

Research Foundation for Mental Hygiene, Inc.

SUMMARY OF EMPLOYEE BENEFITS

Refer to your Employee Handbook at http://corporate.rfmh.org/human_resources/forms/EmployeeHandbook2016.pdf

EMPLOYEE BENEFIT	EXPLANATION	ELIGIBILITY	COVERAGE DATE/ ENROLLMENT FORMS DUE BY (IF APPLICABLE)	CARRIER/ ADMINIS- TRATOR	EMPLOYEE COST	ENROLLMENT/CHANGE FORM	ADDITIONAL BENEFIT INFORMATION AVAILABLE
HEALTH INSURANCE	Choose from Empire Plan or a Health Maintenance Organization (HMO) in the service area where you live or work. Coverage is available for you and your qualified dependents	Salaried employees working at least 50% of full- time effort and hourly employees consistently working an average 30 hours or more per week	<p>First day of the second month following appointment</p> <p>Enrollment forms and required documents are due within 30 days of appointment or within 30 days of qualifying event. If you enroll later without a qualifying event, you will be subject to a three-month waiting period.</p>	New York State Health Insurance Plan (NYSHIP)	<p>RFMH Health and Dental Rate Chart : http://corporate.rfmh.org/human_resources/forms/2017HealthRates.pdf</p> <p><i>Rates are bi- weekly and based on full- time equivalent salary</i></p>	<p>Enrollment/Declination Form: http://corporate.rfmh.org/human_resources/forms/PS_404_HealthInsuranceEnrollmentChange.pdf</p> <p>Health Insurance Claim Forms: https://www.cs.ny.gov/employee-benefits/nyship/shared/publications-and-order-forms/hipe.cfm</p>	<p>Health Benefit Information: Benefits at a Glance, Empire Plan Health Insurance Certificate, NYSHIP General Information Book, Formulary information as well as Empire Plan Providers, participating pharmacies and other Services can be found at the NYSHIP website below: https://www.cs.ny.gov/employee-benefits/nyship/group/2/13/1/health-benefits.cfm</p>
DENTAL INSURANCE	Eligible employees and their qualified dependents	Salaried employees after completion of 6 months of service at 50% or more of full- time effort	<p>First day of the month after completing 6 months of service</p> <p>Enrollment forms and required documents are due within 30 days of appointment or within 30 days of a qualifying event.</p>	MetLife Insurance Company	<p><i>Rates are bi- weekly and based on full- time equivalent salary</i></p>	<p>Enrollment /Change Form: http://corporate.rfmh.org/human_resources/forms/Dental%20Enrollment%20and%20Change%20Form.pdf</p> <p>Declination/Waiver Form: http://corporate.rfmh.org/human_resources/forms/WaiverFormHealthDentalVision.pdf</p> <p>Claim Form: http://corporate.rfmh.org/human_resources/forms/Metlife_dental_form.pdf</p>	<p>Dental Plan Certificate Outlining Benefits and Coverage: http://corporate.rfmh.org/human_resources/forms/Dental%20Certificate%20for%20Met%20Life%205_06.pdf</p> <p>MetLife Website for Plan Information, locating Participating Providers, viewing Explanation of Benefits and other pertinent plan benefit information can be found at: www.metlife.com</p>
HEALTH BUY OUT	Annual payment if you opt out of health insurance with RFMH	Annual payment if you opt out of health insurance with RFMH	Enroll during annual Open Enrollment. Payments made after opting out of RFMH health insurance for one continuous year	RFMH	N/A	Enrollment forms are sent to all employees annually during Open Enrollment	Summary of eligibility requirements, enrollment process and annual payment amounts: http://corporate.rfmh.org/human_resources/forms/2015HealthBuyOutSummaryProvisions.pdf

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VISION INSURANCE	Eligible employees and their qualified dependents	Salaried employees working at least 50% of full- time effort	First day of the second month following appointment	MetLife Insurance Company	\$ 1.00 for individual coverage and \$5.50 for family coverage Premium is deducted bi-weekly from employee paycheck on a pre-tax basis unless post-tax is elected	Enrollment Form: http://corporate.rfmh.org/human_resources/forms/VisionEnrollmentForm.pdf Waiver/Declination Form: http://corporate.rfmh.org/human_resources/forms/WaiverFormHealthDentalVision.pdf	Overview of Benefits: http://corporate.rfmh.org/human_resources/forms/VisionBenefitsOverview.pdf
			Enrollment forms and required documents are due within 30 days of appointment or within 30 days of a qualifying event				
LEGAL INSURANCE	Eligible employees for employee, spouse and dependents	Salaried employees working at least 50% of full- time effort	First day of the month after appointment or January for those enrolling during annual open enrollment	MetLife Insurance Company	Employee cost is \$9.00 bi-weekly and is deducted from payroll check	Enrollment Form: http://corporate.rfmh.org/human_resources/forms/MetLawEnrollmentForm.pdf	Summary of Benefits: http://corporate.rfmh.org/human_resources/forms/MetLawSummaryBenefits.pdf
			Other than annual Open Enrollments, forms are due within 30 days of appointment or qualifying event				
RETIREE HEALTH ACCOUNT	Monthly contributions into a Defined Contribution Plan health account, which can be used	Monthly contributions begin after completing 10 years of service in	Upon Separation from RFMH service	Emeriti Retirement Health Solutions underwritten by Aetna for	No employee cost	To enroll in health insurance you must contact Emeriti Service Center at 1-866-363-7484	You can obtain additional plan information from the Health Benefit Administrator at your work location or by contacting our main Human Resource mailbox at hr@rfmh.org .

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RETIREE HEALTH ACCOUNT (cont.)	to pay for health premiums and qualified medical expenses post RFMH employment. Contributions are pro-rated for part-time employees.	benefit eligible status or when you attain age 40. Vesting occurs post RFMH employment to those who have at least 15 years of qualified service and your age plus years of service equal at least 70	Enrollment in health within 30 days of separation from service	health insurance, Savitz for reimbursement of qualified medical expenses and TIAA-CREF for record keeping			You may also contact Emeriti directly at 1-866-363-7484, pressing option #1
VOLUNTARY RETIREE HEALTH ACCOUNT	Voluntary after-tax contributions to Emeriti Health Account	Age 21	Enrollment can begin at anytime	TIAA-CREF/ Emeriti Retirement Health Solutions	Determined by employee	Enrollment/Change Form: http://corporate.rfmh.org/human_resources/forms/VoluntarySalaryDeductionAgreementEmeritiPlan.pdf	You can obtain additional plan information from the Health Benefit Administrator at your work location or by contacting our main Human Resource mailbox at: hr@rfmh.org
DEPENDENT CARE PROGRAM	Pre-tax deduction for qualified dependent care expenses up to maximum of \$5,000 annually	Salaried employees working at least 50% of full- time effort	First day of the month after appointment or January for those enrolling during annual Open Enrollment Other than annual Open Enrollments, forms are due within 30 days of appointment or qualifying event	Diversified Administration Corporation	Bi-weekly payroll deduction based on annual election	Enrollment Form: http://corporate.rfmh.org/human_resources/forms/2017_HealthDependentEnrollment.pdf W-10 Dependent Care Provider Form: http://corporate.rfmh.org/human_resources/forms/w10.pdf Request for Reimbursement Form: http://corporate.rfmh.org/human_resources/forms/2015DependentCareReimbursement.pdf	Benefit eligibility, reimbursement process and deadlines: http://corporate.rfmh.org/human_resources/forms/2011Health_DependentCare_Handbook.pdf Diversified Website: www.dgb-online.com

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HEALTH FLEX PROGRAM	Pre-tax payroll deduction to use for qualified medical expenses up to \$2,550 annually	Salaried employees working at least 50% of full- time effort	First day of the month after appointment or January for those enrolling during annual open enrollment	Diversified Administration Corporation	Bi-weekly payroll deduction based on annual election	Enrollment Form: http://corporate.rfmh.org/human_re sources/forms/2017_HealthDepen dentEnrollment.pdf Request for Reimbursement Form: http://corporate.rfmh.org/human_re sources/forms/2017_HealthReimbu rsement.pdf	Benefit Overview document on our website at: http://corporate.rfmh.org/human_re sources/forms/2011Health_DependentCare_Handbook.pdf Diversified Website: www.dgb-online.com
			Other than annual Open Enrollments, forms are due within 30 days of appointment or qualifying event				
TAX FREE TRANSPORTATION AND PARKING PROGRAM	Pre-tax payroll deduction to pay for qualified transportation and parking expenses. Maximum of \$255 per month for each transportation and parking program	Salaried employees working at least 50% of full- time effort	1st of the following month after enrollment	Diversified Administration Corporation	Bi-weekly payroll deduction based on monthly election	Enrollment Form: http://corporate.rfmh.org/human_re sources/forms/2017_FlexTransE nrollment.pdf	Benefit Overview at: http://corporate.rfmh.org/human_re sources/forms/2011Health_DependentCare_Handbook.pdf Diversified Website: www.dgb-online.com
			Enrollment/change forms are due by the 25th of any month for the following month				
BASIC LIFE INSURANCE	Insurance equal to your annual salary rounded up to the nearest thousand with a maximum benefit of \$80,000	Salaried employees working at least 80% of full- time effort	First day of the month after completing three (3) continuous months of qualified service	MetLife Insurance Company	No cost for basic life insurance	Enrollment Form for Basic and Optional Life Insurance: http://corporate.rfmh.org/human_re sources/forms/MetLife_LifeEnrollm entForm.pdf	Benefit details for Life, Optional Life and Dependent Life Insurance on our website at: http://corporate.rfmh.org/human_resou rces/forms/Life%2C%20optional%20Li fe%20and%20Dependent%20Life%20 Certificate%205_06.pdf MetLife Website: www.metlife.com
OPTIONAL LIFE INSURANCE	Insurance up to three (3) times your annual salary. Maximum coverage is \$380,000 combined with RFMH provided coverage	Salaried employees working at least 80% of full- time effort	Within 30 days of Basic Life eligibility or annually during Open Enrollment		Optional life rates http://corpora te.rfmh.org/h uman_resour ces/forms/201 3OptionalLife RateChart.pdf	Enrollment Form for Basic and Optional Life Insurance: http://corporate.rfmh.org/human_re sources/forms/MetLife_LifeEnrollm entForm.pdf	Benefit details for Life, Optional Life and Dependent Life Insurance on our website at: http://corporate.rfmh.org/human_resou rces/forms/Life%2C%20optional%20Li fe%20and%20Dependent%20Life%20 Certificate%205_06.pdf MetLife Website: www.metlife.com

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AUTO AND HOME INSURANCE	Low rates on Auto and Homeowners Insurance	Salaried employees working at least 50% of full- time effort	First day of the month following RFMH appointment Enrollment forms due within 30 days of appointment	MetLife Insurance Company	Cost is based on individual policies. Additional discount provided for premiums paid through payroll deduction	Contact MetLife directly at 1-800-GET-MET8	Program Brochure on our website at: http://corporate.rfmh.org/human_resources/forms/MetLifeAutoHomeBrochure.pdf MetLife Website: www.metlife.com
CRITICAL CARE ILLNESS INSURANCE	Insurance providing you with a lump sum payment if diagnosed with one of six (6) covered medical conditions	Salaried employees working at least 50% of full- time effort	First day of the month following RFMH appointment Enrollment forms due within 30 days of appointment	MetLife Insurance Company	Critical Illness rates: http://corporate.rfmh.org/human_resources/forms/CriticalIllnessRates.pdf	Enrollment Form: http://corporate.rfmh.org/human_resources/forms/Fillable_Critical_Care_Enroll_form.pdf	Program Description: http://corporate.rfmh.org/human_resources/forms/CriticalIllnessInformation.pdf MetLife Website: www.metlife.com
SHORT TERM DISABILITY	Partial income replacement up to \$170 per week for a disability lasting up to 26 weeks	After completing 4 consecutive weeks of employment	After completing 4 consecutive weeks of employment	MetLife Insurance Company	No cost	Claim Form: http://corporate.rfmh.org/human_resources/forms/fillable_STD%20Form.pdf	Employees who will be out of work due to any medical condition requiring absence from work for 5 days up to six months must contact their local Human Resource office. Short term disability runs concurrently with FMLA leave. Contact your local Human Resource Office for additional benefit details.

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LONG TERM DISABILITY	Partial income replacement up to 60% of wages for a disability lasting more than 6 months	Salaried employees after working at least 80% of a full- time work schedule for a full continuous year	<p>First day of the month following the completion of 1 year of service</p> <p style="color: orange;">Enrollment forms due within 30 days of the completion of 1 year of service</p>	Teachers Insurance and Annuity Association/College Retirement Equities Fund (TIAA-CREF)	No cost to employee	<p>Enrollment Form: http://corporate.rfmh.org/human_resources/forms/LTD_enrollment.pdf</p>	<p>MetLife Long Term Disability Certificate including plan information: http://corporate.rfmh.org/human_resources/forms/2010MetLife_LTD_Certificate.pdf</p>
<p>RETIREMENT DEFINED CONTRIBUTION PLAN (EMPLOYER CONTRIBUTIONS)</p>	<p>Employer contributions into Defined Contribution Plan</p> <p>Contribution percentage rates are determined by the contribution rate in effect at the time of RFMH appointment</p>	Employees who work at least 1,000 hours in any anniversary year. Vesting occurs after completing three (3) years of qualified service	Employment anniversary date after the completion of one (1) year of qualified service	Teachers Insurance and Annuity Association/College Retirement Equities Fund (TIAA)	No cost to employee	<p>No Enrollment form is needed you must register online at: https://www.tiaa.org/public/index.html</p>	<p>Summary Plan Description available on our website at: http://corporate.rfmh.org/human_resources/forms/Defined_SummaryPlanDescription.pdf</p> <p>Defined Retirement Plan Investment Options Comparative Chart: http://corporate.rfmh.org/human_resources/forms/DefinedRetirementPlanInvestmentOptionsComparativeChart.pdf</p> <p>Defined Contribution Plan Qualified Default Alternative (QDIA) Notice: http://corporate.rfmh.org/human_resources/forms/QDIAAnnualNotice.pdf</p> <p>Defined Contribution Plan Lifecycle Funds Fact Sheet: http://corporate.rfmh.org/human_resources/forms/LifecycleFundsFactSheet.pdf</p>
<p>SUPPLEMENTAL RETIREMENT ANNUITY (EMPLOYEE CONTRIBUTIONS)</p>	Pre-tax salary reduction deposited in a Supplemental Retirement Annuity Account. Maximum	All employees are eligible	No waiting period. Enrollment forms are processed as they are received	Teachers Insurance and Annuity Association/ College Retirement	Bi-weekly payroll deduction	<p>Enrollment/Change form: http://corporate.rfmh.org/human_resources/forms/SalaryReductionAgreement.pdf</p>	<p>Summary Plan Description available on our website at: http://corporate.rfmh.org/human_resources/forms/SummaryPlanDescriptionTDAFrozenDCPlan.pdf</p>

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<p>SUPPLEMENTAL RETIREMENT ANNUITY (EMPLOYEE CONTRIBUTIONS) (cont.)</p>	<p>Contributions are \$18,000 annually for those who have not yet attained age 50. An additional catch-up contribution of \$6,000 is available to those who have or will attain age 50 during the calendar year.</p>			<p>Equities Fund (TIAA)</p>			<p>TDA Plan Summary of Plan Services and Costs: http://corporate.rfmh.org/human_resources/forms/TDAPlanSummaryPlanServicesCosts.pdf</p> <p>TDA Investment Options Comparative Chart: http://corporate.rfmh.org/human_resources/forms/TDAInvestmentOptionsComparativeChart.pdf</p> <p>Lifecycle Funds Fact Sheet: http://corporate.rfmh.org/human_resources/forms/LifecycleFundsFactSheet.pdf</p> <p>Qualified Default Investment Alternative (QDIA): http://corporate.rfmh.org/human_resources/forms/QDIAAnnualNotice.pdf</p>
<p>PRIOR SERVICE CREDIT (RETIREMENT)</p>	<p>RFMH recognizes your employment from certain organizations towards meeting service requirements for participation and vesting in our Defined Contribution retirement plan</p> <p>Prior Service Credit is applicable towards vesting requirements and not tier percentages</p>	<p>If your immediate prior employer was one of the Eligible Employers listed on the Request for Prior Service Credit Form</p>	<p>Prior Service Credit will be credited back to the latest date of RFMH appointment as long as the completed form is competed and returned within six (6) months of RFMH appointment</p>	<p>RFMH</p>	<p>No Cost</p>	<p>Request for Prior Service Credit: http://corporate.rfmh.org/human_resources/forms/RequestServiceCredit.pdf</p>	<p>Eligible employers:</p> <p>New York State Department of Mental Hygiene or any of its component agencies, New York State Office of Alcoholism and Substance Abuse Services, New York State Department of Mental Health or the New York State Office for People with Developmental Disabilities, an accredited college or university in the United States or a non-profit research organization incorporated as a 501(C) (3) organization in the United States.</p>

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EDUCATIONAL ASSISTANCE	Reimbursement up to 75% of tuition, books, and fees up to a maximum of \$5,250 per calendar year	Salaried employees working at least 50% time of full-time effort	1 year of service at completion of course <i>Application deadlines are 6/30, 9/30 and 1/30 of each calendar year</i>	RFMH	No Cost	Application: http://corporate.rfmh.org/human_resources/forms/Educational_Assistance_Packet_fillable.pdf	Educational Assistance Policy available at: http://corporate.rfmh.org/human_resources/forms/Educational_Assistance_Policy.pdf
PAID TIME OFF	Paid time off from work using earned holiday, personal, sick and vacation accruals	See specific eligibility requirements in the RFMH Handbook	Accruals are earned and charged on employee bi-weekly timecards	RFMH	No Cost	N/A	RFMH Employee Handbook: http://corporate.rfmh.org/human_resources/forms/EmployeeHandbook2016.pdf
FAMILY AND MEDICAL LEAVE (FMLA)	Entitles eligible employees to up to 12 weeks of unpaid, job protected leave due to a serious health condition or a serious health condition of a qualified family or service member	Employees who have completed 1 full year of service working at least 1,250 hours	Your local Human Resource office must be notified as soon as you are aware of the need for leave	RFMH	No Cost	Required form(s) are determined based on the reason for the leave. Contact the Benefits Administrator at your location for the forms applicable to your situation	Employee information on FMLA leave: http://corporate.rfmh.org/human_resources/forms/EmployeeInformation_FMLA.pdf
LEAVE DONATION	You may receive donated leave from other eligible RFMH employees to provide continued pay and benefits while absent from work due to your serious medical condition	Employed in a full or part-time salaried position for a period of one continuous year and be eligible to earn leave accruals	Based on when employee accruals are exhausted.	RFMH	No Cost	Contact your Local Human Resource Office for additional information and request form	Contact your local Human Resource Office for additional details.

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VISIONACCESS	Provides discounts at certain providers for employees and their family.	All employees are eligible	First Day of Employment	MetLife	No Cost	Download discount certificate at our website: http://corporate.rfmh.org/human_resources/forms/vision_card.jpg	To locate a provider visit: www.eyemedvisioncare.com/metlife

*If there is a discrepancy between what is listed on this Benefits Chart and the Plan Document the Plan Document shall take precedence.***