

ERIKSON INSTITUTE

2024 Full-Time Employee Benefit Guide



ELIGIBILITY

Who Is Eligible?

Erikson provides Medical, Dental, Term Life, Long Term Disability, Vision, and Voluntary Life to employees who are:

- Full-time employees regularly scheduled to work 30 hours per week

Employees' eligible dependents include:

- Your legal spouse, domestic partner, or your civil union partner
- Your dependent children to age 26
- Your unmarried dependent children of any age, if they depend on you for support due to a physical or mental disability (documentation required)

Note: If you do not enroll your dependents within thirty (30) days after you become eligible, you will not be able to enroll them until the next Open Enrollment unless you have a qualifying event in family status as defined by HIPAA.

Who Is Not Eligible?

- Seasonal, temporary employees and interns

When Does Coverage End?

Your Medical, Dental and Vision coverage will end:

- At the end of the month in which your employment ends
- When the group policy ends
- If you are no longer eligible under the plan
- Upon your death
- Retirement
- At the end of the month in which you enter the armed forces on a full-time basis

Note: Life and Long Term Disability coverage will end on midnight of your date of termination. Refer to carrier literature, summary plan descriptions, and master plan document for specific plan provisions, limitations, and exclusions.

Waiving Coverage

Life and long-term disability are benefits you will be automatically enrolled in as they are 100% paid for by Erikson. All other benefits are optional. If you decide that you have appropriate benefits from an alternate source, you may choose to waive coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, providing that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, if you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

UNDERSTANDING YOUR BENEFITS

Insurance Terms You Should Know

As you read through The Erikson Institute benefit guide, many insurance terms are used. Knowing the meaning of these terms will be helpful when choosing the benefits that are right for you and your family.

- **Deductible.** The dollar amount you pay for most services each calendar year before the plan will pay benefits. The plan will begin to pay benefits for any covered family member who satisfies the individual deductible. Once combined individual deductible amounts reach the full family level, the plan will pay benefits to all family members, even the members who have not satisfied the individual deductible.
- **Coinsurance.** The percentage of your medical costs you pay for many covered services. You will begin paying the coinsurance after you have met your deductible.
- **Copay.** The flat dollar amount you pay for certain services, such as office visits and prescription drugs, when you go to a network provider.
- **Out-of-Pocket Limit.** The maximum share of expenses you must pay each calendar year before the plan begins to pay at 100%. The out-of-pocket limit includes your deductible and coinsurance.
- **Health Maintenance Organization (HMO).** Your care is coordinated by one doctor, or “Primary Care Physician (PCP),” who knows you, your health history, current issues and medication, lifestyle and how your family’s health history may affect your health. If you need to see a specialist or behavioral health care provider, your PCP will refer you to one. Make sure the specialist or behavioral health care provider is in your network. Women don’t need a referral to see your in-network Woman’s Principal Health Care Provider (WPHCP).
- **Preferred Provider Option (PPO).** A network of doctors and health care facilities that have agreed to provide services to plan members at discounted rates.

Prescription Drug Terms You Should Know

To get the most out of your prescription drug benefits, it’s important to understand the following terms:

- **Formulary.** A list of medicines that your pharmacy plan covers depending on your benefit. This list may change during the year. Review this list on <https://www.bcbsil.com/member> to check the tier your prescription falls into.
- **Maintenance drug.** A prescription drug that treats chronic conditions (for example: diabetes, arthritis, high blood pressure, or heart disease).
- **Prior Authorization.** Some drugs, such as acne antibiotics, steroids, erectile dysfunction drugs, and hepatitis C medications, require prior authorization. That means you or your doctor must contact the insurance company to request approval before the drug is covered under the plan.
- **Step Therapy.** Some medications, often newer brand-name drugs, are subject to “step therapy”. It means you may have to try a more common, better-known drug to treat your condition before you can “step up” to a newer, more expensive drug.
- **No-Cost Contraceptives.** Certain contraceptives for women have no member cost-share under the medical plans, as required by the Affordable Care Act. Go to <https://www.bcbsil.com/member> for a list of covered contraceptives.

MEDICAL PLANS

Carrier: BlueCross BlueShield of Illinois

Health Maintenance Organization (HMO)

An 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. There are no out-of-network benefits.

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. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible, but they do accumulate towards your overall out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA).

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services, except for preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

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.

MEDICAL PLANS: BlueCross BlueShield of Illinois

Choice of Plan Option	HMO In-Network Only	PPO – Classic	PPO – Value	PPO – Select	HDHP – Classic	HDHP – Value
Network	Blue Advantage HMO	PPO	PPO	Blue Choice Select	PPO	PPO
Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$0 \$0	\$1,000 / \$3,000 \$2,000 / \$6,000	\$2,500 / \$7,500 \$5,000 / \$15,000	\$2,500 / \$7,500 \$5,000 / \$15,000	\$3,200 / \$6,400 \$5,200 / \$10,400	\$6,000 / \$12,000 \$12,000 / \$24,000
Coinsurance In-Network / Out-of-Network	100%/Not Covered	80%/60%	80%/60%	80%/50%	100%/80%	100%/100%
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$1,500 \$3,000	\$2,000 / \$6,000 \$4,000 / \$12,000	\$4,500 / \$10,200 \$9,000 / \$20,400	\$4,500 / \$12,000 \$13,500 / \$36,000	\$3,200 / \$6,400 \$5,200 / \$10,400	\$6,000 / \$12,000 \$12,000 / \$24,000
Physician Office Visits	\$30 copay	\$30 copay	\$20 copay	\$30 copay	Deductible	Deductible
Specialist Office Visits	\$50 copay	\$50 copay	\$40 copay	\$30 copay	Deductible	Deductible
Preventive Care (includes routine physical exams, well-child care, women’s preventive health service, and routine diagnostic tests)	No Charge In-Network Only	No Charge In-Network Only	No Charge In-Network Only	No Charge In-Network Only	No Charge In-Network Only	No Charge In-Network Only
Hospital Admission Deductible/Copayment: In-Network / Out-of-Net	N/A	\$0 / \$300	\$0 / \$300	\$0 / \$300	\$0 / \$300	N/A
Inpatient Hospital Services In-Network / Out-of-Network	No Charge / Not Covered	Deductible then coinsurance / Deductible then coinsurance	Deductible then coinsurance / Deductible then coinsurance	Deductible then coinsurance	Deductible / Deductible then coinsurance	Deductible
Outpatient Services & Surgery In-Network / Out-of-Network	No Charge / Not Covered	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible / Ded. then coinsurance	Deductible
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$200 copay	Deductible	Deductible
Urgent Care In-Network / Out-of-Network	No Charge at affiliated medical group or Referral required	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible / Ded. then coinsurance	Deductible
Pharmacy – Retail (In-Network - up to a 30 day supply) Tier 1 Generic Drugs Tier 2 Preferred Brand Drugs Tier 3 Non-Preferred Drugs Tier 4 Specialty Drugs	\$15 \$30 \$50 Covered	\$15 \$30 \$50 Covered	\$10 \$40 \$60 Covered	Preferred Generic - \$0 Non-Pref Generic \$10 Pref Brand \$50 Non-Pref Brand \$100 Pref Specialty \$150 Non-Pref Spec. \$250	Deductible Deductible Deductible Deductible	Deductible Deductible Deductible Deductible
Pharmacy – Home Delivery (In-Network - up to a 90 day supply) Tier 1 Generic Drugs Tier 2 Preferred Brand Drugs Tier 3 Non-Preferred Drugs Tier 4 Specialty Drugs	\$30 \$60 \$100 Covered	\$30 \$60 \$100 Covered	\$20 \$80 \$120 Covered	Preferred Generic - \$0 Non-Pref Generic \$20 Pref Brand \$100 Non-Pref Brand \$200 Pref Specialty N/A Non-Pref Spec. N/A	Deductible Deductible Deductible Deductible	Deductible Deductible Deductible Deductible
Prescription: Out-of-Pocket Maximum	Individual \$1,000 Family \$3,000	Individual \$1,000 Family \$3,000	Individual \$1,000 Family \$3,000	N/A	N/A	N/A

2024 Health Insurance Premiums

Plan Name and Number	COVERAGE	Employee Per Pay	Employee Annual Cost
HMO NHHB163	<i>Employee</i>	\$ 57.23	\$ 1,373.40
	<i>EE+SP/DP</i>	\$ 207.72	\$ 4,985.16
	<i>EE + Child(ren)</i>	\$ 159.57	\$ 3,829.68
	<i>Family</i>	\$ 315.06	\$ 7,561.32
Classic PPO NPP83333	<i>Employee</i>	\$ 156.85	\$ 3,764.28
	<i>EE+SP/DP</i>	\$ 421.45	\$ 10,114.68
	<i>EE + Child(ren)</i>	\$ 332.93	\$ 7,990.20
	<i>Family</i>	\$ 602.53	\$ 14,460.72
Value PPO MPPC3826	<i>Employee</i>	\$ 133.14	\$ 3,195.24
	<i>EE+SP/DP</i>	\$ 370.58	\$ 8,893.92
	<i>EE + Child(ren)</i>	\$ 291.67	\$ 7,000.08
	<i>Family</i>	\$ 534.12	\$ 12,818.76
Select PPO MIBCS2120	<i>Employee</i>	\$ 32.28	\$ 774.72
	<i>EE+SP/DP</i>	\$ 154.18	\$ 3,700.32
	<i>EE + Child(ren)</i>	\$ 116.15	\$ 2,787.60
	<i>Family</i>	\$ 243.05	\$ 5,833.20
HDHP Classic MPEQ1Z0724	<i>Employee</i>	\$ 103.74	\$ 2,489.64
	<i>EE+SP/DP</i>	\$ 307.50	\$ 7,380.00
	<i>EE + Child(ren)</i>	\$ 240.51	\$ 5,772.12
	<i>Family</i>	\$ 449.27	\$ 10,782.48
HDHP Value MIEEE3083	<i>Employee</i>	\$ 15.68	\$ 376.20
	<i>EE+SP/DP</i>	\$ 118.55	\$ 2,845.20
	<i>EE + Child(ren)</i>	\$ 87.25	\$ 2,094.00
	<i>Family</i>	\$ 195.13	\$ 4,683.00

BLUE CROSS/BLUE SHIELD VALUE ADDED SERVICES

For simply being enrolled in a medical plan through BlueCross BlueShield, you have several benefits available to you:

BlueAccess for Members: 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/HSA 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: 800.423.1973

Through BCBS and Walgreens you can have your prescriptions mailed directly to you.

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.

DENTAL INSURANCE: Guardian

Choice of Plan Option	DHMO Plan In-Network / Out-of-Network	PPO Low Plan In-Network / Out-of-Network	PPO High Plan In-Network / Out-of-Network
Network Name	FCW IL	DentalGuard Preferred	DentalGuard Preferred
Individual Deductible (Family = 3x)	None	\$50 / \$50	\$25 / \$50
Office Visit Copay	\$5	None	None
Preventive Coinsurance (Annual cleanings (2 per year); X-rays (1 per year); Fluoride treatments (2 per year); etc.)	Fee Schedule	100% / 100%	100% / 100%
Basic Coinsurance (Fillings; Simple Extractions; etc.)	Fee Schedule	90% / 80%	100% / 80%
Major Coinsurance (Endodontics; Periodontics; Root Canals; Dentures/bridges/partials; Crowns; etc.)	Fee Schedule	60% / 50%	60% / 50%
Annual Plan Maximum	Unlimited	\$1,500	\$2,500
Orthodontia Coinsurance	Fee Schedule	50%	50%
Orthodontia Lifetime Maximum	Fee Schedule	\$1,500	\$1,500
Usual & Customary	Fee Schedule	Fee Schedule / UCR 90%	Fee Schedule / UCR 90%

Guardian Dental	Coverage	Full-Time	
		Employee Per Pay	Full-Time Annual
HMO	<i>Employee</i>	\$ 2.20	\$ 52.80
	<i>EE + 1 Dep</i>	\$ 6.32	\$ 151.56
	<i>Family</i>	\$ 9.65	\$ 231.60
PPO Low Plan	<i>Employee</i>	\$ 8.82	\$ 211.78
	<i>EE + 1 Dep</i>	\$ 26.57	\$ 637.79
	<i>Family</i>	\$ 46.15	\$ 1,107.54
PPO High Plan	<i>Employee</i>	\$ 12.94	\$ 310.56
	<i>EE + 1 Dep</i>	\$ 35.68	\$ 856.32
	<i>Family</i>	\$ 60.38	\$ 1,449.12

VISION PLAN: VSP

Vision Plan Details	Frequency	In-Network	Out-of-Network
Network	VSP Choice		
Eye Exam	Every calendar year	\$10 copay	Up to \$45
Lenses			
Single vision	Every calendar year	\$25 copay	Up to \$30
Bifocal	Every calendar year	\$25 copay	Up to \$50
Trifocal	Every calendar year	\$25 copay	Up to \$65
Frames	Every other calendar year	\$130 Allowance; \$150 for featured brands 20% savings over allowance \$70 Costco frame allowance	Up to \$70
Contacts (instead of glasses)	Every calendar year	\$150 allowance	Up to \$105

VSP	Coverage	Full-Time	
		Employee Per Pay	Full-Time Annual
12/12/24	Employee	\$ 3.49	\$ 83.76
	EE+SP/DP	\$ 5.59	\$ 134.04
	EE + Child(ren)	\$ 5.71	\$ 136.92
	Family	\$ 9.20	\$ 220.68

These benefit grids above are summaries only. They do not include all plan details, and do not replace the full insurance policies, certificates, or Summaries of Benefits and Coverage (SBC) in any way. If there is a difference between the summaries above and the insurance policy, the insurance policy prevails.

FLEXIBLE SPENDING ACCOUNTS (FSA): Infinisource

An FSA allows 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 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 eyeglasses and contact lenses, Lasik eye surgery and much more.

For a list of qualified health care expenses go to <https://www.irs.gov/publications/p502/index.html>.

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a pre-tax-basis. Qualified eligible dependents are those under the age of 13.

FSAs do have a use-it-or-lose-it provision, so be conservative when choosing how much to contribute. You are eligible to rollover up to \$640 to the next year for immediate use (excludes Dependent Care FSA)

HEALTH SPENDING ACCOUNTS (HSA):

An HSA is very similar to an FSA and also allows you to save money on a pre-tax basis to pay for qualified medical expenses you may incur throughout the year. The money you put into your HSA is also done so on a pre-tax basis. This means you are lowering your taxable income and not paying taxes when the money is used for qualified expenses. You must be enrolled in a high-deductible health insurance plan. HSA funds do not expire and may be rolled over to subsequent years, also, you may not use the funds until they are deducted from your paycheck.

2024 limits

- Individual = \$4,150
- Family = \$8,300
- Over 55 = \$1,000

Pre-Tax Commuter Benefit:

The commuter benefit (also known as the transit or parking benefit) allows employees to set aside pre-tax funds for qualified mass transit and parking expenses associated with the employees commute to and from work. The funds are deducted from the employee's paycheck on a pre-tax basis, reducing the employee's taxable income.

How much pre-tax salary can be used?

Employees may contribute up to \$315/month towards their transit and/or parking without paying income tax on this salary. The maximum amount an employee may contribute is a total of \$315 for transit and \$315 for parking for a grand total of \$630/month.

How does this save money?

Employees do not pay income tax on the amount they have deducted from their salary for their transit or parking expenses. The deductions are made on a pre-tax basis and therefore lowers your taxable wages.

What commuting costs are covered?

- Transit:
 - CTA/Ventra Train
 - CTA/Ventra Bus
 - Metra
 - Pace
 - Rideshare (i.e., Uber Pool, Lyft Shared)
- Parking – monthly, daily, or hourly (i.e., Spot Hero)

Life and Disability Insurance:

Erikson provides and pays 100% of the premiums for life and long-term disability insurance. All eligible full-time employees are automatically enrolled in the coverage. You purchase additional life insurance at your own expense.

Provider – Lincoln Financial Group:

- LIFE = Annual Salary
- Long-Term-Disability = 60% of your monthly salary up to a limit of \$5,000/month

Retirement:

All full-time employees are eligible to participate in Erikson's matching retirement contributions effective on the first day of the month following 30-days of full-time employment. Employees will be auto-enrolled in Erikson's matching plan @ 2% of their gross wages if they make no selection during their first 30-days.

Erikson matches ALL contributions (pre-tax or ROTH) at 100% up to a maximum of 7% of gross wages not to exceed the federal annual limit of \$23,000. If you're 50 or older, you may contribute an additional \$7,500 as a "catch-up" contribution, bringing your contribution total to \$30,500.

Erikson's retirement plan provider is TIAA: <https://www.tiaa.org/public/tcm/erikson>

Employee Assistance Program:

Erikson provides access to an Employee Assistance Program at no-cost. This service provides:

- Mental Health Counseling
- Legal and Financial Resources
- Work/Life Resources
- Life Coaching
- Medical Advocacy
- Personal Assistant

To contact:

- Call: 800-292-2780
- Register on portal:
 - <https://www.mylifeexpert.com/login>
 - Code: Erikson