

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 for additional details

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><i>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.</i></p>	New York State Health Insurance Plan (NYSHIP)	<p>RFMH Health and Dental Rate Chart:</p> <p>2024 Bi-Weekly Health Dental and Vision Rates</p> <p><i>Rates are bi-weekly and based on full-time equivalent salary</i></p>	<p>Enrollment/Declination Form:</p> <ul style="list-style-type: none"> PS 404 Enrollment/Change Form RFMH Waiver Form for Health/Dental/Vision <p>Health Insurance Claim Forms:</p> <p>NYSHIP Claim Forms</p> <p>To ensure you are receiving the correct claim forms you will need to select "I am working for a Participating Employer (PE)"</p>	<p>Health Benefit Information: Benefits at a Glance, Empire Plan Health Insurance Certificate, NSHIP General Information Book, Formulary information as well as Empire Plan Providers, participating pharmacies and other Services can be found at the NYSHIP website below:</p> <ul style="list-style-type: none"> 2024 CHOICES General Information Book 2024 AT A GLANCE BOOK Empire Plan Flexible Formulary Preferred Drug List 2024 Comprehensive Formulary Drug List 2024 Specialty Pharmacy Program Drug List 2024 Empire Plan Excluded Drug List 2024 Empire Plan Prescription Drugs requiring prior authorization 2024 Empire Plan Preventive Care Coverage Guide Out of Network Reimbursement Disclosures
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><i>Enrollment forms and required documents are due within 30 days of appointment or within 30 days of a qualifying event.</i></p>	MetLife Insurance Company		<p>Enrollment /Change Form:</p> <p>Dental Enrollment Form</p> <p>Declination/Waiver Form</p> <p>RFMH Waiver Form for Health/Dental/Vision</p> <p>Claim Form:</p> <p>MetLife Dental Claim Form</p>	<p>Dental Plan Certificate Outlining Benefits and Coverage:</p> <ul style="list-style-type: none"> Dental Benefits Overview <p>Online Account Access</p> <ul style="list-style-type: none"> My Group Benefits MetLife <p>MetLife Website for Plan Information, locating Participating Providers, viewing Explanation of Benefits and other pertinent plan benefit information can be found at:</p> <ul style="list-style-type: none"> How to Register for MetLife MYBenefits Insurance and Employee Benefits MetLife

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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: <ul style="list-style-type: none"> • 2024 Health Buy Out Enrollment Form • Health Buy Out Summary of Provisions
VISION INSURANCE	Eligible employees and their qualified dependents	Salaried employees working at least 50% of full- time effort	<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 a qualifying event. Forms received outside of this period will need to satisfy a three-month waiting period.</p>	MetLife Insurance Company	<p>\$ 1.00 for Individual coverage and \$5.50 for family coverage</p> <p>Premium is deducted bi-weekly from employee paycheck on a pre-tax basis unless post-tax is elected</p>	<p>Enrollment Form:</p> <ul style="list-style-type: none"> • Vision Enrollment/Change Form <p>Waiver/Declination and Vision Claim Form:</p> <ul style="list-style-type: none"> • RFMH Waiver Form for Health/Dental/Vision • Vision Claim Form 	<p>Overview of Benefits:</p> <ul style="list-style-type: none"> • Vision Insurance Summary of Benefits <p>Online Account Access</p> <ul style="list-style-type: none"> • My Group Benefits - Vision, Dental, Legal • How to Find a Vision Provider
LEGAL INSURANCE	Eligible employees for employee, spouse and dependents	Salaried employees working at least 50% of full-time effort	<p>First day of the month after appointment or January for those enrolling during annual open enrollment</p> <p>Other than annual Open Enrollments, forms are due within 30 days of appointment or qualifying event</p>	MetLife Insurance Company	Employee cost is \$9.00 bi-weekly and is deducted from payroll check	Enrollment and Opt Out Form: Enrollment - Opt Out Form	<p>Plan Information:</p> <ul style="list-style-type: none"> • Legal Plan Overview • Legal Certificate of Coverage • Top 5 Reasons to Enroll in Legal Plan • Legal Fact Sheet

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RETIREE HEALTH ACCOUNT	<p>Monthly contributions into a Defined Contribution Plan health account, which can be used to pay for health premiums and qualified medical expenses post RFMH employment.</p> <p>Contributions are pro-rated for part-time employees.</p>	<p>Monthly contributions begin after completing 10 years of service in 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</p>	<p>Upon Separation from RFMH service</p> <p>Enrollment in health within 30 days of separation from service</p>	<p>Emeriti Retirement Health Solutions</p> <p>Underwritten by Aetna for health insurance, Savitz for reimbursement of qualified medical expenses and TIAA for recordkeeping</p>	No employee cost	<p>To enroll in health insurance, you must contact Emeriti Service Center at 1-866-363-7484</p>	<p>You can obtain additional plan information from the Health Benefit Administrator at your work location or by contacting our main Human Resource mailbox at Payroll-HRProcessing@rfmh.org</p> <p>You may also contact Emeriti directly at 1-866-363-7484, pressing option #1</p>
VOLUNTARY RETIREE HEALTH ACCOUNT	<p>Voluntary after-tax contributions to Emeriti Health Account</p>	Age 21	Enrollment can begin at anytime	Emeriti Retirement Health Solutions	Determined by employee	<p>Enrollment/Change Form:</p> <p>Emeriti Voluntary Contribution Enrollment Form</p>	<p>You can obtain additional plan information from the Health Benefit Administrator at your work location or by contacting our main Human Resource mailbox at: payroll-hrprocessing@rfmh.org</p>
DEPENDENT CARE PROGRAM Continued next page	<p>Pre-tax deduction for qualified dependent care expenses up to maximum of \$5,000 annually</p>	Salaried employees working at least 50% of full- time effort	<p>First day of the month after appointment or January for those enrolling during annual Open Enrollment. Enrollment in this plan requires annual re-enrollment.</p>	Diversified Administration Corporation	Bi-weekly payroll deduction based on annual election	<p>Enrollment Form:</p> <ul style="list-style-type: none"> 2024 Enrollment Form <p>W-10 Dependent Care Provider Form</p> <ul style="list-style-type: none"> W.10 Form 	<p>Benefit eligibility, reimbursement process and deadlines: Flexible Spending Arrangement Overview</p> <p>Diversified Website: www.dgb-online.com</p>

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DEPENDENT CARE PROGRAM (cont.)			Other than annual Open Enrollments, forms are due within 30 days of appointment or qualifying event			Request for Reimbursement Form: 2024 Dependent Care Reimbursement Form	
HEALTH FLEX PROGRAM	Pre-tax payroll deduction to use for qualified medical expenses up to \$3,050 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. Enrollment in this benefit is required each year during 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 and Request for Reimbursement Forms: <ul style="list-style-type: none"> 2024 Enrollment Form Request for Reimbursement Form: 2024 Request for Reimbursement Form 	Benefit Overview document on our website at: http://corporate.rfmh.org/human_resources/forms/2011Health_Dependent_Care_Handbook.pdf <ul style="list-style-type: none"> Flexible Spending Accounts Online Access Employee User Guide Wealthcare Admin Portal RFMH Mobile App FAQ's Diversified Website: <ul style="list-style-type: none"> www.dgb-online.com
TAX FREE TRANSPORTATION AND PARKING PROGRAM	Pre-tax payroll deduction to pay for qualified transportation and parking expenses. Maximum of \$300 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 Enrollment/change forms are due by the 25th of any month for the following month and monies remaining in account after separation of employment will be forfeited.	Diversified Administration Corporation	Bi-weekly payroll deduction based on monthly election	Enrollment and Request for Reimbursement Forms: <ul style="list-style-type: none"> Transportation and Parking Enrollment / Change Form Parking Reimbursement Claim Form 	<ul style="list-style-type: none"> Mobile App Account Access Transportation and Parking Plan Document RFMH Mobile App FAQ's Diversified Website: <ul style="list-style-type: none"> www.dgb-online.com
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 Life Insurance: <ul style="list-style-type: none"> Enrollment form Beneficiary Designation Form 	Benefit details for Life, Optional Life and Dependent Life Insurance on our website at: <ul style="list-style-type: none"> Certificate of Coverage MetLife Website: <ul style="list-style-type: none"> www.metlife.com

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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	Enrollment Form for Basic and Optional Life Insurance: <ul style="list-style-type: none"> • Enrollment form • Statement of Health Form for those requesting more than \$150,000 in Optional Life Coverage • Beneficiary Designation Form 	Benefit details for Life, Optional Life and Dependent Life Insurance on our website at: <ul style="list-style-type: none"> • Certificate of Coverage • Optional Life Insurance Custom Plan Options MetLife Website: <ul style="list-style-type: none"> • www.metlife.com
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 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: <ul style="list-style-type: none"> • Auto and Home Brochure MetLife Website: <ul style="list-style-type: none"> • www.metlife.com
WORKER'S COMPENSATION	Provides compensation for medical expenses and time away from work for employee injuries occurring on the job while in the performance of job duties	All employees	First day of employment	Chubb	Not cost	Must Notify Human Resources at your location of a workplace injury or illness within 24 hours of event.	Please reach out to your Human Resources Department with any questions regarding Worker's Compensation at payroll-hrprocessing@rfmh.org

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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: Short Term Disability Claim Form	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. Link to PFL, FMLA STD Informational Guide to Job Protected Leaves
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	First day of the month following the completion of 1 year of service Enrollment forms due within 30 days of the completion of 1 year of service	MetLife Insurance Company	No cost to employee	Enrollment Form: LTD Enrollment Form	MetLife Long Term Disability Certificate including plan information: <ul style="list-style-type: none"> LTD Certificate te.pdf
RETIREMENT DEFINED CONTRIBUTION PLAN (EMPLOYER CONTRIBUTIONS)	Employer contributions into Defined Contribution Plan Contribution percentage rates are determined by the contribution rate in effect at the time of RFMH appointment	Employees who work at least 975 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	No Enrollment form is needed you must register online at: https://www.tiaa.org/public/index.html	Summary Plan Description available on our website at: http://corporate.rfmh.org/human_resources/forms/Defined_SummaryPlanDescription.pdf Defined Retirement Plan Investment Options Comparative Chart: http://corporate.rfmh.org/human_resources/forms/DefinedPlanInvestmentNotice_ComparativeChart.pdf

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<p style="text-align: center;">RETIREMENT DEFINED CONTRIBUTION PLAN</p> <p style="text-align: center;">(EMPLOYER CONTRIBUTIONS)</p> <p style="text-align: center;">Continued</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: https://fluenttech.tiaa.org/pdf/factsheet/A12599.pdf</p>
<p style="text-align: center;">SUPPLEMENTAL RETIREMENT ANNUITY</p> <p style="text-align: center;">(EMPLOYEE CONTRIBUTIONS)</p>	<p>Pre-tax salary reduction deposited in a Supplemental Retirement Annuity Account. Maximum Contributions are \$22,500 annually for those who have not yet attained age 50</p> <p>An additional catch-up contribution of \$7,500 is available to those who have or will attain age 50 during the calendar year</p>	<p>All employees are eligible.</p> <p>Beginning January 1, 2023 all employees including new hires will be auto enrolled into the SRA plan at a rate of 3%. Employees do have the option of opting out of the automatic 3% but must opt out online at TIAA – RFMH Microsite https://www.tiaa.org/public/tcm/rfmh</p>	<p>All new hires and all current employees will be enrolled at 3% beginning January 1, 2023. Employees may opt out by visiting</p> <p>TIAA – RFMH Microsite https://www.tiaa.org/public/tcm/rfmh</p>	<p>Teachers Insurance and Annuity Association/ College Retirement</p>	<p>Bi-weekly payroll deduction</p>	<p>To Enroll or Change Contributions into your Supplemental Retirement Account you must visit the website below. Enrollment and Changes are not permitted to be made through your payroll or Human Resource Office.</p> <p>TIAA – RFMH Microsite https://www.tiaa.org/public/tcm/rfmh</p>	<p>Summary Plan Description available on our website at: http://corporate.rfmh.org/human_resources/forms/SummaryPlanDescriptionTDAFrozenDCPlan.pdf</p> <p>Research Foundation for Mental Hygiene, Inc. TDA Plan Investment Options and Comparative Chart: http://corporate.rfmh.org/human_resources/forms/TDAPlanInvestmentNoticeComparativeChart.pdf</p> <p>TIAA – RFMH Microsite https://www.tiaa.org/public/tcm/rfmh this site is used to enroll, make changes and for General Information.</p>

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<p style="text-align: center;">ROTH CONTRIBUTION OPTION</p>	<p>Post Tax salary reductions for retirement.</p> <p>Contributions are \$22,500 annually for those who have not yet attained age 50</p> <p>An additional catch-up contribution of \$7,500 is available to those who have or will attain age 50 during the calendar year</p>	<p>All employees are eligible. Beginning January 1, 2023, all employees including new hires will be auto enrolled into the SRA plan at a rate of 3%. Employees do have the option of opting out of the automatic 3% and must opt out online at TIAA – RFMH Microsite https://www.tiaa.org/public/tcm/rfmh.</p>	<p>No waiting periods. Enrollment forms are processed as they are received</p>	<p>Teachers Insurance and Annuity Association/ College Retirement Equities Fund (TIAA)</p>	<p>Bi-weekly payroll deduction</p>	<p>To Enroll or Change Contributions into your Supplemental Retirement Account you must visit the website below. Enrollment and Changes are not permitted to be made through your payroll or Human Resource Office.</p> <p>TIAA – RFMH Microsite https://www.tiaa.org/public/tcm/rfmh</p>	<p>The Roth Contribution Option Brochure: http://corporate.rfmh.org/human_resources/forms/RothContributionOption.pdf</p> <p>Research Foundation for Mental Hygiene, Inc. TDA Plan Investment Options and Comparative Chart: http://corporate.rfmh.org/human_resources/forms/TDAPlanInvestmentNoticeComparativeChart.pdf</p> <p>TIAA – RFMH Microsite https://www.tiaa.org/public/tcm/rfmh this site is used to enroll, make changes and for General Information.</p>
<p style="text-align: center;">PRIOR SERVICE CREDIT (RETIREMENT)</p>	<p>RFMH recognizes employment from certain organizations towards meeting service requirements for participation and vesting in our Defined Contribution retirement plan</p> <p>-----</p> <p>Prior Service Credit is applicable towards vesting requirements and not tier Percentages</p>	<p>If your prior employer(s) 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 if 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 Form to Request Prior Service Credit</p>	<p>Eligible employers: 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 Application deadlines are 6/30, 9/30 and 1/30 of each calendar year	RFMH	No Cost	Application: Educational Assistance Packet .pdf	Educational Assistance Policy available at: Educational Assistance Eligibility, Educational Leave, Exclusions and Reimbursement Process
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	<ul style="list-style-type: none"> • RFMH Employee Handbook • 2024 RFMH Holiday Schedule
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: Employee General Information FMLA Link to PFL, FMLA STD Informational Guide to Job Protected Leaves
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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PAID FAMILY LEAVE (PFL)	Provides eligible employees with up to 10 weeks of job protected paid leave for qualified medical or family reasons to include: Family illness, adoption or the foster care placement of a child, military deployment, (not for personal illness or injury).	Employee must have worked 26 weeks and be scheduled to work no less than 20 hours a week. If working less than 20 hours per week, employee must have completed 175 days of work.	Request for PFL is submitted to your local Human Resources department 30 days in advance in writing indicating the reason for the leave and the requested/required duration.	MetLife Insurance Company	2023 all employees will contribute 0.455% of their gross wages per payroll period. The maximum annual employee contribution is \$399.43	<p>Claim forms are available on our Website based on the need for leave.</p> <p>Bonding with a child, caring for a Family Member, Military (active duty or impending duty abroad): Form to Request Leave under PFL</p>	<p>Information Guide is a comparative chart of leaves and provides eligibility, limitations, process, benefits, etc. http://corporate.rfmh.org/human_resources/forms/PFL_InfoGuide.pdf Statement of Rights: http://corporate.rfmh.org/human_resources/forms/PFL_EmployeeRights.pdf</p> <p>Waiver form to opt out of paid family leave benefits: http://corporate.rfmh.org/human_resources/forms/PFLWaiver.pdf</p> <p>Link to PFL, FMLA STD Informational Guide to Job Protected Leaves</p>
VISIONACCESS	Provides discounts at certain providers for employees and their family.	All employees are eligible	First Day of Employment	MetLife Insurance Company	No Cost	<p>Download discount certificate at our website: http://corporate.rfmh.org/human_resources/forms/vision_card.jpg</p>	

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