

2020 Benefits at a Glance

Legal Services Corporation (LSC) is pleased to offer a variety of comprehensive benefit plans for eligible employees and their eligible dependents. This summary provides an overview of the available benefits and is for information purposes only. In the event of a conflict between this summary and the formal plan documents, the formal documents control.

If you have any questions about LSC benefits, please email the Benefits Manager, Nina Skaya, at skayan@lsc.gov.

Additional details and definitions of terms used in this summary may be obtained by reviewing the current and complete plan descriptions or company policies, which are available on LSC's intranet and by request.

For those employees in positions covered by the Collective Bargaining Agreement, additional information about certain benefits may be found in the Collective Bargaining Agreement and the Employee Handbook. If a conflict exists between these documents, the Collective Bargaining Agreement will control.

Benefit plans renew on an annual basis, on January 1st.

Enrolling in Benefits

As a new hire, you will have **30 days** from your date of hire to complete your benefits enrollment process. You will have a Benefits Orientation meeting with our Benefits Manager within your first few days of employment.

Eligibility: If you are an active, full-time or part-time employee who works **at least 30 hours per week**, you are eligible for benefits outlined in this summary.

Enrolling Your Family Members: LSC offers health care and life insurance benefits for your eligible dependents, including your:

- Spouse
- Children (including step-children) up to age 26
- Disabled children of any age (subject to plan approval)

Dependent Verification: If you are enrolling a spouse or child(ren) in any plan, you must provide documentation to the Office of Human Resources before your dependents can be added to group plans. Please provide a copy of marriage and/or birth certificates.

2020 Benefits at a Glance

| Benefit | Summary | | | | | | | | |
|---|---|---------|-------------------|----------|-----------------------|----------|--------|----------|--|
| <p>Medical Insurance</p> <p>CareFirst Opt Out Open Access Plan</p> <p>Employee contributions per paycheck</p> | <p>LSC pays 80% of the monthly premium cost.</p> <p>Employees pay 20% of the monthly premium on a pre-tax basis.</p> <p>The local network is based on the BlueChoice HMO network. Members can use providers outside of the local network, but may be subject to higher out-of-pocket costs.</p> <p>Primary Care Provider (PCP) designation required, but no referrals are necessary.</p> <p>In-network co-pays:</p> <ul style="list-style-type: none"> ▪ \$20 for Primary Care visits ▪ \$30 for Specialist visits <p>Deductible: No deductible in-network or out-of-network</p> <p>Out-of-pocket annual maximum: \$1,300 for individual/\$2,600 for family</p> <p>Out-of-network benefit is 40% of the allowed amount.</p> <p>Prescription drug co-pays:</p> <ul style="list-style-type: none"> ▪ \$0 copay for Preferred Preventive Drugs, including women's generic oral contraceptives ▪ \$15 for Generic ▪ \$45 for Preferred Brand ▪ \$70 for Non-Preferred Brand <p>Specialty pharmacy co-pays:</p> <ul style="list-style-type: none"> ▪ Preferred Specialty – 50% coverage up to a maximum payment of \$100 ▪ Non-Preferred Specialty – 50% coverage up to a maximum payment of \$150 <p>Maintenance Medication: Mail order and retail pharmacy service is available for cost savings. Pay two co-pays for a 90-day supply.</p> | | | | | | | | |
| <table border="1"> <tr> <td>Employee Only</td> <td>\$81.03</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$186.36</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$149.90</td> </tr> <tr> <td>Family</td> <td>\$226.87</td> </tr> </table> | Employee Only | \$81.03 | Employee + Spouse | \$186.36 | Employee + Child(ren) | \$149.90 | Family | \$226.87 | |
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| Family | \$226.87 | | | | | | | | |

| Benefit | Summary | | | | | | | | |
|--|---|--------|-------------------|---------|-----------------------|---------|--------|---------|---|
| <p>Dental Insurance MetLife PDP Plus PPO Plans</p> <p>Employee contributions per paycheck (High Option only)</p> <table border="1" data-bbox="198 615 618 766"> <tr> <td>Employee Only</td> <td>\$7.57</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$15.70</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$15.91</td> </tr> <tr> <td>Family</td> <td>\$25.67</td> </tr> </table> | Employee Only | \$7.57 | Employee + Spouse | \$15.70 | Employee + Child(ren) | \$15.91 | Family | \$25.67 | <p>LSC provides a Low Option dental insurance plan to all employees at no cost. Employees may purchase the High Option at their own expense, via pre-tax payroll deductions.</p> <p>Members may use providers outside the MetLife network, but may be subject to higher out-of-pocket costs.</p> <p>Low Option: Coverage provided at no cost to employees. Annual maximum benefit of \$1,000 per member. Orthodontia lifetime maximum of \$1,000 for children up to age 19.</p> <p>High Option: Annual maximum benefit of \$5,000 per member. Orthodontia lifetime maximum of \$1,500 for adults and children up to age 26.</p> |
| Employee Only | \$7.57 | | | | | | | | |
| Employee + Spouse | \$15.70 | | | | | | | | |
| Employee + Child(ren) | \$15.91 | | | | | | | | |
| Family | \$25.67 | | | | | | | | |
| <p>Vision Insurance VSP Choice Plan</p> <p>Employee contributions per paycheck</p> <table border="1" data-bbox="198 1110 618 1262"> <tr> <td>Employee Only</td> <td>\$5.95</td> </tr> <tr> <td>Employee + 1</td> <td>\$10.02</td> </tr> <tr> <td>Employee + Children</td> <td>\$10.23</td> </tr> <tr> <td>Family</td> <td>\$16.50</td> </tr> </table> | Employee Only | \$5.95 | Employee + 1 | \$10.02 | Employee + Children | \$10.23 | Family | \$16.50 | <p>Employees pay full premium on a pre-tax basis.</p> <p>Members may use providers outside the VSP network, but may be subject to higher out-of-pocket costs.</p> <p>WellVision Exam every 12 months: \$10 co-pay</p> <p>\$180 allowance for a wide selection of frames (every 24 months).</p> <p>\$180 allowance for contact lenses (every 12 months)</p> <p>Basic glasses lenses covered in full after \$25 co-pay (every 12 months)</p> |
| Employee Only | \$5.95 | | | | | | | | |
| Employee + 1 | \$10.02 | | | | | | | | |
| Employee + Children | \$10.23 | | | | | | | | |
| Family | \$16.50 | | | | | | | | |
| <p>Flexible Spending Accounts (FSA) PayFlex</p> | <p>Employees may set aside money on a pre-tax basis to pay for qualifying healthcare and/or dependent care expenses.</p> <p>Annual Maximums:</p> <ul style="list-style-type: none"> ▪ Healthcare FSA – Up to \$2,750 per participant ▪ Dependent Care FSA – Up to \$5,000 per household (\$2,500 if married and filing taxes separately) | | | | | | | | |

| Benefit | Summary |
|--|--|
| <p>403(b) Thrift Savings Plan One America/ AUL</p> | <p>The 403(b) plan allows employees to save for retirement. LSC contributes to employees' 403(b) savings.</p> <p>LSC automatically contributes 6% of employees' eligible compensation to employees' 403(b) account.</p> <p>LSC also makes a matching contribution of up to 3.51% provided the employee elects to contribute up to 3.51% each pay period.</p> <p>Employer contributions vest gradually on a three-year schedule over the first years of employment.</p> <p>Pre-tax and Roth (after-tax) employee contributions allowed.</p> |
| <p>Disability Insurance Mutual of Omaha</p> | <p>LSC provides short- and long-term disability insurance coverage to all employees at no cost.</p> <p>The plans provide salary protection if an employee is unable to work due to a qualifying disability.</p> <p>Employees are required to use short-term disability benefits when eligible.</p> |
| <p>Basic Life and AD&D (Accidental Death & Dismemberment) Insurance Mutual of Omaha</p> | <p>LSC pays one-third of the cost of group term Basic Life insurance. Employees pay remaining premium cost on a post-tax basis.</p> <p>Employees must pay any imputed income tax on the value of the benefit.</p> <p>Coverage amount is based on salary, not age.</p> <p>Coverage is guaranteed for new hires applying within 30 days of hire. Applications for coverage after the new hire enrollment period will be subject to approval by Mutual of Omaha, based on a health questionnaire.</p> |
| <p>Voluntary Life and AD&D (Accidental Death & Dismemberment) Insurance Mutual of Omaha</p> | <p>Employees pay full premium cost, which is based on age and smoker status, on a post-tax basis.</p> <p>Coverage available for employee, spouse, and children.</p> <p>Some amounts of coverage are guaranteed to be approved for new hires applying within 30 days of hire date. Applications for coverage after the new hire enrollment period will be subject to approval by Mutual of Omaha, based on a health questionnaire.</p> |

| Benefit | Summary |
|---|--|
| <p>Transportation & Parking Benefits</p> | <p>LSC provides up to \$270 per month in SmartBenefits for employees who commute via Metrorail or Metrobus. These employees may also receive a parking allowance of up to \$110 per month to park in a Metro garage in order to commute via Metrorail or Metrobus.</p> <p>Employees who commute via private automobile will be eligible to receive a monthly parking allowance towards their monthly contract parking rate. LSC pays the fee directly to the parking facility.</p> |
| <p>Employee Assistance Program</p> <p>Inova</p> | <p>Free counseling and referral services to employees and eligible family members. Available 24/7 and services are 100% confidential.</p> |
| <p>Business Travel Accident and AD&D (Accidental Death & Dismemberment) Insurance</p> <p>Cigna Travel Secure</p> | <p>LSC provides business travel accident and AD&D insurance to all employees at no cost.</p> <p>This policy provides a \$125,000 AD&D benefit. Coverage also includes emergency travel services.</p> |
| <p>Aflac Supplemental Insurance</p> <p>Aflac</p> | <p>Employees pay the full premium at a group rate on a pre-tax basis.</p> <p>Employees may enroll in supplemental insurance to help cover expenses related to accidents, hospital stays, certain diseases, and/or critical care.</p> |
| <p>Long-Term Care Insurance</p> <p>Genworth</p> | <p>Employees may purchase an individual policy for themselves, spouses, children age 18+, siblings, parents, and/or grandparents at group rates. Premiums are paid on an after-tax basis.</p> <p>Employees may purchase long-term care insurance to cover expenses related to assistance with the basic personal tasks of everyday life that are not covered by health insurance.</p> |
| <p>Health Club Reimbursement</p> | <p>LSC reimburses employees up to \$25 per month toward health club membership and other pre-approved physical fitness activity fees.</p> |
| <p>Capital BikeShare</p> | <p>Employees may receive a discounted membership rate of \$50 per year, with LSC paying half. The \$25 paid by LSC counts as one month of the Health Club Reimbursement.</p> |

Pre-Tax Benefit Plan Contributions

Your payroll deductions for your medical, dental, vision, and FSA contributions will be made on a **pre-tax basis**. You do not pay federal, state, and FICA (Social Security and Medicare) taxes on these amounts.

Employee Contributions - Semi-monthly paycheck deductions

| Tier of Coverage | CareFirst Medical Plan | MetLife Dental Plans | | VSP Vision Plan |
|--|------------------------|----------------------|-------------|-----------------|
| | | Low Option | High Option | |
| Employee Only | \$81.03 | No Cost | \$7.57 | \$5.95 |
| Employee + Spouse (Employee +1 for Vision) | \$186.36 | No Cost | \$15.70 | \$10.02 |
| Employee + Child(ren) | \$149.90 | No Cost | \$15.91 | \$10.23 |
| Family | \$226.87 | No Cost | \$25.67 | \$16.50 |

Please note that these rates are subject to change in the event that LSC experiences a rate increase and/or changes carriers.

LSC’s Health Reimbursement Arrangement Plan

If you decline LSC’s medical plan due to enrollment in a former employer’s medical plan (or a spouse’s plan through a former employer) – i.e., **retiree benefits** – you may be eligible for reimbursement of a portion of your medical premiums. The reimbursement program will reimburse the difference between your monthly premium and the amount you would pay if you were participating in the LSC group medical plan. Reimbursements are made on a tax-free basis.

Exclusions: Employees who are participants in a COBRA plan through a former employer (or a spouse’s former employer) are not eligible for the HRA program.

Determining Eligibility and Your Reimbursement Amount: If the amount you pay per month is greater than the amount on the table below, you are eligible for a monthly reimbursement of the difference between your monthly premium and the amount on the table.

| | |
|------------------------------|----------|
| Employee Only | \$162.05 |
| Employee + Spouse | \$372.72 |
| Employee + Child(ren) | \$299.79 |
| Family | \$453.74 |

Work Schedules, Leave Time, and Pay

| Policy | Summary | | | | | | | | |
|-----------------------------------|---|--------------------------------|--------------------------------------|----------------------|--------|-----------------------|-------|---------------------|--------|
| Standard Working Hours | 9:00 a.m. to 5:30 p.m., Monday through Friday 7.5-hour work day; 37.5-hour work week | | | | | | | | |
| Alternative Work Schedules | Employees may be eligible for a variety of Alternative Work Schedules, including FlexiTime, Telework, and Compressed Work Schedules. | | | | | | | | |
| Vacation Leave | <p>Years 1 & 2: Employees accrue 15 days during the first and second years of service. (4.69 hours per pay period).</p> <p>Year 3+: Employees accrue 20 days during the third and subsequent years of service. (6.25 hours per pay period).</p> <p>Employees hired at the level of Deputy Director or above accrue 6.25 hours per pay period upon hire.</p> | | | | | | | | |
| Sick Leave | Employees accrue 13 days per year. (4.07 hours per pay period). Unlimited carryover year-to-year. | | | | | | | | |
| Personal Leave | <p>Following 90 days of service, employees are eligible for two days of paid personal leave per year. New hires will receive paid personal leave in their first year as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>First day of employment</u></th> <th style="text-align: left;"><u>Amount of Paid Personal Leave</u></th> </tr> </thead> <tbody> <tr> <td>From Jan 1 – June 30</td> <td>2 days</td> </tr> <tr> <td>From July 1 – Sept 30</td> <td>1 day</td> </tr> <tr> <td>From Oct 1 – Dec 31</td> <td>0 days</td> </tr> </tbody> </table> | <u>First day of employment</u> | <u>Amount of Paid Personal Leave</u> | From Jan 1 – June 30 | 2 days | From July 1 – Sept 30 | 1 day | From Oct 1 – Dec 31 | 0 days |
| <u>First day of employment</u> | <u>Amount of Paid Personal Leave</u> | | | | | | | | |
| From Jan 1 – June 30 | 2 days | | | | | | | | |
| From July 1 – Sept 30 | 1 day | | | | | | | | |
| From Oct 1 – Dec 31 | 0 days | | | | | | | | |
| Holidays | LSC observes 10 paid holidays per year. | | | | | | | | |
| Volunteer Leave | <p>After one year of service, employees who have a performance assessment rate of “Meets Expectations” or higher are eligible for up to 15 hours of paid Volunteer Leave per year.</p> <p>Under the program, if an employee takes vacation time to perform an eligible <i>pro bono</i> legal or related volunteer service, LSC will match with paid Volunteer Leave on an hour-for-hour basis, up to 15 hours per year.</p> | | | | | | | | |

| Policy | Summary |
|---|---|
| <p>Other Leave</p> | <p>Parental Leave: Employees who are parents, grandparents, aunts, or uncles of a child, or serve as a legal or non-legal guardian to a child, may take up to 24 hours of paid leave during a calendar year to attend or participate in school-related events in which his or her child is participating.</p> <p>Family and Medical Leave: Unpaid, job-protected leave for eligible employees taking leave for FMLA qualifying reasons</p> <p>Maternity and Paternity Paid Leave: Eight weeks of paid leave for new parents.</p> <p>Other types of leave include: Military Leave, Jury Duty, and Bereavement Leave.</p> |
| <p>Pay Periods & Pay Dates</p> | <p>Paychecks are issued on the 15th and on the last day of the month, or the prior business day when these dates are holidays or weekends.</p> |