



## BENEFITS SUMMARY 2023

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 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 within the carrier information.

Required communications and documentation is located on BenefitHub. Access BenefitHub from the ADP homepage.

### **Paid Holidays**

Eligibility: All regular full-time and regular part-time employees working a minimum of 20 hours per week in addition to provisional employees. Eligible upon hire, when your scheduled work day falls on an organizational scheduled holiday.

#### Holiday Schedule:

1. New Year's Day	Monday, January 2nd
2. Martin Luther King Day	Monday, January 16th
3. Memorial Day	Monday, May 29th
4. Juneteenth	Monday, June 19th
5. Discretionary Holiday	Monday, July 3rd
6. Independence Day	Tuesday, July 4th
7. Labor Day	Monday, September 4th
8. Thanksgiving Day	Thursday, November 23rd
9. Day after Thanksgiving	Friday, November 24th
10. Christmas Day	Monday, December 25th
11. Floating Holiday	<i>See Guidelines</i>
12. Diversity Floating Holiday Bank	19.5 Hours, <i>See Guidelines</i>

### **Accrued Paid Time Off (PTO)**

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week. Employees working less than 20 hours per week on a regular basis are eligible to accrue limited-use PTO that may be used only as paid sick leave per the NYS Paid Sick Leave Policy.

Benefit Summary: PTO runs on the calendar year and will be earned on the 15<sup>th</sup> and last day 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 accrual period worked. Increased accruals will be earned in the accrual period containing the anniversary date. Employees working 25 or fewer hours per week may carry over up to a maximum of 56 hours of unused PTO, while employees working more than 25 hours per week may carry over up to a maximum of 75 hours of unused PTO.

The following chart shows the amount of annual PTO that may be accrued each calendar year and the amount of unused PTO that may be carried over.

## Accrued Paid Time Off (PTO) (continued)

Scheduled Hours Per Week	Years of Employment	PTO Hours Accrued Per PTO Accrual Period	Annual Maximum PTO Hours Accrued	Maximum Number of Carryover Hours
34.5 – 37.5				
	1st	6.57	157.50	75
	2nd thru 4th	8.44	202.50	75
	5th thru 9th	9.38	225.00	75
	10th +	10.16	243.75	75
30.5 – 34.0				
	1st	5.91	141.84	75
	2nd thru 4th	7.60	182.40	75
	5th thru 9th	8.44	202.56	75
	10th +	9.14	219.36	75
25.5 – 30.0				
	1st	5.27	126.48	75
	2nd thru 4th	6.75	162.00	75
	5th thru 9th	7.50	180.00	75
	10th +	8.13	195.12	75
20.0 –25.0				
	1st	4.38	105.12	56
	2nd thru 4th	5.63	135.12	56
	5th thru 9th	6.25	150.00	56
	10th +	6.77	162.48	56
Below 20.0 NYPSL only	All	1 hr per 30 hrs worked (cumulative)	Varies based on hours worked	56

### NYS Paid Sick Leave

Eligibility:

All employees.

Benefit Summary:

All employees may use up to 56 hours of accrued PTO as indicated with timesheet code “**PSL**” each calendar year for absences from work for any of the purposes described below:

- The mental or physical illness, injury, or health condition of the employee’s family member, including diagnosis, care, preventive care, or treatment; or
- For an absence from work due to any of the following because the employee or the employee’s family member has been the victim of domestic violence, a family offense, sexual offense, stalking, or human trafficking (except if the employee is the perpetrator of the offense):
  - To obtain services from a domestic violence shelter, rape crisis center, or other services program;
  - To participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the employee or employee’s family members;

### **NYS Paid Sick Leave (continued)**

- To meet with an attorney or other social services provider to obtain information and advice on, and prepare for or participate in, any criminal or civil proceeding;
- To file a complaint or domestic incident report with law enforcement;
- To meet with a district attorney's office;
- To enroll children in a new school; or
- To take any other actions necessary to ensure the health or safety of the employee or the employee's family member or to protect those who associate or work with the employee.

### **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 900 hours, equivalent to 24 weeks of work time, 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 qualified leave of absence or at retirement<sup>1</sup>.

### **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 (Salary Continuation)**

**Eligibility:** All regular full-time and regular part-time employees working a minimum of 20 hours per week are eligible to participate in the enhanced disability plan once in a 12-month period based on years of service as outlined in the schedule below. To qualify for this benefit, employees must submit a Disability claim and be approved with the carrier.

**Benefit Summary:** The agency will pay the full salary for eligible employees for a specified number of weeks as determined by length of service (see chart).

- While employees are utilizing this benefit, any amounts received from NYS 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 additional short term disability benefits during this period.
- PTO will not accrue while Enhanced Disability is in effect.

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<sup>1</sup> Retirement is defined as occurring at age 55 or after & 5 years of service.

**Enhanced Disability (Salary Continuation) (continued)**

Length of Consecutive Service	Weeks of Full Pay	Weeks of NYS Disability Benefits
Less than 1 year	0 Weeks	26 Weeks
1 year but less than 4 years	4 Weeks	22 Weeks
4 years but less than 6 years	6 Weeks	20 Weeks
6 years or more	8 Weeks	18 Weeks

**Short 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: Benefits are paid in the event of a disability from an injury or illness occurring off the job

- Weekly Benefit: 40% of pay, maximum of \$1,000
  - Maximum benefit includes NYS Disability Benefit
  - Benefit is paid to Trillium during period of Enhanced Disability
- Waiting period: 7 days
- Benefit period: 26 weeks

**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:** .455% of wages up to maximum \$399.43 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: 67% of average weekly pay up to \$1,131.09
  - Waiting period: none
  - Benefit period: 12 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](http://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.

## **Success Coach**

Provider: Employer Resource Network-ROC

- Eligibility:** All employees are eligible upon hire.
- Employee Contribution:** None
- Benefit Summary:** The success coach is a private resource for any employee who is dealing with a personal barrier which may affect their ability to be successful at work. The goal of the success coach is to connect employees to the resources that they need to lessen the worry and stress of balancing work and life. You can access the coach onsite, by phone or email.

## Success Coach (continued)

- Reliable transportation
- Housing
- Workplace conflicts, such as supporting performance improvement
- Childcare
- Family Challenges
- Development and advancement coaching
- Health and financial wellness

## Legal Benefits

Provider: RocketLawyer

Eligibility: All employees and immediate family members are eligible upon employee's hire.

Employee Contribution: None

Benefit Summary: Access to the Legal Documents Library to create and sign hundreds of legal documents such as wills and leases. Submit a question to an attorney and get reliable advice within one business day. Free 30-minute phone consultation per issue with a specialized attorney. Discounted legal services beyond the free consultation. RocketLawyer can assist with housing issues, family/elder care, estate planning, buying a home, speeding tickets and family planning.

## 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 on 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 scheduled hours worked per week.

Per Pay Period Amounts	Level 1 Hire < 2 years	Level 2 2 < 5 years	Level 3 5+ years
Benefit Stipend	\$252.27	\$290.73	\$329.20
Healthcare Stipend	\$140.04	\$140.04	\$140.04
Total Possible Stipend	\$392.31	\$430.77	\$469.24

## **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.

### **Medical Plan Definitions**

#### **Annual Deductible**

The annual deductible, based on a 12-month medical plan year (1/1/2023 – 12/31/2023), 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 plans 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).



## Medical Plan Comparison

Plan Features	Signature 25/40 Copay	Signature 30/50 Hybrid	Signature \$1,500 HDHP	Signature \$3,000 HDHP	Signature \$6,500 HDHP
	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Cost Sharing</b>					
Deductible	N/A	\$1,000/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$6,500/\$13,000
Coinsurance	N/A	20%	20%	0%	0%
Out-of-Pocket Maximum	\$6,500/\$13,000	\$3,000/\$9,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,500/\$13,000
<b>Office Visits</b>					
PCP	\$25, \$0 copay for children 19	\$30, \$0 copay for children 19	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
Specialist	\$40	\$50	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
<b>Preventive Services</b>					
	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Inpatient Services</b>					
Inpatient Hospital	\$500	Subject to Deductible/Coins.	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
<b>Emergency Care</b>					
Emergency Care	\$100	\$200	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
Urgent Care	\$40	\$50	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
<b>Outpatient Services</b>					
Outpatient Surgery	\$100	Subject to Deductible/Coins.	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
Diagnostic Lab	Covered in Full	Covered in Full	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
Diagnostic X-Ray	\$40	\$50	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
<b>Prescription Drug</b>					
	\$5/\$25/\$50, \$0 generic to age 19	\$5/\$35/\$70, \$0 generic to age 19	Subject to Deductible/Coins., Preventive drugs Not subject to the Deductible	Subject to Deductible, Preventive drugs Not subject to the Deductible	Subject to Deductible, Preventive drugs Not subject to the Deductible
<b>Dependent Age Limit</b>					
	26	26	26	26	26
<b>Premium Per Pay Period</b>					
Single	\$509.60	\$478.50	\$396.89	\$337.50	\$227.58
2 Person	\$1,019.21	\$957.02	\$793.77	\$675.01	\$455.18
Family	\$1,406.00	\$1,320.20	\$1,095.03	\$931.18	\$627.91

*This chart contains only a general description of the coverage and does not constitute a policy contract. For complete information including exclusions, limitations and conditions refer to the policy document. Neither the carrier, Brown & Brown, nor Trillium will be held responsible for typographical or clerical errors.*

## 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)

	In-Network	Out-of-Network
<b>Preventive Services</b>		
Routine Oral Exams X-Rays Cleaning Sealants	Covered at 100%	
<b>Basic Services</b>		
Fillings Oral Surgery Periodontics Endodontics	Covered at 90%, Subject to Deductible	
<b>Major Services</b>		
Implants Crowns Dentures Bridges	Covered at 60%, Subject to Deductible	
<b>Orthodontia Services</b>		
	Not Covered	
<b>Deductibles</b>		
Single/Family	No Deductible	
<b>Maximums</b>		
Calendar Year per individual	\$1,250	
Lifetime (Orthodontia)	Not Covered	
<b>Out-of-Network Reimbursement</b>		
	Subject to Balance Billing	
<b>Dependent Age</b>		
	26	
<b>Premium Per Pay Period</b>		
Single	\$15.25	
2 Person	\$34.42	
Family	\$50.50	

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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)

Benefit	In-Network	Out-of-Network
Exam	\$10 Copay	Up to \$45
Frames	\$130 Allowance	Up to \$70
Lenses	Single, Bifocal, Trifocal: \$25 Copay	Varies by lens type
Contacts (Instead of glasses)	\$130 Allowance	Up to \$105
Frequency	Exam: Every Calendar Year Frames: Every Other Calendar Year Contacts: Every Calendar Year	
Premium Per Pay Period		
Single	\$2.22	
2 Person	\$4.44	
Family	\$7.15	

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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 (available with any medical plan)
- **Medical:** health care, dental or vision expenses (available with Copay and Hybrid medical plans)
- **Limited Purpose:** dental and vision expenses only (available with high deductible medical 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.

### Health Savings Account (HSA) (continued)

Benefit Summary: Contributions are pre-tax, and distributions are tax-free for qualifying medical 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. If both Limited Purpose FSA and HSA are loaded on the MasterCard, vision and dental expenses will automatically apply to the FSA first.

### HSA/FSA Comparison

	HSA	FSA
<b>Name of account</b>	Health Savings Account	Flexible Spending Account
<b>Who owns the account?</b>	Individual/Employee	Employer
<b>Is there a limit on the amount that can be contributed per year?</b>	\$3,850 Single / \$7,750 Family Catch-up contributions: \$1,000/year – age 55 by end of tax year	General Purpose: \$2,550 Limited Purpose: \$1,500 Dependent Care: \$5,000
<b>Can you change your election during the year?</b>	HSA Contributions can be changed at any time throughout the year	FSA Contributions cannot be changed throughout the year unless through a qualifying event
<b>Can unused funds be rolled over from year to year?</b>	Yes	General Purpose: \$10 - 550 Limited Purpose: \$10 - 550 Dependent Care: \$0
<b>May account reimburse non-medical expenses?</b>	Yes, but taxed as income and 20% penalty (no penalty if distributed after death, disability, or eligible for Medicare)	No
<b>Is interest earned on the tax-advantaged account?</b>	Yes, accrues tax-free	No

### 401(k) Plan

Provider: ADP

Eligibility: All employees except temporary, per diem, and interns. Age 21 or over and employed 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: \$22,500; Catch-up (50+) \$7,500

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 employees working a minimum of 20 hours per week are eligible upon hire.  
\*Domestic Partner Coverage available

### Optional Life Insurance (continued)

Employee Contribution: Yes, through payroll deduction. Only the Benefit Stipend may be applied. Premium rate is based on age and 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.
  - 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
  - Benefits terminate at employee's age 70 or retirement, whichever occurs first.
- **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 1<sup>st</sup> of month following application approval.

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

Benefit Summary: Benefits are paid in the event of a disability from an injury or illness occurring off the job.

- Weekly Benefit: 60% of salary up to \$1,000
  - Maximum benefit includes NYS Disability and Employer Paid ST Disability core benefit
  - Benefit is not payable during period of Enhanced Disability
- Waiting period: 7 days
- Benefit period: 26 weeks

### Identity Theft

Carrier: LifeLock

Eligibility: All regular full-time and part-time employees working a minimum of 20 hours per week and their families are eligible. Effective 1<sup>st</sup> of month following employment.

Employee Contribution: Yes, through payroll deduction. Only the Benefit Stipend may be applied.

Benefit Summary: LifeLock Identity Alert System. Dark web and bank account monitoring, data breach notifications. Annual credit report and monthly credit score tracking. Identity theft remediation with one-million-dollar protection package.

## Specified Illness, Accident, & Hospital Indemnity

Carrier: Guardian

**Eligibility:** All regular full-time and part-time employees working a minimum of 20 hours per week are eligible. Spouse/Domestic Partner and dependent children coverage available. Effective date of hire.

**Employee Contribution:** Yes, though payroll deduction

- Rates vary based on level of coverage. For Specified Disease only, rates also vary by age.

**Benefit Summary:**

- Specified Disease: Assists with expenses if you are critically ill.
  - \$100 Wellness Benefit per covered member
- Accident Insurance: Assists with expenses after an accident.
- Hospital Indemnity: Assists with costs associated with a hospital stay.

## 529 Education Savings Account

**Eligibility:** All staff

**Employee Contribution:** Yes, through 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.

## Kinside

**Eligibility:** All staff

**Benefit Summary:** The Kinside platform provides insight into open childcare spots by geography, offers savings of up to 20% with participating providers, and allows you to pay using your Benefit Resource Dependent Care FSA (DCFSA) funds, ACH or a blend of multiple payment methods. When you pay using your DCFSA funds on Kinside you do not need to wait for reimbursement, you can simply pay your provider using your BRI Beniversal MasterCard. A Kinside concierge is available to assist in finding childcare that aligns with your needs, schedule tours, and find camps and after school programs for children 0-12. Look for the green check mark to verify they passed Kinside's vetting process and click their license link to view the history.

**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.