## FOSTERING A WORKPLACE THAT CARES FOR ITS MOST IMPORTANT ASSET— OUR PEOPLE!



Lifetime Assistance offers a diverse array of benefits to all employees! Our benefits are heavily focused on the health and wellness of not only our employees but their families too. We believe that when our team members are well taken care of, they can give their best to the people that we help serve. We are dedicated to providing the best benefits possible so that you can focus on making a difference in the lives of those we support. while making a remarkable impact in our Rochester community.

#### Cenerous Paid Time **Off** Referral & Welcome Advancement 03 **Opportunities** Bonuses up to \$3,000 02 **Benefits** No-Cost **Work Life Health Care Balance Option** 01 05

# OUR BENEFITS & PERKS

Below is an overview of the benefits available to employees and their families. Please note that these are just short descriptions of the benefits we offer. Please contact the Benefits Office if you have additional questions or concerns.







#### **Employer** Contributions to Medical Insurances

#### Medical Insurance

- o Provider: Excellus Blue Cross Blue Shield
- o Includes no cost option
- o Benefit begins first day of the month following hire date

#### • Dental Insurance

- o Provider: ComTon
- o Benefit begins first day of the month following hire date

#### • Health Savings Account

- Up to \$1,400 employer contribution
- o Benefit begins first day of the month following hire date
- o Must be enrolled in Lifetime Assistance medical plans to qualify

#### • Long Term Disability

- o Employer paid 0.6 times Employees Pay Rate
- o Provider: Lincoln

#### Basic Life/AD&D

- o Employer paid 2 times the Employees Annual Pay, to an elected Beneficiary
- o Provider: Lincoln
- Benefit begins first day of the month following hire date

#### Accident Insurance

- o Provides cash benefits if you or a covered family member is accidently injured
- o Provider: Lincoln
- o Benefit begins first day of the month following hire date

#### Critical Illness Insurance

- Provides money directly to you when you are diagnosed with certain serious illnesses
- Provider: Lincoln
- o Benefit begins first day of the month following hire date

#### Benefit Eligibility Requirements

Employee must be working a minimum of 30 hours a week.





#### Hospital Indemnity

- Provides out-of-pocket healthcare costs or other household expenses
- o Provider: Lincoln
- Benefit begins first day of the month following hire date

#### • Employee Assistance Program

- Free and confidential service that provides employees and family members the opportunity to discuss personal or work related matters with a professional counselor.
- o Provider: Bree Health
- Benefits begin immediately upon hire

#### Benefit Eligibility Requirements

Employee must be working a minimum of 30 hours a week.









#### Retirement

- 4% Employer Match: Lifetime Assistance will match every dollar you contribute to your retirement plan, up to 4% of your total earnings.
- Discretionary Year End Contribution: This
   Agency funded contribution will be
   calculated at the end of the calendar year
   and will be funded to all eligible
   employees, regardless of their contribution
   amount.
- If an employee elects at least a 4% contribution, that contribution will generate at least a total contribution of 10% (the employee 4% contribution plus the Agency 4% match plus the Agency 2% year-end contribution).
- Flexible Contributions: You have the freedom to choose how much you want to contribute, with the option to increase or decrease your contributions at any time.

#### **Benefit Eligibility Requirements**

Effective January 1, 2025, the age requirement drops from 21 to 18 years of age to participate in the Lifetime Assistance Retirement Plan. Employee must be employed by Lifetime Assistance for one year to be eligible for the match.





#### **Employee** Contributions to Medical Insurances

#### Benefit Eligibility Requirements

Employee must be working a minimum of 30 hours a week.

#### VSP Vision Insurance

- Provider: VSP Insurance
- Benefit begins first day of the month following hire date

#### • Flexible Spending Accounts

- Benefit begins first day of the month following hire date
- Medical FSA: Provides access to up to \$3,200 pre tax dollars annually to use for medical expenses.
- Dependent Care FSA: Provides access to up to \$5,000 pre tax dollars for Dependent Care (day care, nursery school, and elder care)

#### • Voluntary Short Term Disability

- Employees may elect to purchase additional coverage through payroll deduction
- o Benefits begin immediately upon hire

#### • Voluntary Life Insurance

- Employees may elect to purchase additional coverage through payroll deduction
- Benefit begins first day of the month following hire date







#### **Advancement Opportunities**

#### Benefit Eligibility Requirements

Employee must be working a minimum of 20 hours a week

Eligible immediately upon hire.

#### Tuition Reimbursement

 50% off tuition for two standard credit courses per semester based on the state school rate

#### • Scholarship Program

 Earn \$3,000/semester that goes directly to your bank account to use toward any educational expense!

#### • Career Pathways Program

 Micro-credentialing, leadership development training, management support and development,

#### • Earn as You Learn

Paid training immediately upon hire



#### Generous Paid Time Off

- Accrue hours for paid time off immediately upon hire
- Accrue hours for paid sick leave immediately upon hire

#### 9 paid holidays

 New Years Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, Thanksgiving Recess, Christmas, Christmas Recess

#### Benefit Eligibility Requirements

Employee must be working a minimum of 20 hours a week.

Eligible immediately upon hire.





#### Employee Bonuses up to \$3,000

- DSPs will receive a \$1500 Welcome Bonus
- Nurses will receive a \$3,000 Welcome Bonus
- All employees will receive a \$1500 when they refer a hired candidate



#### Work Life Balance

- Confidential Coaching & Counseling Services
- Confidential Legal and Financial Consultations
- Health Advocacy
- Individualized Wellness Resources
- Employee managed Wellness Committee and Employee Engagement Committee
- My Better Benefits Membership
  - Discounts on hotels, amusement parks, sporting events, Amazon and more!
- Work Life Balance: Hybrid options available depending on position; per diem positions available
- Recognition and Rewards Programs
  - Opportunities to be recognized by peers in our STAR program & Employee of the Month.



#### Medical - Excellus BCBS Insurance



**Dependent Age Limit: 26** 

| Plan Features            | Signature Hybrid<br>Plan                 | Signature<br>\$2,000/\$4,000  | Signature<br>\$4,000/\$8,000  | Signature<br>\$6,500/\$13,000   |
|--------------------------|--|---|---|---|
|                          |  | <b>Cost Sharing</b>   |   |   |
| Deductible               | \$1,000/\$3,000                          | \$2,000/\$4,000   | \$4,000/\$8,000   | \$6,500/\$13,000  |
| Coinsurance              | 20%                                      | 20%   | 0%  | 0%  |
| Out of Pocket<br>Maximum | \$3,000/\$9,000                          | \$4,000/\$8,000   | \$4,000/\$8,000   | \$6,500/\$13,000  |
|                          |  | Office Visits   |   |   |
| PCP                      | \$30, \$0 copay for<br>children under 19 | Subject to<br>deductible/coins.   | Subject to deductible/coins.  | Subject to deductible/coins.  |
| Specialist               | \$50                                     | Subject to<br>deductible/coins.   | Subject to deductible/coins.  | Subject to deductible/coins.  |
|                          | G  | Preventative Service  | <b>3</b>  |   |
|                          | Covered in<br>Full                       | Covered in<br>Full  | Covered in<br>Full  | Covered in<br>Full  |
|                          |  | Inpatient Services  | 3   |   |
| Inpatient Hospital       | Subject to deductible/coins.             | Subject to<br>deductible/coins.   | Subject to<br>deductible/coins.   | Subject to deductible/coins.  |
|                          |  | Emergency Care  |   |   |
| Emergency Care           | \$200                                    | Subject to deductible/coins.  | 0% Coins. Subject to deductible   | 0% Coins. Subject to<br>deductible  |
| Urgent Care              | \$50                                     | Subject to deductible/coins.  | 0% Coins. Subject to<br>deductible  | 0% Coins. Subject to<br>deductible  |
|                          |  | Cost Sharing  |   |   |
| Outpatient Surgery       | Subject to deductible/coins.             | Subject to deductible/coins.  | 0% Coins. Subject to deductible   | 0% Coins. Subject to<br>deductible  |
| Diagnostic Lab           | Covered in full                          | Subject to deductible/coins.  | 0% Coins. Subject to deductible   | 0% Coins. Subject to<br>deductible  |
| Diagnostic X-Ray         | \$50                                     | Subject to deductible/coins.  | 0% Coins. Subject to deductible   | 0% Coins. Subject to<br>deductible  |
|                          |  | Prescription Drug   |   |   |
|                          | \$5/\$35/\$70, \$0<br>generic to age 19  | Subject to<br>deductible/coins; Preventative Rx:<br>Not subject to deductible | Subject to<br>deductible/coins; Preventative Rx:<br>Not subject to deductible | Subject to<br>deductible/coins; Preventative<br>Not subject to deductible |

#### Dental - ComTon Insurance



**Dependent Age Limit: 26** 

|   | Low Plan                    | Himb Dlan                                |  |  |  |
|---|-----------------------------|--|--|--|--|
| Plan Features   | In-Network   Out of Network | High Plan<br>In-Network   Out of Network |  |  |  |
|   | Preventative Services       |  |  |  |  |
| Initial/Routine Oral Exams<br>Bitewing X-Rays<br>Cleaning<br>Fluoride Treatment | 100%                        | 100%                                     |  |  |  |
|   | <b>Basic Services</b>       |  |  |  |  |
| Fillings<br>Oral Surgery<br>Periodontics<br>Endodontics                         | 50%<br>After Deductible     | 80%<br>After Deductible                  |  |  |  |
| Major Services  |                             |  |  |  |  |
| Implants<br>Crowns<br>Dentures<br>Bridges                                       | 50%<br>After Deductible     | 50%<br>After Deductible                  |  |  |  |
| Orthodontia Services  |                             |  |  |  |  |
| Children to age 19  | 50%                         | 50%                                      |  |  |  |
| Deductibles   |                             |  |  |  |  |
| Single/Family   | \$50/\$100                  | \$50/\$100                               |  |  |  |
| Maximums  |                             |  |  |  |  |
| Calendar Year Per<br>Individual   | \$750                       | \$1,000                                  |  |  |  |
| Lifetime (Orthodontia) for children up to age 19 only                           | \$750                       | \$1,500                                  |  |  |  |

#### Vision-VSP Insurance (In Network)



| Plan Features                                 | Standard Plan<br>Member Cost   | Premium Plan<br>Member Cost  |  |  |  |
|---|--|--|--|--|--|
|   | Preventative Services  |  |  |  |  |
| Vision Exam                                   | \$10 Copay   | \$10 Copay   |  |  |  |
| Frequency                                     | Exam: Once/12 Months<br>Lenses/Contact: Once/12 Months<br>Frames: Once/24 Months | Exam: Once/12 Months<br>Lenses/Contact: Once/12 Months<br>Frames: Once/12 Months                               |  |  |  |
| Frames  | \$150 allowance, \$170 Featured<br>Frame Brand                                   | \$150 allowance, \$170 Featured<br>Frame Brand   |  |  |  |
| Standard Plastic Lenses                       | \$25 Copay   | \$25 Copay   |  |  |  |
| Additional Lens Add-Ons                       | Refer to plan summary  | Refer to plan summary  |  |  |  |
| Contact Lenses<br>(in lieu of frame & lenses) | \$150 allowance  | \$150 allowance  |  |  |  |
| Easy Options                                  | N/A  | <ul> <li>Choose An Option:</li> <li>Additional \$120 towards frames</li> <li>Additional \$70 towards</li></ul> |  |  |  |

## Health Savings Account (HSA) and Flexible Spending Account (FSA)



| Provisions  | HSA   | FSA   |
|---|---|---|
|   | Preventative Services   |   |
| Plan Requirements                                   | HDHP  | N/A   |
| Other Requirements                                  | Cannot be enrolled in any other health insurance including an FSA             | N/A   |
| Account Owner                                       | You   | Employer  |
| Qualified Expenses                                  | Unreimbursed medical, dental and vision expenses                              | Medical FSA: Unreimbursed<br>medical, dental and vision<br>expenses |
| Qualified Experises                                 | Some insurance premiums:<br>Medicare, long term care and<br>COBRA             | Limited Purpose FSA:<br>Unreimbursed<br>dental and vision expenses  |
| 2025 Annual Contribution Limits                     | \$4,300 individual<br>\$8,550 family<br>Plus \$1,000 catch-up at age 55       | \$3,300   |
| Ability to Use Funds for Non-<br>Qualified Expenses | Yes, but taxable and<br>subject to a 20% penalty (no<br>penalty after age 65) | No  |
| Ability to Change Contribution                      | Same as all direct deposit<br>banking   | Open Enrollment only unless qualified event                         |
| Rollover of Funds                                   | Yes   | Yes, \$660 can be rolled over into<br>the 2026 plan year            |
| Recordkeeping                                       | Retain receipts in case<br>of IRS audit                                       | Submit receipts when requested by Plan Administrator                |
| Eligible Dependents                                 | Legal spouse and dependent<br>children (IRC Section 152)                      | Legal spouse and dependent children (IRC Section 152)               |

#### Life and AD&D Insurance



| Coverage Level | Benefit Amounts: Newly<br>Eligible   | Guarantee Issue |
|----------------|--|-----------------|
| Employee       | Increments of \$10,000 up to a<br>maximum of \$500,000, not to exceed<br>5x annual earnings  | \$140,000       |
| Spouse         | Increments of \$5,000 up to a<br>maximum of \$500,000, not to exceed<br>100% of employee's benefit amount.<br>Spouse coverage terminates at age<br>70. | \$25,000        |
| Child          | \$10,000, this benefit is not subject to<br>evidence of insurability   | \$10,000        |

| Coverage Level | Benefit Amounts:<br>Open Enrollment   | Guarantee Issue |
|----------------|---|-----------------|
| Employee       | Up to 2 increments of \$10,000<br>regardless of the guarantee issue<br>amount. Any elections above the 2<br>increments allowed will be subject to<br>evidence of insurability.                          | \$140,000       |
| Spouse         | Up to 2 increments of \$5,000 regardless of the guarantee issue amount. Any elections above the 2 increments allowed will be subject to evidence of insurability. Spouse coverage terminates at age 70. | \$25,000        |
| Child          | \$10,000, this benefit is not subject to<br>evidence of insurability  | \$10,000        |

#### **Disability Insurance**



| Voluntary Short Term Disability Insurance    |                                |                          |  |
|--|--------------------------------|--------------------------|--|
| Weekly Benefit                               | Elimination Period             | Maximum Benefit Duration |  |
| 60% of weekly salary<br>up to \$750 per week | 7 days for illness or accident | 26 weeks                 |  |

| Group Long Term Disability Insurance            |                    |  |  |
|---|--------------------|--|--|
| Weekly Benefit                                  | Elimination Period | Maximum Benefit Duration                 |  |
| 60% of weekly salary up<br>to \$5,000 per month | 180 days           | Social Security Normal<br>Retirement Age |  |

| NYState Statutory Disability Insurance       |   |                          |  |  |
|--|---|--------------------------|--|--|
| Weekly Benefit                               | Elimination Period  | Maximum Benefit Duration |  |  |
| 50% of weekly salary up<br>to \$170 per week | Benefits begin on:<br>Accident: 8th day<br>Illness: 8th day | 26 weeks                 |  |  |

| NYS Paid Family Leave   |                          |   |  |
|---|--------------------------|---|--|
| Weekly Benefit  | Maximum Benefit Duration | Eligibility   |  |
| 67% of monthly salary up to<br>average weekly range of \$1,757.19<br>not to exceed \$1,177.32 | 12 weeks                 | Bond with newly born, adopted or fostered child  Care for a family member with a series health condition  Assist loved ones when a spouse, domestic partner, child, sibling or parent is deployed abroad on active military service |  |

#### **Disability Insurance**



| Accident Insurance     |   |  |  |
|------------------------|---|--|--|
| Benefit                | Coverage Details                              |  |  |
| Accident Coverage Type | On and Off Job                                |  |  |
| Payment Features       | Based on a schedule (see the benefit summary) |  |  |
| Portability            | Included                                      |  |  |
| Dependent Age          | To Age 26                                     |  |  |

| Critical Illness Insurance |  |   |  |  |
|----------------------------|--|---|--|--|
| Details                    | Employee   | Dependents                                |  |  |
| Benefit Amount             | \$5,000 increments up to<br>\$30,000   | Spouse: \$5,000 increments up to \$30,000 |  |  |
| Conditions                 | Cancer, Heart Attack, Stroke,<br>Heart Failure, Kidney Failure,<br>Organ Failure | <b>Child:</b> 50% of employee benefit     |  |  |
| Wellness Benefit           | \$50 cash benefit for<br>completing an exam or<br>screening                      |   |  |  |
| Portability                | Included   |   |  |  |

#### Hospital Indemnity Insurance

| Core Hospital Benefits  | Plan Benefit                                 |
|---|--|
| Hospital admission- initial day of admission                    | \$1,000 per day for 2 days per calendar year |
| Hospital confinement- for each day of confinement in a hospital | \$100 per day for 30 days per calendar year  |
| Hospital ICU admission- initial day of ICU admission            | \$2,000 per day for 1 day per calendar year  |
| Hospital ICU confinement- for each day of confinement in an ICU | \$165 per day for 30 days per calendar year  |
| Portability   | Included                                     |