



2020 Employee Benefits Summary

School Administration and Operations



Medical



Dental



Vision



Retirement



Commute



Family Leave

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

Medical Plan Options

Base Plan: Lower premiums, higher copay, higher deductibles and higher out of pocket costs for emergencies.

High Plan: Higher premiums, lower copay, lower deductibles and lower out of pocket costs for emergencies.



Dental

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

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.



Commute

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.



Retirement

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.



Family Leave

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.



More Benefits

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

School Administration and Operations

Oxford Freedom Network

No Referrals, Access to Registered Nurses 24/7

Online Wellness & Health Coaching Programs

Preventative Care Covered at 100%

Gym Membership Discounts

Base Plan	High Plan
Lower Premiums \$40 Copay, \$70 Specialist Copay Higher deductible and out of pocket costs Out of Pocket Maximum Single \$8,150 Out of Pocket Maximum Family \$16,300	Higher Premiums \$10 Copay, \$40 Specialist Copay* Lower deductible and out of pocket costs* Out of Pocket Maximum Single \$4,250* Out of Pocket Maximum Family \$8,500* * When You Use Difference Card

Base Plan Premiums

High Plan Premiums

Plan Type	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Single	\$112.50	\$225.00	\$162.50	\$325.00
Employee +1	\$325.00	\$650.00	\$442.50	\$885.00
Family	\$400.00	\$800.00	\$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

School Administration and Operations

	High Plan		Base Plan
Office Visit	What You Pay	What Difference Card Pays	What You Pay
Primary Provider	\$10	\$30	\$40
Specialist	\$40	\$30	\$70
Preventive Services	Covered 100%	N/A	Covered 100%
Emergency Room	\$400	Applicable Deductible & Coinsurance	50% After Deductible & Coinsurance
Urgent Care	\$75	N/A	\$75
Annual Deductible			
Single	\$1,250	\$1,250	\$2,500
Family	\$2,500	\$2,500	\$5,000
Out-of-Pocket Max			
Single	\$4,250	\$3,900	\$8,150
Family	\$8,500	\$7,800	\$16,300
Inpatient Hospitalization	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Services Labs:			
In Office: Performed by a Primary Care Doctor or Specialist:	\$25	N/A	\$25
Freestanding Lab:	\$25	N/A	\$25
Outpatient Hospital:	35% coinsurance after deductible is met	Applicable Deductible & Coinsurance	35% coinsurance after deductible is met
X-Rays			
In Office: Performed by a Primary Care Doctor or Specialist:	\$25	N/A	\$25
Freestanding Radiology Center:	35% coinsurance after deductible is met	Applicable Deductible & Coinsurance	35% coinsurance after deductible is met
Outpatient Hospital:	35% coinsurance after deductible is met	Applicable Deductible & Coinsurance	35% coinsurance after deductible is met
Advanced Diagnostic imaging (MRI / PET / CAT scans):	35% coinsurance after deductible is met	Applicable Deductible & Coinsurance	35% coinsurance after deductible is met
Prenatal and Post-natal Care			
<i>In-network preventative prenatal services are covered at 100%</i>	35% coinsurance after deductible is met	Applicable Deductible & Coinsurance	35% coinsurance after deductible is met
Pharmacy	\$100 Deductible	\$100 Towards Deductible	\$200 Deductible
Generic	\$15 copay	N/A	\$15 copay
Preferred Brand*	\$45 copay	N/A	\$45 copay
Non-preferred Brand	\$75 copay	N/A	\$75 copay
Supply Limit	30 days	N/A	30 days
Mail Order			
Generic	\$37.50 copay	N/A	\$37.50 copay
Preferred Brand*	\$112.50 copay	N/A	\$112.50 copay
Non-preferred Brand	\$187.50 copay	N/A	\$187.50 copay
Supply Limit	90 days	N/A	90 days

Guardian Dental Plans		PPO PLAN	DMO PLAN
Plan Year Deductible	<i>In-Network</i>	<i>Out-of-Network</i>	No Deductible
Individual Family limit Waived For	\$50 \$150 per Family	\$50 \$150 per Family Preventative	
Charges Covered For You	<i>In-Network</i>	<i>Out-of-Network</i>	Network only You pay a copay for each covered procedure.
Preventative Care Basic Care Major Care Orthodontia	100% 80% 50% \$1,000 Max	80% 70% 40% \$1,000 Max	
Maximum Annual Benefit	<i>In-Network</i>	<i>Out-of-Network</i>	No Maximum Cap ON DMO PLAN
	\$1,500 Combined In-Network and Out-of-network maximum of \$1,000 with an additional \$500 of benefit In-Network.	\$1,000	
Premiums	PPO Plan Per Month		DMO Plan Per Month
Single Employee & Spouse Employee & Children Family	\$82.61 \$163.26 \$210.71 \$291.38		\$23.73 \$47.48 \$56.39 \$76.31
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
- UberPool

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

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.

Gross 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 Gross 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 within the first 30 days that you are hired. 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.

Annual PTO – School Administration and Faculty			
Faculty (September through June employees)			
	0-1 year of Service	1+ years of service	
Full Time & Part Time	1 week (up to 5 days)*	2 weeks (up to 10 days)*	
Non-Faculty (12 Month Employees)			
	0-4 years of Service	5-9 years of service	10+ years of service
Full Time & Part Time	3 weeks*	4 weeks*	5 weeks*

*A PTO week is proportional to the amount of days an employee works per week.

Annual PTO Days - Operations Employees			
	0-1 year of Service	1-4 years of Service	5+ years of Service
12 Month Employee			
Full-Time Salaried	5	15	20
Full-Time Hourly	5	8	10
10 Month Employee (September through June)			
Full-Time	5	5	10

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