

2021 NYP Graduate Staff Benefits Overview

At NewYork-Presbyterian (NYP), amazing things happen every day. And just as you support NYP’s mission, we support you. That commitment includes helping you find the right benefits coverage for you and your family. NYP’s comprehensive and competitive Total Rewards package is designed to support you and your family in every stage, circumstance, and aspect of life. Following is a summary of your 2021 benefits.

More details can be found on **HR Connects** (www.hrc.nyp.org/hc). If you are not on the NYP network, enter your NYP CWID and password when prompted. You will need DUO Mobile to access from home. (**Note:** Google Chrome is the recommended browser for HR Connects.) Or, from the NYP Infonet, follow this path: Infonet > Employee Resources > HR Connects. Information can also be found on Workday.

| ELIGIBILITY | |
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| Who is eligible? | <ul style="list-style-type: none"> • Full-time or part-time employees scheduled to work at least 17.5 hours per week are eligible to enroll in NYP benefit plans. • Your Spouse or Domestic Partner: If you and your spouse/domestic partner are both NYP benefit-eligible employees, the spouse/domestic partner earning the higher salary must enroll in medical coverage. • Children: Benefits are available for your biological, adopted, step-children, children for whom you are legal guardian and any child(ren) you or your spouse/domestic partner are required to provide coverage for pursuant to a qualified medical child support order. <p>For Medical Insurance: Coverage is effective until the end of the year the dependent turns age 26. Regardless of age, disabled unmarried dependent children are eligible for medical coverage.</p> <p>For Dental Insurance: Coverage is effective until the end of the year the dependent turns age 19, or until the end of the year the dependent turns age 23 if enrolled as a full-time student.</p> <p>If an NYP employee is enrolled as an eligible dependent (age 26 for medical, and 19 or 23 for dental) of a parent who is also an NYP employee, they must choose to enroll either as an employee or as the dependent of their parent.</p> |
| MEDICAL, DENTAL AND FLEXIBLE SPENDING ACCOUNTS | |
| Medical Plans | <ul style="list-style-type: none"> • You have the choice of two Aetna medical plans: EPO (in-network only) or POS (in- and out-of-network services). • You automatically receive prescription drug coverage through CVS Caremark with either Aetna medical option. • You automatically receive vision coverage through Aetna AetnaVisionSM Preferred with either Aetna medical option. |
| Dental Plans | <ul style="list-style-type: none"> • There is a choice of three dental plans: Aetna DMO, Aetna PPO, and the Columbia Dental Plan. • The plans provide preventive, basic, and major services (including implants). • Orthodontia care is provided for children up to age 19 (age 23 if attending school) in all the plans. Adult orthodontia is covered in the Aetna DMO Dental Plan and Columbia Dental Plan. • The Aetna Dental PPO provides members and their covered dependents with in-network access to SmileDirectClub, which offers invisible aligners for straightening teeth without having to visit a dentist’s office. |

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| Flexible Spending Accounts (FSAs) | <p>Flexible Spending Accounts allow you to reduce your taxable income and pay for eligible Health Care, Dependent Care, Mass Transit, and Commuter Parking expenses with pre-tax dollars up to annual IRS limits.</p> <ul style="list-style-type: none"> • Health Care FSA: Contribute up to the allowable maximum (currently \$2,750 per year) on a pre-tax basis for eligible, out-of-pocket health care expenses, including copays and deductibles. • Dependent Care FSA: Contribute the allowable maximum (currently \$5,000 per household per year) on a pre-tax basis for eligible dependent care expenses, including elder care. • Mass Transit FSA*: Contribute up to the allowable maximum (currently \$270 per month) on a pre-tax basis for work-related public transit. • Commuter Parking FSA*: Contribute up to the allowable maximum (currently \$270 per month) on a pre-tax basis for work-related parking. <p><i>* You can enroll for Commuter benefits at any time through WageWorks HealthEquity, the plan administrator. (Select "NewYork-Presbyterian Hospital" when identifying yourself.)</i></p> |
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LIFE, ACCIDENT, AND DISABILITY INSURANCE

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| Life Insurance Plans | <ul style="list-style-type: none"> • Group Life Insurance: 100% Hospital-paid in the amount of \$100,000. • Supplemental Life Insurance: You may purchase Supplemental Life Insurance for yourself as a complement to your Basic Life Insurance. • Accidental Death & Dismemberment (AD&D) Insurance: This coverage provides you with benefits if the injury results in your accidental death or dismemberment. • Spouse/Domestic Partner Life Insurance: This plan provides you with the ability to insure your legally married spouse or your domestic partner. For domestic partners or married employees who are both NYP benefits-eligible, neither partner/spouse can cover an employee partner/spouse under Spouse/Domestic Partner Life Insurance. • Child Life Insurance: Child life insurance is available until the end of the month the dependent child turns age 23. If both parents are NYP benefits-eligible only one parent can elect life insurance for dependent children. |
| Short-term Disability | You are automatically eligible for state mandated Short-term Disability and Paid Family Leave. |
| Long-term Disability | This is 100% Hospital paid. The insurance provides you with a benefit equal to 60% of your pre-disability monthly earnings to a maximum of \$10,000. Benefit payments commence after being disabled for 180 consecutive days. |

FAMILY-FRIENDLY BENEFITS

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| Adoption Assistance | Reimbursement of up to \$15,000 per adoption for eligible employees. |
| Surrogacy Assistance | Reimbursement of up to \$15,000 per birth event for eligible employees. |
| In Vitro Fertilization (IVF) Assistance | Available under the Aetna POS Plan, reimbursement of up to \$30,000 for eligible employees. |
| Parental Leave | Parental leave benefits, which include six weeks of paid leave for the primary parents and two weeks of paid leave for the secondary parent, are available to eligible employees with at least one year of service. |
| Bright Horizons Back-Up Care | You are eligible for up to 15 days of subsidized child or adult/elder care at a Center or in-home, plus 10 extra days for new parents. |

| OTHER BENEFITS | |
|---|---|
| Critical Illness Support Program | This program is a voluntary program through NYPBeHealthy to help assist NYP employees who are currently facing severe health challenges. The intent of this program is to provide enhanced support and benefit navigation services to all NYP employees when they most need it. This program offers employees who are experiencing a severe health condition a dedicated, compassionate, and coordinated approach to navigating the resources and benefits NYP offers. |
| Healthy Mind (Employee Assistance Program) | You, your family, or household members can call Healthy Mind at 844-860-0365 (TDD: 800-697-0353) 24/7 to speak with a licensed counselor about any issue(s) you may be going through. Healthy Mind offers complimentary, confidential counseling. Online educational resources are available on a variety of wellness topics at www.guidanceresources.com (Web ID: NYPEAP). |
| CopeNYP | Receive free confidential and supportive virtual counseling by emailing empcounselinghelp@med.cornell.edu or calling 646-962-2710 . |
| Voluntary Programs | <ul style="list-style-type: none"> • MetLife Legal Plan: The MetLife Legal Plan can assist you with concerns such as debt collection defense, estate planning, family law, immigration law, real estate, traffic, and criminal matters. • ASPCA Pet Insurance: NYP employees receive a 5% discount on the base premium, or a 10% discount if you have more than one pet. • Identity Theft Protection: InfoArmor provides comprehensive services to counteract fraud and resolve identity theft issues. • MetLife Auto & Home Insurance: The auto insurance policies include coverage for motorcycles, recreational vehicles, and boats; homeowners' includes policies for your home, rental, vacation residence, and personal liability insurance. • 529 College Savings Program: This program is administered and managed through Upromise College Fund. |
| RETIREMENT PLAN | |
| The Retirement Savings Plan | <ul style="list-style-type: none"> • The Retirement Savings Plan offers an opportunity for you to personally save for retirement. You may choose to make pre-tax contributions or post-tax Roth contributions up to 75% of your pay up to annual IRS limits. |

This summary highlights some of the employee benefit plans and programs sponsored by NewYork-Presbyterian Hospital (NYP) for Graduate Staff. NYP's formal employee benefit plan documents govern the terms and conditions of the plans. In the event of any conflict between the formal plan documents and this summary or between the formal plan documents and any written or oral statement by a Hospital representative, the formal documents shall govern.

2021 NYPH MEDICAL PLANS: Aetna

| PLAN PROVISION | EXCLUSIVE PROVIDER ORGANIZATION (EPO) AND POINT OF SERVICE (POS) | POINT OF SERVICE (POS) |
|---|--|---|
| | In-Network Services | Out-of-Network Services |
| Primary Care Physician | No Primary Care Physician Required | No Primary Care Physician Required |
| Annual Deductible* | Not Applicable | Individual: \$750 Family: \$1,875 |
| Annual Out-of-Pocket Maximum | Not Applicable | Individual: \$4,500 Family: \$11,250 |
| Lifetime Maximum | Unlimited | Unlimited |
| In-Patient Hospital (Precertification Required) | \$100/day copay; max \$300 per admission | Subject to deductible and 30% coinsurance |
| Office Visits | Covered at 100% after: \$25/primary care visit; \$35/specialist visit** | Subject to deductible and 30% coinsurance |
| Preventive Care | Covered at 100% for routine physicals, well-women and well-child care to age 19 | Subject to deductible and 30% coinsurance |
| Radiology Services | Covered at 100% after: \$25/primary care visit; \$35/specialist visit** | Subject to deductible and 30% coinsurance |
| NYP Virtual Urgent Care | \$0 copay | Not applicable |
| Urgent Care Facility | \$35 copay | Subject to deductible and 30% coinsurance |
| Emergency Services | \$150 copay (waived if admitted within 24 hours) | \$150 copay (waived if admitted within 24 hours) |
| Maternity | Covered at 100%*** | Subject to deductible and 30% coinsurance |
| Infertility Treatment | Covers infertility treatment for medically necessary diagnostic tests and certain procedures (subject to copay) | Covers infertility treatment for medically necessary diagnostic tests and certain procedures (subject to deductible and coinsurance) |
| In-Vitro Fertilization (IVF) | Not covered | Total lifetime maximum of \$30,000 Services are covered only if provided by NYP/Weill Cornell, 646-962-3245 or NYP/Columbia, 646-756-8282*** |
| Mental Health Services (Precertification Required for in-patient only) | Covered at 100% after: \$25 copay/primary care visit; \$35 copay/specialist visit** | Subject to deductible and 30% coinsurance |
| Substance Abuse Services (Precertification Required) | Covered at 100%; 30 days/year rehabilitation, unlimited detox | Subject to deductible and 30% coinsurance; 30 days/year rehabilitation, unlimited detox |
| Physical Therapy Services (Precertification Required) | In-patient: Covered at 100%, 30 days/year**** Out-patient: \$25/primary care visit; \$35 specialist/per visit; 60 visits/year**** | Subject to deductible and 30% coinsurance |
| Acupuncture | \$0 copay for first 25 visits in calendar year; \$25/visit thereafter | Subject to deductible and 30% coinsurance |
| Vision Care | Vision exam, lenses for glasses, frames, contact lenses (in lieu of lenses and frames): covered once every 24 months; copay applies. | Limited services; contact Aetna EyeMed |
| Prescription Coverage (Generic / Brand-Name Formulary / Brand-Name Non-Formulary) | Retail (30-day supply and one refill): \$10 / \$30 / 40% up to \$120 max copay/prescription | No out-of-network coverage |
| | Mail Order (90-day supply for maintenance medication): \$20 / \$60 / 40% up to \$240 max copay/prescription | |

* For coverage where only one dependent is covered in addition to the employee, each member is subject to an Individual deductible. For Employee + Family coverage, each family member is subject to an Individual deductible until the aggregate Family deductible is met.

** All visits to a provider other than a Primary Care Physician or Emergency Department will be subject to the \$35 specialist copay.

*** POS members who reside outside of the five boroughs of New York City, Westchester county, and Nassau county, also have access to Aetna IOE (Institute of Excellence) facilities for IVF services.

**** In-patient copay applies to hospital admission.

2021 NYPH DENTAL PLANS

| PLAN PROVISION | AETNA DMO | COLUMBIA DENTAL | AETNA PPO | |
|-----------------------------|---|---|---|---|
| | In-Network Services | In-Network Services | In-Network Services | Out-of-Network Services |
| Deductible | Not Applicable | Not Applicable | Individual: \$50 Family: \$150 | Individual: \$50 Family: \$150 |
| Preventive Services* | Cleanings (2x/year), exams (4x/year), x-rays Covered at 100% | Exams, x-rays, cleaning as needed Covered at 100% | Cleanings and exams (2x/year), x-rays Covered at 100% Not subject to deductible | Cleanings and exams (2x/year), x-rays Covered at 100% Not subject to deductible |
| Basic Services | Fillings, simple periodontics, simple endodontics, simple extractions (with some exceptions) Covered at 100% | Fillings, simple extractions Covered at 100% | Fillings, simple periodontics, simple endodontics, simple extractions Covered at 80% | Fillings, simple periodontics, simple endodontics, simple extractions Covered at 60% |
| Major Services | Onlays, dentures, crowns, bridgework, implants Covered at 60% | Endodontics, onlays, dentures, crowns, bridgework, implants Covered at 50% | Onlays, dentures, crowns, bridgework, implants Covered at 50% | Onlays, dentures, crowns, bridgework, implants Covered at 50% |
| Orthodontia | Covered at 50% for children & adults | Covered at 50% for children & adults \$2,000 Lifetime Maximum | Covered at 50% for children \$2,000 Lifetime Maximum | Covered at 50% for children \$2,000 Lifetime Maximum |
| Annual Maximum | None | \$2,000 | \$2,000 | \$2,000 |

* Calendar Year Limits Apply

While the DMO and Columbia Dental Plan provide great value, keep in mind that both cover in-network services only and have limited provider networks. With a PPO plan, you have coverage for both in- and out-of-network dentists.

Bi-Weekly Paid Employee 2021 Contributions (26 Paychecks)

MEDICAL (INCLUDES PRESCRIPTION & VISION COVERAGE)

| Coverage Level | FULL-TIME | | | | PART-TIME | | | |
|---------------------------------------|------------------------------------|-----------------|------------------------------------|-----------------|------------------------------------|-----------------|------------------------------------|-----------------|
| | Aetna EPO | | Aetna POS | | Aetna EPO | | Aetna POS | |
| | Employee Contribution per Paycheck | Imputed Income* | Employee Contribution per Paycheck | Imputed Income* | Employee Contribution per Paycheck | Imputed Income* | Employee Contribution per Paycheck | Imputed Income* |
| Under \$50,000 | | | | | | | | |
| Employee (EE) | \$16.16 | — | \$71.38 | — | \$26.20 | — | \$114.71 | — |
| EE + Spouse | \$39.50 | — | \$162.53 | — | \$64.12 | — | \$261.34 | — |
| EE + Child(ren) | \$29.67 | — | \$139.27 | — | \$48.15 | — | \$223.94 | — |
| EE + Spouse + Child(ren) | \$48.81 | — | \$216.27 | — | \$79.18 | — | \$347.56 | — |
| Employee (EE) + Domestic Partner (DP) | \$39.50 | \$414.31 | \$162.53 | \$357.87 | \$64.12 | \$399.73 | \$261.34 | \$302.40 |
| EE + DP + Child(ren) | \$48.81 | \$421.38 | \$216.27 | \$376.93 | \$79.18 | \$411.26 | \$347.56 | \$333.17 |
| EE + DP + DP Child(ren) | \$48.81 | \$842.65 | \$216.27 | \$753.15 | \$79.18 | \$822.32 | \$347.56 | \$665.20 |
| EE + DP + DP Child(ren) & Child(ren) | \$48.81 | \$421.38 | \$216.27 | \$376.93 | \$79.18 | \$411.26 | \$347.56 | \$333.17 |
| \$50,000 - <\$70,000 | | | | | | | | |
| Employee (EE) | \$25.87 | — | \$80.90 | — | \$40.31 | — | \$130.03 | — |
| EE + Spouse | \$63.37 | — | \$184.21 | — | \$98.60 | — | \$296.50 | — |
| EE + Child(ren) | \$47.59 | — | \$157.85 | — | \$74.05 | — | \$254.07 | — |
| EE + Spouse + Child(ren) | \$78.32 | — | \$245.07 | — | \$121.87 | — | \$393.87 | — |
| Employee (EE) + Domestic Partner (DP) | \$63.37 | \$400.15 | \$184.21 | \$345.72 | \$98.60 | \$379.36 | \$296.50 | \$282.55 |
| EE + DP + Child(ren) | \$78.32 | \$411.54 | \$245.07 | \$367.33 | \$121.87 | \$397.03 | \$393.87 | \$317.74 |
| EE + DP + DP Child(ren) | \$78.32 | \$822.85 | \$245.07 | \$733.88 | \$121.87 | \$793.74 | \$393.87 | \$634.22 |
| EE + DP + DP Child(ren) & Child(ren) | \$78.32 | \$411.54 | \$245.07 | \$367.33 | \$121.87 | \$397.03 | \$393.87 | \$317.74 |
| \$70,000 - <\$120,000 | | | | | | | | |
| Employee (EE) | \$44.26 | — | \$99.87 | — | \$66.10 | — | \$160.44 | — |
| EE + Spouse | \$108.33 | — | \$227.35 | — | \$161.92 | — | \$365.44 | — |
| EE + Child(ren) | \$81.36 | — | \$194.82 | — | \$121.60 | — | \$313.14 | — |
| EE + Spouse + Child(ren) | \$133.88 | — | \$302.51 | — | \$215.82 | — | \$486.13 | — |
| Employee (EE) + Domestic Partner (DP) | \$108.33 | \$373.58 | \$227.35 | \$321.54 | \$161.92 | \$341.83 | \$365.44 | \$244.02 |
| EE + DP + Child(ren) | \$133.88 | \$393.02 | \$302.51 | \$348.19 | \$215.82 | \$365.71 | \$486.13 | \$286.98 |
| EE + DP + DP Child(ren) | \$133.88 | \$785.68 | \$302.51 | \$695.41 | \$215.82 | \$725.58 | \$486.13 | \$572.37 |
| EE + DP + DP Child(ren) & Child(ren) | \$133.88 | \$393.02 | \$302.51 | \$348.19 | \$215.82 | \$365.71 | \$486.13 | \$286.98 |
| \$120,000 - <\$200,000 | | | | | | | | |
| Employee (EE) | \$55.62 | — | \$112.38 | — | \$79.99 | — | \$180.54 | — |
| EE + Spouse | \$136.17 | — | \$255.82 | — | \$195.98 | — | \$411.16 | — |
| EE + Child(ren) | \$102.26 | — | \$219.21 | — | \$147.18 | — | \$352.32 | — |
| EE + Spouse + Child(ren) | \$168.45 | — | \$340.39 | — | \$242.15 | — | \$547.01 | — |
| Employee (EE) + Domestic Partner (DP) | \$136.17 | \$357.11 | \$255.82 | \$305.58 | \$195.98 | \$321.67 | \$411.16 | \$218.40 |
| EE + DP + Child(ren) | \$168.45 | \$381.50 | \$340.39 | \$335.56 | \$242.15 | \$356.94 | \$547.01 | \$266.69 |
| EE + DP + DP Child(ren) | \$168.45 | \$762.48 | \$340.39 | \$670.03 | \$242.15 | \$713.14 | \$547.01 | \$531.58 |
| EE + DP + DP Child(ren) & Child(ren) | \$168.45 | \$381.50 | \$340.39 | \$335.56 | \$242.15 | \$356.94 | \$547.01 | \$266.69 |
| Over \$200K | | | | | | | | |
| Employee (EE) | \$69.51 | — | \$126.44 | — | \$96.01 | — | \$203.10 | — |
| EE + Spouse | \$170.22 | — | \$287.81 | — | \$235.17 | — | \$462.56 | — |
| EE + Child(ren) | \$127.84 | — | \$246.62 | — | \$176.62 | — | \$396.37 | — |
| EE + Spouse + Child(ren) | \$210.53 | — | \$382.84 | — | \$290.55 | — | \$615.37 | — |
| Employee (EE) + Domestic Partner (DP) | \$170.22 | \$336.94 | \$287.81 | \$287.65 | \$235.17 | \$298.49 | \$462.56 | \$189.57 |
| EE + DP + Child(ren) | \$210.53 | \$367.47 | \$382.84 | \$321.41 | \$290.55 | \$340.80 | \$615.37 | \$243.90 |
| EE + DP + DP Child(ren) | \$210.53 | \$734.28 | \$382.84 | \$641.64 | \$290.55 | \$680.76 | \$615.37 | \$485.78 |
| EE + DP + DP Child(ren) & Child(ren) | \$210.53 | \$367.47 | \$382.84 | \$321.41 | \$290.55 | \$340.80 | \$615.37 | \$243.90 |

* Your contribution toward coverage of your domestic partner will be post-tax. Federal law also requires that your employer's contribution toward this coverage be included in your wages as taxable income. The amount appearing in the Imputed Income column is subject to federal tax withholding, employment, and social security taxes.

DENTAL

| Coverage Level | Aetna DMO | | Aetna PPO | | Columbia Dental | |
|---------------------------------------|------------------------------------|-----------------|------------------------------------|-----------------|------------------------------------|-----------------|
| | Employee Contribution per Paycheck | Imputed Income* | Employee Contribution per Paycheck | Imputed Income* | Employee Contribution per Paycheck | Imputed Income* |
| FULL-TIME | | | | | | |
| Employee (EE) | \$2.62 | — | \$11.28 | — | \$13.99 | — |
| EE + Spouse | \$5.10 | — | \$25.45 | — | \$26.22 | — |
| EE + Child(ren) | \$4.82 | — | \$23.25 | — | \$26.22 | — |
| EE + Spouse + Child(ren) | \$8.07 | — | \$39.73 | — | \$36.02 | — |
| Employee (EE) + Domestic Partner (DP) | \$5.10 | \$2.98 | \$25.45 | \$8.08 | \$26.22 | \$6.60 |
| EE + DP + Child(ren) | \$8.07 | \$2.98 | \$39.73 | \$8.08 | \$36.02 | \$6.60 |
| EE + DP + DP Child(ren) | \$8.07 | \$6.84 | \$39.73 | \$17.05 | \$36.02 | \$11.87 |
| EE + DP + DP Child(ren) & Child(ren) | \$8.07 | \$2.21 | \$39.73 | \$10.32 | \$36.02 | \$5.27 |
| PART-TIME | | | | | | |
| Employee (EE) | \$3.93 | — | \$16.91 | — | \$20.99 | — |
| EE + Spouse | \$7.65 | — | \$38.16 | — | \$39.33 | — |
| EE + Child(ren) | \$7.24 | — | \$34.87 | — | \$39.33 | — |
| EE + Spouse + Child(ren) | \$12.10 | — | \$59.61 | — | \$54.03 | — |
| Employee (EE) + Domestic Partner (DP) | \$7.65 | \$1.74 | \$38.16 | \$1.00 | \$39.33 | \$0.49 |
| EE + DP + Child(ren) | \$12.10 | \$1.74 | \$59.61 | \$1.00 | \$54.03 | \$0.49 |
| EE + DP + DP Child(ren) | \$12.10 | \$4.12 | \$59.61 | \$2.80 | \$54.03 | \$0.86 |
| EE + DP + DP Child(ren) & Child(ren) | \$12.10 | \$0.60 | \$59.61 | \$2.06 | \$54.03 | \$0.37 |

* Your contributions toward coverage of your domestic partner will be post-tax. Federal law also requires that your employer's contribution toward this coverage be included in your wages as taxable income. The amount appearing in the Imputed Income column is subject to federal tax withholding, employment, and social security taxes.

SPENDING ACCOUNTS

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|----------------------------------|----------------------------|
| Dependent Care Spending Account | Annual Maximum of \$5,000 |
| Health Care Spending Account | Annual Maximum of \$2,750* |
| Mass Transit Pre-Tax Account | Monthly Maximum of \$270 |
| Commuter Parking Pre-Tax Account | Monthly Maximum of \$270 |

* The Health Care Spending Account annual contribution limit is \$2,750. IRS has not announced the limit for 2021.

LONG-TERM DISABILITY (LTD)

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|---|---|-----------------------------|
| Long Term Disability (LTD) Basic (100% Hospital paid) | 40% of pre-disability monthly earnings up to \$4,000 | Automatic enrollment |
| Buy-Up Option | 60% of pre-disability monthly earnings up to \$25,000 when added to Basic LTD | Cost based on annual salary |

LEGAL PLANS

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|---------------------|--------|
| MetLife Legal Plans | \$6.92 |
|---------------------|--------|

LIFE INSURANCE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

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| Group Term Life Insurance 100% Employer paid benefit | Basic Life Insurance equal to one times your annual base salary (minimum benefit of \$50,000) | <ul style="list-style-type: none"> Automatic enrollment Employees earning an annual salary of more than \$50,000 can choose to limit coverage to \$50,000 to avoid imputed tax |
| Supplemental Life Insurance Your contribution may change during the plan year to reflect changes in your salary and/or age. | Option to purchase additional coverage of 1x, 2x, 3x, 4x or 5x your annual base salary (EOI may be required) | Cost based on age and annual salary |
| Spouse/Domestic Partner Life Insurance EOI may be required | Option to purchase coverage in the following amounts: | |
| | \$20,000 | \$2.65 |
| | \$40,000 | \$5.30 |
| | \$60,000 | \$7.95 |
| | \$80,000 \$100,000 | \$10.60 \$13.25 |
| Child/Domestic Partner Child Life Insurance | Option to purchase coverage in the following amounts: | |
| | \$2,000 | \$0.19 |
| | \$4,000 | \$0.38 |
| | \$6,000 | \$0.57 |
| | \$8,000 \$10,000 | \$0.76 \$0.95 |
| Accidental Death & Dismemberment | Option to purchase 1x, 2x, 3x, 4x or 5x your annual base salary | Cost based on annual salary |