



2020 Employee Benefits Summary High School & Early Childhood Center



This Benefits Summary is intended to be an overview outlining general provisions under Magen David Yeshivah's benefit plans. Official Plan Descriptions shall govern in any discrepancy between this summary and actual plan documents. Magen David Yeshivah reserves the right to alter, amend or terminate any benefit at any time.

2020 Benefits Summary Simplified

Magen David Yeshivah ("MDY") provides our full time employees who regularly work at least 30 hours per week an extensive benefits package. This is designed to offset the burden of health care and to help plan for retirement.



Medical Plan Options

PCP copay \$25 Specialist copay \$40 Urgent Care copay \$75 Emergency Room copay \$400 Pharmacy copay \$15/\$35/\$75



Dental Plan Options

DMO Plan: Smaller network of dentists, greater dental coverage, lower premiums, no annual maximum.

PPO Plan: Larger network of dentists, higher premiums, greater flexibility, keep your dentist, maximum coverage of \$1,500 annually.



Vision

Only available to employees enrolled in medical. \$10 copay on vision exam (contact lens exam extra.) \$25 copay on frames and lenses (up to \$130 value) or \$130 allowance for contacts.

Vision



Mass Transit & Parking

Parking - Allocate up to \$270 per month of pay using pre-tax contributions. Mass Transit - Allocate up to \$270 per month of pay using pre-tax contributions. Can Be Used With UberPool, NYC Busses, Subways & More.

Commute



403B Retirement Savings Plan

All contributions are pre-taxed. 2020 Maximum contribution is \$19,500 or \$26,000 if over age 50. 2% Employer Match After 2 Years of Service. 3% Employer Match After 10 Years of Service.



Paid Family Medical Leave

Full-time employees who have worked for MDY 26 consecutive weeks or part time employees who have worked at least 175 days are entitled to paid family leave. Year 2020: 10 weeks available, up to 60% of salary capped at \$840.70 weekly. Year 2021: 12 weeks available, up to 67% of salary capped at \$938.78 weekly.



Additional Benefits

Tuition Discount Generous paid time off Free Lunch Served Daily Training & Professional Development Health Care & Dependent Care Flex Spending Accounts

Medical Benefits Summary High School & Early Childhood Center

Oxford Health Freedom Network

No Referrals, Access to Registered Nurses 24/7 Online Wellness & Health Coaching Programs Preventative Care Covered at 100% Gym Membership Discounts

Plan Premiums

Plan Type	Semi-Monthly	Monthly
Single	\$162.50	\$325.00
Employee +1	\$442.50	\$885.00
Family	\$517.50	\$1035.00

Vision Benefit Summary

Vision Plan

- Employees who elect medical coverage will receive vision insurance at no cost.
- \$10 copay on vision exam (glasses).
- \$25 copay for perscription glasses & frames.
- Maximum \$130 annual benefit for contacts or glasses (not both).
- Plan provides new lenses and contact lenses every 12 months and frames every 24 months.
- The plan also covers an out of network option.



Medical Summary High School & Early Childhood Center

Please refer to your Summary of Benefits and Coverage (SBC) for more details. If there are any discrepancies between this comparison and Oxford's SBC, Oxford's SBC document will prevail.

Information and Services	Plan Summary	
Office Visit		
Primary Provider	\$25	
Specialist	\$40	
Preventive Services	Covered 100%	
Emergency Room	\$400	
Urgent Care	\$75	
Annual Deductible		
Single	\$1,250	
Family	\$2,500	
Annual Out-of-Pocket Maximum		
Single	\$5,000	
Family	\$10,000	
Hospital In-patient Facility Fee (Room)	20% coinsurance (after deductible is met)	
Diagnostic Testing		
Routine Blood Work and Immunizations	No Charge	
X-rays	\$80 copay per Service (after deductible is met)	
Advanced Radiology Imaging		
(CAT Scan, MRI, PET Scan, etc.)	\$150 co-pay per service (after deductible is met)	
Pregnancy –Office Visits	No Charge	
Delivery and Inpatient Services	20% coinsurance (after deductible is met)	
Pharmacy	Pharmacy Deductible: \$100 per person	
Generic	\$15 copay	
Preferred Brand	\$35 copay	
Non-preferred Brand	\$75 copay	
Supply Limit	30 days	
Mail Order		
Generic	\$37.50 copay	
Preferred Brand	\$87.50 copay	
Non-preferred Brand	\$187.50 copay	
Supply Limit	90 days	

Dental

Guardian Dental Plans	PPO PLAN		DMO PLAN	
Plan Year Deductible	In-Network	Out-of-Network		
Individual Family limit Waived For	\$50 \$150 per Family	\$50 \$150 per Family Preventative	No Deductible	
Charges Covered For You	In-Network	Out-of-Network	Network only	
Preventative Care Basic Care Major Care Orthodontia	100% 80% 50% \$1,000 Max	80% 70% 40% \$1,000 Max	You pay a copay for each covered procedure.	
Maximum Annual Benefit	In-NetworkOut-of-Network\$1,500\$1,000Combined In-Network and Out-of-network maximum of \$1,000 with an additional \$500 of benefit In-Network.		No Maximum Cap ON DMO PLAN	
Premiums	PPO Plan Per Month		DMO Plan Per Month	
Single Employee & Spouse Employee & Children Family	\$59.82 \$117.20 \$146.85 \$203.72		\$15.37 \$30.73 \$40.27 \$62.69	
Dental Plan Eligibility	PPO Plan		DMO Plan	
Dental benefits for eligible new hires that enroll in the plan(s) begin on the 1st day of the month following date of hire. *To see if you dental providers are in the network, or to find dental providers please visit www.guardiananytime.com and click on find a provider.	This option provides both in-network and out-of-network benefits. If you elect this plan you can select a dental provider in the PPO network, or you can go out-of-network. In-network benefits are generally more cost-effective than out-of-network, so to reduce out-of-pocket expenses you are encouraged to choose in-network providers.		This option offers a smaller network of dentists but provides greater dental coverage with no annual maximum benefit. The DMO plan is an in-network only plan that follows a fee schedule for any services rendered and offers an unlimited annual maximum benefit. You must choose a dentist in the plan or one will be assigned to you.	

Magen David Yeshivah offers two flexible spending accounts, a Health Care account and a Dependent Care account, which are administered by Ameriflex. These plans allow you to use pre-tax earnings to pay for eligible expenses. Since FSA contributions are deducted from your pre-tax pay, your taxable income is reduced.

Ameriflex will provide a debit card to participants in the health, dependent care and commuter FSAs. You can use the card to pay for eligible expenses, or you can submit manual claims. Manual claims are no longer accepted for commuter claims.

Health Care Flex Spending Account

Allows you to use pre-tax income to pay for certain eligible medical, dental, and vision expenses that are partially reimbursed or not reimbursed through your health insurance plans. The maximum amount you can have deducted from your pay for this plan in 2020 is \$2,750.

Eligibility

Employees who are regularly scheduled to work at least 20 hours per week are eligible to enroll as of the first day of employment

FSAs are regulated by the IRS. As a participant in the health FSA, you can roll over up to \$500 of your unused health FSA funds to the next plan year. However, unused health FSA funds above \$500 will be forfeited in accordance with the usual "use-or-lose" rule for FSAs.

Dependent Care Flex Spending Account

Allows you to use pre-tax income to pay for eligible dependent care expenses (care for a child under the age of 13 or a dependent adult) that are work-related, meaning care that is necessary to allow you to work. The maximum amount you can have deducted from your pay for this plan is \$5,000 per year.

What Is Covered

You can use the funds in your Dependent Care FSA to pay for:

- Day care
- · Before-school or after-school care
- In-home babysitting—that enables you to be gainfully employed—by someone who is not your dependent (for tax purposes)
- Care for a dependent adult/elder, enabling you to be gainfully employed

Commuter Reimbursement Account (CRA)

With the use of your Ameriflex Convenience card administered by Ameriflex, you may elect to have up to the maximum IRS dollar limit deducted on a pre-tax basis from your gross salary to pay for:

- Public transportation (including New York City buses and subways, Metro North, Long Island Railroad, Amtrak, etc.), and/or
- Qualified parking (parking at or near your work location, or at a location from which you will commute) and/or

Because deductions from your pay for commuter benefits are pre-tax, your taxable income is reduced. You can deduct up to the monthly maximum IRS limit as follows:

2020 Mass Transit Limit	\$270
2020 Parking Limit	\$270

UberPool

Short Term Disability (STD)

New York State Disability Plan

New York State provides partial income replacement if you become disabled and are unable to work due to a non-work related illness or injury. STD benefits begin on the eighth day of an illness or injury. The STD benefit provides up to 50% of your gross weekly base earnings up to a maximum of \$170 per week for a maximum of 26 weeks.



Long Term Disability (LTD)

Magen David Yeshivah provides eligible employees with company-paid LTD insurance through The Hartford. To be eligible for LTD insurance you must be regularly scheduled to work at least 30 hours per week, and you must have completed 90 days of service with MDY. If you are eligible for LTD benefits, they will begin after you have been unable to work for 90 days due to a disability that meets the plan definition. The LTD benefit is 60% of your gross monthly base earnings at the time of disability, to a maximum of \$10,000 per month.

Gruss Life Monument Funds Life Insurance

Magen David Yeshivah is part of a program through The Fund for Jewish Education which provides life insurance of \$125,000 to eligible educators who work at least 20 hours per week during their employment at Magen David Yeshivah. Eligibility is determined by Gruss Life Monument Funds and must be reapplied for at the beginning of every school year.

Voluntary Life Insurance

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through Magen David is a way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death. You can purchase life insurance for you, your spouse and children. Life insurance can be purchased for yourself in \$10,000 increments. This insurance is guaranteed issue coverage for you up to \$130,000 and for your spouse up to \$30,000 if you elect coverage <u>within the first 30 days that you are hired</u>. Premiums will automatically be deducted from your pay check.

Paid Family Medical Leave (PFL)

Full-time employees who have worked for MDY for at least 26 consecutive weeks and part-time employees who have worked at least 175 days are entitled to paid family leave ("PFL"). Your benefit amount, as determined by law, is the lesser of the percent of your average weekly wage and the New York State average weekly wage, as follows:

Year	Weeks Available	Max % Of Employee Average Weekly Wage	Capped @ NYS Average Weekly Wage (\$1,401.17 in 2020)
2020	10	60%	\$840.70
2021	12	67%	\$938.78

Employees are eligible for PFL for the following reasons:

- To care for a family member with a serious medical condition;
- To bond with a child (including births, adoptions, and placements);
- In connection with an adoption process or foster care placement; and
- · When a family member is called into active military service.

A qualifying family member includes the following: Spouse, Domestic Partner, Child, Parent, Grandparent and Grandchild

403(B) Retirement Savings Plan

Magen David Yeshivah offers a 403(b) retirement savings plan through TIAA-CREF. Eligible employees can begin making elective pre-tax deferrals into the 403(b) Plan ("Plan") as of the first day of employment. You will have a variety of investment options from which you can choose how to invest the money in your Plan account. You are always 100% vested in your elective contributions and in any earnings on those contributions.

- In 2020 the maximum you can contribute to the Plan is \$19,500.
- If you will be age 50 or older by the end of 2020, you can make an additional catch-up contribution of up to \$6,500 in 2020, for a total maximum contribution of \$26,000.

Matching Funds

- After you have completed two (2) years of service, MDY will match an equal amount of your deferred contributions up to 2% of your base salary.
- After you have completed ten (10) years of service, MDY will match an equal amount of your deferred contributions up to 3% of your base salary.



Workers' Compensation

Magen David Yeshivah maintains Workers' Compensation Insurance as required by New York State Workers' Compensation laws. If you experience a work-related accident or illness Magen David Yeshivah's Workers' Compensation Insurance carrier will determine if you are eligible for benefits and the amount of those benefits, according to the provisions of the insurance policy.

Continuation Of Health Insurance

Under the federal law known as COBRA (Consolidated Omnibus Budget Reconciliation Act), eligible former employees and dependents have the right to temporary continuation of medical, dental, and/or vision benefits at group rates. If this right is elected, 102% of the monthly premium for health benefits is paid for entirely by you. Generally, you have the right to continue these health benefits for up to 18 months. In addition, as a New York State organization, MDY is obligated to comply with the terms of state law, New York State Health Insurance continuation of Benefits. Under this law, you have the right to continue medical benefits for an additional 18 months, for a total of up to 36 months under federal and state laws.

Paid Time Off (PTO)

Employees are entitled to PTO based on the below table. For newly hired employees, PTO may be limited for non-sick leave purposes during the first 90 days of employment. Employees who start in the middle of the school year will be entitled to a prorated amount of PTO.

CARACTERIA MARTE STRATE TAXA AND AND AND	inual PTO – Early Ch	illdhood Center		
Faculty (September thro				
	0-1 year of Serv	ice 1	1+ years of service	
Full Time & Part Time	1 week (up to 5 da	ys)* 2 w	eeks (up to 10 days)*	
Non-Faculty (12 Month	Employees)			
32° - 03-9	0-4 years of Service	5-9 years of servic	e 10+ years of service	
Full Time & Part Time	3 weeks*	4 weeks*	5 weeks*	
*A PTO week is	proportional to the amo	unt of days an emplo	yee works per week.	
Status	Ai	nual PTO - High Sch	100l	
	Faculty (Se	ptember through June	employees)	
Full-Time	10 PTO Days			
Part-Time and Casual Staff	2 weeks (up to 10 days)*			
- 15	Non-H	aculty (12 Month Emp	loyees)	
Full-Time	10 PTO days from September 1 through June 30 +			
	2 weeks PTO from July 1 through August 31+ 2 weeks when school is closed		August 31+	
			sed	
Part-Time and Casual Staff	10 PTO days (Pro-rated) from September 1 through June			
	30 +			
	2 weeks (Pro-rated) from July 1 through August 31+			
	2 weeks when school is closed			

Human Resources Contact Info



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