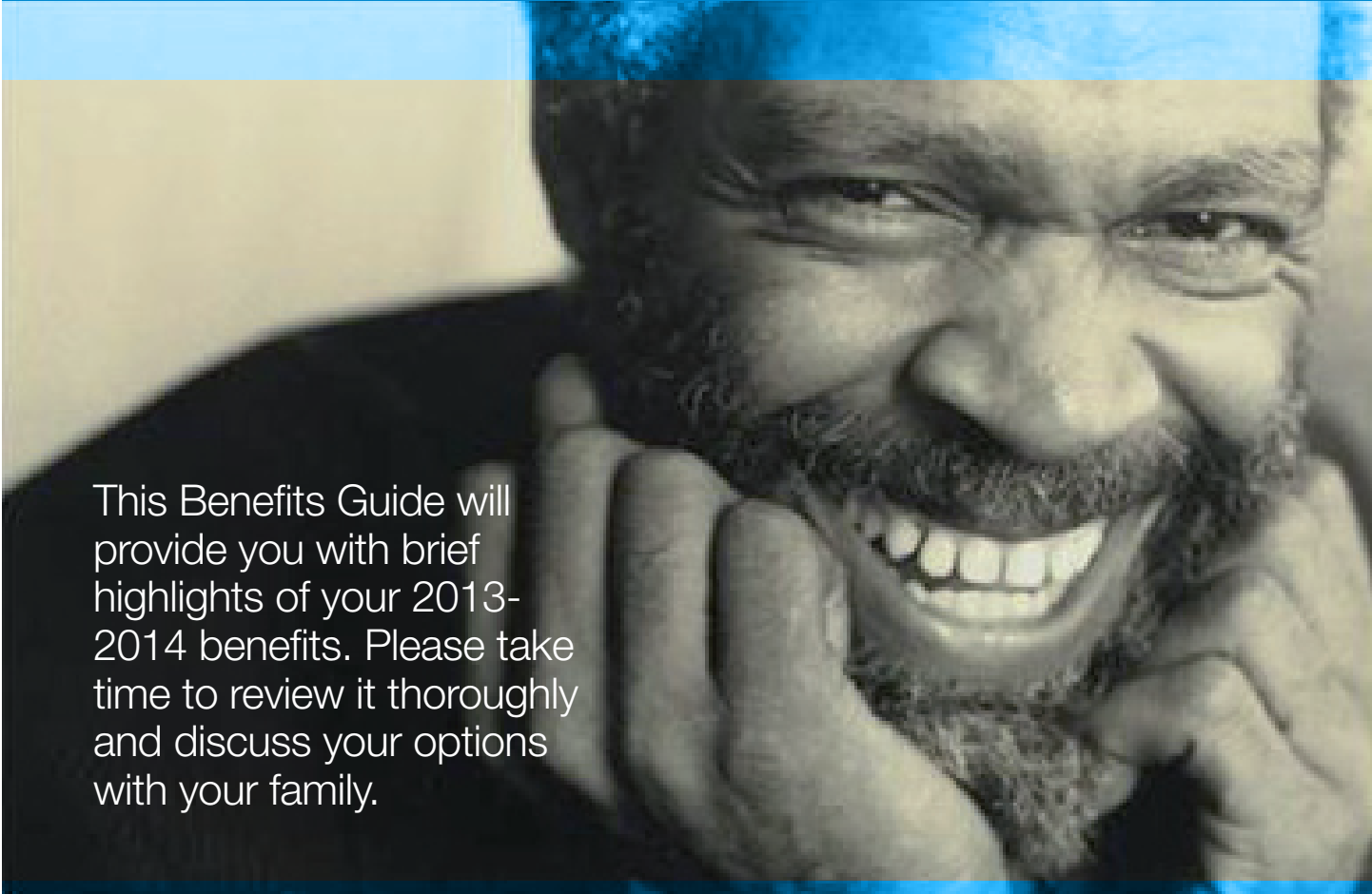


2013-2014

Benefits Guide

for the employees of Thresholds



This Benefits Guide will provide you with brief highlights of your 2013-2014 benefits. Please take time to review it thoroughly and discuss your options with your family.



Welcome!

Making access to benefits is a priority to us—because it’s a priority to you. That’s why Thresholds is committed to providing you with a comprehensive benefits package that enables you to elect the coverage options that are best for you and your family. This guide will provide you with brief highlights of your 2013-2014 benefits. Please take time to review it thoroughly and discuss your options with your family.

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This Benefits Guide gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we’ve tried to summarize the provisions of these legal documents clearly and accurately, if any information presented here conflicts with the legal documents, the legal documents will govern. For more detailed information on the plans and your legal rights under the plans, be sure to read the Summary Plan Descriptions (SPDs) or request a copy of the plan documents. All benefit plans are subject to change from time to time and Thresholds reserves the right to amend or cancel any benefits described in this guide, with or without notice. This document does not guarantee any benefits.

Benefits Overview

Only full-time employees working 37.5 to 40 hours per week are eligible for medical and dental coverage. All employees working more than 21.5 hours per week are eligible for the following: vision, life insurance, long-term disability (LTD), flexible spending accounts (FSAs), pre-tax transportation program, employee assistance program (EAP), legal, auto & home insurance and retirement plans.

Questions? Please contact:

- Liz Lee at 773-572-5286 or by email at liz.lee@thresholds.org
- Erin Ziniel at 773-572-5494 or by email at erin.ziniel@thresholds.org

Eligibility

You and your dependents are eligible for Thresholds benefits on your 91st day of employment.

- Medical and dental: Those working 37.5-40 hours
- All other benefits: Those working 21.5 or more hours

Qualified Life Events

Elections you make at this time will remain in effect until Thresholds' next Open Enrollment period. In addition, if you decline coverage for yourself and/ or your dependent(s) when first becoming eligible,

you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time.

QUALIFIED LIFE EVENTS INCLUDE:

- **Change in status:** Marriage, divorce, legal separation, annulment or death
- **Change in number of dependents:** Birth, death, adoption/placement for adoption or dependent reaching limiting age
- **Change in employment status** of employee, dependent or spouse that 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 Human Resources of the event instead of 31.

It is your responsibility to notify Human Resources 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 effective retroactive to the date of the event. For more information, please contact Liz Lee or Erin Ziniel.

Medical Coverage: Blue Cross[®] and Blue Shield[®] of Illinois (BCBSIL)

Thresholds is pleased to offer four medical plans for 2013-2014: two HMO plans and two PPO plans through Blue Cross and Blue Shield of Illinois (BCBSIL). The medical plans are available to full-time employees working 37.5 to 40 hours per week.

An HMO defined...

A health maintenance organization (HMO) requires you to select a medical group and primary care physician (PCP) who is responsible for managing and coordinating all of your health care. Your PCP will serve as your personal doctor to provide all of your basic health care services. For your children, you can select a pediatrician or a family physician to be their PCP.

If you need care from a physician specialist in the network or a diagnostic service such as a lab test or X-ray, your PCP will have to provide you with a referral. If you do not have a referral or choose to go to a doctor outside of your HMO's network, you will most likely have to pay all or most of the cost for that care.

Women may select an additional woman's principal health care provider (WPHCP) in the same medical group as their PCP.

With the HMO, all care must be provided or coordinated by your PCP, WPHCP or medical group.

If enrolling in an HMO plan, you must choose either the BlueAdvantage or HMO Illinois Plan.

A PPO defined...

A preferred provider organization (PPO) is a health plan that has contracts with a network of "preferred" providers from which you can choose. You do not need to select a PCP and do not need referrals to see other providers in the network.

With the PPO and BlueChoice Select plans, you may choose where you receive your medical services. If you use in-network providers, your costs will be lower.

The PPO plan utilizes the nationwide BCBS PPO network. The BlueChoice Select plan features the more limited, local BlueChoice Select Network.

Important Note: Deductibles and out-of-pocket maximums run from January 1 to December 31.

Did You Know?

Our medical plan options provide benefits for mastectomy-related services including: reconstruction and surgery to achieve symmetry between breasts; prostheses; and complications resulting from a mastectomy (including lymphedema) as required by the Women's Health and Cancer Rights act of 1998. Please contact BCBSIL for more information.

2013 Medical Plans

For full coverage details, please refer to the plan summaries.

DESCRIPTION	BLUEADVANTAGE HMO/HMOIL		BLUECHOICE SELECT PLAN		PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible • Individual • Family	None	\$3,000 \$9,000	\$750 \$2,250	\$3,000 \$9,000	\$750 \$2,250	\$1,000 \$3,000
Annual Out-of-Pocket Maximum • Individual • Family	\$1,500 \$3,000	\$10,000 \$30,000	Excludes deductibles and copayments \$3,000 \$9,000	Excludes deductibles and copayments \$10,000 \$30,000	Excludes deductibles and copayments \$3,000 \$5,000	\$10,000 \$30,000
Coinsurance	100%	50%	80%	50%	80%	60%
PHYSICIAN OFFICE SERVICES						
Office Visits: PCP	100% after \$40 copay	50%	100% after \$30 copay	50%	100% after \$35 copay	60%
Office Visits: Specialist	100% after \$60 copay	50%	100% after \$30 copay	50%	100% after \$55 copay	60%
Adult Wellness Care & Well Child Care to Age 16	100% after \$15 copay	50%	80% deductible waived	50%	100% after \$35 copay	60%
HOSPITAL SERVICES						
Emergency Room (Copay waived if admitted)	100% after \$250 copay	80% after \$250 copay	80% after \$250 copay	80% after \$250 copay	80% after \$250 copay	80% after \$250 copay
Inpatient Hospital Services	100% after \$500 copay per day, up to 3 days	80% after \$300 copay per admission	80%	80% after \$300 copay per admission	80%	60%
Outpatient Hospital Services	100%	50%	80%	50%	80%	60%
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES						
Inpatient Services	100% after \$500 copay per day, up to 3 days	50% after \$300 copay per admission	80%	50% after \$300 copay per admission	80%	60%
Outpatient Services	100% after \$40 copay	50%	100% after \$30 copay	50%	100% after \$35 copay	60%
OTHER SERVICES						
Maternity Services	\$40 copay first prenatal visit, 100% thereafter	\$30 copay first prenatal visit, 100% thereafter	\$30 copay first prenatal visit, 100% thereafter	50%	\$35 copay first prenatal visit, 100% thereafter	60%
Physical, Occupational and Speech Therapy Services	100% after \$40 copay (limited to a combined maximum of 60 treatments per calendar year)	Phy. Therapy: 110 visit limit Occ. Therapy: 70 visit limit Speech Therapy: 50 visit limit	80%	50%	80%	60%
PRESCRIPTION DRUGS						
Retail (generic/formulary/non-formulary)	100% after copay: \$10 / \$40 / \$60	100% after copay: \$10 / \$40 / \$60	100% after copay: \$10 / \$40 / \$60	75% after copay: \$10 / \$40 / \$60	100% after copay: \$10 / \$40 / \$60	75% after copay: \$10 / \$40 / \$60
Mail Order (generic/formulary/non-formulary)	100% after copay: \$20 / \$80 / \$120	100% after copay: \$20 / \$80 / \$120	100% after copay: \$20 / \$80 / \$120	N/A	100% after copay: \$20 / \$80 / \$120	N/A
EMPLOYEE CONTRIBUTION PER BIWEEKLY PAY PERIOD (37.5-40 HOURS)						
MEDICAL PLAN	BlueAdvantage HMO	HMO Illinois	BlueChoice Select	PPO		
Employee Only	\$43.62	\$62.69	\$73.83	\$86.92		
Employee + Spouse/Domestic Partner	\$117.51	\$151.09	\$206.56	\$232.78		
Employee + Child(ren)	\$112.77	\$145.00	\$198.22	\$223.38		
Family	\$174.47	\$224.33	\$306.68	\$345.61		

To Find In-Network Providers:

- Visit www.bcbsil.com.
- Click **Find a Doctor**.
- Search by **Name** or **Provider Type**.
- When prompted to select a network type, select **BlueAdvantage HMO, HMO Illinois, BlueChoice Select or PPO** and follow the on-screen instructions.

Dental Coverage: MetLife

To assist with the cost of dental care, Thresholds is pleased to offer a dental PPO plan through MetLife. The dental plan is available to full-time employees working 37.5 to 40 hours. The following is a brief summary of the plan. For complete coverage details, please refer to the plan summary.

Important Note: Deductibles and annual maximums run from January 1 to December 31.

Please Note: No dental card is required for services. Please see Liz Lee or Erin Ziniel for a dental reference card.

DENTAL PLAN		
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Applies to basic and major services only)	\$25 per individual; \$75 per family	\$50 per individual; \$150 per family
Annual Benefit Maximum	\$1,500 per individual	\$750 per individual
Preventive Dental Services (Cleanings, exams, X-rays)	100%	80%
Basic Dental Services (Fillings, root canal therapy, oral surgery)	80% after deductible	60% after deductible
Major Dental Services (Extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible	40% after deductible
Orthodontic Services (Dependent children under age 19)	50%	40%
Orthodontic Lifetime Maximum	\$1,500 per individual	\$750 per individual

To Find In-Network Providers:

- Visit www.metlife.com.
- On the right-hand side, select **Find a Dentist**.
- Select our plan, **PDP Plus**.
- Enter your zip code and select **Go**.

BENEFIT PLAN	EMPLOYEE CONTRIBUTION PER BIWEEKLY PAY PERIOD
DENTAL PLAN	37.5-40 HOURS

Dental Core Plan

Employee Only	\$1.51
Employee + Spouse/ Domestic Partner	\$3.87
Employee + Child(ren)	\$4.30
Family	\$6.73

Vision Coverage: EyeMed

To assist with the cost of vision care, Thresholds is please to offer a vision plan through EyeMed. Following is a brief overview of the plan. For complete coverage details, please refer to the plan summary.

	IN-NETWORK	OUT-OF-NETWORK
Examination (Once every 12 months)	\$10 copay	Up to \$35
Basic Lenses (Once every 12 months)		
• Single vision	\$25 copay	Up to \$25
• Bifocal	\$25 copay	Up to \$40
• Trifocal	\$25 copay	Up to \$60
• Progressive	\$85, 70% of charge less \$110 allowance	Up to \$40
Frames (Once every 24 months)	Covered up to \$120; over \$120, 20% off	\$48
Contact Lenses (Once every 12 months)		
• Medically necessary	\$0 copay; paid in full	\$200
• Disposable or conventional	\$135 allowance; 15% balance over \$135	\$95

BENEFIT PLAN	EMPLOYEE CONTRIBUTION PER BIWEEKLY PAY PERIOD
VOLUNTARY VISION PLAN	21.5 HOURS+

EyeMed Advantage Plan

Employee Only	\$2.10
Employee + Spouse/ Domestic Partner	\$3.97
Employee + Child(ren)	\$4.19
Family	\$6.15

To Find In-Network Providers:

- Visit www.eyemedvisioncare.com.
- On the left-hand side under **Locate a Provider**, select **Advantage** from the drop-down menu.
- Enter your zip code and click **Submit**.



Basic Life and Accidental Death & Dismemberment (AD&D) Coverage: Cigna

Financial security in the event of injury or even death is a concern, especially when your family depends on your earnings. Thresholds helps all of its eligible employees maintain financial security by providing basic life and AD&D insurance of up to \$10,000. **This benefit is paid for entirely by Thresholds.**

Optional Life Insurance: Cigna

Thresholds gives you the opportunity to purchase additional coverage for yourself and your dependents at group rates by offering employee-paid, optional life coverage as follows:

- **Employee:** One to five times your annual salary to a maximum of \$500,000
- **Spouse/Domestic Partner:** \$10,000 increments, up to a maximum of \$50,000, up to age 70
- **Child(ren):** Birth to six months: \$1,000. After six months: \$10,000. Up to age 19 or 25 if full-time student

You are guaranteed coverage (up to \$250,000 and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

You may increase your coverage during Open Enrollment. Please note that you will be required to complete an Evidence of Insurability (EOI) Form. New enrollees (those who were previously eligible but never enrolled) must complete an EOI Form and be underwritten for any coverage. See Liz Lee or Erin Ziniel for details.

Long-Term Disability (LTD) Coverage: Cigna

A disability of a lengthy duration can be financially devastating. To help protect you from the effects of income loss due to a serious disability, Thresholds provides all eligible employees with LTD coverage. **This benefit is paid for entirely by Thresholds.**

The plan features are:

- Plan benefits are payable after a 90-day period of disability
- 60% of your base monthly salary up to a maximum monthly benefit of \$7,500

Voluntary Legal Plan: ARAG Group

At some point in our lives, most of us will come across a situation in which we require legal advice. As a member of the UltimateAdvisor legal plan, you will have access to a nationwide network of attorneys, financial counselors, identity theft specialists and other valuable resources to help you prevent and resolve unexpected legal matters. Attorney fees for most covered matters are paid in full when you work with a network attorney on legal matters such as:



- Standard/complex preparation
- Codicil (amendment to a will)
- Living will preparation
- Powers of attorney
- Court adoption proceedings
- Guardianship and conservatorship proceedings
- Legal name change proceedings
- Consumer protection/debt collection
- Juvenile court proceedings
- Driving privilege protection
- Personal property issues
- Tenant rental issues
- Real estate issues (primary residence)
- IRS audit protection
- IRS collection defense
- Civil damage claims
- Criminal misdemeanor
- Small claims court
- Defense of civil damage claims
- Dissolution of marriage

Voluntary Auto and Home Group Insurance Program: MetLife

MetLife Auto and Home's group insurance program offers eligible employees a wide range of personal property and casualty insurance products at a discount as well as the convenience of placing all of their personal property and casualty coverage under one provider. Premiums may be paid through convenient payroll deductions. The following policies are available through MetLife Auto and Home:

- Auto
- Home/condo
- Renter's
- Boat
- Landlord's rental dwelling
- Mobile home
- Recreational vehicle
- Personal excess liability ("umbrella")
- Motorcycle

For more information or to enroll, contact MetLife directly at 1-800-GET-MET8 (1-800-438-6388).

Flexible Spending Program: Ceridian

No matter how comprehensive Thresholds' benefit coverage is, there are often some expenses you must pay out of your own pocket. Thresholds' flexible spending accounts (FSAs) can help you pay for out-of-pocket health and dependent care expenses on a pre-tax basis, which actually increases your take home pay. You may enroll in an FSA even if you do not enroll in a Thresholds medical, dental or vision plan.

Here's how an FSA works:

- During the enrollment period, you decide whether to participate for the following plan year. If you decide to participate, you decide how much to contribute—**up to \$2,500 each year for the Health Care FSA or up to \$5,000 for the Dependent Care FSA**. Any contributions you make are deducted from your pay before federal and most state and local taxes are applied, which provides you with tax savings.
- **Thresholds offers all eligible employees the opportunity to participate in an FSA through Ceridian.** Ceridian provides weekly reimbursements, a direct deposit option and Internet account services. Ceridian also offers a **debit card** that gives you easy, immediate access to pre-tax dollars set aside in your Health Care FSA for qualified health care expenses at participating merchants.
- When you or your eligible dependent incurs qualified health care expenses, you can pay them up front or submit them for payment under your medical, dental or vision insurance. You can pay for these expenses using the debit card or submit a claim to the Health Care FSA. When you have dependent care expenses, you may only pay for expenses by submitting a claim to the Dependent Care FSA.
- You may be reimbursed for the full amount you chose to contribute to the Health Care FSA at any time during the plan year. For the Dependent Care FSA, you can be reimbursed up to the amount you have contributed to your FSA on the day your claim is processed. If your claim exceeds the amount in your FSA, you will be reimbursed up to the amount you have in your account.

The plans:

- **Health Care FSA:** The Health Care FSA is designed to help you pay deductibles, copays and other out-of-pocket medical, dental or vision care expenses using funds set aside on a pre-tax basis for any eligible expenses not paid by your plans.
- **Dependent Care FSA:** The Dependent Care FSA works much like the Health Care FSA, but the accounts are completely separate. You cannot use money from your Health Care FSA to pay eligible dependent care expenses or vice versa. Eligible dependent care expenses (such as day care) are those that enable you to work. If you are married, both you and your spouse must be employed or full-time students in order to use this account. Eligible dependents are children under age 13 or any dependent who is physically or mentally incapable of self-support and listed as a dependent on your tax return. In addition, care for these dependents must be provided at an eligible facility or in your home or caregiver's home.

Eligible Expenses

The IRS provides guidelines on expenses eligible for reimbursement through your Health Care or Dependent Care FSA. For a complete list of qualified medical, dental and vision expenses as defined by the IRS in Publication 502, visit <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Always save your receipts for any eligible purchase, as you may be asked for substantiation of your purchases.

MORE ON FSAs

"Use it or Lose It." In exchange for the tax advantage you receive, there is one important restriction you should be aware of when planning how much to contribute to your FSA. Commonly called the "use it or lose it" rule, FSAs may reimburse you for expenses you incur during one plan year (March 1 through February 28) with money you contributed during the same plan year.

If you don't use all the money in your account by February 28, any money left over in your account will be forfeited.

After the end of each plan year, you have a 90-day run-out period (which ends May 29) during which you may file claims for expenses you accumulated during the previous plan year.

You must enroll each year to participate. The government requires that you enroll each year to participate in an FSA, even if you were enrolled the year before.

Important: Please save your receipts as you may be asked to provide substantiation for claims. If you do not substantiate claims by the end of the run-out period, the claim amount could be reported as taxable income on your W-2.

Pre-Tax Transportation Program: Discovery Benefits

The Thresholds Pre-Tax Transportation Program functions similar to an FSA. You may save taxes on your transportation expenses by having convenient, pre-tax deductions taken from your paycheck. Your contributions may be used to reimburse commuter-related expenses, including mass transit, buses, trains, parking lots, etc. Just like an FSA, you pay for transit expenses on a tax-free basis, saving 25 percent to 38 percent, depending on your tax bracket.

Employee Assistance Program (EAP): Cigna

As you face life's challenges, it's comforting to know you're not alone. Thresholds understands that it can be difficult to cope with family, work-related, personal, financial or substance-use disorder problems. That's why Thresholds offers an EAP **at no cost to you**. This benefit is available to all employees.

To help guide you through difficult situations, Cigna's trained professionals work with you as you search for solutions to personal and workplace issues. This voluntary, confidential program includes (but is not limited to):

- Up to three face-to-face sessions with a counselor
- 24/7/365 telephone and online access
- Confidential assistance for you and your immediate household family members

Cigna's EAP professionals are available to assist you with various work-life issues including (but not limited to):

- **Family:** Child, elder care, communication, conflict, serious illness and parenting issues
- **Marital/Relationship:** Domestic violence, dual career, conflict resolution and separation/divorce issues
- **Work-Related:** Career, interpersonal and job "burnout" issues
- **Financial & Legal:** Budget control, credit problems, identity theft, family law and will assistance
- **Emotional:** Anger, anxiety, depression, eating disorders, grief/loss, life transition, addiction and stress issues

An objective point of view can be a good place to start. Call an EAP professional at **800-538-3543** 24 hours a day, 7 days a week or log on to **www.Cignabehavioral.com/cgi**

Username: rewards

Password: savings

403(b)/Tax-Sheltered Annuity Savings Plan

A 403(b) plan is very similar to a 401(k) plan, the difference being that a 403(b) is typically offered to employees of not-for-profit institutions while a 401(k) is primarily for employees of public corporations. A 403(b) plan is better than a savings account because of deferred taxes. The amount you save in your plan each year is taken out of your earnings before you pay current income taxes on it. You continue to put off paying current income taxes on your savings and any earnings on your savings until you make withdrawals. At that point, you may be in a lower tax bracket.

Thresholds currently matches 100 percent of each pre-tax dollar an employee contributes up to 1 percent of his/her earnings. You are immediately 100 percent vested in your own contributions, plus any earnings, to Thresholds 403(b) Plan.

Effective October 1, 2009, you are also 100 percent vested in your employer's match contributions, plus any earnings, to Thresholds 403(b) Plan.

There is no waiting period. You may enroll in the 403(b) plan at any time.

For more information, please visit www.403b.com or www.fidelity.com/atwork.

401(a)/Defined Contribution Plan

The 401(a) plan is funded solely by Thresholds. With this plan, Thresholds determines the amount of money to be contributed and the requirements employees must meet to receive these contributions. In order for an employee to qualify for a contribution to their 401(a) plan, he/she must work 1,000 hours in a calendar year. Each year he/she works 1,000 hours, he/she may receive a contribution. To reach 1,000 hours for the year, an employee must work approximately 20 hours or more per week.

For more information, please visit www.403b.com or www.fidelity.com/atwork.

Vesting for the 401(a)

Contributions to the 401(a) plan for plan years 2007 or later become vested according to the schedule below:

YEARS OF SERVICE	VESTED PERCENTAGE
Less than 3	0%
3 or more	100%

Vacation and Sick Time

ANNUAL ACCRUAL — 1 ST YEAR					
	VACATION			SICK	
	Days Per Year	Hours Per Year	Hours Per Month	Days Per Year	Hours Per Year
37.5 hours +	15	120	10	8	64
30.1–37.4 hours	12	96	8	6.4	51.2
21.5–30 hours	9	72	6	4.8	38.4
ANNUAL ACCRUAL — 2 ND YEAR					
37.5 hours +	18	144	12	8	64
30.1–37.4 hours	14.4	115.2	9.6	6.4	51.2
21.5–30 hours	10.8	86.4	7.2	4.8	38.4
ANNUAL ACCRUAL — 3 RD YEAR AND EVERY YEAR THEREAFTER					
37.5 hours +	22	176	14.66	8	64
30.1–37.4 hours	17.6	140.8	11.73	6.4	51.2
21.5 – 30 hours	13.2	105.6	8.8	4.8	38.4

Rollover Maximum

- The maximum rollover for vacation time is 80 hours per anniversary year. Vacation hours over 80 must be used by the end of your anniversary month.
- The maximum rollover for sick time is 720 hours.

Any hours not used over the maximum allowed will be lost.

Personal Time

- Employees working 37.5 hours per week or more receive 16 personal hours every January 1. If you were hired after July 1, you will only receive one personal day during your first months of employment. Then on January 1, you will be entitled to two personal days if full time.
- Employees working 30.1–37.4 hours per week will receive 12.8 hours per year and those working 21.5–30 hours per week will receive 9.6 hours per year.
- There is no rollover for personal time—this must be used on or before December 31.

New Hires

- New hires working full-time will have 30 hours of vacation time accrued on the first of the month following your 90th day of employment. Vacation time for the previous month is awarded on the first of the following month.
- New hires working full-time will accrue 5.33 hours of sick time per month during the first three months of employment for a total of 15.99 hours. Sick time is awarded on the first day of the month following your anniversary month.
- If you are a part-time employee, please refer to the Vacation and Sick Time section above.

Employee Contributions* for Benefits

BENEFIT PLAN	EMPLOYEE CONTRIBUTION PER BIWEEKLY PAY PERIOD
MEDICAL PLAN	37.5-40 HOURS
BlueAdvantage HMO	
Employee Only	\$43.62
Employee + Spouse/Domestic Partner	\$117.51
Employee + Child(ren)	\$112.77
Family	\$174.47
HMO Illinois	
Employee Only	\$62.69
Employee + Spouse/Domestic Partner	\$151.09
Employee + Child(ren)	\$145.00
Family	\$224.33
BlueChoice Select	
Employee Only	\$73.83
Employee + Spouse/Domestic Partner	\$206.56
Employee + Child(ren)	\$198.22
Family	\$306.68
PPO	
Employee Only	\$86.92
Employee + Spouse/Domestic Partner	\$232.78
Employee + Child(ren)	\$223.38
Family	\$345.61

DENTAL PLAN	37.5-40 HOURS
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Dental Core Plan

Employee Only	\$1.51
Employee + Spouse/ Domestic Partner	\$3.87
Employee + Child(ren)	\$4.30
Family	\$6.73

VOLUNTARY VISION PLAN	21.5 HOURS+
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EyeMed Advantage Plan

Employee Only	\$2.10
Employee + Spouse/ Domestic Partner	\$3.97
Employee + Child(ren)	\$4.19
Family	\$6.15

SUPPLEMENTAL LIFE INSURANCE	21.5 HOURS+
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Employee + Spouse/ Domestic Partner and Child(ren)	Please see Human Resources
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ARAG LEGAL PLAN	21.5 HOURS+
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Employee Only	\$7.38
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AUTO & HOME INSURANCE	21.5 HOURS+
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Employee Only	Please see Human Resources
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* A pre-tax savings using the IRS Code Section 125 (i.e., flexible spending account, health care premiums) will be applied to the above insurance premium deductions.

Contact Information

General Benefits and/or Enrollment	Liz Lee Erin Ziniel	773-572-5286 liz.lee@thresholds.org 773-572-5494 erin.ziniel@thresholds.org
Medical Coverage Plan Networks: • BlueAdvantage HMO & HMO Illinois • BlueChoice Select & PPO	Blue Cross and Blue Shield of Illinois	BAHMO & HMOIL: 800-892-2803 or 800-526-0847 TTY BlueChoice Select & PPO: 800-892-2268 Prescription Drugs: 800-423-1973 www.bcbsil.com
Dental Coverage Plan Network: Dental PPO	MetLife	800-942-0854, 888-638-4863 TTY www.metlife.com/dental
Voluntary Vision Coverage Plan Network: EyeMed Advantage	EyeMed	866-939-3633 www.eyemedvisioncare.com
Basic Life and Accidental Death and Dismemberment (AD&D) Coverage	Cigna	Claims: 800-362-4462 www.Cigna.com
Voluntary Life Coverage	Cigna	800-362-4462 www.Cigna.com
Long-Term Disability (LTD) Coverage	Cigna	Claims: 800-362-4462 www.Cigna.com
Voluntary Legal Plan	ARAG Group	800-247-4184 http://members.ARAGgroup.com/thresholds Email: service@ARAGgroup.com
Voluntary Auto & Home	MetLife	800-GET MET 8 (800-438-6388) www.metlife.com/mybenefits
Flexible Spending Account (FSA) (Health Care and Dependent Care)	Ceridian	877-799-8820 www.ceridian-benefits.com Email: consumerservices@ceridian.com
Pre-Tax Transportation Program	Discovery Benefits	866-451-3399 www.discoverybenefits.com
Employee Assistance Program (EAP)	Cigna	800-538-3543 www.Cignabehavioral.com/cgi
Retirement Plans	Fidelity	800-343-0860 www.403b.com www.fidelity.com/atwork

Important Notices

Notice That the Plans Believe They Are Grandfathered Health Plans

Thresholds believes the medical plans we offer are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Liz Lee at 773-572-5286. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Per the Mental Health Parity Act, benefits for mental health and substance-use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance-use disorder treatments. As always, treatments must be medically necessary to qualify for coverage. Plan participants should review their plan’s certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental health care and substance-use disorder treatments.

Summaries of Benefits and Coverage (SBCs)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. To help you make an informed choice, Thresholds makes available Summaries of Benefits and Coverage (SBCs), which summarize important information about each of our health coverage options in a standard format, to help you compare across options.

You can view and/or print electronic copies of the SBCs by going to the J drive at: J:\Human Resources\Forms\2013 Summaries of Benefits and Coverage. Please reference the Glossary of Health Coverage and Medical Terms, which is posted here: <http://ccio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf>, to better understand health care terms used in the SBCs. Paper copies are also available, free of charge, by contacting Liz Lee or Erin Ziniel.