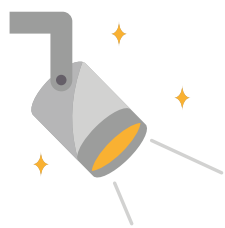




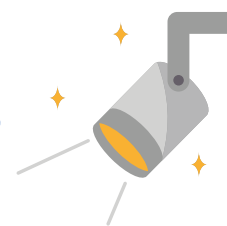
ELEMENTARY SCHOOL OPEN ENROLLMENT 2023 GUIDE!

LEARN MORE ABOUT YOUR BENEFITS TODAY!

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.



Benefit Highlights



Medical Plan Options

Base Plan: Lower premiums, high deductible and out of pocket costs

High Plan: Higher premiums, lower out of pocket costs

New Metro Base Plan - smaller network of doctors and hospitals, with better coverage than Base Plan



Dental Plan Options

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

PPO Plan: Larger network of dentists, higher premiums, greater flexibility, maximum coverage of \$2,000 annually



403B Retirement Savings Plan

All Contributions are pre-taxed

2023 Maximum Contribution is \$22,500 or \$30,000 if over age 50
5% Employer match - vested 20% a year for 5 years



Paid Family 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

12 weeks available, up to 67% of salary capped at \$1,131.08/week.



Vision

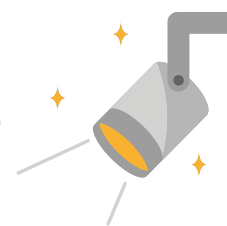
\$10 copay on Vision Exam

\$25 copay on lenses and frames (up to \$130 value) or

\$130 allowance on contacts



Benefit Highlights



Tuition Reimbursement & Teacher Credit



Tuition Reimbursement: \$5,250 per calendar year towards the cost of undergraduate degrees, graduate degrees, laboratory fees, registration fees, and professional license exam fees



Teacher Credit: Tuition discount (from **\$1,750 to \$16,000 per child**) to Full-Time and Part-Time employees who have children attending Magen David Yeshivah from Kindergarten (age 5 and up) through High School.

Additional Benefits



Healthcare Flexible Spending up to **\$3,050** per year

Dependent Care Flexible Spending Account up to **\$5,000** per year

Can help pay for childcare and tuition for Playgroup and Nursery at MDY



Parking: Allocate up to **\$300** per month using pre-tax contributions

Mass Transit: Allocate up to **\$300** per month using pre-tax contributions. Can be used for UberPool, NYC Busses, Subways & more



Generous Paid time off and rollover time into Banked FMLA



Free Lunch Served



Training & Professional Development

UnitedHealthcare / Oxford Medical Benefits

- No Referrals Required Preventative Care Covered at 100%.
- Virtual Visits through www.myuhc.com or the UHC mobile app.
- 24/7 Access to Registered Nurses.
- Online Wellness & Health Coaching Programs - Real Appeal & Quit for Life.
- Gym Membership Discounts & Reimbursements - Sweat Equity

High Plan With Non-Stop Health

Oxford Liberty Network - Higher Premiums

"Non-Stop Health" is a pre-funded Healthcare Reimbursement Account (HRA) that will help pay most of your medical costs. When you use the "Non-Stop Health" HRA you will have available to you:

- Single - \$5,350 available HRA towards deductible and out of pocket maximum
- Family - \$10,700 available HRA Funds towards deductible and out of pocket maximum
- Out of Pocket Maximum Single \$1,000*
- Out of Pocket Maximum Family \$2,000*

*After you use your Non-Stop Health HRA

Base Plan

Oxford Liberty Network - Lower Premiums

High deductible and high out of pocket costs:

Must meet full deductible before insurance covers medical costs

- Deductible – Single - \$5,550
- Deductible – Family - \$11,000
- Out of Pocket Maximum Single \$6,350
- Out of Pocket Maximum Family \$12,700

Metro Plan

Oxford Metro Network - Lower Premiums

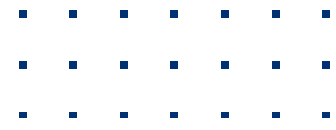
Smaller network of doctors and hospitals

\$30 Primary MD Copay, \$60 Specialist Copay

- Deductible – Single - \$2,500
- Deductible – Family - \$5,000
- Out of Pocket Maximum Single \$6,850
- Out of Pocket Maximum Family \$13,700



Premiums



High Plan

Premiums



Plan Type	Semi-Monthly	Monthly
Single	\$160.00	\$320.00
Employee +1	\$437.50	\$875.00
Family	\$510.00	\$1,020.00

Base Plan or Metro Plan

Premiums

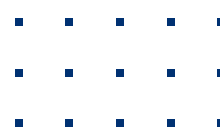


Plan Type	Semi-Monthly	Monthly
Single	\$67.50	\$135.00
Employee +1	\$242.50	\$485.00
Family	\$275.00	\$550.00

Medical Plan Eligibility

Medical benefits are available to employees who work at least 30 hours per week. You may enroll the first of the month following or coinciding with your date of hire, at annual open enrollment or if you have a qualifying event. Dependents can be covered through the end of the month in which they turn age 26.

Locating a Provider



1 Liberty Plan

The best way to verify whether your doctor, lab, or hospital participates in the Oxford Liberty network is to call your provider and ask...

You can also go online at: <https://connect.werally.com/plans/uhc>

- Select "Liberty with UHC Core"
- Fill in your zip code and search criteria

Oxford Liberty Network = Local Access (NY, NJ, CT) UHC Core = National Access

For those utilizing providers locally, you must use providers who participate with the Liberty network

For those utilizing providers outside of the area, you must use providers who participate with the UnitedHealthcare Core network

2 Metro Plan

The best way to verify whether your doctor, lab, or hospital participates in the Oxford Metro network is to call your provider and ask...

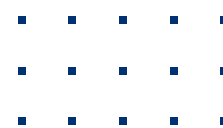
You can also go online at: <https://connect.werally.com/plans/uhc>

- Select "Metro"
- Fill in your zip code and search criteria

Oxford Metro Network = Local Access (NY and NJ Only) There is NO National Access on this plan

The Oxford Metro network has approximately 25% less doctors than the Oxford Liberty network. The following hospitals and their affiliated physician groups, among others, do NOT participate with the Metro network: Northshore-LIJ, Maimonides Medical Center, Lenox Hill, and NYU Health Systems. Please make sure you check this network carefully before selecting the Metro plan.

Medical and Prescription Drugs



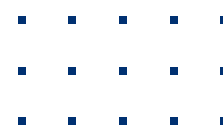
Base Plan – Benefits as Outlined Below with no Non-Stop Health Card

High Plan – Benefits as Outlined Below with NonStop Health Card that covers: \$5,350 for Employee Only & \$10,700 for Employee + Dependent Plans

* \$400 Copay for Emergency Room Visits (Waived if Admitted)

		Base Plan
Office Visits	Primary Care Provider	What You Pay
	Specialist	Deductible & 30% Coinsurance
	Preventive Services	Deductible & 30% Coinsurance
	Virtual Visits	Covered 100%
Emergency Room		Deductible & 30% Coinsurance
Urgent Care		Deductible & 30% Coinsurance
Annual Deductible	Single	\$5,500
	Family	\$11,000
Out of Pocket Max	Single	\$6,350
	Family	\$12,700
Inpatient Services		Deductible & 30% Coinsurance
Outpatient Services		Deductible & 30% Coinsurance
Lab Services:	Doctor's Office	Deductible & 30% Coinsurance
	Freestanding Lab	Deductible & 30% Coinsurance
	Hospital	Deductible & 30% Coinsurance
		Deductible & 30% Coinsurance
X-Rays:	Doctor's Office	Deductible & 30% Coinsurance
	Freestanding Radiology Center or Hospital	Deductible & 30% Coinsurance
Advanced Imaging (MRI/PET/CAT scans)		Deductible & 30% Coinsurance
Pre & Post-natal Care In-network preventative prenatal services are covered at 100%		Deductible & 30% Coinsurance
Pharmacy Deductible		Medical Deductible Applies
Retail Pharmacy	Generic	\$15
	Preferred Brand	\$35
	Non-Preferred Brand	\$75
	Supply Limit	30 Days
Mail Order Pharmacy	Generic	\$37.50
	Preferred Brand	\$87.50
	Non-Preferred Brand	\$187.50
	Supply Limit	90 days

Medical and Prescription Drugs



Metro Plan – Benefits as Outlined Below with no Non-Stop Health Card

Please note: The Oxford Metro network has approximately 25% less doctors than the Oxford Liberty network. The following hospitals and their affiliated physician groups, among others, do NOT participate with the Metro network: Northshore-LIJ, Maimonides Medical Center, Lenox Hill, and NYU Health Systems. Please make sure you check this network carefully before selecting the Metro plan.

	Oxford Metro Silver EPO
National Network Access:	Not available
Pharmacy Network Access:	Standard Select with Walgreens
In Network Services:	
Refferrals:	No
Primary MD Copay:	\$30
Specialist Copay:	\$60
Deductible:	\$2,500/\$5,000
Coinsurance:	30%
Maximum Out of Pocket*:	\$6,850/\$13,700
Inpatient Services:	D & C
Outpatient Services:	D & C
Advanced Diagnostics (MRI/PET/CAT):	D & C
Simple Diagnostics (X-Ray):	D & C
Lab work:	No Charge
ER Copay:	Ded then 30%
Urgent Care Copay:	\$80
Out of Network:	No Coverage
Prescription Coverage:	
RX Deductible:	N/A
RX Copays:	\$15/\$35/\$75

Non-Stop Health

High Plan only



Welcome to Nonstop Health! We are thrilled to have you and Magen David Yeshivah on board with us. Nonstop's mission is to support the growth and sustainability of your organization by providing high-quality, affordable, and accessible employee health care. We do this by wrapping a section 105 medical expense reimbursement plan (MERP) around a high deductible health plan (HDHP) from Oxford. We then provide you with a Nonstop Visa card to help cover those out-of-pocket costs associated with having a HDHP, up to the allowed amount of:

- Oxford SG Liberty: \$5,350 for employee plans and \$10,700 for employee + dependent plans

As you'll see in this guide, the Nonstop Health program is relatively easy to use so long as you follow these three "golden rules:"

- Stay in-network for all services and prescriptions
- Use your Nonstop Visa card to help pay for in-network, carrier-approved expenses, up to the allowed amount for your plan
- Give us a call if you have any questions or run into any issues

We are here to help you in any way. Give us a call at 877-626-6057 or email us at clientsupport@nonstophealth.com anytime you have a question. We look forward to supporting you with your healthcare needs!

Again, welcome to the Nonstop family. We couldn't be happier to extend the Nonstop Health program to you and your family to ensure that you stay happy and healthy all year long.

Best,
Your Nonstop Health Team

As you get started, here are some key healthcare terms to know!

- **Deductible:** The amount that must be paid out-of-pocket towards covered healthcare expenses before health insurance kicks in. Once a deductible is met, the employee covers copays and/or coinsurance costs for qualifying services and insurance pays the remainder until the out-of-pocket maximum is reached.
- **Out-of-Pocket Maximum (OOPM):** The maximum amount an enrollee will pay for covered medical services in a year, including deductible, copay, and coinsurance expenses.
- **Coinsurance:** Coinsurance is a percentage of the cost of covered services that is paid (20% for example) at each provider visit after the deductible is met.
- **Copayment (copay):** A copay is a fixed amount that is paid at each provider visit for covered services; copay amounts under an insurance plan can vary for different services.

What is Non Stop Health?



Nonstop Health is a type of healthcare program that allows nonprofits to fund a portion of their employees' healthcare premiums and out-of-pocket expenses (e.g. deductibles, copays, and coinsurance) while also saving on premium expenses annually. The Nonstop Health program combines an ACA-compliant health plan with a section 105 medical expense reimbursement plan (MERP) – and provides you, the member, with a Visa card to help pay for in-network, carrier-approved medical expenses, up to the allowed amount of:

- Oxford SG Liberty: \$5,350 for employee plans and \$10,700 for employee + dependent plans.

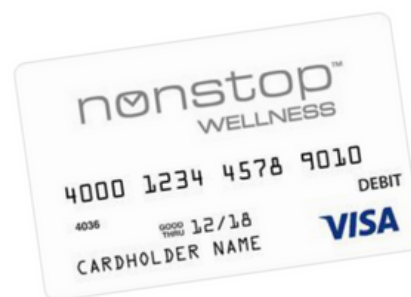
With Nonstop Health, you will receive two cards in the mail after you enroll: your carrier identification card from Oxford and your Nonstop Visa card from Nonstop Administration and Insurance Services, Inc. (Nonstop). Cards should be received within 14-21 business days after enrollment. During heavy enrollment periods, cards may take up to 4 weeks to be processed and delivered.

What Should I Do With Each Card?



Carrier Card

The carrier card comes from UnitedHealthcare / Oxford, and includes information relevant to the HDHP. You must present the Oxford ID card from Oxford during every doctor visit and for prescription purchases. This is important to ensure that Oxford is apprised of the charge and properly credits your services towards your in-network deductible / out-of-pocket maximum.



Non Stop Health Card

The Nonstop Visa card comes from Nonstop and can be used to pay for in-network, carrier approved medical services and prescriptions, up to the allowed amount for your plan. You cannot use the Nonstop Visa card to purchase over the counter drugs. You will receive two Nonstop Visa cards and they will both only be in your name. If you need additional cards, please call us at 1-877-626-6057. We recommend that you DO NOT set up a PIN as this will only allow you to use the card as a debit card and not a credit card.

How Do I Use Non Stop Health?



If/when you receive a bill for in-network services, please pay that bill with your Nonstop Visa card. You cannot use the Nonstop Visa card for dental or vision payments. You will be responsible for any out-of-network or unapproved charges on the card.



YES

In network facilities and doctors



YES

Covered services and prescriptions



NO

Vision



No

Dental



NO

Out of Network

Please note!

- The Nonstop Visa card works with digital wallets such as Apple Pay, Google Pay, and Samsung Pay. With just four quick steps you can connect your Nonstop Visa card to any of these services. So even if you forget your card at home, you don't need to worry! You can simply tap your phone or mobile device and be on your way.
- Nonstop Health is only designed for medical services and prescriptions. As such, you cannot use the Nonstop Visa card for dental or vision payments.
- You will be responsible for any out-of-network or unapproved charges on the card.
- If you receive a reimbursement check from your carrier or a provider, please know that money needs to be re-deposited back into your employer's account with Nonstop. We request that you endorse the check and mail it to Nonstop at 1800 Sutter St. Suite 730, Concord, CA 94520
- There is a \$400 Nonstop Health copay for all Emergency Room visits (which is waived if admitted) and this copay is NOT covered under the Nonstop Health program. It will be your responsibility to pay out of pocket.



How to use the Nonstop Exchange



Why log into the Nonstop Exchange?

Once you are enrolled with Nonstop Health, you will be able to access your plan information via the Nonstop Exchange portal (members.nonstophealth.com). When you log into the system you will be able to:



**Track spending
with your Nonstop
Visa card**



**View documents
about your plan**
(e.g. summary plan description,
benefits summary)



**Navigate to our
member help site**
(through the HELP button)



**File and view
claims submissions**

How to log into the Nonstop Exchange

Your username is the email address Nonstop has on file, which is typically the email address associated with your place of employment. If you do not know what your username is, give us a call or contact your HR representative.

When you log in for the first time, you will need to put in your email address and then click on “don’t remember your password?” This will allow you to set a private password for your account.

Nonstop Health mobile app

Put the power and convenience of the Nonstop Exchange in the palm of your hand with the free Nonstop Health mobile app. With just a few taps, you can file claims, check the balance on your Nonstop Visa card, read up on plan details, and much more.

**Download the Nonstop Health
mobile app from the
iOS or Android app stores.**



Nonstop Health Portal

demo@nonstophealth.com

Don't remember your password?

LOG IN >

Reset your password

Please enter your email address. We will send you an email to reset your password.

demo@nonstophealth.com

SEND EMAIL >



HELPFUL TIP

For the best NSE user experience, use the Chrome internet browser.

Questions? We're here to help!
877.626.6057 Monday-Friday, 6am-5pm PST
clientsupport@nonstophealth.com

Dental Benefits



Dental Plans		PPO PLAN		DMO PLAN	
		In Network	Out of Network	In Network Only	
Annual Deductible					
Individual		\$50	\$50	No Deductible	
Family Limit		\$150	\$150		
Waived For		Preventative Services	Preventative Services		
Charge Covered For You				You pay a set copay for each covered procedure	
Preventative Care		100%	100%		
Basic Care		80%	80%		
Major Care		50%	50%		
Orthodontia		50% up to \$1,000	50% up to \$1,000		
Reimbursement Level		Agreed Fees	80% UCR	Agreed Fees	
Maximum Annual Benefit		\$1,500	\$1,000	No Annual Maximum	
Premiums		Semi-Monthly	Monthly	Semi-Monthly	Monthly
Preventative Care		\$30.29	\$60.58	\$7.50	\$14.99
Single		\$59.45	\$118.89	\$14.99	\$29.97
Employee & Spouse		\$74.36	\$148.71	\$19.64	\$39.27
Employee & Child(ren)		\$103.16	\$206.31	\$30.57	\$61.14
Family					

Dental Plan Eligibility

Dental benefits are available to employees who work at least 30 hours per week. You may enroll the first of the month following or coinciding with your date of hire, at annual open enrollment or if you have a qualifying event.

PPO Plan

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 your out-of-pocket expenses you are encouraged to choose in-network providers.

DMO Plan

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.

To Search for Participating Providers, go to

<https://www.uhc.com/find-a-doctor>

Select the **National Options PPO 30** network for the PPO Plan

Select the **NY Select Managed Care Plan** network for the DMO plan

Vision Benefits



VSP Vision Plan	PPO PLAN	
	In Network	Out of Network Reimbursements
Exams	\$10 Copay	Up To \$45
Materials	\$25 Copay (applies to lenses & frames)	N/A
Standard Lenses	Covered 100% after Materials Copay	Up to \$30 - \$65
Frames	Up to \$130 Allowance + 20% off balance	Up to \$70
Elective Contacts (available once per year in lieu of glasses)	Up to \$130	Up to \$105
Frequency (Exams/Lenses/Frames)	Once Every 12/12/24 Months	
Premiums	Semi-Monthly	Monthly
Single	\$3.46	\$6.92
Employee & Spouse	\$5.54	\$11.07
Employee & Child(ren)	\$5.65	\$11.31
Family	\$9.12	\$18.23

Vision Plan Eligibility

Vision benefits are available to employees who work at least 30 hours per week. You may enroll on the first of the month following or coinciding with your date of hire or at annual open enrollment.

To Search for Participating Providers, go to

www.vsp.com

Member Services can be reached at **(800) 877-7195**

You will not receive a vision member ID card. If you would like one, you can register as a member on the website and print a paper card or you can access a digital card on the mobile app.

Flexible Spending Accounts (Ameriflex)

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 pretax 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.

Health Care Flex Spending Accounts (FSA)

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 2023 is \$3,050.

Eligibility

Employees who are regularly scheduled to work at least 20 hours per week are eligible to enroll the first of the month following or coinciding with your date of hire. FSAs are regulated by the IRS. As a participant in the health FSA, you can roll over up to \$610 of your unused health FSA funds to the next plan year. However, unused health FSA funds above \$610 will be forfeited in accordance with the usual "use it or lose it" rule for FSAs.

Dependent Care Flex Spending Account (DCA)

Allows you to use pre-tax income to pay for eligible dependent care (care for a child under the age of 13 or a dependent adult) expenses 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, 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:

2023 Mass Transit Limit \$300

2023 Parking Limit \$300

***Manual claims are no longer accepted for commuter claims**

Income Protection



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.

Voluntary Enhanced Short Term Disability Plan (Mutual of Omaha)

This is a Voluntary Plan offered through Mutual of Omaha. It is 100% Employee Paid. To be eligible you must be scheduled to work at least 30 hours per week.

	New York Statutory	Voluntary Enhanced Short-Term Disability
Weekly Benefit	50% of Salary To \$170	60% of Salary To \$1,500
Wait	7 Days	7 Days
Duration	26 Weeks	12 Weeks

Long-Term Disability (LTD) 100% company paid

Magen David Yeshivah provides eligible employees with company-paid LTD insurance through Mutual of Omaha. To be eligible for LTD insurance you must be regularly scheduled to work at least 30 hours per week. Coverage is effective the first of the month following or coinciding with your date of hire.

Monthly Benefit	60% of base salary Maximum \$10,000
Wait	90 Days (13 weeks)
Duration	To Age 65 (SSNRA)

UJA Federation of New York Life Insurance (formerly Gruss Life Insurance)

Magen David Yeshivah is part of a program through The UJA Federation 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 The UJA Federation and must be reapplied for at the beginning of every school year

Income Protection Continued



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 **\$150,000** and for your spouse/children up to **\$30,000** if you elect coverage within the first 30 days that you are hired. If you previously did not elect this coverage and would like to do so now, you will need to submit evidence of insurability (EOI.) Premiums will be deducted from your paycheck.

Paid Family Medical Leave

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:

WEEKS AVAILABLE	MAX % OF EMPLOYEE AVERAGE WEEKLY WAGE	CAPPED AT NYS AVERAGE WEEKLY WAGE (\$1,688.19 FOR 2023)
12	67%	\$1,131.08

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
- When a family member is called into active military service.

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

Workers Compensation

Magen David Yeshivah maintains Workers' Compensation Insurance as required by New York State laws. If you experience a work-related accident or illness MDY'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 policy.

403(b) Retirement 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 2023 the maximum you can contribute to the Plan is \$22,500
- If you will be age 50 or older by the end of 2023, you can make an additional catch-up contribution of up to \$7,500 in 2023, for a total maximum contribution of \$30,000.

Matching Funds

- MDY will match an equal amount of your deferred contributions up to 5% of your base salary.
- The matching fund will vest over 5 years, at a rate of 20% each year.

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/safe leave purposes during the first 90 days of employment. Employees may be entitled to a prorated amount of PTO based on the average number of hours worked per week. In addition, Employees hired in the middle of the school year will be entitled to a prorated amount of PTO based on the number of months left in the school year.

Status	Annual PTO	
Faculty (September through June employees)		
	0-1 year of Service	1+ years of service
Full-Time	1 week (up to 7 days)*	2 weeks (up to 10 days)*
Part-Time	1 week (up to 7 days)*	2 weeks (up to 10 days)*
Casual (less than 20 hours per week)	Accrue 1 hour for every 30 hours worked	Accrue 1 hour for every 30 hours worked

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

Tuition Reimbursement

The Tuition Reimbursement Policy provides 100% of the cost of their program for tuition reimbursement for undergraduate degrees, graduate degrees, laboratory fees, registration fees, and professional license exam fees up to a total of \$5,250 per calendar year. This benefit is available to assist employees in enhancing their education, skills, and knowledge, which will directly improve or further the employee's capabilities in their current position or career path at Magen David.

- The benefit is available to all full-time employees who are employed at least 120 days.
- The course or degree must be approved by the Principal and Executive Director PRIOR to the start of the course.
- The employee must attend an accredited institution that awards undergraduate or graduate degrees, and the program must be relevant to the employee's current position or relevant to the employee's career development at Magen David.
- The course must start AFTER the employee is employed at least 120 days.
- Employees must receive a grade of B or higher for each course or "Pass" for non-graded courses. No reimbursement will be provided for grades below a B.
- The employee must ensure that the course of study does not interfere with his or her work requirements.
- Employees will be required to submit appropriate documentation showing that they paid for the course. They will be reimbursed within one pay period after completing the course and submitting the appropriate check request and receipts.
- Employees will be required to work at Magen David for one additional year after reimbursement or refund the money.

Teacher Discount

Magen David Yeshivah offers a tuition discount to Full-Time and Part-Time employees who have children attending Magen David Yeshivah from Kindergarten through High School. Employees with children enrolled in Kindergarten through Twelfth grade are eligible for the following Tuition Credit per student up to a maximum tuition benefit based on the employee's base salary.

Employee Status	Kindergarten	Elementary School	High School
Full-time Teachers, Managers and Non-Faculty Professionals (30 hours or more per week)	\$7,000	\$12,000	\$16,000
Full-time Associate and Assistant Teachers and Clerical Staff (30 hours or more per week)	\$3,500	\$6,000	\$8,000
Part-time Teachers, Managers and Non-Faculty Professionals (20-29 hours per week)	\$3,500	\$6,000	\$8,000
Part-time Associate and Assistant Teachers and Clerical Staff (20-29 hours per week)	\$1,750	\$3,000	\$4,000

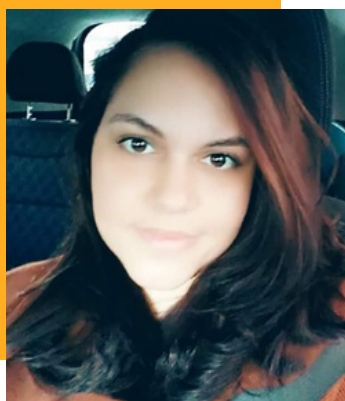
Note: Casual employees (staff members working less than 20 hours per week) are not eligible for the Tuition Credit benefit. The tuition credit is only available for employees that are active at the time of Tuition contract issuance. Should an employee start or depart the School during the course of their tuition year, the employee discount will be prorated to time served.

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