MAGEN DAVID YESHIVAH

2027

BENEFIT GUIDE

Plan Year January 1 – December 31, 2027

■ Academy



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.

YOUR 2027 BENEFITS AT A GLANCE

Benefit Highlights



Medical — EmblemHealth

3 options – all using the EmblemHealth Bridge Network:

- High Plan ($750 deductible)
- Middle Plan ($2,000 deductible)
- Low Plan ($5,000 deductible)



Dental — MetLife

2 options:

- DMO (no annual maximum, lower premiums)
- PPO (larger network, $2,250 in-network annual maximum).



Vision — Guardian (VSP)

$10 exam copay; $25 materials copay;
$130 frame allowance or $130 contacts allowance.



Paid Family Leave

Up to 12 weeks at 67% of pay, capped at $1,287.91/week for leave beginning in 2027.

Flexible Spending Accounts - Pre-tax benefits

- Health Care FSA: $3,500* per year
- Dependent Care FSA: $7,500* per year — can help with Playgroup & Nursery
- Mass Transit: $350 per month - (NYC buses, subways, LIRR)
- Parking: $350 per month



Income Protection

Company-paid LTD, voluntary enhanced STD and voluntary life through Mutual of Omaha, plus UJA educator life.

Medical Benefits

We offer 3 medical plan options through EmblemHealth. All plans are EPOs using the EmblemHealth Bridge network — you must use in-network providers (there is no out-of-network coverage).

OPTION 1

High Plan

InBalance EPO

Higher premiums — lowest out-of-pocket costs

- $750 / $1,500 deductible
- $4,000 / $8,000 out-of-pocket max
- $20 PCP / $40 specialist copay
- 20% coinsurance after deductible
- No Rx deductible

OPTION 2

Value Plan

InBalance EPO

A blend of moderate premiums and cost sharing

- $2,000 / $4,000 deductible
- $7,000 / $14,000 out-of-pocket max
- $30 PCP / $60 specialist copay
- 30% coinsurance after deductible
- No Rx deductible

OPTION 3

Low Plan

Consumer Direct EPO

Lowest premiums — higher deductible

- $5,000 / $10,000 deductible
- $5,000 / $10,000 out-of-pocket max
- All services subject to deductible
- 0% coinsurance after deductible
- Rx subject to plan deductible

All plans: preventive care covered in full in-network • $0 in-network telemedicine on High & Middle Plans • Broad pharmacy network • Hearing aids once every 3 years • Gym reimbursement (High & Middle Plans)

Medical & Prescription Drugs

Benefit	High Plan	Value Plan	Low Plan
Deductible (Individual / Family)	$750 / $1,500	$2,000 / $4,000	$5,000 / $10,000*
Out-of-Pocket Max (Individual / Family)	$4,000 / $8,000	$7,000 / $14,000	$5,000 / $10,000
Coinsurance	20%	30%	0%
Primary Care / Specialist	$20 / $40	$30 / $60	Deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Telehealth / Telemedicine	$20 / $0	$30 / $0	Deductible
Urgent Care	$40	$60	Deductible
Emergency Room	$400	$400	Deductible
Lab & X-Ray (PCP / Specialist office)	$0	$0	Deductible
Advanced Imaging (MRI, CT, PET scans, etc.)	Deductible & coinsurance	Deductible & coinsurance	Deductible
Inpatient & Outpatient Surgery	Deductible & coinsurance	Deductible & coinsurance	Deductible
Rx Deductible	None	None	Subject to plan deductible
Retail Rx — 30 day (Tier 1 / 2 / 3)	$15 / $35 / $75	$15 / $35 / $75	Covered after deductible
Rx — 90 day (Tier 1 / 2 / 3)	$30 / $70 / $150	$30 / $70 / $150	Covered after deductible
Out-of-Network	Not covered	Not covered	Not covered

**Low Plan family deductible is non-embedded: the full family deductible must be met before the plan pays for any covered family member. Deductibles and out-of-pocket maximums accumulate on a calendar-year basis.*

Medical Premiums & Eligibility

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

Employee contributions are unchanged from 2026.



Plan Mapping: Employees currently enrolled in the Value and Metro plans will be mapped into the Value Plan. For Metro Plan members, this will be a slight increase in cost.

Magen David pays an average of 64% of total medical premiums.

Medical Plan Eligibility

Available to employees who work at least 30 hours per week.

You can enroll on the first of the month following your date of hire*, at annual open enrollment, or with a qualifying event.

* If your date of hire is the first of the month, then you are eligible to enroll on your date of hire.

Dependents can be covered through the end of the month in which they turn age 26.

How to Locate a Provider

Call Your Provider First

The best way to verify whether your doctor, lab, or hospital participates in your plan's network is to call them and ask.

Search Online at https://my.emblemhealth.com/member/s/find-care-plans

1. In the "Select Your Plan" search bar ("Ex: Essential plan"), type or choose your plan name (see names on the right)
2. Fill in your search criteria

Outside New York

Follow the steps above. After you select your plan, **a pop-up links to the Cigna directory** — the national network for all plans. Or go to the directory directly, from this link: https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC075&medicalEcnCode=NN001&medicalProductCode=PPO

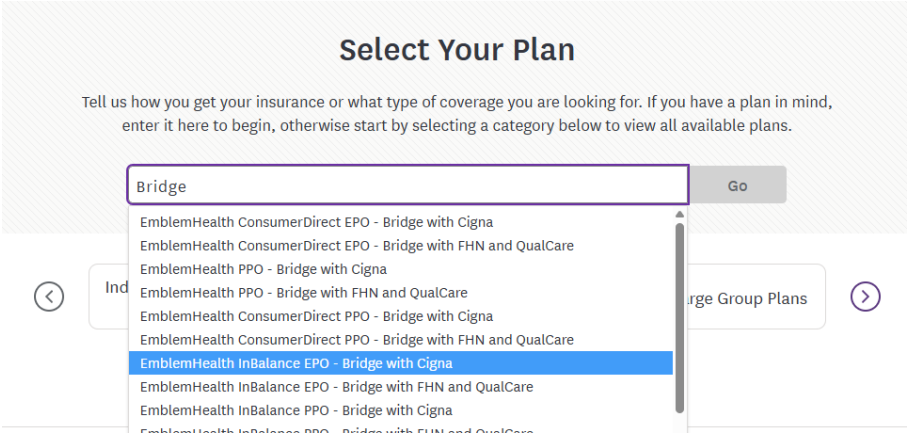
Bridge Network

EmblemHealth's Bridge network is their largest network of providers.

Select Your Plan

High & Value Plans
EmblemHealth InBalance EPO – Bridge with Cigna

Low Plan
EmblemHealth ConsumerDirect EPO – Bridge with Cigna



EPO Plans = In-Network Only: out-of-network care is not covered, except in an emergency!

Pharmacy: Broad network for all plans.

EmblemHealth Member Services
(800) 624-2414

PICK THE RIGHT SETTING

Where to Go for Care

Choosing the right care setting can make a real difference in both your experience and your out-of-pocket costs. Use this matrix to find the most appropriate — and most affordable — option for your situation.

Where to Go	Cost	Common Conditions	What to Expect
Telemedicine *Virtual visit*	**$**	Cold and flu symptoms • Allergies and sinus infections Pink eye, rashes, skin conditions • Bladder and minor infections	*Available within an hour. No need to leave home.*
Primary Care Physician *or retail clinic*	**$$**	Annual exams and preventive care • Minor injuries and sprains Chronic condition management • Vaccinations, lab work, screenings	*Appointment usually needed. Short wait times.*
Urgent Care	**$$$**	Cuts requiring stitches • Minor fractures and burns Moderate fever, ear infections • Sprains and muscle strains	*No appointment needed. Extended evening and weekend hours.*
Emergency Room	**$$$$**	Chest pain or difficulty breathing • Severe bleeding or broken bones Loss of consciousness, stroke symptoms • Severe allergic reactions	*Open 24/7. No appointment needed. Wait times can be hours.*

A QUICK RULE OF THUMB: When in doubt, call your doctor first. Many primary care offices offer same-day phone or video triage that can route you to the right setting and help you avoid an unnecessary ER visit.

Dental Benefits

Dental Plans	PPO		DMO
	In-Network	Out-of-Network	In-Network Only
Annual Deductible (Ind. / Family)	$50 / $150	$50 / $150	No deductible
Deductible Waived For	Preventive	Preventive	—
Preventive / Basic / Major	100% / 80% / 50%	100% / 80% / 50%	You pay a set copay per procedure plus a $5 office visit copay
Orthodontia (child)	50% up to $1,000	50% up to $1,000	
Reimbursement Level	Agreed fees	90th percentile UCR	Agreed fees
Annual Maximum	$2,250	$1,750	No annual maximum
Premiums	**PPO Semi-Monthly**		**DMO Semi-Monthly**
Single	$40.82		$6.14
Employee & Spouse	$82.85		$12.28
Employee & Child(ren)	$99.11		$16.08
Family	$150.10		$21.05

PPO Plan

Use any dentist; in-network (PDP Plus network) providers cost less.

DMO Plan

Smaller network, greater coverage, no annual maximum. You must choose a participating DMO dentist or one will be assigned.

Eligibility

Employees working 30+ hours per week; enroll the first of the month following or coinciding with date of hire, or at open enrollment.

1-800-GET-MET8 (1-800-438-6388)
metlife.com/mybenefits

Elementary School Employees: Your dental plans will be moving from UHC to MetLife, with improved benefits on the PPO.

Vision Benefits

Guardian Vision Plan	In-Network (VSP Choice)	Out-of-Network
Exam	$10 copay	Up to $39
Materials	$25 copay (lenses & frames)	N/A
Standard Lenses	Covered 100% after materials copay	Up to $23 – $64
Frames	Up to $130 + 20% off balance	Up to $46
Elective Contacts (in lieu of glasses)	Up to $130	Up to $120
Frequency (Exam / Lenses / Frames)	Once every 12 / 12 / 24 months	

Premiums	Semi-Monthly
Single	$3.60
Employee & Spouse	$5.76
Employee & Child(ren)	$5.88
Family	$9.48

Find a provider: www.vsp.com
Member Services: 888-600-1600
No ID card is mailed — print one from the Guardian website or use the digital card in the mobile app.
Eligibility: 30+ hours per week.

ADMINISTERED BY AMERIFLEX

Flexible Spending Accounts

Use pre-tax earnings to pay for eligible expenses and reduce your taxable income. Ameriflex provides a debit card for the health, dependent care and commuter accounts, or you can submit manual claims (health and dependent care only).
Note: These are calendar-year benefits (January 1 – December 31), not school-year benefits.

Health Care FSA

$3,500

2027 annual maximum

- Eligible medical, dental and vision expenses not reimbursed by your plans
- **USE IT OR LOSE IT:**
  You can roll over up to $700 of unused funds into 2028 — any remaining amounts above $700 are forfeited
- Eligible: employees regularly scheduled 20+ hours per week

Dependent Care FSA

$7,500

annual maximum per household

- Care for a child under 13 or a dependent adult so you can work
- Day care, before/after-school care, in-home babysitting by a non-dependent
- Elder/adult day care

Commuter: Mass Transit

$350

2027 monthly maximum, pre-tax

- NYC buses & subways, Metro North, LIRR, Amtrak
- Manual claims are no longer accepted

Commuter: Parking

$350

2027 monthly maximum, pre-tax

- Qualified parking expenses
- Manual claims are no longer accepted

Income Protection

Short-Term Disability

New York State provides partial income replacement for a non-work-related illness or injury. MDY also offers a Voluntary Enhanced STD plan through Mutual of Omaha — 100% employee paid, for employees scheduled 30+ hours per week.

	NY Statutory	Voluntary Enhanced STD
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 — 100% company paid

Through Mutual of Omaha for employees regularly scheduled 30+ hours per week, effective the first of the month following or coinciding with date of hire.

Monthly Benefit	60% of base salary, maximum $10,000
Wait	90 days (13 weeks)
Duration	To age 65 (SSNRA)

Employee Assistance Program

Mutual of Omaha — available 24/7/365

- 3 counseling sessions per year (per issue), virtual or in person
- Family clinical, legal & financial services
- Child/elder care resources & referrals

mutualofomaha.com/eap | 800-316-2796

Income Protection, Continued

Paid Family Leave

Full-time employees with 26 consecutive weeks at MDY, or part-time employees with 175 days worked, are eligible. Benefit is the lesser of 67% of your average weekly wage or 67% of the NYS average weekly wage.

Reasons: care for a family member with a serious health condition; bond with a new child (birth, adoption, foster); qualifying military exigency. Family includes spouse, domestic partner, child, parent, grandparent, grandchild and sibling.

Weeks Available	Max % of Avg. Weekly Wage	2027 Weekly Cap*
12	67%	$1,287.91

**Based on the 2027 NYS average weekly wage of $1,922.25, for leave beginning in 2027.*

Voluntary Life & AD&D

Purchase term life and AD&D for yourself, your spouse and children, paid to your beneficiaries in a lump sum.

Employee: $10,000 increments; guaranteed issue up to $150,000
Spouse / Children: guaranteed issue up to $30,000
Guaranteed issue applies if you elect within your first 30 days of hire.

If you did not previously elect coverage, you will need to submit evidence of insurability (EOI). Premiums will be deducted until the carrier makes an approval decision.

Workers' Compensation

MDY maintains Workers' Compensation Insurance as required by New York law. The carrier determines eligibility and benefits for work-related accidents or illnesses.

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Questions? We're here to help.

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