

Erikson Institute

2019 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.
- FMLA leave (including maternity/paternity leave) is paid at 75% of salary rate, for a maximum of 60 working days, after you exhaust accrued sick leave.

Health/Dental/Vision Insurance:

- Premiums shared between Erikson and employee (see rates below).
- Eligible the first day of the month following 30 days of employment.
- HEALTH: 2 PPO plans, (2) HDHP/HSA plans and an HMO plan. Coverage is through Blue Cross of Illinois.
- 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 \$2,700 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 30 days of employment.
 - Life: coverage equal to annual salary.
 - Accidental death and disability: coverage equal up to annual salary.
 - 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%

2019 Employee Benefit Premiums

HEALTH			
BLUE CROSS	COVERAGE	Per Pay	Annual Cost
HMO No deductible	<i>Employee</i>	\$51.38	\$1,233
	<i>EE+SP/DP</i>	\$187.05	\$4,489
	<i>EE + Child(ren)</i>	\$154.44	\$3,706
	<i>Family</i>	\$291.60	\$6,998
CLASSIC PPO \$1K - Individual \$3K - Family	<i>Employee</i>	\$121.80	\$2,923
	<i>EE+SP/DP</i>	\$333.34	\$8,000
	<i>EE + Child(ren)</i>	\$275.18	\$6,604
	<i>Family</i>	\$488.20	\$11,717
VALUE PPO \$2.5K - Individual \$7.5K - Family	<i>Employee</i>	\$76.55	\$1,837
	<i>EE+SP/DP</i>	\$239.34	\$5,744
	<i>EE + Child(ren)</i>	\$197.59	\$4,742
	<i>Family</i>	\$361.87	\$8,685
CLASSIC HDHP \$2.7K - Individual \$5.4K - Family	<i>Employee</i>	\$53.54	\$1,285
	<i>EE+SP/DP</i>	\$191.54	\$4,597
	<i>EE + Child(ren)</i>	\$158.14	\$3,795
	<i>Family</i>	\$297.63	\$7,143
NEW HDHP \$6K - Individual \$12K - Family	<i>Employee</i>	\$0.00	\$0
	<i>EE+SP/DP</i>	\$69.71	\$1,673
	<i>EE + Child(ren)</i>	\$57.58	\$1,382
	<i>Family</i>	\$133.91	\$3,214

DENTAL			
GUARDIAN	COVERAGE	Per Pay	Annual Cost
HMO	<i>Employee</i>	\$2.20	\$53
	<i>EE + 1 Dep</i>	\$6.32	\$152
	<i>Family</i>	\$9.65	\$232
PPO \$1,500	<i>Employee</i>	\$8.59	\$206
	<i>EE+SP/DP</i>	\$26.57	\$638
	<i>Family</i>	\$44.12	\$1,059
PPO \$2,500	<i>Employee</i>	\$12.48	\$300
	<i>EE+SP/DP</i>	\$35.16	\$844
	<i>Family</i>	\$57.55	\$1,381

VISION			
VSP	COVERAGE	Per Pay	Annual Cost
12 / 12 / 24	<i>Employee</i>	\$3.29	\$79
	<i>EE+SP/DP</i>	\$5.38	\$129
	<i>EE + Child(ren)</i>	\$5.27	\$126
	<i>Family</i>	\$8.67	\$208