MAGEN DAVID YESHIVAH



2026

ACADEMY
BENEFIT GUIDE

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

Magen David pays an average of 70% of total medical premiums



Medical Plan Options

Choose from 4 options

High Plan: Higher premiums, covers most of your out of pocket costs
Value Plan: Covers about the first half of your deductible
Base Plan: Lower premiums, higher deductible and out of pocket costs
Metro Base Plan: Smaller network of doctors and hospitals, with better coverage than Base Plan



Dental Plan Options - New MetLife Plan

Choose from 2 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 $2,250 annually



Vision Benefit

$10 copay on Vision Exam
$25 copay on lenses and frames (up to $130 value) or
$130 allowance on contacts



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 up to 12 weeks available and up to 67% of salary capped at $1,228.53/week.

United Healthcare / Oxford

MEDICAL BENEFITS

Medical Plan Options

We offer 4 benefit options using Oxford Health Plans

All Plans offer

- No Referrals Required
- Appropriate Preventative Care Covered at 100%
- Virtual Visits through www.myuhc.com or the UHC mobile app, covered at 100% on the Metro plan
- 24/7 Access to Registered Nurses
- UHC Rewards Core – earn up to $300 per year by completing health tasks
- Access to Online Wellness & Health Coaching Programs - Real Appeal, Quit for Life, Calm App, & Wellos App
- Gym Membership Discounts & Reimbursements - Sweat Equity & One Pass Select Subscription
- Care Cash – **available to metro plan only** – register on the member portal to get a preloaded debit card ($200 for individuals or $500 for families) to be used on qualified medical expenses.

Get more info on all the above programs on your Oxford member portal through www.myuhc.com or the mobile app.

Option 1

High Plan with Oxford Liberty and Non-Stop Wellness HRA

Higher premiums - better coverage, lower out of pocket costs

This is a HDHP with Oxford Liberty that includes a "Non-Stop Health" 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 - $7,000 towards deductible and out of pocket maximum
• Family - $14,000 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

Option 2

Value Plan with Oxford Liberty and Non-Stop Wellness HRA

A blend of slightly lower premiums and some coverage of deductible and out of pocket costs

This is a HDHP with Oxford Liberty that includes a "Non-Stop Health" 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 - $4,000 towards deductible and out of pocket maximum
• Family - $8,000 Available HRA Funds towards deductible and out of pocket maximum
• Out of Pocket Maximum Single $4,000*
• Out of Pocket Maximum Family $8,000*

*After you use your Non-Stop Health HRA

Option 3

Metro Plan

OXFORD METRO NETWORK

Lower Premiums

Smaller network of doctors and hospitals

$30 Primary MD Copay

$80 Specialist Copay

- Deductible – Single - $3,750
- Deductible – Family - $7,500
- Out of Pocket Maximum Single $9,200
- Out of Pocket Maximum Family $18,400

NEW - Care Cash

$200 for Single and $500 for Family

Option 4

Base Plan

OXFORD LIBERTY NETWORK

Lower Premiums

Higher deductible and out of pocket costs

High deductible and high out of pocket costs:

Must meet the full deductible before insurance covers medical costs

- Deductible – Single - $5,750
- Deductible – Family - $11,500
- Out of Pocket Maximum Single $8,000
- Out of Pocket Maximum Family $16,000

United Healthcare / Oxford

MEDICAL PREMIUMS

Semi-Monthly Rates				
	High Plan	Value Plan	Metro Plan	Low Plan
Single:	$200	$150	$113	$100
Couple:	$475	$413	$275	$263
Parent/Child:	$475	$413	$275	$263
Family:	$635	$510	$388	$363

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.

HOW TO LOCATE A PROVIDER

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.

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.

Pharmacy Network

The Metro Plan utilizes the Standard Select with Walgreens Pharmacy Network, which comprises 50,000 retail pharmacies nationwide, including major chains, mass merchants and supermarkets.

- Members will have access to Duane Reade, Walgreens and Walmart.
- Prescriptions cannot be filled at CVS or some non-chain pharmacies.

To search for a network pharmacy, go to myuhc.com, select Find a Pharmacy and enter their search criteria (e.g., pharmacy name or ZIP code). To confirm network participation, the pharmacy should have Broad (for the Liberty Plan) or Standard Select with Walgreens (for the Metro plan) listed in its description.

MEDICAL & PRESCRIPTION DRUGS

Base Plan, Value Plan and High Plan Benefits

All three plans use the same HDHP with Oxford Liberty Network

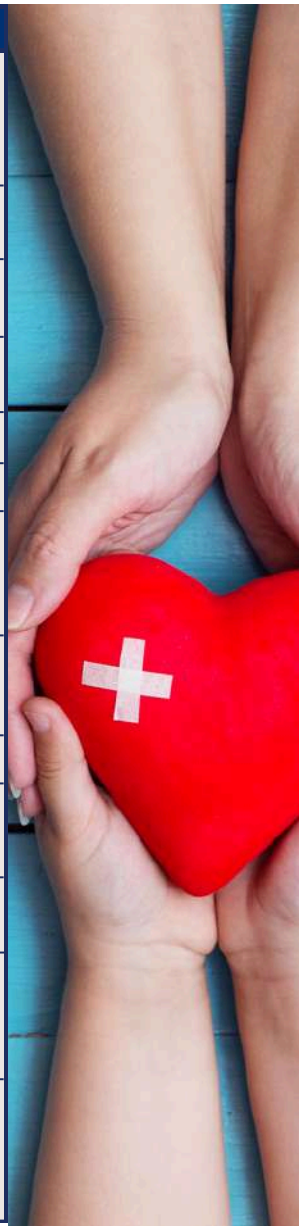
Base Plan: – Benefits as Outlined Below with no Non-Stop Health Card

Value Plan: - Benefits as Outlined Below with Non-Stop Health Card that covers $4,000 for Employee Only & $8,000 for Employee + Dependent Plans

High Plan: – Benefits as Outlined Below with Non-Stop Health Card that covers $7,000 for Employee Only & $14,000 for Employee + Dependent Plans

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

	Base Plan
Office Visits	What You Pay
Primary Care Provider	$25 After Deductible
Specialist	$75 After Deductible
Preventive Services	Covered 100%
Virtual Visits	Covered 100%
Emergency Room	Deductible & 50% Coinsurance
Urgent Care	Deductible & 30% Coinsurance
Annual Deductible	
Single	$5,750
Family	$11,500
Out of Pocket Max	
Single	$8,000
Family	$16,000
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
X-Rays:	
Doctor's Office 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	30%
Preferred Brand	30%
Non-Preferred Brand	30%
Supply Limit	30 Days
Mail Order Pharmacy	
Generic	30%
Preferred Brand	30%
Non-Preferred Brand	30%
Supply Limit	90 Days



MEDICAL & PRESCRIPTION DRUGS

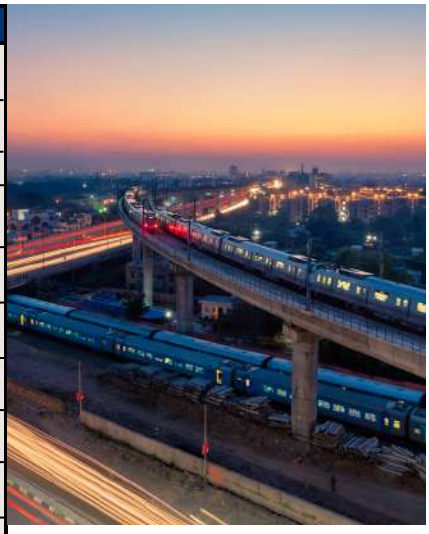
Metro Plan Benefits

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.**

Virtual Visits through www.myuhc.com or the UHC mobile app are covered at 100%.

	Oxford Metro Silver EPO
National Network Access:	Not available
Pharmacy Network Access:	Standard Select with Walgreens
In Network Services:	Care Cash $200 for SIngle $500 for Family
Refferals:	No
Primary MD Copay:	$30
Specialist Copay:	$80
Deductible:	$3,750/$7,500
Coinsurance:	40%
Maximum Out of Pocket*:	$9,200/$18,400
Inpatient Services:	D & C
Outpatient Services:	D & C
Advanced Diagnostics (MRI/PET/CAT):	D & C
Simple Diagnostics (X-Ray):	D & C
Lab work:	Preferred Lab Network (PLN): $0 / Other In Network Labs: Ded & 50%
ER Copay:	Ded then 50%
Urgent Care Copay:	$100
Out of Network:	No Coverage
Prescription Coverage:	
RX Deductible:	$200/person (waived for T1)
RX Copays:	$10/$65/$95



ADDITIONAL INFORMATION

This plan uses Oxford's Preferred Lab benefit. When choosing a lab in the Preferred Lab Network (PLN) you will have no cost share. If you use any other in network lab, you will have a higher cost share. You can find labs in the PLN by searching on the UHC website and looking for the "Preferred Lab" designation. Some examples of labs in the PLN are LabCorp and Quest Diagnostics.

Care Cash - is a preloaded debit card that helps guide you to more cost-effective and convenient care — and it can be used in place of a credit or debit card to help pay for certain eligible expenses

To apply, Go to myuhc.com® > Coverage & Benefits.
Scroll to the Care Cash section and select Request Care Cash card button

HIGH & VALUE PLANS

What is the Non-Stop Health Program?

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 the plan you chose.

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

With Nonstop Health, you will use **TWO** cards every time you see a provider or fill a prescription:



An identification card from Oxford

- Includes information relevant to the member's health insurance coverage
- Present this card during every doctor visit and prescription purchase, to let Oxford know about the charge and ensure they properly credit it toward your in-network deductible/out-of-pocket maximum.



Nonstop Visa card

Use it to pay for in-network, Oxford-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.

How do I use Nonstop Health at my provider or pharmacy?



First:

Always use in-network* providers and make sure any services or prescriptions you receive are covered by your health insurance plan.

("Covered" means that the expenses for that service or prescription are applied toward your in-network deductible and/or out-of-pocket maximum. Not sure if something is covered? Check with your health insurance carrier.)



Next:

When you visit a provider or pharmacy, present your HEALTH INSURANCE ID CARD before paying for any services or prescriptions, to make sure the provider/pharmacy processes any payments through your medical carrier.



And finally:

When asked for payment at the pharmacy or when you receive a bill from your provider, simply pay for those costs using your NONSTOP VISA CARD. No need to pay for anything out of your own pocket (up to the allowed amount for your plan), as long as the doctor/pharmacy is in-network* and your service or prescription is covered by your health insurance plan!

Please Note:

- The Nonstop Visa card is coded for medical services and prescriptions, but it cannot tell the difference between a covered or non-covered service OR an in-network or out-of-network provider. Just because your Visa card works at a provider or other merchant, that doesn't automatically mean the item or service you are paying for qualifies for Nonstop Health! Your carrier can tell you if a service/prescription is covered or a provider is in-network.
- Nonstop Health is only designed for medical services and prescriptions. You cannot use it for dental or vision payments.
- You are responsible for any out-of-network or unapproved charges on the Nonstop Visa card.

What is/isn't covered under Nonstop Health

The Nonstop Health program only works with in-network providers/facilities and covered services and prescriptions.

COVERED EXPENSES

Nonstop Health may be used to pay for all services and prescriptions that are covered under your medical plan. In essence, this means that if your health insurance has agreed to pay for a medical service or prescription as part of your medical coverage, then you may use your Nonstop Visa card to pay for it. If Oxford does **not** cover a service or prescription, you are responsible for 100% of those costs. If you're not sure if a service or prescription is covered, check your Summary of Benefits and Coverage (SBC) or contact Oxford before receiving care.

NON-COVERED EXPENSES

Because medical plans cover services and prescriptions differently, there's not an exhaustive list of where you can/can't use your Nonstop Visa card. **Below are a few examples of services/providers/facilities that are never covered by Nonstop Health.** This is only a sample; if you're not sure if something is covered, check with Oxford!

- Amazon.com or any FSA/HSA stores
- Weight loss programs
- FullScripts
- FreeSpira
- Massage Envy
- Carex
- Smile Direct Club
- PeopleCare
- Warby Parker
- Hero Health

As a general rule, the Nonstop Visa card may NOT be used for:

- Over-the-counter medication, vitamins or supplements
- Dental services, unless covered under your medical plan
- Vision services, unless covered under your medical plan
- Services and medications not approved by your health insurance carrier
- Alternative care not approved by your health insurance carrier
- Mental health services not approved by your health insurance carrier

Frequently Asked Questions

Q. Can I add the Nonstop Visa card to a digital wallet?
A. Yes. The Nonstop Visa card works with digital wallets such as Apple Pay, Google Pay, and Samsung Pay.

Q. What should I do if I receive a reimbursement check from my insurance carrier or my provider?
A. 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

Q. Will I receive a new Visa card when my new plan year begins?
A. No. You will keep using the same Nonstop Visa card you have. When your new plan year begins, the card will be loaded with the new plan year's funds. That's why you cannot use the card to pay for previous year's expenses. Once your new plan year starts, if you still have outstanding bills from the prior plan year, submit claims for those. Do not use your card to pay them.

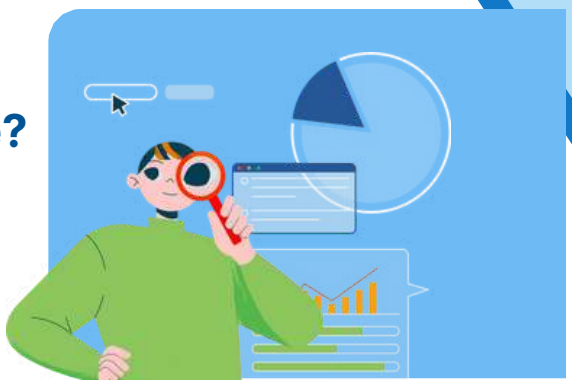
Q. What happens to the unused funds on my card?
A. Any unused funds at end of the plan year go back into your employer's Nonstop account, and your card resets with new plan year's funds on the first day of your new plan year.

Q. If the card works that means the expense is approved, right?
A. No. The Nonstop Visa card is coded for medical services and prescriptions, but like other cards of this type it cannot tell the difference between a covered or non-covered service or an in-network versus out-of-network provider. Even if it works at a provider/merchant, that doesn't automatically mean the item or service qualifies for Nonstop Health! Not sure? Ask your health insurance carrier.

Q. What happens if I use my card for something that doesn't qualify for the Nonstop program?
A. If you use the card for a non-qualifying medical expense, we will require you to pay that money back to your employer's account with Nonstop. Non-repayment may result in your Visa card being suspended.

Q. Are there any copays not covered by Nonstop?
A. Yes. There is a $400 Nonstop Health copay for all Emergency Room visits (which is waived if admitted) that is NOT covered under the Nonstop Health program. It will be your responsibility to pay out of pocket.

HOW TO USE
NON-STOP EXCHANGE



Why log into the Nonstop Exchange?

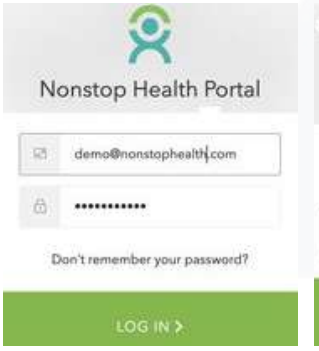
Once you are enrolled with Nonstop Health, you will be able to access your plan information via the Nonstop Exchange portal (members.nonstophealth.com). When you log into the system you will be able to:

- **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.







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

© 2022 by Nonstop Administration and Insurance Services, Inc.

DENTAL BENEFITS

METLIFE DENTAL** MOVING FROM GUARDIAN

OPTION OF 2 PLANS

Dental Plans	PPO PLAN		DMO PLAN	
	In Network	Out of Network	In Network Only	
Annual Deductible Individual Family Limit Waived For	$50 $150 Preventative Services	$50 $150 Preventative Services	No Deductible	
Charge Covered For You Preventative Care Basic Care Major Care Orthodontia	100% 80% 50% 50% up to $1,000	100% 80% 50% 50% up to $1,000	You pay a set copay for each covered procedure plus a $5 Office Visit Co-pay	
Reimbursement Level	Agreed Fees	90% UCR	Agreed Fees	
Maximum Annual Benefit	$2,250	$1,750	No Annual Maximum	
Premiums	**Semi-Monthly**	**Monthly**	**Semi-Monthly**	**Monthly**
Single	$38.15	$76.29	$6.14	$12.28
Employee & Spouse	$77.43	$154.85	$12.28	$24.55
Employee & Child(ren)	$92.62	$185.24	$16.08	$32.16
Family	$140.28	$280.55	$21.05	$42.10

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 or at annual open enrollment.

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

- The PPO dental uses the **PDP Plus network**
- The Managed Care (DMO) network uses the **Dental HMO/Managed Care Network**.

Member service phone: **1-800-GET-MET8 (1-800-438-6388)**
Member website after enrollment **metlife.com/mybenefits**
General website to search for providers: **https://providers.online.metlife.com/findDentist?** searchType=findDentistMetLife

VISION BENEFITS

GUARDIAN VISION PLAN UTILIZING THE VSP NETWORK

Guardian Vision Plan	PPO PLAN	
	In Network (VSP Choice Network)	Out of Network Reimbursements
Exams	$10 Copay	Up To $39
Materials	$25 Copay (applies to lenses & frames)	N/A
Standard Lenses	Covered 100% after Materials Copay	Up to $23 - $64
Frames	Up to $130 Allowance + 20% off blance	Up to $46
Elective Contacts (available once per year in lieu of glasses)	Up to $130	Up to $100
Frequency (Exams/Lenses/Frames	Once Every 12/12/24 Months	
Premiums	Semi-Monthly	Monthly
Single	$3.40	$6.79
Employee & Spouse	$5.43	$10.86
Employee & Child(ren)	$5.55	$11.09
Family	$8.94	$17.88

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.

Our vision plan is administered by Guardian and uses the VSP Choice Network. If you have questions about the plan or need to submit a claim, you need to contact Guardian. If you are looking for an in-network provider, you can use the VSP website.

To Search for Participating Providers, go to www.vsp.com

Select Find A Doctor and choose what search criteria you want to use

Member Services can be reached at 888-600-1600

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

Employee Assistance Program (EAP)

As an employee of Magen David Yeshivah, you have access to an EAP program with Mutual of Omaha.

Plan Features

- Counseling Options - 3 sessions per year (per issue) - virtual or in-person
- Family Clinical Services
- Family Legal Services
- Family Financial Services
- Work/Life Services - child/elder care resources and referrals
- and much more...

You can find many helpful resources on their website mutualofomaha.com/eap or call them at 800-316-2796. Services are available 24/7/365!

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 2026 is **$3,400**.

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 **$680** of your unused health FSA funds to the next plan year. However, unused health FSA funds above $680 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 **$7,500** 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

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:

2026 Mass Transit Limit $340

2026 Parking Limit $340

***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.

Paid Time OFF (PTO)

Employees are entitled to one hour of PTO for every 30 hours worked.

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 until we receive an approval decision from the carrier.**

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 ($1,833.63 FOR 2026)
12	67%	$1,228.53

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, Grandchild and Sibling.

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.

MDY HUMAN RESOURCES



Joe Mineo
Director, Human Resources
718-676-0215 ext. 1102
jmineo@mdy.org



Giselle Pemberton
Manager, Human Resources
718-676-0215 ext. 1115
gpemberton@mdy.org



Olga Ponomarenko
Human Resources Generalist
718-954-3290 ext. 1113
olgap@mdy.org

Acrisure – Insurance Broker

Victoria Lee
Client Service Executive
646-392-1365
VLee@Acrisure.com

Hymie Azar
Broker
646-392-1361
HAzar@Acrisure.com

Non Stop Health Vendor

	Phone / Fax / Email	Website
Nonstop Administration & Insurance Services, Inc. (Member Support)	General Phone: 1-877-626-6057 Member Support Email: clientsupport@nonstophealth.com Substantiation Fax: 719-270-9845 Substantiation Email: eob@nonstophealth.com Claims Fax: 877-463-1175 Claims Email: claims@nonstophealth.com	www.nonstophealth.com Nonstop Exchange: members.nonstophealth.com