

Benefit Summary for Plan Year April 1, 2023 – March 31, 2024

Excellus Medical - Three options		Employee Cost Share -	<u>Eligibility</u>
Simply Blue Platinum 2 Copay Plan	\$15 Copay Physician \$25 Copay Specialist	Biweekly Employee: \$144.77 Employee + Spouse: \$312.34	First day of month following hire date
Silver 19 High Deductible Health Plan with Health Savings Account (HSA)	Deducible: \$3,000 Single or \$6,000 Family	Employee + Child(ren): \$244.31 Family: \$516.05 Employee: \$77.29 Employee + Spouse: \$177.34	
Bronze 4 High Deductible Health Plan with Health Savings Account (HSA)	Deducible: \$7,500 Single or \$15,000 Family	Employee + Child(ren): \$149.09 Family: \$269.95 Employee: \$23.72 Employee + Spouse: \$56.04 Employee + Child(ren): \$46.04 Family: \$97.95	
Health Savings Account 2023 Contributions Limits: Single: \$3,850 Family: \$7,750 Catch-up contribution for 55 or older: \$1,000	Eligible Plans: Silver 19 HDHP Bronze 4 HDHP	Employer Contribution: \$1,500 for single enrollment \$3,000 for family enrollment	Amount is pro-rated based on benefit eligibility date April 50% October 50%
Excellus Dental	100% Preventative Services 80%/20% Basic Services 50%/50% Major Services	Employee Cost Share - Biweekly Employee \$5.12 Employee + Spouse \$10.25 Employee + Child(ren) \$10.60 Family \$16.82	First day of month following hire date
VSP Vision	Eye Exams \$10 Copay Lenses \$25 Copay Contact Lenses/Frames \$130 Allowance	Employee Cost Share - Biweekly Employee \$0.96 Family \$2.08	First day of month following hire date
401k – ADP Retirement Services	Employer matches the employee contribution up to 5% of Employee contribution	Immediate vesting in match	Available first pay period or anytime
Professional Development	Seminars, degree programs, educational courses (and more) related to employee's	Maximum benefit of \$3,000 per benefit plan year, unused funds	First day of month following hire; (annual



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\$3,000 annually	essential functions that will increase employee's contribution to the organization	do not roll over into next benefit year	amount prorated based on benefit eligibility date)
Paid Time Off (PTO) Value=Hourly Rate x 160 hours/year Flexible Spending Account	Full Time employees accrue 6.15 hours per pay period over 26 pay periods Medical FSA (not available with HSA)	Maximum of 160 hours Maximum rollover 80 hours Annual maximum \$2,850,	Accruals begin with first pay period First day of month
BRI (Benefits Resource, Inc.)	Limited Purpose FSA (available with HSA)-to be used for dental and vision expenses only Dependent Care FSA	Annual maximum \$5,000	following hire date
Group Life Insurance (Equitable) Premium is 100% employer paid	Coverage - 2 x an individual's base salary	Employee coverage at no cost	First day of month following hire date
Voluntary Life Insurance (Equitable)	Optional – additional coverage for employee, spouse and children	Employee pays entire cost, as calculated on various individual factors	First day of month following hire date
Short-Term Disability (Equitable) Premium is 100% employer paid	STD payments begin after 7 days. STD pays 60% of salary up to max of \$1,250 per week up to 26 weeks	Employee coverage at no cost	First day of month following hire date
Voluntary Long-Term Disability (Equitable)	Optional - Benefit begins after unable to work for 180 days	Employee pays entire cost, as calculated on various individual factors	First day of month following hire date
Employee Assistance Program (ENI)	24-hour telephonic assistance, up to 8 in- person assessments per issue/year	Employee and family coverage at no cost to employees	Hire date
Guardian Voluntary Accident Insurance – On and Off Job	Value Plan	100% Employee Cost: Employee: \$3.12 Employee + Spouse: \$4.81 Employee + Child(ren): \$5.04 Family: \$6.73	First day of month following hire
	Advantage Plan	Employee: \$4.43 Employee + Spouse: \$6.81 Employee + Child(ren): \$7.04 Family: \$9.42	