



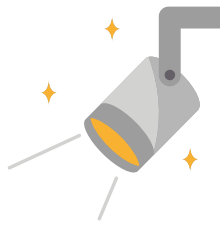
MAGEN DAVID YESHIVAH

# OPS BENEFIT GUIDE

WELCOME TO OUR COMPANY  
2024

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

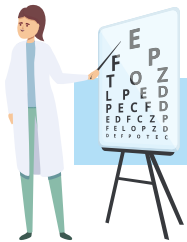
**Metro Base Plan** - smaller network of doctors and hospitals, with better coverage than Base Plan



## 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



## Vision

\$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

12 weeks available, up to 67% of salary capped at \$1,151.16/week.



## 403B Retirement Savings Plan

All Contributions are pre-taxed

**2024 Maximum Contribution** is \$23,000 or \$30,500 if over age 50

5% Employer match - vested 20% a year for 5 years

**All employees hired after September 1 2023 will automatically be enrolled in the 403(b) plan at 5% and will receive a matching contribution of 5%**

# 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

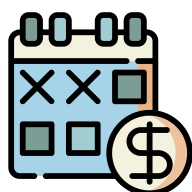
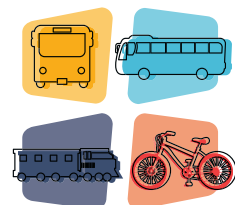


**Dependent Care Flexible Spending Account** up to **\$5,000** per year  
Can help pay for childcare and tuition for Playgroup and Nursery at MDY

**Healthcare Flexible Spending** up to **\$3,200** per year



**Parking:** Allocate up to **\$315** per month using pre-tax contributions  
**Mass Transit:** Allocate up to **\$315** 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](http://www.myuhc.com) or the UHC mobile app, covered at 100%.
- 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 - \$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



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



## 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 \$9,450
- Out of Pocket Maximum Family \$18,900

# 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.

## 3 Pharmacy Network

**The Liberty Plan will be going back to the BROAD network! CVS will now be back in 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](http://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** – Benefits as Outlined Below with no Non-Stop Health Card

**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)

		Base Plan
Office Visits	Primary Care Provider	<u>What You Pay</u>
	Specialist	\$25 After Deductible
	Preventive Services	\$75 After Deductible
	Virtual Visits	Covered 100%
		Covered 100%
Emergency Room Urgent Care		Deductible & 50% Coinsurance 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	Deductible & 30% Coinsurance
	Freestanding Radiology Center or Hospital	
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 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](http://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:	
Refferrals:	No
Primary MD Copay:	\$30
Specialist Copay:	\$80
Deductible:	\$3,750/\$7,500
Coinsurance:	40%
Maximum Out of Pocket*:	\$9,450/\$18,900
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:	\$80
Out of Network:	No Coverage
Prescription Coverage:	
RX Deductible:	\$200/person (waived for T1)
RX Copays:	\$10/\$65/\$95

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.



# Non-Stop Health

## High Plan only



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 Liberty: \$7,000 for employee plans and \$14,000 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

With Nonstop Health, you will receive two cards in the mail after you enroll:

### What should I do with each card?

#### Oxford ID CARD



Your ID card comes from Oxford, and includes information relevant to the HDHP.

You must present your 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 toward your in-network deductible/out-of-pocket maximum.

#### NONSTOP VISA CARD



The Nonstop Visa card comes from Nonstop and can be used 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.

You will receive two Nonstop Visa cards, both 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?



1 Present your **CARRIER CARD** to the front desk so they can apply service costs to your deductible and/or out-of-pocket maximum.



2 Pay for covered services and prescriptions with your **NONSTOP HEALTH VISA CARD**



3 If/when you receive a bill with a remaining balance, pay for those expenses with your **NONSTOP HEALTH VISA CARD**  
*(note: an Explanation of Benefits (EOB) is not a bill)*

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

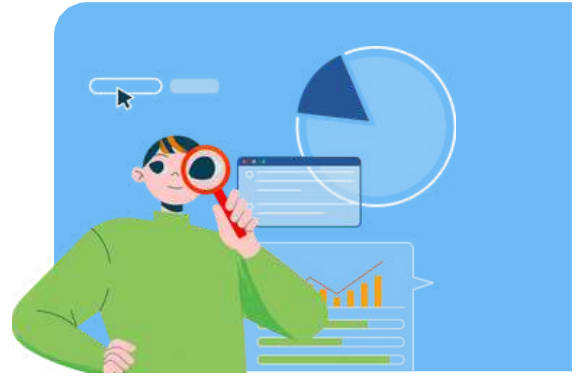


**NO**  
Out of Network

## 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.
- 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](https://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 [clientsupport@nonstophealth.com](mailto:clientsupport@nonstophealth.com)

# Dental Benefits



Dental Plans	PPO PLAN		DMO PLAN	
	In Network	Out of Network	In Network Only	
Annual Deductible	\$50	\$50	No Deductible	
Individual	\$150	\$150		
Family Limit	Preventative Services	Preventative Services		
Waived For				
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	90% UCR	Agreed Fees	
Maximum Annual Benefit	\$2,000	\$1,500	No Annual Maximum	
Premiums	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Preventative Care	\$41.17	\$82.34	\$9.24	\$18.47
Single	\$83.58	\$167.15	\$18.47	\$36.93
Employee & Spouse	\$99.98	\$199.95	\$24.19	\$48.38
Employee & Child(ren)	\$151.42	\$302.84	\$31.67	\$63.64
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 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

<https://www.guardiananytime.com/fpapp/FPWeb/search>

Select the PPO for the PPO Plan Select the Managed Dental Care (DHMO/Prepaid) network for the DMO plan.

Member Services can be reached at **888-600-1600**



# Vision Benefits

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 balance	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](http://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](http://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 2024 is \$3,200.

### 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 \$640 of your unused health FSA funds to the next plan year. However, unused health FSA funds above \$640 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

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:

**2024 Mass Transit Limit \$315**

**2024 Parking Limit \$315**

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

# Income Protection



## Short-Term Disability (STD) & Voluntary Enhanced Short-Term Disability 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 (\$1,718.15 FOR 2024)
12	67%	\$1,151.16

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 2024 the maximum you can contribute to the Plan is \$23,000
- If you will be age 50 or older by the end of 2024, you can make an additional catch-up contribution of up to \$7,500 in 2024, for a total maximum contribution of \$30,500.

## 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.
- **All employees hired after September 1 2023 will automatically be enrolled in the 403(b) plan at 5% and will receive a matching contribution of 5%**

You can easily access the TIAA website by going to:

<https://www.tiaa.org/public/tcm/magendavid>


Our Financial Advisors have provided a Financial Wellness portal for all MDY employees including setting up personal one-on-one meeting by going to:

<https://venrollment.com/v/magen-david-yeshivah>

# 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.

Annual PTO Days (updated Dec 2022)				
Status	0-1 year of Service	1-4 years of Service	5-9 years of Service	10+ years of service 
<b>12 Month Employee</b>				
Full-Time and Part-Time Salaried	7	15		20
Full-Time and Part-Time Hourly	7	10		15
<b>10 Month Employee (September through June)</b>				
Full-Time and Part-Time Hourly and Salaried	7	10	10	15
<b>Casual Employees (between 0- 19 hours per week)</b>	Earn 1 PTO hour for every 30 hours of work to a maximum of 56 hours per year			

# 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
<b>Full-time Teachers, Managers and Non-Faculty Professionals (30 hours or more per week)</b>	\$7,000	\$12,000	\$16,000
<b>Full-time Associate and Assistant Teachers and Clerical Staff (30 hours or more per week)</b>	\$3,500	\$6,000	\$8,000
<b>Part-time Teachers, Managers and Non-Faculty Professionals (20-29 hours per week)</b>	\$3,500	\$6,000	\$8,000
<b>Part-time Associate and Assistant Teachers and Clerical Staff (20-29 hours per week)</b>	\$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.

# MDY Human Resources



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## Non Stop Health Vendor

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