

The investment in a comprehensive employee benefit package is an important way in which the Jewish Federation Bay Area helps take care of you and your family. This document provides a highlight of the benefit plans available to you. 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 30 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 Cigna EPO and Kaiser HMO plans only offer coverage in-network.

	Cigna HDHP	Cigna EPO	Kaiser HDHP HMO	Kaiser HMO
<b>Network</b>	Open Access Plus	Open Access Plus In-Network	Kaiser HMO	Kaiser HMO
<b>Annual Deductible</b>				
Individual	\$3,200	\$0	\$2,500	\$0
Individual in a Family	\$3,400	\$0	\$3,400	\$0
Family	\$6,400	\$0	\$5,000	\$0
<b>Annual Out-of-Pocket Maximum</b>				
Individual	\$5,000	\$3,500	\$4,600	\$3,000
Family	\$10,000	\$7,000	\$9,200	\$6,000
<b>Office Visit</b>				
Primary / Specialist	20%	\$30 / \$60	\$30 / \$50	\$30 / \$40
<b>Rx Tier 1 / 2 / 3</b>	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$30 / \$30	\$10 / \$30 / \$30
<b>Most Services</b>	20%	Copays apply	Copays apply	Copays apply
<b>Out-of-Network Services</b>	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
<b>Preventive Care</b> (Routine exams and cleanings covered 100% if in-network)	2x per calendar year	2x per calendar year
<b>Deductible</b>	\$50 individual / \$150 family	\$25 individual / \$75 family
<b>Annual Plan Maximum</b>	\$1,500	\$2,500
<b>Orthodontia Benefit</b>	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 \$200 allowance in network.

**PER-PAY PERIOD CONTRIBUTIONS**

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

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Cigna HDHP</b>	\$36.50	\$260.00	\$156.00	\$364.00
<b>Cigna EPO</b>	\$92.50	\$376.50	\$244.50	\$508.50
<b>Kaiser HDHP HMO</b>	\$36.50	\$260.00	\$156.00	\$364.00
<b>Kaiser HMO</b>	\$92.50	\$376.50	\$244.50	\$508.50
<b>Dental Base</b>	\$0.00	\$12.50	\$12.50	\$25.00
<b>Dental Buy-Up</b>	\$7.50	\$25.00	\$25.00	\$50.00
<b>Vision</b>	\$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 \$1,620 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.