



BENEFITS SUMMARY 2019

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.

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.

Holidays:

- | | |
|---|--------------------------------------|
| 1. New Year's Day | Tuesday, January 1st |
| 2. Martin Luther King Day | Monday, January 21st |
| 3. Memorial Day | Monday, May 27th |
| 4. Independence Day | Thursday, July 4 th |
| 5. Discretionary Holiday | Friday, July 5th |
| 6. Labor Day | Monday, September 2nd |
| 7. Thanksgiving Day | Thursday, November 28th |
| 8. Day after Thanksgiving | Friday, November 29th |
| 9. Christmas Day | Wednesday, December 25 th |
| 10. Floating Holidays | See Guidelines |
| 11. One Trillium Diversity Floating Holiday | See Guidelines |
| 12. Birthday Floating Holiday (after 5 yrs) | See Guidelines |

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 containing the anniversary date.

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

Years of Employment	Per Period Accrual	Annual PTO Earned	Maximum Carryover
1st	6.57	157.68	75
2nd thru 4th	8.44	202.56	75
5th thru 9th	9.38	225.12	75
10th +	10.16	243.84	75

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 retirement¹.

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: \$1.30 per pay period, through payroll deduction

Benefit Summary: Benefits are paid in the event of disability 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.

Length of Consecutive Service	Weeks of Full Pay	Weeks of NYS Disability Benefits
Less than 1 years	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

¹ Retirement is defined as occurring at age 55 or after & 5 years of service.
Employee Benefits 2018

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: -Benefit: 60% monthly income
-Maximum: \$5,000 per month
-Minimum monthly benefit: \$100.00
-Waiting period: 180 days

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: .153% of wages up to maximum \$107.97 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: 55% of average weekly pay up to \$746.41
-Waiting period: none
-Benefit period: 10 weeks

Employee Assistance Program

Provider: ESI Employee Assistance Group

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

Employee Contribution: None

Benefit Summary: -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 smoking cessation
-Phone counseling 24 hours a day, 7 days a week.
-Comprehensive website offering resources and tools.
-Call 1.800.535.4841, or visit www.theeap.com

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, accident or a life threatening illness
-Benefit: 2X annual salary
-Maximum Benefit: \$300,000
-Age Reduction Formula: original benefit reduces by 35% at age 65; another 15% at 70
-AD&D benefit: same as life benefit

Flexible Benefit Plan

Provider: Trillium Health

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

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 health, 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.

Per Pay Period Amounts	Level 1 Hire < 2 years	Level 2 2 < 5 years	Level 3 5+ years
Benefit Stipend	\$246.41	\$288.08	\$329.75
Healthcare Stipend	\$178.59	\$178.59	\$178.59
Total Possible Stipend	\$425.00	\$466.67	\$508.34

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 upon hire.
*Domestic Partner Coverage available

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

Plan Features	Signature 25/40 Copay	Signature 30/50 Hybrid	Signature \$1,500 HDHP	Signature \$3,000 HDHP	Signature \$6,500 HDHP
	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>
Cost Sharing					
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
Office Visits					
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
Preventive Services					
	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Inpatient Services					
Inpatient Hospital	\$500	Subject to Deductible/Coins.	Subject to Deductible/Coins.	Subject to Deductible	Subject to Deductible
Emergency Care					
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
Outpatient Services					
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
Prescription Drug					
	\$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
Dependent Age Limit					
	26	26	26	26	26
Premium Per Pay Period					
Single	\$399.29	\$374.93	\$310.98	\$264.44	\$178.32
2 Person	\$798.60	\$749.86	\$621.96	\$528.90	\$356.66
Family	\$1,101.67	\$1,034.43	\$858.00	\$729.62	\$492.00

This plan design 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 nor Brown & Brown will be held responsible for typographical or clerical errors.

All plans include coverage of medically necessary health services for transgender people, including transition related treatment. For more information, please see HR.

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 Definitions

Annual Deductible

The annual deductible, based on a 12 month medical plan year (1/1/2019 – 12/31/2019), 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.

Dental Insurance

Carrier: Excellus BlueCross BlueShield

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

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

	In-Network	Out-of-Network
Preventive Services		
Routine Oral Exams X-Rays Cleaning Sealants	Covered at 100%	
Basic Services		
Fillings Oral Surgery Periodontics Endodontics	Covered at 90%, Subject to Deductible	
Major Services		
Implants Crowns Dentures Bridges	Covered at 60%, Subject to Deductible	
Orthodontia Services		
	Not Covered	
Deductibles		
Single/Family	No Deductible	
Maximums		
Calendar Year per individual	\$1,250	
Lifetime (Orthodontia)	Not Covered	
Out-of-Network Reimbursement		
	Subject to Balance Billing	
Dependent Age		
	26	
Premium Per Pay Period		
Single	\$17.98	
2 Person	\$40.56	
Family	\$59.50	

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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 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		\$2.23
2 Person		\$4.46
Family		\$7.19

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 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

	HSA	FSA
Name of account	Health Savings Account	Flexible Spending Account
Who owns the account?	Individual/Employee	Employer
Is there a limit on the amount that can be contributed per year?	\$3,500 Single / \$7,000 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
Can you change your election during the year?	HSA Contributions can be changed at any time throughout the year	FSA Contributions cannot be changed throughout the year. Unless through a qualifying event
Can unused funds be rolled over from year to year?	Yes	No
May account reimburse non-medical expenses?	Yes, but taxed as income and 20% penalty (no penalty if distributed after death, disability, or eligible for Medicare)	No
Is interest earned on the tax-advantaged account?	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 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: \$18,500; 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.

Voluntary 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, accident 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)

Voluntary 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
- **Allstate Universal Life Insurance:** Additional voluntary life insurance available for \$25,000 or \$50,000
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- **LifeLock Identity Theft Protection:** Protects your personal information
- **Legal Protection Plan:** Group expense plan for 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 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.

Pay Dates: 15th and last day of the month (24 pay periods per year)
- If a pay date falls on a banking holiday or a weekend the pay date will be advanced to the day before.
-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.