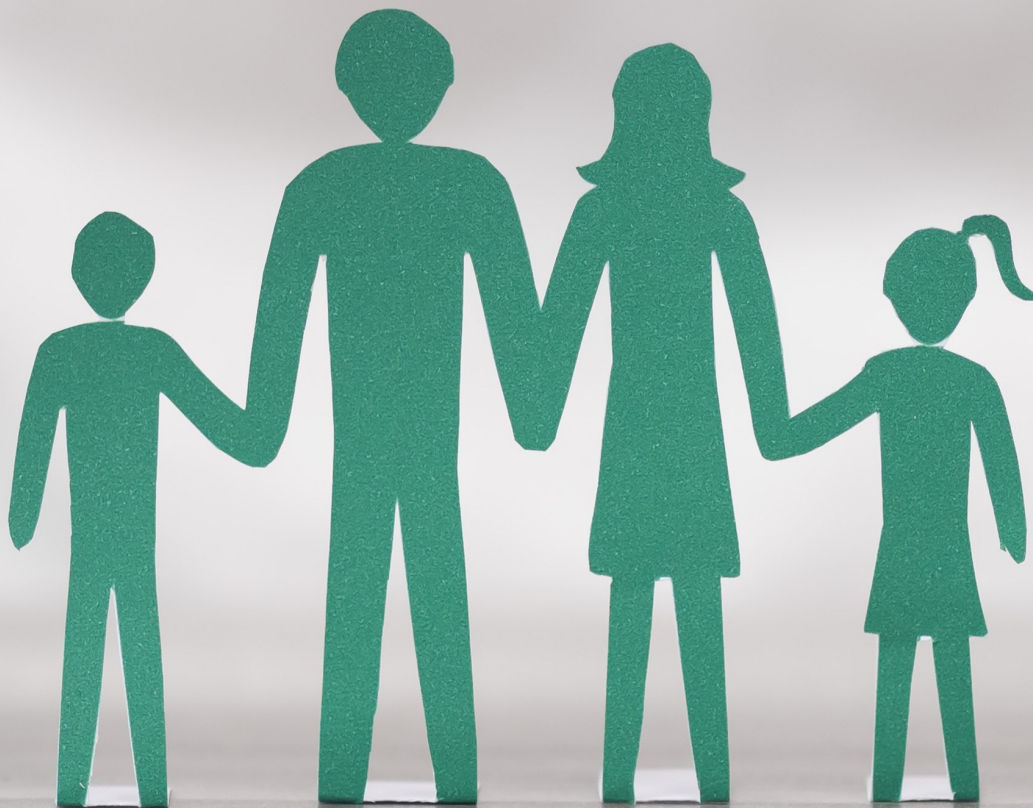


# Benefits Summary

## The Thresholds

2023

**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 after 90 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
- Paid Time Off

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 and Sick Pay. Regardless of number of hours worked, **all employees are eligible** to contribute to the **403(b) Plan** listed above.

**All new employees must make their benefit election during the first 90 days of employment, to be effective on the 91st day of employment.**

## 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

Before you make your benefit elections, take a close look at all the benefits and options offered to you by Thresholds.

## Coverage Period

Elections you make at this time will remain in effect until December 31, 2023. 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 that 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.**

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/ HMOIL <i>In-Network Benefits Only</i>	BlueChoice Select PPO	Preferred Provider Organization PPO+	High Deductible PPO
<b>Network</b>	Blue Advantage HMO [ADV] / HMO Illinois [HMO]	Blue Choice Select PPO (BCS)	Participating Provider Organization [PPO]	Participating Provider Organization [PPO]
<b>Preventative Care</b> (In-Network)	100%	100%	100%	100%
<b>Deductible</b> 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	\$3,000 / \$5,600 \$6,000 / \$11,200
<b>Coinsurance</b> In-Network / Out-of-Network	100%	80% / 50%	80% / 60%	80% / 60%
<b>Out-of-Pocket Max</b> 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 &amp; Copays</i>	\$4,500 / \$11,000 \$9,000 / \$33,000 <i>Includes Deductible &amp; Copays</i>	\$4,500 / \$10,000 \$9,000 / \$20,000 <i>Includes Deductible &amp; Copays</i>
<b>Physician Services</b> Physician Office (In-Network / Out-of-Network)  Specialist Visit (In-Network / Out-of-Network)	100% after \$30 copay  100% after \$50 copay  *BlueAdvantage HMO 100% after \$30 copay*	100% after \$30 copay / 50%  100% after \$30 copay / 50%	100% after \$30 copay / 60%  100% after \$50 copay / 60%	Deductible then 80% / Deductible then 60%  Deductible then 80% / Deductible then 60%
<b>Hospital Services</b> 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%
<b>Diagnostic Lab &amp; X-Ray</b> (In-Network / Out-of-Network)	100%	Deductible then 80% / Deductible then 50%	Deductible then 80% / Deductible then 50%	Deductible then 80% / Deductible then 60%
<b>Emergency Room</b> (Copay waived if admitted)	100% after \$250 copay	80% after \$300 copay	80% after \$300 copay	Deductible then 80%
<b>Maternity Services</b> (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%
<b>Physical, Occupational &amp; Speech Therapy Services</b> (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: 20 visit limit OT: 15 visit limit Speech: 10 visit limit / Deductible then 60% PT: 20 visit limit OT: 15 visit limit Speech: 10 visit limit	Deductible then 80% PT: 20 visit limit OT: 15 visit limit Speech: 10 visit limit / Deductible then 60% PT: 20 visit limit OT: 15 visit limit Speech: 10 visit limit
<b>Prescription Drugs</b> Generic / Formulary / Non-Formulary (In-Network / Out-of-Network)  Mail Order (90-Day Supply) (In-Network / Out-of-Network)	<b>Copays:</b> 100% after copay \$10,\$40,\$60  <b>Copays:</b> 100% after copay \$20,\$80,\$120	<b>Copays:</b> 100% after copay \$10,\$40,\$60 / 75% after copay \$10,\$40,\$60  <b>Copays:</b> 100% after copay \$20,\$80,\$120 / Not Available	<b>Copays:</b> 100% after copay \$10,\$40,\$60 / 75% after copay \$10,\$40,\$60  <b>Copays:</b> 100% after copay \$20,\$80,\$120 / Not Available	*Maintenance Medication (Generic & Brand) = covered at 100%*  Deductible then 80%/ Deductible then 60%  <b>Copays:</b> Deductible then 80% / Not Available
<b>Prescription Out-of-Pocket Max</b> 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
- F. Select plan/network

- PPO Plan: Participating Provider Organization [PPO]
- HSA Plan: Participating Provider Organization [PPO]
- Blue Choice PPO Plan: Blue Choice Select PPO (BCS)
- HMO Illinois Plan: HMO Illinois [HMO]
- Blue Advantage HMO Plan: Blue Advantage HMO [ADV]

The screenshot shows the BlueCross BlueShield website interface. At the top, there is a navigation bar with 'Find Care' highlighted (B). Below this, there is a section titled 'Providers in Your Network' (C) with a sub-link 'Find a Doctor or Hospital'. Underneath, there are options for 'Member Login' and 'Guest Search' (D). The 'Guest Search' section includes a 'Search as a Guest' button (D) and a 'Step-by-Step PDF' link. Below this is a search input field labeled 'Where would you like to search for care?' (E) with a 'Continue' button. At the bottom of the page, there is a footer with 'Plans' and 'All plans/networks' (F) highlighted, along with a location field showing 'Wheaton, IL - 60189' and a 'Log In' button.



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



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. Please refer to Dental Benefits Highlights at Thresholds Agency Drive under Benefits 2023 or Microsite for further coverage details at [Thresholds.MyBenefitsLibrary.com](https://Thresholds.MyBenefitsLibrary.com)

#### 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](https://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 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

## HMO (Illinois)

Per Pay Period Contributions:	You Pay
Employee Only	\$72.69
Employee & Spouse	\$161.09
Employee & Child(ren)	\$155.00
Family	\$234.33

## PPO+

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

## High-Deductible (HD PPO)

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

## 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 on 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 were offered 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



# 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.
- For subsequent years, 3 days (24 hours) will be granted annually, available with the first pay cycle of the year.
- 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.

### Please Note:

- Hourly/Non-Exempt employee may use their paid time off in hourly increments
- Salaried/Exempt employees may use their paid time off in half or full day increments.

Annual Accrual—Year One (Vacation)			
Regularly Scheduled Hours Per Week	Days Per Year	Hours Per Year	Hours Per Pay Period
40 hours or more	15	120	4.62
30-39.9 hours	12	96	3.69
20-29.9 hours	9	72	2.77
0-19.9 hours	0	0	0

Annual Accrual—Year Two (Vacation)			
Regularly Scheduled Hours Per Week	Days Per Year	Hours Per Year	Hours Per Pay Period
40 hours or more	18	144	5.54
30-39.9 hours	14.4	115.2	4.43
20-29.9 hours	10.8	86.4	3.32
0-19.9 hours	0	0	0

Annual Accrual—Year Three (Vacation)			
Regularly Scheduled Hours Per Week	Days Per Year	Hours Per Year	Hours Per Pay Period
40 hours or more	22	176	6.77
30-39.9 hours	17.6	140.8	5.41
20-29.9 hours	13.2	105.6	4.06
0-19.9 hours	0	0	0

- The maximum rollover 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.
- 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.

Annual Grant—Year One (Sick)		
Regularly Scheduled Hours Per Week	Days Granted Upon Hire	Additional Days Granted after 90 Day Waiting Period
40 hours or more	2	6
30-39.9 hours	2	4.5
1-29.9 hours	2	3
Substitute*	Dependent on hours worked	Dependent on hours worked

First Pay Period After Anniversary Date & Beyond (Sick)		
Regularly Scheduled Hours Per Week	Days Per Year	Hours Per Year
40 hours or more	8	64
30-39.9 hours	6.5	52
1-29.9 hours	5	40
Substitute*	Dependent on hours worked	Dependent on hours worked

\*Substitute employees who work at least 80 hours in a 120 day period will receive 1 hour of paid sick time for every 40 hours work, capped at 40 hours in a 12 month period

Paid Holidays	
New Year's Day	Monday January 2
Dr. Martin Luther King Day	Monday January 16
President's Day	Monday February 20
Memorial Day	Monday May 29
Juneteenth	Monday June 19
Independence Day	Tuesday July 4
Labor Day	Monday September 4
Thanksgiving Day	Thursday November 23
Christmas Day	Monday December 25

# 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 \$3,050 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 \$610 to the next year.)

**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 2023 plan year only, you must re-enroll in the Health Care FSA in order to roll over your total account balance from the 2022 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.**

## 2023 FSA Contributions

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

IRS Max Contribution:	2023 Annual Maximum Contribution	Examples Of Covered Expenses
Health Care Flexible Spending Account	\$3,050	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](http://www.irs.gov/pub/irs-pdf/p502.pdf)



# Health Saving Account (HSA) | WEX

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. 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 (HDHP)
- You are not covered by any other medical coverage that is not considered a qualified HDHP
- 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)

## 2023 HSA Contributions

IRS Max Contribution:	Employee Only	Family
Max HSA Contribution	\$3,850	\$7,750
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](http://Guidanceresources.com)

Phone Number: 802-272-7255 / 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 \$300 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 \$300 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 pre-tax contributions.

### Company match:

- We match your first 3% in contributions dollar for dollar.

### Contributions to your account:

- You are immediately vested in all your contributions and the company match contributions, as well as the earnings on those contributions.

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 PLSF 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

### Cell Phone Discounts:

Employees are eligible for discounts: up to 22% with AT&T and up to 21% with Verizon Wireless. For instructions go to J:\Talent Management\All Agency\Benefits\2021 Benefits Information\Perks at Work.

### United Credit Union:

United Credit Union offers free checking, savings accounts and many savings and loans options. [www.unitedcreditunion.com](http://www.unitedcreditunion.com); Email: [unitedcu@unitedunion.com](mailto:unitedcu@unitedunion.com)

### Adler University:

Alder University offers a 50% discount on tuition to employees. These benefits only apply to new applicants. Contact person is Phyllis Horton at [phorton@adler.edu](mailto:phorton@adler.edu).

### 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.

# Carrier Information





# Carrier Information

## Medical HMO

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

## Medical PPO & HSA

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

## Legal Plan

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

## Dental

<b>Carrier</b>	Blue Cross Blue Shield
<b>Website</b>	www.bsbsil.com
<b>Phone Number</b>	800-367-6401
<b>Network</b>	BlueCare Dental

## Auto & Home Insurance

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

## Employee Assistance Program

<b>Carrier</b>	ComPsych
<b>Website</b>	Guidanceresources.com
<b>Phone Number</b>	802-272-7255 / 800-697-0353 TTY
<b>Web ID</b>	Thresholds

## General Benefits / Enrollment Questions

<b>Contact</b>	Thresholds Benefits Team
<b>Email Address</b>	<a href="mailto:Benefits@thresholds.org">Benefits@thresholds.org</a>
<b>Phone Number</b>	773-572-5252
<b>Fax Number</b>	773-537-3445

## Vision

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

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

<b>Carrier</b>	Blue Cross Blue Shield
<b>Website</b>	www.bcbsil.com
<b>Phone Number</b>	800-367-6401

## Thresholds 403(b) Retirement Savings plan

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

## Credit Union

<b>Carrier</b>	United Credit Union
<b>Website</b>	www.unitedcreditunion.com
<b>Phone Number</b>	773-843-8900

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

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

## Voluntary Benefits

<b>Carrier</b>	Aetna
<b>Website</b>	www.aetna.com
<b>Phone Number</b>	800-607-3366

# Tips, Tricks & Tools







# BlueCross BlueShield Value Added Benefits

## **BlueAccess for Members:** [www.bcbsil.com](http://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](http://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](http://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](http://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](http://cvs.com) or [walgreens.com](http://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.