

Benefits Summary

Thresholds

2024

THRESHOLDS





Your Benefit Options

Thresholds provides a full range of benefits that address your needs now and in the future.

Benefits Eligibility

Employees regularly scheduled to work 30-40 hours per week and their covered dependents are eligible for the following benefits on the 1st of the month following 30 consecutive days of employment:

- Medical
- Dental
- Vision
- Life Insurance
- Short Term & Long Term Disability
- Critical Illness, Hospital Indemnity, Accident Plans
- Commuter Benefits
- Flexible Spending
- Health Savings Account
- Auto & Home Insurance
- Legal Plan
- Employee Assistance Plan (EAP)
- 403(b) Plan (Available immediately upon hire without waiting period)
- Paid Time Off (See Paid Time Off below for waiting periods)

Employees regularly scheduled to work 20-29.9 hours per week and their covered dependents are eligible for all benefits listed above with the exception of Medical and Dental. Employees regularly scheduled to work less than 20 hours per week are eligible for the Employee Assistance Plan, Sick Pay and Vacation Pay. Regardless of number of hours worked, all employees are eligible to contribute to the 403(b) Plan listed above.

Annual Enrollment Information

You must take action if you want to:

- Enroll in or change medical, dental, or vision coverage
- Contribute to the Health Savings Account if enrolled in the High Deductible PPO
- Contribute to the Health or Dependent Care Flexible Spending Accounts (FSAs)
- Enroll in or change your Transit or Parking account
- Enroll in or change Supplemental, Spouse or Child Life Insurance
- Enroll in Short-Term Disability coverage
- Enroll in Whole Life with Long Term Care
- Enroll in Legal Plan
- Enroll in Critical Illness, Hospital Indemnity, Accident Plans

Before you make your benefit elections, take a look at all the benefits and options offered to you by Thresholds. Please refer to Thresholds All Agency J Drive under Library/Talent Management/Benefits/2024 Benefit Information or online Benefits Library for further coverage details at [Thresholds.MyBenefitsLibrary.com](https://thresholds.mybenefitslibrary.com).

It's a good idea to make sure your benefits still fit you —and that you're not paying for more coverage than you need.

A Summary Plan Description (SPD) for each benefit plan can be found:

- On the "J" drive under Library/Talent Management/Benefits/2024 Benefits Information/Summary Plan Descriptions (SPDs) or;
- In the Benefits Library @ [Thresholds.MyBenefitsLibrary.com](https://thresholds.mybenefitslibrary.com).

An SPD provides specific information regarding your benefits, rights, and responsibilities under each plan

Coverage Period

Elections you make at this time will remain in effect until December 31, 2024. If you decline coverage for yourself or your dependents during your initial new hire enrollment period, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualifying life event during the year, you may make changes to your elections at that time.

Qualifying Life Events

You must notify and provide documentation to the Benefits Team within 31 days of the event with the exception of the Critical Illness, Hospital Indemnity and Accident Plans. Those can be dropped at any time during the year.

If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. When you, your dependent(s) or your spouse become enrolled as a result of a qualified life event, coverage will be made retroactive to the date of the event.

- **Change in status:** Marriage, divorce, legal separation, annulment or death
- **Change in number of dependents:** Birth, death, adoption/placement for adoption or dependent reaching the age of 26
- **Change in employment status** of employee, dependent or spouse which affects that individual's eligibility.
- **Change in employee, spouse or dependent coverage** on spouse's plan during spouse's Open Enrollment period
- **Changes in entitlement to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)*** for employee, dependent or spouse
- **Change in eligibility for group health plan premium assistance under Medicaid or CHIP*** for employee, dependent or spouse

*In such cases you have 60 days to notify Benefit Teams of the event instead of 31.

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse or domestic partner and eligible children up to age 26 who reside in your household and depend primarily on you for support.

Domestic Partner Coverage

Domestic partners are eligible to enroll as dependents in the benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage. A domestic partnership is different than a marriage with an individual of the same sex. A same sex spouse is a federal tax dependent for group health plan purposes; whereas, a domestic partner often is not. If you cover a domestic partner, a domestic partner's child, or another person who is not considered an IRS tax dependent for group health plan purposes, Thresholds is required to include the value of this coverage in your taxable income. This is known as imputed income and it will be added to your taxable income each pay period. Your annual W-2 will also reflect this additional income and the additional taxes withheld.

Medical Insurance





Medical Insurance | BlueCross BlueShield

Health Maintenance Organization (HMO)

The HMO gives you access to certain doctors and hospitals, but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you.

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. Copays do not accumulate towards your deductible but they do accumulate towards overall out-of-pocket maximums along with coinsurance.

High Deductible PPO Plan (HD PPO) with Health Savings Account (HSA)

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. Medical services, with the exception of preventive care & certain maintenance medications, are paid for by you at 100%, less carrier discounts, prior to meeting your annual deductible. The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. The funds roll over from year to year to be used when you really need them.

Choice of plan options:	BlueAdvantage HMO <i>In-Network Benefits Only</i>	BlueChoice Select PPO	Preferred Provider Organization PPO+	High Deductible PPO
Network	Blue Advantage HMO [ADV]	Blue Choice Select PPO (BCS)	Participating Provider Organization [PPO]	Participating Provider Organization [PPO]
Preventative Care (In-Network)	100%	100%	100%	100%
Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$250 \$500	\$1,000 / \$3,000 \$3,000 / \$9,000	\$1,000 / \$3,000 \$3,000 / \$9,000	\$3,200 / \$5,600 \$6,400 / \$11,200
Coinsurance In-Network / Out-of-Network	100%	80% / 50%	80% / 60%	80% / 60%
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$1,500 \$3,000 <i>Maximum in Copays</i>	\$4,500 / \$13,000 \$9,000 / \$39,000 <i>Includes Deductible & Co-pays</i>	\$4,500 / \$11,000 \$9,000 / \$33,000 <i>Includes Deductible & Co-pays</i>	\$4,500 / \$10,000 \$9,000 / \$20,000 <i>Includes Deductible & Copays</i>
Physician Services Physician Office (In-Network / Out-of-Network) Specialist Visit (In-Network / Out-of-Network)	100% after \$30 copay 100% after \$30 copay	100% after \$30 copay / Deductible then 50% 100% after \$30 copay / Deductible then 50%	100% after \$30 copay / Deductible then 60% 100% after \$50 copay / Deductible then 60%	Deductible then 80% / Deductible then 60% Deductible then 80% / Deductible then 60%
Hospital Services Inpatient (In-Network / Out-of-Network) Outpatient (In-Network / Out-of-Network)	100% after \$750 copay per day 100% after \$250 copay	Deductible then 80% / 50% after \$300 copay per admission Deductible then 80% / Deductible then 50%	Deductible then 80% / Deductible then 60% Deductible then 80% / Deductible then 60%	Deductible then 80% / Deductible then 60% Deductible then 80% / Deductible then 60%
Diagnostic Lab & X-Ray (In-Network / Out-of-Network)	100%	Deductible then 80% / Deductible then 50%	Deductible then 80% / Deductible then 50%	Deductible then 80% / Deductible then 60%
Emergency Room (Copay waived if admitted)	100% after \$250 copay	80% after \$300 copay	80% after \$300 copay	Deductible then 80%
Maternity Services (In-Network / Out-of-Network)	\$30 copay first prenatal visit, 100% thereafter	\$30 copay first prenatal visit, 100% thereafter / 50%	\$30 copay first prenatal visit, 100% thereafter / 60%	Deductible then 80% / Deductible then 60%
Physical, Occupational & Speech Therapy Services (In-Network / Out-of-Network)	100% after \$30 copay (Limited to a combined max of 60 treatments per calendar year)	Deductible then 80% PT: 110 visit limit OT: 70 visit limit Speech: 50 visit limit / Deductible then 50% PT: 110 visit limit OT: 70 visit limit Speech: 50 visit limit	Deductible then 80% PT: 110 visit limit OT: 70 visit limit Speech: 50 visit limit / Deductible then 60% PT: 110 visit limit OT: 70 visit limit Speech: 50 visit limit	Deductible then 80% PT: 110 visit limit OT: 70 visit limit Speech: 50 visit limit / Deductible then 60% PT: 110 visit limit OT: 70 visit limit Speech: 50 visit limit
Prescription Drugs Generic / Formulary / Non-Formulary (In-Network / Out-of-Network) Mail Order (90-Day Supply) (In-Network / Out-of-Network)	Copays: 100% after copay \$10,\$40,\$60 Copays: 100% after copay \$20,\$80,\$120	Copays: 100% after copay \$10,\$40,\$60 / 75% after copay \$10,\$40,\$60 Copays: 100% after copay \$20,\$80,\$120 / Not Available	Copays: 100% after copay \$10,\$40,\$60 / 75% after copay \$10,\$40,\$60 Copays: 100% after copay \$20,\$80,\$120 / Not Available	*Maintenance Medication (Generic & Brand) = covered at 100%* Deductible then 80%/ Deductible then 60% Copays: Deductible then 80% / Not Available
Prescription Out-of-Pocket Max Individual / Family	\$1,000 / \$2,000	\$2,000 / \$5,300	\$2,000 / \$4,000	None

****You will receive your insurance card(s) prior to your effective date of coverage.****



Find a Provider | BlueCross BlueShield

- 1 A. Go to <https://www.bcbsil.com/>
- 2 B. Select Find Care
- 3 C. Select Find a Doctor or Hospital
- 4 D. Search as Guest to find providers
- 5 E. Enter the location where you want to search for a provider
- 6 F. Select plan/network

PPO Plus Plan

- Participating Provider Organization (PPO)

High-Deductible PPO

- Participating Provider Organization (PPO)

Blue Choice PPO

- Blue Choice PPO (BCS)

-Blue Advantage HMO

- Blue Advantage HMO (ADV)

The screenshots illustrate the process of finding a provider on the BlueCross BlueShield website:

- Screenshot 1:** The homepage with the 'Find Care' button highlighted (B).
- Screenshot 2:** The 'Find a Doctor or Hospital' page with the 'Search as Guest' button highlighted (D).
- Screenshot 3:** The search results page with the location input field highlighted (E).
- Screenshot 4:** The bottom navigation bar with the 'All plans/networks' link highlighted (F).



BlueCross BlueShield
of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

English

Log In

- Your provider may offer telehealth services, please contact them directly for details.
- Due to COVID-19, some providers' offices may be closed or have different hours, please contact the provider for the most up-to-date information.
- If you have telehealth through your benefits, you can access them below under the 'My Benefits' section on this page.

[View Less](#)

F

Plans
All plans/networks

City, state or zip
Wheaton, IL - 60189



Dental Insurance





Dental Insurance | Blue Cross Blue Shield

Network: Blue Care

Preferred Provider Organization (PPO)

The dental plan allows the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Simple extractions
- And more

Major:

- Root canals
- Dentures/bridges/partials
- Crowns
- And more

Choice of plan options:	<i>In-Network Benefits Only</i>	<i>Out-of-Network Benefits Only</i>
Individual Deductible (Family = 3x)	\$25	\$50
Preventive Coinsurance	100%	80%
Basic Coinsurance	80%	60%
Major Coinsurance	50%	40%
Annual Plan Maximum	\$1,500 / Individual	\$750 / Individual
Orthodontics (Dependent Children under age 19)	50%	40%
Orthodontia Lifetime Maximum	\$1,500 / Individual	\$750 / Individual

****You will receive your insurance card(s) prior to your effective date of coverage.****

Vision Insurance





Vision Insurance | Blue Cross Blue Shield

Network: EyeMed Insight

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eyecare provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eyecare providers include many independent optical shops and national chains.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	\$10 copayment	Reimbursement up to \$35
Lenses - Single vision - Bifocal - Trifocal - Standard Progressive	Every 12 months*	-\$25 copay -\$25 copay -\$25 copay -\$25 copay	-Reimbursement up to \$25 -Reimbursement up to \$40 -Reimbursement up to \$60 -Reimbursement up to \$60
Frames	Every 24 months*	\$0 copay up to \$120 allowance + 20% off balance over \$120	Reimbursement up to \$48
Contact Lenses	Every 12 months**	\$0 copay up to \$135 allowance + 15% off balance over \$135	Reimbursement up to \$95

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year

ContactsDirect.com - Order contacts and have them shipped directly to your door. Orders will be shipped for free once the prescription is verified. Visit contactsdirect.com/welcome for more information.

Glasses.com - Choose from a large selection of frames and lenses, including designer brands. To purchase glasses or lenses, you'll need a valid prescription written within the last 12 months.

****You will receive your insurance card(s) prior to your effective date of coverage.****

Medical, Dental & Vision Insurance Rates — Bi Weekly Pay Periods (26 pay periods per year)

HMO (BlueAdvantage)

Per Pay Period Contributions:	You Pay
Employee Only	\$53.62
Employee & Spouse	\$127.51
Employee & Child(ren)	\$122.77
Family	\$184.47

PPO (BlueChoice)

Per Pay Period Contributions:	You Pay
Employee Only	\$83.83
Employee & Spouse	\$216.56
Employee & Child(ren)	\$208.22
Family	\$316.68

High-Deductible (HD)

Per Pay Period Contributions:	You Pay
Employee Only	\$53.11
Employee & Spouse	\$154.78
Employee & Child(ren)	\$148.93
Family	\$224.95

PPO+

Per Pay Period Contributions:	You Pay
Employee Only	\$96.92
Employee & Spouse	\$242.78
Employee & Child(ren)	\$233.38
Family	\$355.61

Dental Insurance Rates

In-Network & Out-Of-Network

Per Pay Period Contributions:	You Pay
Employee Only	\$1.51
Employee & Spouse	\$3.87
Employee & Child(ren)	\$4.30
Family	\$6.73

Vision Insurance Rates

In-Network & Out-Of-Network

Per Pay Period Contributions:	You Pay
Employee Only	\$1.96
Employee & Spouse	\$3.69
Employee & Child(ren)	\$3.90
Family	\$5.72

Additional Benefits





Basic Life and AD&D Insurance | BCBS

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass away or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

Basic Life/Accidental Death & Dismemberment

Benefit Amount	1x annual salary to \$25,000 max per employee - Life 1x annual salary to \$25,000 max per employee - AD&D
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Supplemental Life and AD&D Insurance | BCBS

Supplemental Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

	Employee	Spouse/ Domestic Partner	Child(ren)
Coverage Increments	1-5x annual salary rounded to next higher *\$10,000	\$10,000	\$10,000 (\$1,000 from birth to 6 months)
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guaranteed Issue Amount*	Up to \$250,000	\$30,000	\$10,000

* *Guarantee issue applies to newly eligible employees only*

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.

Bi-Weekly Rates per \$1,000		Rate	
		Employee	Spouse
	<20	\$0.024	\$0.024
	20-24	\$0.024	\$0.024
	25-29	\$0.028	\$0.028
	30-34	\$0.037	\$0.037
	35-39	\$0.043	\$0.043
	40-44	\$0.055	\$0.055
	45-49	\$0.083	\$0.083
	50-54	\$0.138	\$0.138
	55-59	\$0.251	\$0.251
	60-64	\$0.322	\$0.322
	65-69	\$0.586	\$0.586
	70-74	\$0.951	\$0.951
	75-79	\$0.951	\$0.951
	80-84	\$0.951	\$0.951
	85-89	\$0.951	\$0.951
	90-94	\$0.951	\$0.951
	95 +	\$0.951	\$0.951
	Child(ren) Life	\$0.039	
	Voluntary AD&D - EE/SP	\$0.010	
	Voluntary AD&D - Child(ren)	\$0.022	

How Employee Supplemental Life and AD&D is calculated:

*We take an employee's annual salary and round up to the next \$10,000, then multiply that amount by the multiple elected. This amount is your Supplemental Life and Supplemental AD&D Coverage.



Short & Long-Term Disability | BCBS

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time. Pre-Existing condition exclusion applies for new enrollees who previously waived coverage.

Disability Coverage	Voluntary Short-Term	Long-Term
Waiting Period	Begins once you completed a 14 calendar day elimination period or 1st day of hospitalization	Begins on the 91st day of continuous injury or illness
Benefit Amount	60% of base weekly salary	60% of base monthly salary
Pay Frequency	Weekly	Monthly, up to \$7,500 per month
Length of Payment Period	Up to 3 months	Social Security Normal Retirement Age
Premium Contribution	Employee Paid	Company Paid

Short Term Disability: Sample Salaries, Coverage Amounts and Bi-weekly Payroll Deductions

Sample Annual Salary	Estimate Weekly Benefit Amount For Covered Disability	Under Age 55	55-59	60-64	65+
\$25,000	\$288	\$11.72	\$13.18	\$15.18	\$16.78
\$40,000	\$462	\$18.75	\$21.09	\$24.28	\$26.84
\$50,000	\$577	\$23.43	\$26.36	\$30.36	\$33.55
\$60,000	\$692	\$28.12	\$31.63	\$36.43	\$40.26
\$70,000	\$808	\$32.80	\$36.91	\$42.50	\$46.97
\$80,000	\$923	\$37.49	\$42.18	\$48.57	\$53.68
\$90,000	\$1,038	\$42.18	\$47.45	\$54.64	\$60.39
\$100,000	\$1,154	\$46.86	\$52.72	\$60.71	\$67.10



Whole Life with Long-Term Care | Allstate

Whole Life with Long -Term Care, offered through Allstate, offers guaranteed, permanent protection. The policy's long -term care benefits provide financial support to supplement the cost of long -term care you might need as a result of an accident, illness or aging. The policy's life insurance benefits protect your beneficiaries financially in the case of your passing. They're free to use the monies that come from the life insurance any way they choose (i.e. final expenses for the deceased, retirement, education for children or grandchildren, random expenses, etc.).

Guarantee issue:

Employee – During initial enrollment period **only**, up to \$150,000 of coverage without answering medical questions.

Spouse – During initial enrollment period **only**, up to \$75,000 (if working) or \$10,000 (if non-working) of coverage without answering medical questions.

Child(ren) – During initial enrollment period **only**, eligible for a \$10,000 term insurance rider without answering any medical questions.

How LTC works:

In the event of death, this policy will pay your beneficiaries the face value amount of the policy you select. There is a guaranteed cash value component that over time will increase the face value amount of your life insurance policy.

In the event you need long term care services, this policy will pay 6% of the death benefit each month up to 17 months. Once that's exhausted, the Extension of Benefits rider, will pay an additional 6% of the restored death benefit up to an additional 17 months. This means that long term benefits will last for up to 34 total months if needed.

If you exhaust the Long -Term Care benefits fully, the Restoration rider will restore the entire face value amount of your policy. This allows you to receive the care you need while living (long -term care services) and allows your beneficiaries to receive a death benefit after your passing.

Plan Costs:

Whole Life Insurance with Long -Term Care is an issue age policy. This means that the cost locks in at the age you are today based on the amount of insurance you elect. Rates are based on your age, face amount and tobacco status. Please also note this benefit is a post-tax deduction.

Please Note: This benefit is only available during Open Enrollment through a licensed enroller and will not apply for Qualified Life Events or to new hires. New hires can elect this benefit during their next open enrollment opportunity.



Paid Time Off (PTO)

Holidays

Thresholds recognizes the importance of public Holidays that preserve the rich heritage and traditions of our community and enhance the quality of life.

All active regular full time and part time employees who are scheduled to work 20 or more hours per week are eligible to receive the follow paid Holidays during the year.

Paid Holidays	
New Year's Day	Monday January 1, 2024
Dr. Martin Luther King Day	Monday January 15, 2024
President's Day	Monday February 19, 2024
Memorial Day	Monday May 27, 2024
Juneteenth	Wednesday June 19, 2024
Independence Day	Thursday July 4, 2024
Labor Day	Monday September 2, 2024
Thanksgiving Day	Thursday November 28, 2024
Christmas Day	Wednesday December 25, 2024

Vacation

While vacation time may be used for any reason, Thresholds encourages employees to use vacation time for rest and relaxation, which will ultimately improve morale, performance, and overall well-being.

Earning Vacation Time: Vacation is earned (accrued) based on scheduled work hours and your employee type. Upon hire, vacation time is accrued in each payroll cycle but is not available until the employee completes their 30th day of consecutive employment. Vacation is not available until after the time sheet which contains the employee's 30th day has been processed. Employee vacation accrues as follows:

Vacation Accruals				
Employee Group	Scheduled Weekly Hours	Time of Employment	Days	Hours / Year
Full Time	40 Hours	Year 1	15	120
		Year 2	18	144
		Year 3 and after	22	176
Part Time 30	30—39.9 Hours	Year 1	12	96
		Year 2	14.4	115.2
		Year 3 and after	17.6	140.8
Part Time 20	20—29.9 Hours	Year 1	9	72
		Year 2	10.8	86.4
		Year 3 and after	13.2	105.6
Part Time under 20 or Substitute Employees	0—19.9 Hours	Year 1 Year 2 Year 3 and after	One Hour accrued for every 35 hours worked (available as earned)	

- The maximum rollover for vacation time is 120 hours per anniversary year.
- Vacation hours in excess of 120 must be used by the end of the pay cycle that includes the end of your anniversary month or they will be forfeited.



Paid Time Off (PTO)

Personal Time (No Rollover)

- Eligible employees hired between January 1st and June 30th are granted 3 days (24 hours) of personal time after completion of their 1st pay cycle.
- Eligible employees hired between July 1st and December 31st are granted 1.5 days (12 hours) of personal time after completion of their 1st pay cycle.
- If you are part-time and work between 20 and 39.9 hours per week, your personal days are prorated based on your scheduled work hours.
- If you are scheduled to work less than 20 hours a week (PT Under 20 and SUB) you are not eligible for personal days.

Sick Time and Disability

Thresholds provides employees with paid time to support their caring for themselves and for those in their immediate family and household.

Sick Time

Sick time is intended solely to provide paid time off in the event of:

1. Illness or injury of the employee or a member of the employee's immediate family.
2. Medical, dental, optical or similar health care appointments during regularly scheduled work hours.
3. Other. Please see the Time Away From Work Policy in Policytech for a complete list.

Full-time and part-time employees are eligible to use sick time as follow:

Sick Leave Accruals				
Employee Group	Scheduled Weekly Hours	Time of Employment	Days	Hours / Year
Full Time	40 Hours	Upon Hire*	2	16
		After the first 30 days for the rest of year 1	6 additional	48
		Year 2 and after	8	64
Part Time P30	30—39.9 Hours	Upon Hire*	2	16
		After the first 30 days for the rest of year 1	4.5 additional	36
		Year 2 and after	6.5	52
Part Time 20	20—29.9 Hours	Upon Hire*	2	16
		After the first 30 days for the rest of year 1	3 additional	24
		Year 2 and after	5	40
Part Time under 20 or Substitute Employees	0—19.9 Hours	One Hour accrued for every 35 hours worked		

*Approved sick time cannot be taken during the employee's first pay period.

- The maximum rollover for sick time is 720 hours.
- Sick hours in excess of 720 must be used by your anniversary date or they will be forfeited during the pay period which contains your anniversary date.

Please Note:

- Hourly/nonexempt employees are requested to use paid time off in the minimum amount of one (1) hour.
- Salaried/exempt employees are requested to use paid time off in the minimum amount of two (2) hours.

Additional Benefits

Voluntary Offerings





Critical Illness Plan | Aetna

The Critical Illness plan can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit, and does not offset any other insurance you may have. If you meet the policy requirements, the critical illness plan will provide you with a lump-sum payment upon diagnosis for many conditions. Your plan also includes a health screening benefit for a covered preventative test. See your plan summary for specific coverage details, including limitations and exclusions.

Eligible Individual	Benefit
Employee	\$10,000, \$20,000 or \$30,000
Spouse	50% of employee amount
Dependent Child(ren)	50% of employee amount



Accident Plan | Aetna

The Accident plan helps to fill financial gaps caused by expenses related to an injury caused by a covered accident. Cash benefits are paid directly to you, no matter what is covered by your medical plan or any other insurance. Benefits are paid for initial and follow-up care, medical imaging, X-rays, dislocations, fractures, physical therapy and more. Benefits can be used to pay expenses like coinsurance, deductibles, or everyday expenses like your mortgage, child care, or groceries. Your plan also includes a health screening benefit for a covered preventative test. See your plan summary for specific coverage details, including limitations and exclusions.

Note, this coverage applies to accidents that occur on or off the job.



Hospital Indemnity Plan | Aetna

The Hospital Indemnity plan pays cash benefits to you for an inpatient hospital admission and daily stays. Benefits can help pay towards your medical plan's deductible, coinsurance or everyday expenses like day care, utilities and groceries. Your plan also includes a health screening benefit for a covered preventative test. See your plan summary for specific coverage details, including limitations and exclusions.

Subcategory	Benefit Limits	Benefit	Amount
Admission Benefit	No maximum stays per year; separated by 30 days in a row	Admission	\$1,000
Daily-Stay	Daily stays start on day two of an inpatient stay and count toward a combined maximum of 30 days per plan year. ICU daily stays pay higher benefits.	Daily-Stay Benefit (non—ICU)	\$200
		Daily –Stay Benefit (ICU)	\$400

Voluntary Plan Rates — Bi Weekly Pay Periods (26 pay periods per year)

Accident Plan Rates

Per Pay Period Contributions:	You Pay
Employee Only	\$4.54
Employee & Spouse	\$7.68
Employee & Child(ren)	\$8.46
Family	\$11.80

Hospital Indemnity Plan Rates

Per Pay Period Contributions:	You Pay
Employee Only	\$8.02
Employee & Spouse	\$18.12
Employee & Child(ren)	\$13.44
Family	\$22.46

Critical Illness Plan Rates

Face Amount: \$10,000	Employee	Employee & Spouse	Employee & Child (ren)	Family
<25	\$1.36	\$2.68	\$1.36	\$2.68
25-29	\$1.66	\$3.10	\$1.66	\$3.10
30-34	\$2.16	\$3.86	\$2.16	\$3.86
35-39	\$2.92	\$5.00	\$2.92	\$5.00
40-44	\$4.12	\$6.80	\$4.12	\$6.80
45-49	\$5.48	\$8.84	\$5.48	\$8.84
50-54	\$7.92	\$12.50	\$7.92	\$12.50
55-59	\$11.20	\$17.44	\$11.20	\$17.44
60-64	\$16.26	\$25.06	\$16.26	\$25.06
65-69	\$22.14	\$33.88	\$22.14	\$33.88
70+	\$30.52	\$46.48	\$30.52	\$46.48

Face Amount: \$20,000	Employee	Employee & Spouse	Employee & Child (ren)	Family
<25	\$2.22	\$4.22	\$2.22	\$4.22
25-29	\$2.78	\$5.04	\$2.78	\$5.04
30-34	\$3.78	\$6.56	\$3.78	\$6.56
35-39	\$5.28	\$8.80	\$5.28	\$8.80
40-44	\$7.66	\$12.38	\$7.66	\$12.38
45-49	\$10.34	\$16.40	\$10.34	\$16.40
50-54	\$15.18	\$23.66	\$15.18	\$23.66
55-59	\$21.66	\$33.44	\$21.66	\$33.44
60-64	\$31.72	\$48.54	\$31.72	\$48.54
65-69	\$43.36	\$66.02	\$43.36	\$66.02
70+	\$60.02	\$91.06	\$60.02	\$91.06

Face Amount: \$30,000	Employee	Employee & Spouse	Employee & Child (ren)	Family
<25	\$3.08	\$5.76	\$3.08	\$5.76
25-29	\$3.90	\$7.00	\$3.90	\$7.00
30-34	\$5.40	\$9.24	\$5.40	\$9.24
35-39	\$7.64	\$12.60	\$7.64	\$12.60
40-44	\$11.20	\$17.94	\$11.20	\$17.94
45-49	\$15.22	\$23.96	\$15.22	\$23.96
50-54	\$22.42	\$34.82	\$22.42	\$34.82
55-59	\$32.14	\$49.42	\$32.14	\$49.42
60-64	\$47.16	\$72.00	\$47.16	\$72.00
65-69	\$64.58	\$98.18	\$64.58	\$98.18
70+	\$89.52	\$135.64	\$89.52	\$135.64



Flexible Spending Account (FSA) | WEX

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.
- Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.
- Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

Health Care FSA - You may contribute up to \$3,200 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more. (FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute. You are eligible to rollover up to \$640 from 2024 to 2025)

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care. If both spouses participate in an account the maximum still remains at \$5,000 per plan year. Funds in this account are saved on a tax-free basis.

Few Important Things to Remember

- "Use it or lose it": Typically, any money left in your FSA at the end of the plan year (December 31st) will be forfeited, per IRS rules. However, after the end of the plan year, you have 90 days (through March 31st) to file claims for expenses you accumulated during the previous plan year. This is known as the run-out period.
- Carry-over Provision: One exception to the "use it or lose it" rule: If you have \$610 or less remaining in your Health Care FSA by December 31st, as long as you reenroll in the plan for the following year, your funds will carry over to the next plan year. Any funds over amount will be forfeited in compliance with the IRS "use it or lose it" rule. **For the 2024 plan year only, you must re-enroll in the Health Care FSA in order to roll over your total account balance from the 2023 plan year.**
- Don't forget to re-enroll: You must re-enroll in an FSA each year to participate, even if you were enrolled the year before. Please save your receipts, as you may be asked to provide substantiation for claims you incur. After the 90 day run-out period, you must report any unsubstantiated claims as taxable income on your W-2.

How Flexible Spending Accounts Work:

1. Each year during the open enrollment period, you decide how much you set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. Or use your FSA card to pay for eligible expense at the point of sale. You will not be paying out of pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate — you may choose to participate in one, both or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

You must actively re-enroll in either FSA plan each year. You are not automatically re-enrolled.

2024 FSA Contributions

****See IRS Publications 502 and 503 for a complete list of covered expenses.**

IRS Max Contribution:	2024 Annual Maximum Contribution	Examples Of Covered Expenses
Health Care Flexible Spending Account	\$3,200	Copays, Deductibles, Orthodontia, etc*
Dependent Care Flexible Spending Account	\$5,000	Day Care, Nursery School, Elder Care Expenses, etc*

www.irs.gov/pub/irs-pdf/p502.pdf



Health Saving Account (HSA) | WEX

The HSA is a bank account paired with your HD allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

You're eligible for a health savings account if:

- You are covered by a qualified high deductible health plan (HD)
- You are not covered by any other medical coverage that is not considered a qualified HD
- You are not enrolled in Medicare (Part A included)
- You are not claimed as a dependent on someone's tax return
- You are not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

2024 HSA Contributions

IRS Max Contribution:	Employee Only	Family
Max HSA Contribution	\$4,150	\$8,300
Catch-up Contribution (Age 55 and Older)	\$1,000	



Employee Assistance Program (EAP)| ComPsych

EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more

The EAP is there for when you need it. Need some more specialized face-to-face assistance? The EAP offers up to 5 face-to-face visits with trained counselors for each issue you may have.

Contact Information:

Website: [Guidanceresources.com](https://www.guidanceresources.com)

Phone Number: 800-272-7255 / 800-697-0353 TTY



Commuter Benefits | WEX

Commuter Benefits allow you to set aside tax-free money to pay for eligible expenses you incur as part of your commute to and from work. Thresholds allows employees after-tax money if one wants to set aside more than the pre-tax amount.

Parking - You may elect to have a maximum of \$315 per month deducted from your gross income earnings. The most common eligible expenses are charges for parking at or near your place of work or at a location from which you commute to work, such as a train station. The amount elected with not be subject to federal, state, social security or Medicare taxes. Parking passes may be purchased with your WEX debit card or purchased out of pocket and reimbursed via direct deposit or check from WEX.

Mass Transit - You may elect to have a maximum of \$315 per month deducted from your gross income earnings to be used for the cost of mass transit. The most common eligible expenses are charges for mass transit train and bus tickets. The amount elected with not be subject to federal, state, social security or Medicare taxes. Your tax savings will vary depending on your elected deduction amount and tax bracket. Pay for transit passes with your WEX debit card at your transit authority or other authorized retailers.



Legal Insurance | ARAG Group

With the ARAG legal plan, you will have access to a nationwide network of attorneys, financial counselors, identity theft specialists and other valuable resources. Attorney fees for most covered matters are paid in full when using an in-network attorney. Employee contributions for this benefit are \$9.13 per pay period and will be taken out of the first two paychecks of each month.

Services include:

- Will and trusts
- Power of Attorney
- Adoption
- Debt collection
- Real Estate
- Dissolution of marriage
- Domestic Partnership Agreement
- Gender Identifier Change
- Hospital Visit Authorization
- Tax services
- Any many others

* For complete coverage details, please refer to the plan summary..



Auto & Home Insurance | Farmers Insurance

Farmers Insurance offers a wide range of personal property and casualty insurance products at a discount as well as the convenience of payroll deductions. Below are just some of the products:

- Auto
- Home / Condo
- Renter's
- Recreational Vehicle



403(b) Plan | Fidelity

It's never too early to plan for the future! To assist you in saving for retirement, Thresholds offers a 403(b) Plan for all eligible employees to contribute to the plan, regardless of number of hours worked. Similar to a 401(k), this program allows you to contribute to your retirement account with convenient, pre-tax payroll deductions. Some things to consider:

Contributions to your account:

- You can make Traditional pre-tax contributions that qualify for the company match.
- You can make Roth contributions post-tax, allowing for tax-free earnings withdrawal after age 59 1/2 if left in the plan for 5 years. They also qualify for the company match, providing an additional boost to your retirement savings.

Company match:

- We match your first 3% in contributions dollar for dollar (pre/post-tax combined).

There is no waiting period. You may enroll in the 403(b) plan at any time by contacting our administrator, Fidelity Investments, by phone or online.



Public Service Loan Forgiveness Program

As an employee at a qualifying 501c (3) institution, you may be able to receive loan forgiveness under the PSLF program.

The PSLF program forgives the remaining balance on your Direct Loans after you've made 120 qualifying monthly payments under a qualifying repayment plan while working full time for a qualifying employer.

You can find more information on this valuable program and an application form by going to <https://studentaid.ed.gov/aa/repay-loans/forgiveness-cancellation/public-service>.

Discount Programs

United Credit Union:

United Credit Union offers free checking, savings accounts and many savings and loans options. www.unitedcreditunion.com; Email: unitedcu@unitedunion.com

Illinois Institute Of Technology:

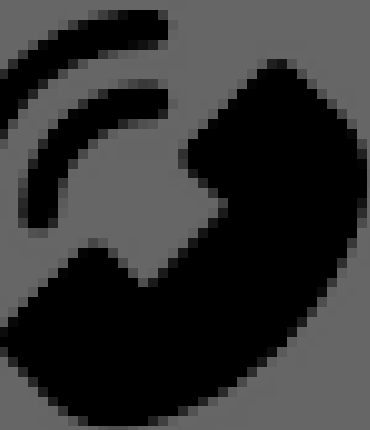
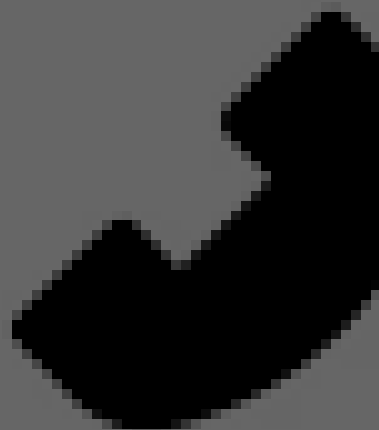
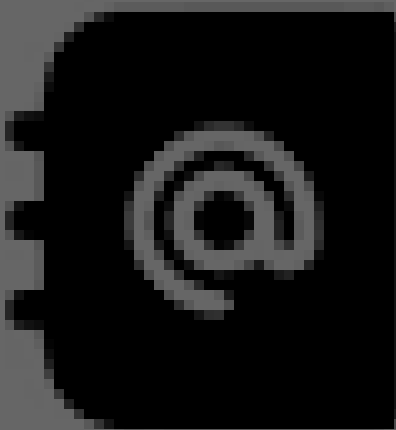
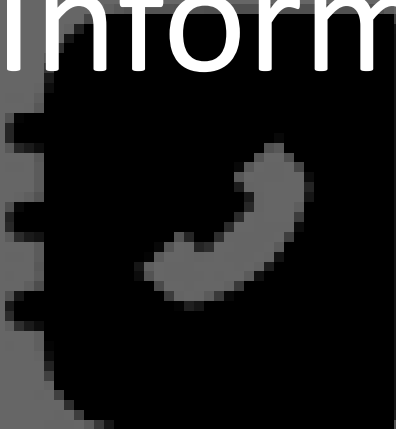
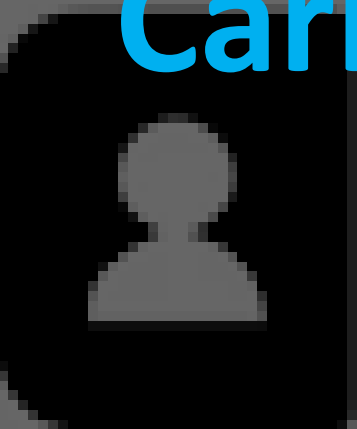
Illinois Institute of Technology offers a scholarship for employees who are interested in pursuing a master's degree in rehabilitation and mental health counseling. This scholarship will offer tuition support for 3 credits each regular semester and will cover a total of 12 credits over the course of the program. Apply at <https://admissions.iit.edu/graduate/apply>. These benefits only apply to new applicants.

The Chicago School of Professional Psychology:

The Chicago School of Professional Psychology offers special tuition rates for employees. Call 800-721-8072 for more information, these benefits only apply to new applicants.

*Please refer to Thresholds All Agency J Drive under Library/Talent Management/Benefits/2024 Benefits Information or online Benefits Library at Thresholds.MyBenefitsLibrary.com for further details.

Carrier Information





Carrier Information

Medical HMO

Carrier	Blue Cross Blue Shield
Website	www.bcbsil.com
Phone Number	800-892-2803 / 800-526-2847 TTY
Network	Blue Advantage HMO

Medical PPO & HSA

Carrier	Blue Cross Blue Shield
Website	www.bcbsil.com
Phone Number	800-892-2268
Network	Select PPO & PPO+

Legal Plan

Carrier	ARAG
Website	www.araglegalcenter.com
Email	service@araggroup.com
Phone Number	800-247-4184

Dental

Carrier	Blue Cross Blue Shield
Website	www.bcbsil.com
Phone Number	800-367-6401
Network	BlueCare Dental

Auto & Home Insurance

Carrier	Farmers Insurance / MetLife
Website	www.metLife.com/mybenefits
Phone Number	800-438-6381 or 800-438-6388

Employee Assistance Program

Carrier	ComPsych
Website	Guidanceresources.com
Phone Number	800-272-7255 / 800-697-0353 TTY
Web ID	Thresholds

General Benefits / Enrollment Questions

Contact	Thresholds Benefits Team
Email Address	Benefits@thresholds.org
Phone Number	773-572-5252
Fax Number	773-537-3445

Vision

Carrier	Blue Cross Blue Shield
Website	Www.member.eyemedvisioncare.com/bcbsilvis
Phone Number	855-362-5539
Network	Insight

Basic Life/AD&D, Supplemental Life and Short & Long-term Disability Insurance

Carrier	Blue Cross Blue Shield
Website	www.bcbsil.com
Phone Number	800-367-6401

Thresholds 403(b) Retirement Savings plan

Carrier	Fidelity Investments
Website	www.403b.com / www.fidelity.com/atwork
Phone Number	800-343-0860

Credit Union

Carrier	United Credit Union
Website	www.unitedcreditunion.com
Phone Number	773-843-8900

HSA, Flexible Spending Account, Health Care / Dependent Care, Commuter & COBRA

Carrier	WEX Health, Inc
Website	www.wexinc.com/solutions/benefits
Email	customerservice@wexhealth.com
Phone Number	866-451-3399

Voluntary Benefits

Carrier	Aetna
Website	www.aetna.com
Phone Number	800-607-3366

Whole Life with Long Term Care

Carrier	Allstate
Website	www.allstate.com/allstate-benefits
Phone Number	800-521-3535

Tips, Tricks & Tools





BlueCross BlueShield Value Added Benefits

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more.

BlueAccess Mobile™

Access your BlueAccess for Members account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access.

Virtual Visits—MDLIVE (PPO/HSA Members Only)

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this awesome benefit.

24/7 Nurseline: 800.299.0274 (PPO Members Only)

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: 833-715-0942

Through Express Scripts express-scripts.com/rx, mail order prescriptions may save time and money.

Blue365 Discounts

Access to additional special program discounts. Details can be accessed by logging into Blue Access for Members via www.bcbsil.com. Once logged in, go to the *My Coverage* tab and click on *Discounts* found under *Member Advantages*.

Well onTarget Member Wellness Program

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam
- No out-of-pocket costs apply - these exams are fully covered as long as your physician codes them as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed
- Take advantage of the Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Whenever possible, compare cost options prior to scheduling your necessary services

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't life threatening, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you*
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

* If enrolled in a BCBS medical plan, before filling any prescription at CVS, please refer to <https://www.myprime.com/content/myprime-v2/en/sso-consent.html> or contact BlueCross BlueShield to find out if your prescription drug(s) are covered in-network.



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.