, consult a tax advisor.

Benefit Changes You may make benefit changes each year during open enrollment or within 30 days of a qualifying event, unless otherwise indicated.

Payroll Schedule Biweekly pay date (26 pay periods per year)

- Schedule is available on ADP homepage
- Direct deposit available and preferred.

**NOTE:** If at any time, for any reason, benefit premiums cannot be paid as a result of a shortage of funds in a payroll check, you will be billed for any amount not covered.

Disclaimer:
This summary provides employee benefit highlights. If any statement conflicts with the applicable plan documents, the applicable plan documents will govern. The company retains the rights to amend or terminate its benefits at any time.