

Erikson Institute

2018 Employee Benefits Summary

Paid-Time-Off:

- Holidays: 10 paid days per calendar year – determined annually.
- Vacations: Based on pay grade and years of service; accrues on a fiscal-year basis (July 1 – June 30).
- Sick Time: One day per month up to a maximum accrual of 30 days.

Health/Dental/Vision Insurance:

- Premiums shared between Erikson and employee (see rates at the end of the plan summary).
- Eligible the first day of the month following 30 days of employment.
- HEALTH: 2 PPO plans, HDHP/HSA plan or an HMO plan. Coverage is through Blue Cross.
- DENTAL: 2 PPO plans or HMO plan options. Coverage is through Guardian.
- VISION: Voluntary plan available through VSP Vision.

Flexible Spending Accounts:

- Contributions are 100% employee paid and withheld pre-tax.
- Eligible the first day of the month following 30 days of employment.
- May withhold up to \$2,650 for personal medical/dental/vision or \$5,000 for dependent daycare expenses.

Life and Disability Insurance:

- Coverage provided by Lincoln Financial Group.
- Premiums are 100% paid by Erikson.
- Eligible the first day of the month following 90 days of employment.
 - Life: coverage equal to annual salary.
 - Accidental death and disability: coverage equal up to annual salary.
 - Short-term disability: \$400/week for up to 13 weeks.
 - Long-term disability: 60% of monthly salary after 13 weeks of STD.

Retirement Plan:

- 403(b) defined contribution plan offered through TIAA.
- Eligible for employer match on date of hire.
- Employee vested after one year of employment.
- Contributions are withheld pre-tax up to the annual federally allowed maximum

MATCHING SCHEDULE

<u>Employee</u>	<u>Erikson Match</u>
2%	2%
4%	4%
6%	6%
7%	7%

2018 Benefit Premiums

Blue Cross Health Insurance

COVERAGE		Cost Per Paycheck
HMO	<i>Employee</i>	\$46
	<i>EE+SP/DP</i>	\$166
	<i>EE + Child(ren)</i>	\$150
	<i>Family</i>	\$273
PPO	<i>Employee</i>	\$115
	<i>EE+SP/DP</i>	\$307
	<i>EE + Child(ren)</i>	\$272
	<i>Family</i>	\$465
PPO Value	<i>Employee</i>	\$71
	<i>EE+SP/DP</i>	\$218
	<i>EE + Child(ren)</i>	\$195
	<i>Family</i>	\$343
HDHP	<i>Employee</i>	\$49
	<i>EE+SP/DP</i>	\$173
	<i>EE + Child(ren)</i>	\$156
	<i>Family</i>	\$281

Guardian Dental

COVERAGE		Cost Per Paycheck
DHMO	<i>Employee</i>	\$2
	<i>EE+1</i>	\$6
	<i>Family</i>	\$10
PPO 1500	<i>Employee</i>	\$7
	<i>EE+1</i>	\$23
	<i>Family</i>	\$38
PPO 2500	<i>Employee</i>	\$10
	<i>EE+1</i>	\$30
	<i>Family</i>	\$50

VSP Vision

COVERAGE	Cost Per Paycheck
<i>Employee</i>	\$3
<i>EE+SP/DP</i>	\$5
<i>EE + Child(ren)</i>	\$5
<i>Family</i>	\$8