

# Benefits at a Glance 2024



This informational flyer gives you a highlight of the benefit plans available to you through Jewish Community Federation and Endowment Fund (The Federation). In-network benefits only are shown. Benefit limitations or maximums may apply. Out-of-network benefits, when available, are significantly reduced. See applicable carrier plan documents in Paylocity for details and limitations.

## UNITED HEALTHCARE (UHC) AND KAISER MEDICAL

The UHC PPO plan offers a comprehensive network of providers nationwide, while the HMO plans offer narrower networks. Alternative Kaiser plan available in Oregon and Colorado.

	Kaiser HDHP HMO (CA Only)	Kaiser HMO (CA Only)	UHC HMO	UHC HDHP PPO
<b>Network</b>	Kaiser HMO	Kaiser HMO	SignatureValue Harmony HMO	CA: Select Plus PPO Non-CA: Choice Plus
<b>Annual Deductible</b>				
Individual	\$2,500	\$0	\$0	\$3,200
Individual in a Family	\$3,200	\$0	\$0	\$3,200
Family	\$5,000	\$0	\$0	\$6,400
<b>Annual Out-of-Pocket Maximum</b>				
Individual	\$4,500	\$1,500	\$3,500	\$5,000
Family	\$9,000	\$3,000	\$7,000	\$10,000
<b>Office Visit</b>				
Primary / Specialist	\$30 / \$50	\$25 / \$25	\$30 / \$60	20%
<b>Rx Tier 1 / 2 / 3</b>	\$10 / \$30 / \$30	\$15 / \$35 / \$35	\$10 / \$35 / \$70	\$10 / \$35 / \$70
<b>Most Services</b>	Copays apply	Copays apply	Copays apply	20%
<b>Out-of-Network Services</b>	No	No	No	Yes

## METLIFE DENTAL PPO

Choose from a wide network of dental providers within the Preferred Dentist Program (PDP) Network.

- **Preventive Care:** Routine exams and cleanings twice per calendar year are covered at 100% (in-network)
- **Deductible:** \$50 individual / \$150 family
- **Annual Plan Maximum:** \$2,000
- **Orthodontia Benefit:** up to \$1,500, Adults and Children

## VSP VISION PLAN

Choose from a wide network of vision providers within the VSP Signature Network.

- **Copay:** \$20 for a vision exam with an in-network provider
- **Benefit highlights:** Get an exam as well as glasses or contact lenses very twelve months. Frames and contact lenses are covered up to a \$130 allowance in network.

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## CONTRIBUTIONS

Contributions are deducted on the first two paychecks of each month. Below are the Employee bi-monthly pre-tax contributions:

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Kaiser HMO	\$0.00	\$373.76	\$373.76	\$532.35
Kaiser HDHP HMO	\$0.00	\$251.54	\$251.54	\$395.66
UHC HMO	\$43.09	\$542.75	\$542.75	\$824.70
UHC HDHP PPO	\$1.62	\$409.22	\$409.22	\$620.90
Dental	\$0.00	\$31.58	\$31.58	\$74.67
Vision	\$0.00	\$3.23	Child: \$3.23 Children: \$9.68	\$9.68

## PRE-TAX ACCOUNTS

- **Flexible Spending Accounts (FSA):** Set aside pre-tax payroll dollars\* to use for qualified healthcare expenses or for qualified childcare expenses for your children age 12 and younger.
- **Commuter Plans:** Set-aside pre-tax payroll dollars to use for qualified transit or parking expenses.
- **Health Savings Account (HSA):** If you enroll in one of the HDHP options, the Federation will contribute to your HSA account. Maximize savings and contribute to your tax-preferred HSA using pre-tax payroll deductions\*.

\*IRS annual contribution limits apply. Subject to IRS regulations.

## PEACE OF MIND

The Federation provides all benefit eligible employees with company paid life insurance and disability insurance.

- **Life:** Employer paid coverage equal to 2x your earnings to a maximum of \$400,000.
- **Voluntary Life:** Purchase additional coverage for you and your eligible dependents.
- **Long Term Disability:** If you are sick or injured and unable to work, after 90 days, this plan pays a monthly benefit equal to 66.67% of your covered pre-disability earnings, to a maximum monthly benefit of \$15,000, combined with other sources. This benefit is payable to Social Security Normal Retirement Age.

## 403(b) PLAN

For eligible employees, you receive a non-discretionary employer contribution of 3% and are 100% vested after completion of 3 full years of employment (subject to change).

## PAID TIME OFF

- All major Jewish holidays, and one floating holiday
- 4 weeks of vacation for service under 5 years, 5 weeks of vacation time for service over 5 years
- 12 weeks paid parental leave, 4 weeks of paid sabbatical after 7 years of service

## EVEN MORE

- **Employee Assistance Program:** Free, confidential resources available to you to assist with your personal or work-related needs.
- **Student Loan Services:** Employees and up to three family members have access to Summer, an end-to-end student loan platform helping employees efficiently lower payments and achieve loan forgiveness.
- **Hebrew Free Loan:** Interest-free loans through Hebrew Free Loan.
- **YMCA & JCCSF:** Curated gym discounts.
- **Museum Admission:** Free entrance to the Contemporary Jewish Museum (CJM).
- **Discount Program:** Access to discounted tickets and services through Working Advantage.