

THRESHOLDS

2017

EMPLOYEE

BENEFITS GUIDE



Welcome!

Ensuring 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 2017 benefits. Please take time to review it 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

Employees scheduled 30 to 40 hours per week are eligible for medical and dental coverage. All employees scheduled between 21.5 to 29.5 hours per week are eligible for the following: vision, life insurance, long-term disability (LTD), flexible spending accounts (FSAs), pre-tax transportation program, life assistance program (LAP), legal, auto & home insurance and retirement plans. Thresholds is an ACA compliant employer.

Thresholds also offers various wellness programs and events throughout the year, open to all staff. The “Just for the Health of It” Wellness committee, employee driven, leads agency wide wellness initiatives.

Questions? Please contact our Benefits Team at 773-572-5252 or benefits@thresholds.org

Eligibility

You and your dependents are eligible for Thresholds benefits on your 90th day of employment.

- Medical and dental: Those scheduled 30-40 hours
- All other benefits: Those scheduled 21.5-29.5 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 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 Talent Management of the event instead of 31.

It is your responsibility to notify Talent Management 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 our Benefits Team.

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

Thresholds is pleased to offer four medical plans for 2017: two HMO plans and two PPO plans through Blue Cross and Blue Shield of Illinois (BCBSIL). The medical plans are available to employees scheduled 30 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 is required 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 a 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, nor do you need a referral to see other providers in the network.

With the PPO and BlueChoice PPO 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 PPO plan features the more limited, local BlueChoice PPO Network.

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.

2017 Medical Plans

DESCRIPTION	BLUEADVANTAGE HMO/HMOIL	BLUECHOICE PPO PLAN		PPO PLAN	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	\$750 \$2,250	\$3,000 \$9,000	\$750 \$2,250	\$1,000 \$3,000
<ul style="list-style-type: none"> Individual Family 					
Annual Out-of-Pocket Maximum	\$1,500 \$3,000	Excludes deductibles and copayments		Excludes deductibles and copayments.	
<ul style="list-style-type: none"> Individual Family 		\$3,000 \$9,000	\$10,000 \$30,000	\$3,000 \$5,000	\$10,000 \$30,000
Coinsurance	100%	80%	50%	80%	60%
PHYSICIAN OFFICE SERVICES					
Office Visits: PCP	100% after \$40 copay	100% after \$30 copay	50%	100% after \$35 copay	60%
Office Visits: Specialist	100% after \$60 copay	100% after \$30 copay	50%	100% after \$55 copay	60%
Preventative/Wellness Services	100%	100%	50%	100%	60%
HOSPITAL SERVICES					
Emergency Room (Copay waived if admitted)	100% 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%	80% after \$300 copay per admission	80%	60%
Outpatient Hospital Services	100%	80%	50%	80%	60%
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES					
Inpatient Services	100% after \$500 copay per day, up to 3 days	80%	50% after \$300 copay per admission	80%	60%
Outpatient Services	100% after \$40 copay	100% after \$30 copay	50%	100% after \$35 copay	60%
OTHER SERVICES					
Maternity Service	\$40 copay first prenatal visit, 100% thereafter	\$30 copay first prenatal visit, 100% thereafter	50%	\$35 copay first prenatal visit, 100% thereafter	60%
Physical, Occupational & Speech Therapy Services	100% after \$40 copay (limited to a combined max of 60 treatments per calendar year)	80% Phy. Therapy: 110 visit limit Occ. Therapy: 70 visit limit Speech Therapy: 50 visit limit	50% Phy. Therapy: 110 visit limit Occ. Therapy: 70 visit limit Speech Therapy: 50 visit limit	80% Phy. Therapy: 20 visit limit Occ. Therapy: 15 visit limit Speech Therapy: 10 visit limit	60% Phy. Therapy: 20 visit limit Occ. Therapy: 15 visit limit Speech Therapy: 10 visit limit
PRESCRIPTION DRUGS					
Retail (generic/formulary/non-formulary)	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	N/A	100% after copay: \$20/\$80/\$120	N/A

EMPLOYEE CONTRIBUTION PER BIWEEKLY PAY PERIOD (30 – 40 HOURS)

MEDICAL PLAN	BlueAdvantage HMO	HMO Illinois	BlueChoice PPO	PPO
Employee Only	\$53.62	\$72.69	\$83.83	\$96.92
Employee + Spouse/Domestic Partner	\$127.51	\$161.09	\$216.56	\$242.78
Employee + Child(ren)	\$122.77	\$155.00	\$208.22	\$233.38
Family	\$184.47	\$234.33	\$316.68	\$355.61

To Find In-Network Providers/Locate Medical Group Number:

- Visit www.bcbsil.com
- Click **Find a Doctor** and search by **Name** or **Provider Type**
- When prompted to select a network type, select **BlueAdvantage HMO, HMO IL, BlueChoice PPO** or **PPO** and follow the on-screen instructions.
- Note three digit Medical Group number to enroll in a HMO.

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 employees scheduled 30 to 40 hours. The following is a brief summary of the plan. For complete coverage details, please refer to the plan summary located in the J: drive.

Please Note: No dental card is required for services. Please go to the J: drive for a 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
Preventative 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	30 – 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 pleased 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 located in the J: drive.

	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

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**.

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



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:** Birth to six months: \$1,000. After six months: \$10,000. Up to age 19 or 25 if full-time student

Employees have a guaranteed issue up to \$250,000 and a Spouse/Domestic Partner has a guarantee issue up to \$30,000 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.

Age	Monthly Rates per \$1,000	
	Employee	Spouse/Domestic Partner
Under 30	\$0.06	\$0.06
30 - 34	\$0.09	\$0.09
35 - 39	\$0.11	\$0.11
40 - 44	\$0.14	\$0.14
45 - 49	\$0.21	\$0.21
50 - 54	\$0.35	\$0.35
55 - 59	\$0.64	\$0.64
60 - 64	\$0.82	\$0.82
65 - 69	\$1.27	\$1.27
70+	\$2.06	N/A
Child Monthly Rate per \$1,000		\$0.10

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:

- If approved, 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 ARAG 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 an in-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



For complete coverage details, please refer to the plan summary located in the J: drive.

Voluntary Auto and Home Group Insurance Program: MetLife

MetLife Auto and Home 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: WageWorks

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. **You may enroll in an FSA even if you do not enroll in a Thresholds medical, dental or vision plan.**

Here's how a FSA works:

- During the enrollment period, you decide whether to participate for the plan year. If you decide to participate, you elect how much to contribute—**up to \$2,600 for the 2017 plan 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 WageWorks.** WageWorks provides weekly reimbursements, a direct deposit option and Internet account services. WageWorks 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(s) incur qualified health care expenses, you can pay for these expenses using your Healthcare FSA debit card or submit a claim against your Health Care FSA for reimbursement. When you have Dependent Care Expenses, you may only pay for expenses by submitting a claim against your Dependent Care FSA.
- You may utilize 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 can include day care or before and after school care. 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, 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” 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 \$500 or less remaining in your Health Care FSA by December 31st, your funds will carry over to the next plan year. Any funds over that amount will be forfeited in compliance with the IRS “use it or lose it” rule. Note: This provision does not apply to Dependent Care FSAs.

Important Notes: 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 may report any unsubstantiated claims 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 a FSA, you pay for transit expenses on a tax-free basis.

- 2017 transit and parking limits are a maximum of \$255 per month.
- Post tax limits for both transit and parking are \$1,000 per month.

Life Assistance Program (LAP): Cigna

Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your Life Assistance & Work/Life Support Program is available to help you and your family find a solution and restore your peace of mind. That's why Thresholds offers the LAP **at no cost to you**. This benefit is available to all employees.

Cigna's trained professionals work with you as you search for solutions to personal and workplace challenges. 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 LAP professionals are available to assist you with various work-life situations 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 LAP professional at **800-538-3543** 24 hours a day, 7 days a week or log on to www.Cignabehavioral.com/cgi

Fidelity - 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 differs from 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. 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 1-800-343-0860.

Other Perks

Cigna Perks

Sign up at <https://cignaus.corporateperks.com/login> to obtain discounts on computers, personal vacations, cell phones, new and used cars, eating in or out, electronics, movie tickets and more!

Discounted Movie Tickets

Contact the benefits team to buy AMC Theater movie tickets. Green Tickets are only \$9 (can be used for opening premieres, excluding Disney Movies at any time)

Cell Phone Discounts

Thresholds employees are eligible for discounts: up to 13% with AT&T & up to 18% with Verizon Wireless.

For instructions, go to: All Agency J:// Talent Management/Benefits/2017/Employee Perks

United Credit Union

United Credit Union offers free checking, savings accounts and many savings and loans options. www.unitedcreditunion.com ; Email: unitedcu@unitedcreditunion.com

Adler University – Tuition Discount

Adler University offers a 50% discount on tuition to Thresholds employees. Call or email Clark Bradshaw for more information at (312) 662-4160 or cbradshaw@adler.edu.

Argosy University, Schaumburg

Argosy University, Schaumburg offers a 25% discount on tuition to Thresholds employees. Call or email for more information. Phone: (847) 969-4900, Email: auschrisr@argosy.edu

Public Service Loan Forgiveness Program

As an employee of a not-for-profit under 501 (c) (3), Thresholds staff are eligible for this Federal Loan forgiveness program. For more information, visit: <https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service> .

Employee Referral Bonus

All Thresholds employees are eligible to participate in the employee referral bonus program. For more details, go to: All Agency J: //Talent Management/All Agency/Employee Referral Bonus Program.

Benefit Time Off – Vacation, Sick Time, Personal Time, Holidays

ANNUAL ACCRUAL – 1 ST YEAR					
	VACATION			SICK	
	Days Per Year	Hours Per Year	Hours Per Month	Days Per Year	Hours Per Year
Scheduled Hours					
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 & 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 (during the pay period that contains your anniversary date).

Personal Time

- 16 hours of personal time are granted for new hires after the 1st pay cycle occurs, if hired between January 1st and June 30th.
- 8 hours granted after 1st pay cycle, if hired between July 1st and December 31st.
- There is no rollover for personal time – this must be used on or before December 31st.
- Annually, 16 hours of Personal Time becomes available with the pay-cycle that includes January 1st.

New Hires

- Employees in their 1st year of employment earn 120 hours vacation time per year or 4.62 hours per pay period.
- Employees in their 2nd year of employment earn 144 hours per year or 5.54 per pay period.
- Employees in their 3rd year or beyond earn 176 hours of vacation time per year or 6.77 per pay period.

Sick Time

- For newly eligible employees, 16 hours of sick time are granted after the 1st paycheck received. This is prorated for part time benefited employees. 48 hours are granted at 90 days of employment.
- Employees with at least one year of service are awarded 64 hours of annual sick time the 1st pay cycle that includes the employee's anniversary date.

Paid Holidays

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ New Year's Day ▪ Dr. Martin Luther King Day ▪ President's Day ▪ Memorial Day | <ul style="list-style-type: none"> ▪ Independence Day ▪ Labor Day ▪ Thanksgiving Day ▪ Christmas Day |
|---|--|

Employee Contributions for Benefits

BENEFIT PLAN	EMPLOYEE CONTRIBUTION PER BIWEEKLY PAY PERIOD
MEDICAL PLAN	30 – 40 HOURS
Blue Advantage HMO	
Employee Only	\$53.62
Employee + Spouse/Domestic Partner	\$127.51
Employee + Child(ren)	\$122.77
Family	\$184.47
HMO Illinois	
Employee Only	\$72.69
Employee + Spouse/Domestic Partner	\$161.09
Employee + Child(ren)	\$155.00
Family	\$234.33
BlueChoice PPO	
Employee Only	\$83.83
Employee + Spouse/Domestic Partner	\$216.56
Employee + Child(ren)	\$208.22
Family	\$316.68
PPO	
Employee Only	\$96.92
Employee + Spouse/Domestic Partner	\$242.78
Employee + Child(ren)	\$233.38
Family	\$355.61

DENTAL PLAN	30 – 40 HOURS
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+
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+
Employee + Spouse/Domestic Partner and Child(ren)	Please contact Cigna for rates

ARAG LEGAL PLAN	21.5 HOURS +
Employee Only	\$8.75

AUTO & HOME INSURANCE	21.5 HOURS +
Employee Only	Please contact MetLife

* 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	Benefits Team	773-572-5252 benefits@thresholds.org
Medical Coverage Plan Networks: <ul style="list-style-type: none"> 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 www.araglegalcenter.com Email: service@ARAGgroup.com
Voluntary Auto & Home	MetLife	800-GET MET 8 (800-438-6388) www.metlife.com/mybenefits
Flexible Spending Accounts (FSA) (Health Care and Dependent Care)	WageWorks	855-774-7441 www.wageworks.com
Pre-Tax Transportation & Parking 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
Credit Union	United Credit Union	Main Location: 4444 S. Pulaski Rd 773-843-8900 www.unitedcreditunion.com

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 the Benefits Team at 773-572-5252**. 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:\Talent Management\Talent Management Forms\2017 Benefits. Please reference the Glossary of Health Coverage and Medical Terms, which is posted here: <http://cciiio.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 our Benefits Team.