

Benefits at a Glance 2025



The investment in a comprehensive employee benefit package is an important way in which the Federation helps take care of you and your family. This document provides a highlight of the benefit plans available to you through the Federation. Individual carrier documents provide more detail regarding coverage and benefits; these documents can be found in Paylocity and supersede any information provided here.

ELIGIBILITY

Employees working 20 or more hours per week are eligible for benefits starting the first day of the month following date of hire.

CIGNA AND KAISER MEDICAL

The Cigna PPO plan offers a comprehensive network of providers nationwide, while the EPO and HMO plans only offer coverage in-network.

	Cigna HDHP	Cigna EPO	Kaiser HDHP HMO	Kaiser HMO
Network	Open Access Plus	Open Access Plus In-Network	Kaiser HMO	Kaiser HMO
Annual Deductible				
Individual	\$3,200	\$0	\$2,500	\$0
Individual in a Family	\$3,300	\$0	\$3,300	\$0
Family	\$6,400	\$0	\$5,000	\$0
Annual Out-of-Pocket Maximum				
Individual	\$5,000	\$3,500	\$4,600	\$3,000
Family	\$10,000	\$7,000	\$9,200	\$6,000
Office Visit				
Primary / Specialist	20%	\$30 / \$60	\$30 / \$50	\$30 / \$40
Rx Tier 1 / 2 / 3	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$30 / \$30	\$10 / \$30 / \$30
Most Services	20%	Copays apply	Copays apply	Copays apply
Out-of-Network Services	Yes	No	No	No

GUARDIAN DENTAL PPO

Base and Buy-Up options are available for you and your family's needs. Choose from a wide network of dental providers within Guardian's DentalGuard Preferred (PDP) Network.

	Base	Buy-Up
Preventive Care (Routine exams and cleanings covered 100% if in-network)	2x per calendar year	2x per calendar year
Deductible	\$50 individual / \$150 family	\$25 individual / \$75 family
Annual Plan Maximum	\$1,500	\$2,500
Orthodontia Benefit	No coverage	Up to \$1,500, Adults and Children

VSP VISION PLAN

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

- **Copay:** \$20 for a vision exam with an in-network provider
- **Benefit highlights:** Get an exam as well as glasses or contact lenses every calendar year. Frames and contact lenses are covered up to a \$150 allowance in network.

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PER-PAY PERIOD CONTRIBUTIONS

Contributions are deducted on the first two paychecks of each month.

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Cigna HDHP	\$31.50	\$253.50	\$150.50	\$356.50
Cigna EPO	\$79.00	\$355.50	\$227.00	\$484.00
Kaiser HDHP HMO	\$31.50	\$253.50	\$150.50	\$356.50
Kaiser HMO	\$79.00	\$355.50	\$227.00	\$484.00
Dental Base	\$0.00	\$12.50	\$12.50	\$25.00
Dental Buy-Up	\$7.50	\$25.00	\$25.00	\$50.00
Vision	\$0.00	\$2.50	Child: \$2.50 Children: \$5.00	\$5.00

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 \$1,500 per year 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:** This plan pays a monthly benefit equal to 66.67% of your covered pre-disability earnings, to a maximum monthly benefit of \$15,000 after a 90 day elimination period.
- **Voluntary Benefits:** Purchase Accident, Hospital Indemnity or Critical Illness coverage for you and your family .

403(b) PLAN

For eligible employees, you receive a non-discretionary employer contribution of 3% and are 100% vested after completion of 365 days 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.
- **Other:** Pet insurance, student loan services, ID Theft coverage, Interest-free loans, YCMA and JCCSF gym discounts, Working Advantage discounts, business travel accident insurance, travel assistance, cell phone and internet reimbursements. Contact the People Team or Vita for more information.