

Liberty Utilities Employee Benefits Overview



TABLE OF CONTENTS

2	Benefits-at-a-Glance	9	Basic Life and Accidental Death and Dismemberment Insurance
3	Eligibility	9	Voluntary Life Insurance
3	Dependent Eligibility	10	Short-Term Disability Insurance
4	Medical Coverage	10	Long-Term Disability Insurance
5	Health Savings Accounts (HSAs)	10	Accident
6	Flexible Spending Accounts (FSAs)	11	Critical Illness
7	Dental Coverage	12	Hinge Health
8	Vision Coverage	12	EAP and Additional Benefit Offerings



Liberty Utilities

BENEFITS-AT-A-GLANCE

Liberty Utilities takes pride in offering a benefits program which provides flexibility for the diverse and changing needs of our employees. The following is an overview of the benefits provided to eligible employees and their dependents. Please note that union employees may have a few benefit variations not listed in this guide. Union contracts supersede this guide.

BENEFIT PLAN	
Medical <i>Excellus BlueCross BlueShield</i>	<ul style="list-style-type: none"> • PPO Option 1 • HDHP Option 2
Health Savings Account <i>HSABank</i>	<ul style="list-style-type: none"> • Employer and Employee can contribute on a pre-tax basis to their Health Savings Account
Flexible Spending Account <i>Lifetime Benefit Solutions</i>	<ul style="list-style-type: none"> • Use pre-tax dollars for unreimbursed medical and dependent care needs.
Dental <i>Guardian</i>	<ul style="list-style-type: none"> • Provides benefits for preventive, basic, major and orthodontia services
Vision <i>Guardian - VSP</i>	<ul style="list-style-type: none"> • Provides benefits for eye exams, lenses, frames, and/or contacts
Basic Term Life/AD&D Insurance <i>Guardian</i>	<ul style="list-style-type: none"> • Employer Paid life benefit to protect
Voluntary Term Life Insurance <i>Guardian</i>	<ul style="list-style-type: none"> • Employee paid
Short Term and Long Term Disability Insurance <i>Guardian</i>	<ul style="list-style-type: none"> • Employer Paid
Accident and Critical Illness <i>Guardian</i>	<ul style="list-style-type: none"> • Voluntary Benefit • Accident Paid by Liberty if enrolled on HDHP
Hinge Health	<ul style="list-style-type: none"> • Exercise therapy offered with Medical Plan
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> • Employer Paid



ELIGIBILITY

Full-time (30+ hours per week), and Part-time (20-29 hours per week) employees are eligible for benefits date of hire. If you do not enroll for coverage within 30 days of your eligibility date, you will not receive health coverage during the plan year, unless you experience a qualified life event.

DEPENDENT ELIGIBILITY

You may enroll your eligible dependents in the same plans you choose for yourself. The following are eligible dependents for benefits coverage:

- Your legal spouse or domestic partner
- Your children under the age of 26 (including stepchildren, legally adopted children, children of your domestic partner, foster children, and children placed with you for adoption)
- Your dependent children over the age of 26 who are medically certified as disabled



MEDICAL COVERAGE

Medical and Prescription Drugs

Liberty Utilities offers our employees two different health insurance plans through Excellus BlueCross BlueShield in an effort to provide the most suitable coverage for each employee and their dependents.

	Excellus BCBS PPO Plan 1	Excellus BCBS HDHP Plan 2
Services		
Physician Visit	\$20 Copay	Subject to Deductible
Deductible - Individual - Family	\$250 \$750	\$2,600 \$5,200
Coinsurance	20%	0%
Primary Care Office Visits	\$20 Copay	Subject to Deductible
Hospitalization - Inpatient - Outpatient	Subject to Deductible + Coinsurance Subject to Deductible + Coinsurance	Subject to Deductible Subject to Deductible
Preventive Care	Covered in Full	Covered in Full
Emergency Room	\$100 Copay	Subject to Deductible
Out-of-Pocket Max - Individual - Family	\$1,000 \$3,000	\$5,500 \$11,000
Prescription Drugs (Generic/Formulary/Non-formulary)	\$10/\$30/\$50	Deductible then, \$5/\$35/\$70 Deductible waived for some preventive drugs
Out-of-Network Benefits	Deductible + 30% Balance Billing Applies	Deductible + 0% Balance Billing Applies

Tobacco Surcharge

Liberty is committed to promoting the health and wellbeing of our employees. One area of focus is to reduce tobacco use among our employees. The American Cancer Society states that smoking can shorten lifespans by about 12 years in males and 11 years in females.

Employees that indicate they are a tobacco user will have tobacco surcharge if enrolling in one of our health plans. An additional \$50 will apply per month. (See Surcharge FAQs for details)

To locate participating medical providers in your area and nationwide, please visit:

www.excellusbcbs.com

MEDICAL COVERAGE

Health Savings Account

The Excellus BCBS HDHP Plan 2 plan also comes with a Health Savings Account (HSA). In addition to an employer HSA contribution, employees can set aside additional funds on a pre-tax basis to pay for eligible medical, dental and vision expenses. With an HSA, you must satisfy the deductible before the insurance plan begins to cover your health care costs. Most expenses, including prescription drugs, are applied toward the deductible. Once you satisfy your deductible, the plan covers all in-network services at 100%.

Funds contributed to your HSA roll over from year to year and can also accrue interest. There are no penalties for withdrawing HSA dollars to pay qualified medical expenses. Funds can also be used for non-medical services, such as dental and vision services.

Liberty Utilities contributes:

Full-time employees

- \$1,300 - Employee Only Contract
- \$2,600- Employee Plus Dependent(s) Contract

Part-time employees

- \$650 - Employee Only Contract
- \$1,300- Employee Plus Dependent(s) Contract

These contributions will be prorated and deposited per pay during the plan year.

Things to Consider

The HSA helps you save for medical, vision, and dental expenses.

- If you choose to make additional contributions to your HSA, they will automatically be deducted from your paycheck on a pre-tax basis.
- Any funds you don't use will continue to accumulate, and you can take the money with if you decide to change your health plan or leave Liberty Utilities.
- Upon retirement additional investment and distribution options apply.

HSA Contribution Limits

You can make contributions (including your employer contributions) to your HSA up to the following amounts:

- Individual coverage: \$4,150
- Family coverage: \$8,300

If you are age 55 or older, you may contribute an additional \$1,000 catch-up contribution.



MEDICAL COVERAGE

Flexible Spending Account

You have the option of opening a Flexible Spending Account (FSA) to accompany your health plan. FSAs are a tax-saving way to pay for health care expenses that you would typically pay out-of-pocket by using pre-tax dollars to fund the account. Each year that you participate in a FSA, you must elect the amount you want to contribute to your account. Your contributions will be deducted from your paycheck in equal installments throughout the year. Liberty will set a maximum contribution each year.



By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Eligible Expenses for Your Health Care FSA:

- Medical, dental, and vision deductibles, coinsurance, copays, and other out-of-pocket expenses.
- Prescription copays
- Vision care including prescription glasses, contact lenses and solution, and eye examinations
- Hearing care, including hearing aids and batteries
- Orthodontia treatment not covered by your dental insurance
- Chiropractic services
- Acupuncture

FSA Debit Card

When you enroll in a health care FSA, you will receive a debit card to be used strictly for FSA expenses. The FSA debit card is accepted at doctors' offices and qualified merchants (pharmacies, drug stores, etc.) to pay for health expenses. When you use your FSA debit card to pay for a qualified purchase, the money is immediately deducted from your FSA.

FSA Reimbursement Options

In addition to a debit card, you can request reimbursements online, smartphone, mail, and/fax for eligible health care expenses that you paid for out-of-pocket.

Important Rules to Keep in Mind

Because of the tax-saving advantages of FSAs, they are subject to strict IRS regulations, including:

- The "Use it or Lose It" Rule – if you do not use the full amount in your FSA by the end of your plan year's grace period, you will lose any of the remaining funds in the account.
- Once enrolled in an FSA, you cannot change your contribution amount during the year unless you experience a qualified life event.
- Upon termination of employment, members have 90 days to submit expense incurred prior to their termination date.

DENTAL COVERAGE

The Dental Plan is designed to assist you in preventative dental care and to fix any problems as soon as they occur. Because preventative care is so important, the plan covers these services in full.

Plan Features	In-Network	Out-of-Network
Annual Deductible	\$50 for individual 3 per family, waived for preventive services	
Preventive Services (ex: x-rays, cleanings, exams)	100%	100%
Basic Services (ex: fillings, simple extractions)	80%	80%
Major Services (ex: dentures, crowns, bridges)	50%	50%
Orthodontia	50% (\$1,500 Lifetime Max)	50% (\$1,500 Lifetime Max)
Annual Maximum Benefit	\$2,500	\$2,500

You may utilize dentists who belong to the Guardian PPO network, as well as out-of-network providers, though you will save money by using in-network dentists.

To find a participating provider, please visit:

www.guardiananytime.com



VISION COVERAGE

Your vision plan includes benefits for eye exams, eyeglasses, and contact lenses. You may visit a doctor within the VSP network and take advantage of higher benefits coverage or visit an out-of-network provider of your choice for a reduced benefit.

Vision Service	Level of Coverage	
Maximum Frequency	Exam: Once every calendar year Lenses: Once every calendar year Frames: Once every calendar year Contact Lenses: Once every calendar year	
Plan Features	In-Network Member Cost	Out-of-Network Member Cost
Exam	\$10 copay	Amount over \$50
Materials	\$10 copay	
	You pay (after copay):	
Frames	80% of amount over \$130	Amount over \$48
Single Vision Lenses	\$0 copay	Amount over \$48
Bifocal Lenses	\$0 copay	Amount over \$67
Trifocal Lenses	\$0 copay	Amount over \$86
Lenticular Lenses	\$0 copay	Amount over \$126
Contact Lenses		
Elective	Amount over \$130	Amount over \$120
Medically Necessary	\$0 copay	Amount over \$210

To find a participating provider, please visit:
www.guardiananytime.com



BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Life insurance provides important financial protection for you and your family. Liberty Utilities provides full-time employees a benefit of 1 ½ X Annual Salary to a maximum of \$500,000. Part-time employees receive a benefit of \$25,000. Liberty Utilities pays the full cost of this benefit. Your Basic Life and AD&D Insurance will be reduced when you reach certain ages, as outlined below:

- Age 70 –50% of the amount of life insurance you had prior to age 70

VOLUNTARY LIFE INSURANCE

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage on yourself, your spouse and/or your children.

Coverage Level	Maximum Amount Available	Guarantee Issue Amount
Employee	Up to 5X times salary in increments of \$10,000. Not to exceed \$500,000	Up to \$100,000
Spouse	Up to 100% of employee's benefit in \$5,000 increments. Not to exceed \$100,000	Up to \$25,000
Children	Choice of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. Not to exceed \$10,000	Up to \$10,000

Monthly Cost for Each \$1,000 of Employee & Spouse Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Life	0.06	0.08	0.09	0.12	0.18	0.34	0.49	0.85	2.48	2.62
AD&D	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028
Dependent Children	Child Life = \$0.24 / \$1,000 of Coverage Child AD&D = \$0.051 / \$1,000 of Coverage									

Important to Keep in Mind

Employees who do not purchase supplemental life insurance when first eligible and those requesting amounts exceeding the guaranteed issue limits listed above will be required to complete an Evidence of Insurability form.

Beneficiary Designations

Open enrollment is an excellent time to make sure that your beneficiary designations are up-to-date. A beneficiary designation is required for company-paid Basic Term Life and AD&D Insurance and Supplemental Life Insurance.

DISABILITY INCOME BENEFITS

Liberty Utilities provides full-time employees with short and long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Part-time employees are not eligible for disability benefits.

Guardian Disability Insurance			
	Waiting Period	Coverage Duration	Benefit Amount
Short-Term Disability	7 days for accident 7 days for illness	26 weeks	66.7% of base salary (up to \$3,350 per week)
Long-Term Disability	180 days	2 years own occupation	60% of base salary (up to \$14,500 per month)

ACCIDENT

Accidents happen every day. If injured from an accident chances are you will have out of pocket expenses that were not anticipated. Benefit payments from this plan can help with medical expenses or everyday expenses like groceries, mortgage payments and child care. Below is a selection of benefits and not a complete list. Additional details of this plan can be found in Human Resources.

Coverage Details	Maximum Amount Available
Coverage Type	On and Off Job
Accidental Death and Dismemberment	
Death	Employee \$25,000, Spouse \$12,500, Child \$5,00
Dismemberment – Hand, Foot, Sight	Single: 50% of AD&D benefit, Multiple: 100% of AD&D benefit
Accidental Emergency Room Treatment	\$175
Air Ambulance	\$1,000
Ambulance	\$150
Coma	\$10,000
Dislocations	Schedule up to \$4,400
Hospital Admissions	\$1,000

CRITICAL ILLNESS

When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance does not cover like deductibles. A lump sum benefit is paid upon diagnosis so you can be assured to have funds to offset upcoming out of pocket expenses. A detailed listing of covered benefits can be found in the Human Resources Department.

Coverage Level	Maximum Amount Available
Employee	Increments of \$5,000. Not to exceed \$25,000
Spouse	Up to 50% of employee's benefit in \$2,500 increments. Not to exceed \$12,500
Children	Up to 25% of employee's benefit

*Health Questions are required if the elected after initial eligibility.

Monthly Cost of Employee Coverage – Premium will not increase as you age.						
Age	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$4.20	\$5.64	\$10.21	\$18.54	\$28.45	\$53.54
\$10,000	\$7.15	\$9.84	\$18.46	\$34.09	\$52.70	\$100.99
\$15,000	\$10.10	\$14.04	\$26.71	\$49.64	\$76.95	\$148.44
\$20,000	\$13.05	\$18.24	\$34.96	\$65.19	\$101.20	\$195.89
\$25,000	\$16.00	\$22.44	\$43.21	\$80.74	\$125.45	\$243.34
Children	Dependent Child Cost is included with employee election.					

Monthly Cost of Spouse Coverage – Spouse cost based on employee age.						
Age	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$2.64	\$3.45	\$6.01	\$10.68	\$16.24	\$29.73
\$5,000	\$4.12	\$5.55	\$10.13	\$18.46	\$28.36	\$53.45
\$7,500	\$5.60	\$7.65	\$14.26	\$26.24	\$40.49	\$77.18
\$10,000	\$7.07	\$9.75	\$18.38	\$34.01	\$52.61	\$100.90
\$12,500	\$8.54	\$11.85	\$22.51	\$41.79	\$64.74	\$124.63

HINGE HEALTH

Hinge Health is an exercise therapy program designed to address chronic back, knee, hip, neck or shoulder pain. It is convenient and fits in your schedule. It can be done anywhere at any time.

When enrolled on the BlueCross BlueShield Plan and eligible, you receive the program at no cost. The personalized exercise therapy improves strength and mobility in short, 15-minute sessions. Individual health coaching provides motivation and support via text, email, or call. The interactive education teaches you how to manage your condition.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your Employee Assistance Program (EAP) is a confidential counselling service offered by Liberty Utilities to support well-being in the workplace and employee’s personal lives.

Coverage Overview
24/7 Service Center Access
Virtual Counseling: Video, Chat, Group
Face –to-face Counseling
Digital EAP
Emotional Support
Workplace Learning

ADDITIONAL BENEFIT OFFERINGS

- The following discount programs are available on a direct pay basis:
- Benefit Hub – Perks program providing discounts on a wide variety of everyday purchases, travel, pet, home, and auto insurance.
 - Headspace – No cost wellness program



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

