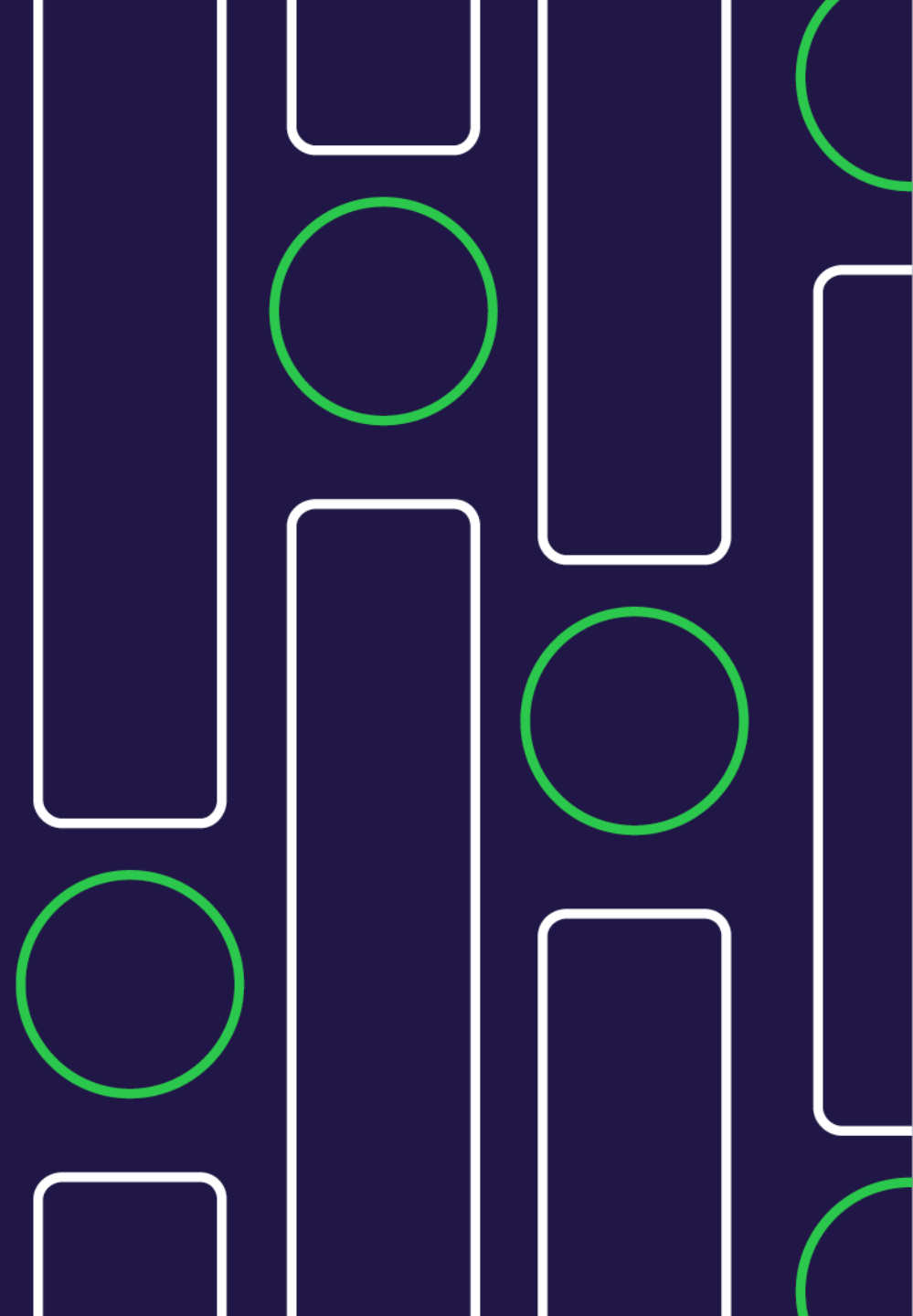


Benefit Orientation

EXPLORE YOUR OPTIONS
YOUR BENEFITS. YOUR WAY.

January – December 2024
Brillio Employees



Disclaimer

This presentation is intended to provide you with a general overview of the benefit plan options available through Brillio.

The presentation will address the advantages and disadvantages of available plan options but will not provide details regarding coverage for specific medications or treatments.

For detailed coverage information, refer to the relevant plan document or policy. Questions regarding your eligibility to enroll in a benefit plan should be addressed with your Human Resources or Benefits Department.

HR Team

benefits@brillio.com



PAYROLL & PAID TIME OFF

■ Payroll

- Bi-Weekly, 26 Pay Periods in a year
- [ADP Workforce Portal](#) provides online access to Paystubs and W2
- [Payroll Calendar](#)
- [Click Here for Instructions on Registering](#)

■ Paid Time Off (Salaried Employees)

- [Flexi PTO](#)
 - Includes vacation, sick, jury duty, bereavement leave, etc. Sick days convert to Short Term Disability (STD) automatically after 5-days.
 - Requires prior management approval and enough lead time
- [Federal Holidays = 9 Days](#)
 - Billable employees follow client holiday calendar
 - Floating Holiday = 2 Days
- Family Planning
 - Pregnancy = 8 weeks
 - Parental = 2 weeks
 - Adoption = 2 weeks

All PTO requests must be requested and approved through the OTG application prior to taking leave.



FIDELITY

- 401k Retirement Plan
 - URL : www.401k.com
 - Plan # : 49607
 - Employer Match
 - 50% of first 6% or Less
 - 2023 IRS Limit: \$23,000
 - Customer Service #: 800-835-5097
 - Immediate vesting
- Student Loan Contribution Program
 - URL : www.netbenefits.com
 - Brillio will contribute \$100 per month towards eligible student loans.
 - Lifetime maximum \$10,000.
 - [Fidelity's Student Debt Tool](#)
 - [Employee and Loan Eligibility](#)

Example : Employee with Annual Salary USD 100,000

	EE Contribution	ER Contribution
1.	4% = \$4,000	50% of 4000 = \$2,000
2.	6% = \$6,000	50% of 6000 = \$3,000
3.	10% = \$10,000	50% of 6000 = \$3,000
4.	12% = \$12,000	50% of 6000 = \$3,000



You make the **payments**



We'll help with the **payoff**

BACK UP CARE

Brillio has partnered with **Bright Horizons®** to help you better manage your many work, family, and personal responsibilities.

Bright Horizons Back-Up Care™ provides access to back-up care for your children, elderly parents and pets during a lapse or breakdown in normal care arrangements.



Register and Reserve Back-Up Care by visiting:
<http://bh.social/2VnxLSD>

If Prompted:
Employer Username: Brillio | Password: Benefits4You

Otherwise, please use your Brillio work email and EMP ID to register as a new user.

OTHER PERKS

Discount program which saves employees up to 60% on for entertainment, dining, theatre, events, travel and more.



Register using your Brillio email on www.perksatwork.com



Register using the company code BRILLIOPERKS at www.ticketsatwork.com/tickets



Lower your stress and anxiety, improve your focus and get more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm has content suited to your needs and your schedule. Visit [Calm Teams](#) to sign up with your Brillio email.



Up to a 20% Employee Discount for Pet Insurance

- 10% employee discount (The discount applies to all pets, not just the first pet)
- 10% multi-pet discount on all additional pets

Get your free quote on <https://spotpet.link/brillio>



With Door Dash DashPass, you can order food delivery from DoorDash and enjoy \$0 delivery and reduced service fees on unlimited orders. Visit [DoorDash Teams](#) to sign up with your Brillio email.

BENEFITS OVERVIEW

Plan Year : January – December

Enrollment Window

Hire Date



30 Days



Our one-stop benefits enrollment portal.

You will receive access credentials for this site to make your plan selections.

CIGNA	Consumer Driven Health Plan		OAP LOW PLAN		OAP HIGH PLAN	
COSTS SHOWN BELOW ARE IN-NETWORK BENEFITS ONLY. For complete details, please refer to your summary of coverage.						
Plan Network Policy Number	Open Access Plus 627785		Open Access Plus 627785		Open Access Plus 627785	
Annual Deductible	\$1,600 \$3,200		\$1,000 \$2,000		None	
Coinsurance	10%		10%		N/A	
Annual Out-of-Pocket Max	\$5,000 \$10,000		\$3,000 \$6,000		\$5,000 \$10,000	
Office Visit Primary Care	10% after deductible		\$25		\$20	
Office Visit Specialty	10% after deductible		\$25		\$40	
Outpatient Mental Health Office Visit	10% after deductible		\$25		\$40	
Urgent Care	10% after deductible		\$25		\$20	
Emergency Room	10% after deductible		\$100 then 10% after deductible copay waived if admitted		\$100 copay waived if admitted	
Inpatient Hospital	10% after deductible		10% after deductible		No Charge	
Outpatient Surgery	10% after deductible		10% after deductible		No Charge	
Prescription Drugs: Retail (Up To 30-days) Mail Order (Up To 90-days)						
Rx Deductible	Medical deductible applies to all tiers		None		None	
	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Generic	\$10	\$20	\$15	\$30	\$10	\$20
Brand-Name	\$25	\$50	\$35	\$70	\$20	\$40
Non-Preferred Brand	\$40	\$80	\$50	\$100	\$35	\$70
Specialty	30% up to \$200 max	Not Covered	30% up to \$200 max	Not Covered	30% up to \$200 max	Not Covered

ACTIVATE HSA Account

Brillio Contributes	\$1,000 for EE only / \$1,500 for EE + Dependents annually [prorated from date of hire for new hires]
Step 1	www.EBCFlex.com
Step 2	<p>You will be prompted to enter your SSN, DOB, information regarding your dependents etc.</p> <p>Your Health Plan : CIGNA Deductible amount : \$1,600 (single) or \$3,200 (Family)</p>
Step 3	Once your HSA reaches \$1,000, you can start investing your HSA funds through multiple investment models.

DENTAL

GUARDIAN	PPO In-Network Providers	Out-of-Network Providers
Plan Network Policy Number	DentalGuard Preferred NAP 467961	
Calendar Year Deductible	\$25 Individual \$75 Family	
Annual Benefit Max	\$1,500 per Individual	
Preventive	No Charge – Twice every 12 months	
Basic	20% After Deductible	20% After Deductible
Major	50% After Deductible	50% After Deductible
Orthodontia (Children Only)	50% Lifetime Max: \$1,500 per Child	
Note: Balance billing may occur on out of network claims as the overall claim cost may exceed the allowed claim amount.		

Preventive
Cleaning, Oral Exam, Sealants (per tooth) and X-Rays

Basic
Fillings, Scaling & Root Planning and Simple Extractions

Major
General Anesthesia, Dentures and Single Crowns



Download the Guardian Anytime app to view ID card and find an in-network provider!

VISION

AMERITAS DUAL CHOICE	EyeMed	VSP
	In-Network	
Plan Network Policy number	EyeMed Access Network 010-301679	VSP Choice Network 010-301679
Exam Materials Copay	\$10 \$25	\$10 \$25
Contact Lens Exam	Up to \$55 for Fit & Follow up Exam	Up to \$55 for Fit & Follow up Exam
Service Frequencies		
Routine Eye Exam	Once Every 12 Months	Once Every 12 Months
Lenses (Pair)	Once Every 12 Months	Once Every 12 Months
Contact Lenses (Instead Of Glasses)	Once Every 12 Months Elective: Up to \$200 Allowance Medically Necessary: Covered in Full	Once Every 12 Months Elective: Up to \$200 Allowance Medically Necessary: Covered in Full
Frame Benefits	Once Every 12 Months Up To \$200 Allowance	Once Every 12 Months Up To \$200 Allowance

Benefits refresh based on service date, i.e. 12 months from last service date.

Brillio offers a Vision plan either through **EyeMed OR VSP via Ameritas**. You must choose simply between the networks. The benefit amount is the same but it does require you to check the network of providers and select your enrollment based on the best network choice for you.



PLAN COSTS

All withholdings are based on a **bi-weekly employee** contribution under each plan option.
All employee contributions will be deducted from payroll pre-tax.

100%

of Basic Life/AD&D and Disability Insurance are employer paid.

MEDICAL	Employee Bi-WEEKLY Payroll Deductions		
	Consumer Driven Health Plan + HSA	PPO Low	PPO High
Employee (EE)	\$35.41	\$57.96	\$88.11
EE + Spouse	\$82.17	\$134.46	\$204.42
EE + Child(ren)	\$73.32	\$119.97	\$182.39
EE + Family	\$117.60	\$192.41	\$292.52
DENTAL	Bi-WEEKLY Deductions	VISION	Bi-WEEKLY Deductions
Employee (EE)	\$3.07	Employee (EE)	\$2.48
EE + Spouse	\$6.48	EE + Spouse	\$3.39
EE + Child(ren)	\$8.59	EE + Child(ren)	\$3.28
EE + Family	\$12.01	EE + Family	\$5.75

HEALTH SAVING ACCOUNT & FLEXIBLE SPENDING ACCOUNT

HEALTH SAVINGS ACCOUNT (HSA)

Tax free dollars to put towards eligible medical, dental, vision expenses and more.

Some states (CA & NJ) subject HSA contributions to state income tax.

HEALTH FSA

Tax-free dollars to put towards eligible medical, dental, and vision expenses.

DEPENDENT CARE FSA

Tax-free dollars for day care expenses for your qualified dependents (<13 years old) while you work.

LIMITED PURPOSE HEALTH FSA

Tax-free dollars to put towards eligible dental and vision expenses only. Must have a HSA to qualify.



A card to use for your **HSA or FSA** funds will only be issued for new enrollees or if your card has expired.

If you currently have a card, *hang on to it!*

HEALTH SAVING ACCOUNT & FLEXIBLE SPENDING ACCOUNT

	HSA	HEALTH FSA	DEPENDENT CARE
Administrator		EBC	
2023 IRS Annual Max Contribution*	\$4,150 Individual* \$8,300 Family*	\$3,200	\$5,000
Brillio Annual HSA Funding	\$1,000 \$1,500 Per Year \$38.46 \$57.70 Per Payroll	N/A	N/A
Interest Bearing & Portable	Yes	No	No
Associated Medical Plan	High Deductible Health Plan (HDHP)	Not Applicable Employees are not required to enroll in one of the employer-offered medical plans.	
"Use It Or Lose It"	No	Yes	Yes
Pre-Tax Contribution Funding	Yes (Depends On State)	Yes	Yes
Rollover**	Funds rollover at the end of plan year	Up to \$640 of unused funds rollover at end of plan year	No
Funds Availability	Access Only To Funds In Account At The Time	Immediate Access To Full Election Amount	Access Only To Funds In Account At The Time

* Those 55 and older may contribute an additional \$1,000 as a catch-up contribution for their HSA.

COMMUTER BENEFIT

Allows you to pay for expenses related to your regular commute to and from work on a pre-tax basis. Service provided by Sterling Administration.

Transit: Up To \$315 A Month

Parking: Up To \$315 A Month

Eligible Reimbursements

- ✓ Mass Transit (Bus, Train, Subway & Ferry)
- ✓ Transit Passes
- ✓ Parking At Transit Stations and Garages

Ineligible Reimbursements

- ✗ Gas To and From Work
- ✗ Tolls

You Can Change Your Contribution on a Monthly Basis,
Plus It Is Not Subject To The “Use It Or Lose It” Regulations!

Transit expenses must be paid with a EBC issued card.
No cash reimbursements.



Access Funds Online



Download EBC Flex App or Go Online
www.EBCFlex.com



Register



Use EBC card for transit.
Keep receipt for all parking expenses.



Upload Claims (Online & Paper)



Check Balances

LIFE AND AD&D / INCOME PROTECTION

Basic Life and Accidental Death and Dismemberment (AD&D): Lincoln (Salaried Employees Only)

Life Benefit: 1 X Annual Salary

AD&D Benefit: Equal To The Basic Life Benefit

Benefit Reduction Schedule: Benefit amount reduces to 65% of original coverage at age 65, and to 50% of original coverage at age 75.

Spouse Benefit Your spouse/domestic partner is eligible for coverage in the amount of \$5,000.

Child Benefit Your dependent children are eligible for coverage in the amount of \$5,000 until age 23 (25, if full-time student)

Short Term Disability (STD) (Salaried Employees Only)

Weekly Benefit: 66.67% of your pre-disability earnings
up to a max of \$2,500 a week
Benefit Waiting Period: 7 days
Benefit Payout Period: Up to 13 weeks

Long Term Disability (LTD) (Salaried Employees Only)

Monthly Benefit: 60% of your pre-disability earnings
up to a max of \$10,000 a month
Benefit Waiting Period: 90 days
Benefit Payout Period: Duration of disability or
until Social Security Normal Retirement Age

Voluntary Life & Accidental Death And Dismemberment: Lincoln (All Employees)

Employee:

Purchase up to \$300,000 or
in \$10,000 increments

Guarantee issue: \$150,000

Spouse:

Purchase up to \$150,000
in \$5,000 increments
(no more than 50% of employee amount)

Guarantee issue: \$50,000

Dependent child(ren):

Purchase up to \$10,000
in \$1,000 increments
(no more than 10% of employee amount)

Guarantee issue: \$10,000

Benefit amount reduces to 65% of original coverage at age 65, and to 50% of original coverage at age 70.

VOLUNTARY PLANS

Voluntary Health Benefits			
Accident Insurance			
		Wellness Benefit: paid if a covered health screening test is performed	
Employee / Spouse / Child		\$100 per year	
Lincoln			
Provides a lump sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need. No health questions are required to obtain coverage.			
Hospital Admission		\$1000	
Hospital Confinement (Up to 365 days)		\$200 per day	
Physical Therapy (6 Treatments)		\$35 per treatment	
Ambulance (Ground/Air		\$40 per visit	
Emergency Room Treatment		\$120	
Bi-Weekly Rates			
Employee(EE): \$4.43		EE + Spouse: \$7.87	
		EE + Child: \$8.53	
		EE + Family: \$11.97	

VOLUNTARY PLANS

Voluntary Health Benefits	
Critical Illness Insurance	
	Wellness Benefit: paid if a covered health screening test is performed
Employee / Spouse / Child	\$100 per year

Lincoln	
Provides a lump sum benefit at the first diagnosis of a covered illness. It can be used however you choose for the expenses health insurance does not cover.	
Benefit Amount Choices	Employee: \$5,000 - \$20,000 In \$5,000 Increments Covered Spouse: \$5,000 - \$10,000 In \$5,000 Increments Covered Child: \$1,000 \$2,500 \$5,000 \$10,000
Base Module: Heart Attack, Stroke, Major Organ Failure	Pays 100% of the elected benefit amount
Module A: Benign Brain Tumor, Deafness, Occupational HIV	Pays 100% of the elected benefit amount
Cancer Benefit: Cancer, Carcinoma in Situ(25%), Skin Cancer (10%)	Pays up to 100% of the elected benefit amount
Recurrence Benefit Pays elected benefit for the same condition a second time or a second covered illness as long as the same condition or second covered illness occurs after 12 consecutive months since the original occurrence (applies to base module & module a)	
For complete Critical Illness Insurance rates and details, please refer to the full summary on PlanSource.	

VOLUNTARY PLANS

Voluntary Legal Plan: Legal Club of America

To help address the multiple legal needs of families, Legal Club created the Family Protection Plan (FPP). This professional network has contracted with Legal Club to provide its members with free and discounted care in all of the following areas.

What services are available with this plan?

- ✓ Free & Discounted Legal Care
- ✓ Tax Preparation & Advice
- ✓ Financial Education & Credit Counseling
- ✓ Identity Theft Solutions
- ✓ LifeEvents Counseling

Bi-Weekly Rates: \$6.46 (Cost includes dependents)

For more information, visit: www.legalclub.com or call (800) 305-6816

EMPLOYEE RESOURCES

Employee Assistance Program: Employee Connect ® via Lincoln (Available only to Lincoln plan members)	
The EAP can assist with issues such as: <ul style="list-style-type: none">•Managing stress•Marital or family problems•Anxiety and depression•Substance abuse (alcohol and/or drugs)•Financial issues•Child care issues•Legal Guidance	
24/7 Unlimited Assistance	Additional Support
Call 888-628-4824 Online at guidanceresources.com Downloading the GuidanceNow App Username: LFGSupport Password: LFGSupport1	You will have access to 5 in-person sessions with a counselor, per issue, per year.

EMPLOYEE RESOURCES

Travel Assistance: Travel Connect ® via Lincoln (Available only to Lincoln plan members)

Visit [MyOnCallPortal.com](https://myoncallportal.com) and enter Group ID: **LFGTravel123** for access to plan documents, international calling instructions, and destination information.

Available Services

A dedicated support system if you face an emergency when you're 100 or more miles from home; including arranging travel, medical evacuation, and managing accommodations. Travel Connect can also assist with requesting medical records, legal consultations, recovering lost or stolen documents, ID recovery assistance, language translation services, and more.





Additional Services: Life Keys (Available only to Lincoln plan members)







Life Keys Services Include: Discounts on Shopping and Entertainment, Legal, Financial, Family, and Career Guidance, ID Theft Protection, Online Will Preparation, Beneficiary Guidance, and more.

Access Services

Visit [GuidanceResources.com](https://guidanceresources.com), download the **Guidance Now App**, or call **855-891-3684**. First-time users, enter Web ID: **LifeKeys**

HOW TO ENROLL?

			
Read your Materials	Login to your Online Benefit Portal	Verify your Dependents	Choose your Plans & Benefits

NEW HIRE ELIGIBILITY BEGINS ON YOUR DATE OF HIRE	WHO CAN YOU ADD TO YOUR PLAN?	
	ELIGIBLE DEPENDENTS: <ul style="list-style-type: none">✓ LEGALLY MARRIED SPOUSE✓ NATURAL ADOPTED CHILDREN✓ DISABLED CHILD 19 YEARS OR OLDER✓ DOMESTIC PARTNER	INELIGIBLE DEPENDENTS: <ul style="list-style-type: none">× DIVORCED LEGALLY SEPARATED SPOUSE× FOSTER CHILDREN× SIBLINGS PARENTS GRANDCHILDREN
COMMON QUALIFYING LIFE EVENTS		
 MARRIAGE	 BIRTH ADOPTION	 DIVORCE
 GAIN LOSS OF COVERAGE	 DEATH OF SPOUSE DEPENDENT	 RECEIPT OF A MEDICAL SUPPORT ORDER

There is a 30-day limitation from the time of the life event to declare your elections.



Point of Contacts

Enrollment Point of Contact

HR Operations
benefits@brillio.com

Level 2 Point of Contact

Paulina Bettini, Benefits Manager
paulina.b@brillio.com

THANK YOU!!!