



# Benefits-at-a-Glance

## 7/1/23 – 6/30/24 (r 5/31/23)

This is a brief summary of the benefits available to San Francisco Foundation employees. It is provided for quick reference only. Official personnel policies and plan documents govern all benefits and should be referred to for more detailed information. Benefits are subject to change. Eligible dependents include your spouse or domestic partner and your children up to age 26 for selected benefits.

Enrollment options will be based on the following classifications. If you are unclear about your options or your classification, refer to your hire letter, the SFF Employee Handbook 2023 or contact us at [hr@sff.org](mailto:hr@sff.org).

**Employee Classifications:**

1. **Full-Time Employees:** A full-time employee is an employee who is assigned a definite work schedule of at least 30 hours per work week. The definition of Full-Time employee may be different for some purposes such as medical benefits.
2. **Part-Time Employees:** A part-time employee is an employee who is regularly assigned a work schedule of fewer than 30 hours per work week. Part-time employees have limited benefits based on hours worked and any benefits required under state or federal law.
3. **Temporary Employees:** A temporary employee is an employee who is expected to be employed for a short-term project or time frame (six months of employment or less), at the time of hire.
4. **Limited-Term:** Limited term employees may be full-time or part-time. Limited term employees are typically funded for a limited period of time through a grant, fundraising or hired to complete a project extending beyond 6 months. Limited term employees have a start date and end date based on the terms of the funding requirements.
5. **Advisor:** Individuals that are hired on a part-time basis, for a specific short-term assignment, working less than 500hrs in a fiscal year to provide subject matter expertise on a project or body of work that cannot be filled by a current staff member. The role will typically not extend beyond two consecutive fiscal year periods. Advisors will be classified in ADP as limited term or temporary based on the hours scheduled to work.

## Your Benefit Plan Highlights & Features

Benefit Plan	Employee Deductibles	Benefits
Medical		
<b>Kaiser HMO \$20/\$250 Plan</b>	\$75.00 Individual/ \$350.00 Family	No deductible: employees pay \$20 office co-pays. Prescription meds: \$10/\$30 for 30-days supply. See plan for details.
<b>Kaiser HDHP</b>	\$ 0.00 Individual/ \$275.00 Family	\$2,000 individual, or \$4,000 family deductible plan: employees pay \$30 office co-pays. Prescription meds: \$10/\$30 for 30-days supply. Out-of-network care is covered at a lower level of benefits. See plan for details.
<b>Blue Shield HMO</b>	\$75.00 Individual/ \$350.00 Family	No deductible: employees pay \$20 office co-pays. Prescription meds: \$5/ \$15/\$25 for 30-days supply. See plan for details.
<b>Blue Shield PPO</b>	\$125.00 Individual/ \$425.00 Family	\$250 individual, or \$500 family deductible plan: employees pay \$15 office co-pays. \$5/\$30/\$50 for 30-days supply. Out-of-network care is covered at a lower level of benefits. See plan for details.
<b>Blue Shield HDHP</b>	\$0.00 Individual/ \$275.00 Family	\$1,750 individual, or \$3,500 family deductible plan: employees pay 15 % coinsurance. \$10/\$30/\$50 for 30-days supply. Out-of-network care is covered at a lower level of benefits. See plan for details.

**Dental**

Benefit Plan	Employee Deductibles	Benefits
<b>Cigna Dental PPO</b>	Deductible: \$50 individual, \$150 family. \$1,500 annual limit per person, increasing each year subject to conditions. Out-of- network care is covered at a lower level of benefits. See plan for details.	Orthodontia: adult & children, \$1,500 lifetime limit. Out-of- network care is covered at a lower level of benefits. See plan for details.

**Vision**

<b>Cigna Vision Plan</b>		\$20 Exam Copay \$20 Lens Copay \$180 Frames allowance Exam every 12 months; lenses, frames every 24 months
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**Additional Benefits**

Benefit Plan	Cost per Month	Benefits
<b>New York Long-Term Disability</b>	Coverage paid 100% by <b>employer</b>	LTD: <b>66.67%</b> of monthly earnings up to \$10,000 per month after 90 days for accident and injury that prevents you from working.
<b>New York Voluntary Short-Term Disability</b>	Coverage paid 100% by employee	STD: Covers <b>60%</b> of weekly earnings up to \$1,000 weekly benefit period. 7-day elimination period.
<b>Flexible Spending Account— Health and Dependent Care Health Savings Account and COBRA</b>	Coverage paid 100% by employee. HSA =\$800 employer contribution Employee can add additional funds	Employees eligible for employee benefits. Employees may set aside up to \$5,000/year on a pre-tax basis for dependent care, and \$3,050/year for qualified health care expenses.
<b>Flexible Spending Account Limited FSA</b>	The employee determines contributions	Covers non-medical expenses (dental , vision, pharmacy)
<b>Transamerica Accident Insurance</b>	Coverage paid 100% by employee	Accident Insurance can help pay for expenses resulting from unexpected accidents and injuries.
<b>Transamerica Hospital Indemnity Insurance</b>	Coverage paid 100% by employee	Hospital Indemnity Insurance can help cover expenses related to admittance or confinement in a hospital. \$500 benefit for the hospital admission. Confinement Hospital: \$100/day up to 31 days. See plan document for additional benefits.
<b>Transamerica Critical Illness Insurance</b>	Coverage paid 100% by employee	Critical Illness insurance can help pay for expenses related to the diagnosis of a critical illness such as a heart attack, coma, kidney failure, or cancer.
<b>Cigna Health Advocacy</b>	Coverage paid 100% by employer	Provides assistance with medical referrals and advice on treatments of care.
<b>New York Life Life/AD&amp;D Insurance</b>	Coverage paid 100% by employer	One times annual earnings up to \$250,000. Employer-sponsored Life and AD&D coverage for employees only.
<b>New York Life Optional Life Insurance</b>	Coverage paid 100% by employee.	Employees have the option to purchase additional Life/AD&D for themselves, spouse, and children up to a maximum of \$500,000, or 5-times salary for employees. Employees must participate in the benefit in order to add coverage for dependents.
<b>Commuter Benefits</b>	100% employee contributions Coverage Contribution election tax-free up to IRS limit	Employees may set aside pre-tax dollars for work-related commuter transportation and parking. Contributions are limited by the IRS annually. Currently the annual contribution is \$ per month

### More Additional Benefits

Benefit Plan	Employee Cost	Benefits
Claremont Employee Assistance	No cost to employees	Employees and family members living in your household. Five face-to-face free counseling sessions and unlimited telephone visits. Plus, child- elder care referrals and legal referrals.
New York Life Legal Services, Will Preparation, Identity Theft	No cost to employees	Employees have access to discounted pre-paid legal and identity theft programs at no cost.
Life Assistance Program (New York Life)	No cost to employees	Employees and family members living in your household. Includes telephone counseling and an optional discounted pre-paid legal and identity theft protection program.
401(k)	Contribution election tax-free up to IRS limit	Recognize benefits of paying yourself through tax-deferred savings.
Figo Pet Insurance	Employee paid 100%	Keep your pets healthy too. Pet insurance helps you be financially prepared when your pet needs veterinary care.

## Your Cost for Health Care Coverage

While San Francisco Foundation pays the majority of the medical, dental, and vision premiums for you and your dependents, you also contribute to your health care premiums. Your payroll deductions\* for medical, dental, and vision coverage are shown in the table below; pre-tax premiums are divided between each semi-monthly pay period.

Medical, Dental and Vision Benefit Plans	Employee Only	Employee +Spouse	Employee + Child(ren)	Employee + Family
Blue Shield HDHP/PPO + HSA	\$0	\$100.00	\$75.00	\$275.00
Blue Shield Platinum HMO	\$75.00	\$150.00	\$100.00	\$350.00
Blue Shield Platinum PPO	\$125.00	\$250.00	\$150.00	\$425.00
Kaiser HDHP/HMO +HSA	\$0	\$100.00	\$75.00	\$275.00
Kaiser HMO	\$75.00	\$150.00	\$100.00	\$350.00
Cigna Dental PPO	\$8.73	\$22.16	\$21.07	\$38.73
Cigna Vision Plan	\$1.06	\$2.04	\$3.65	

#### \*Imputed Income:

In accordance with the Internal Revenue Code (the U.S. tax code), the IRS requires that any contributions/payments made by an employer towards the cost of covering an employee's DP and/or the DP's child(ren) must be included as taxable income to the employee (sometimes referred to as "imputed income"). In addition to that, any contributions/payments made by an employee towards covering a DP and/or DP's child(ren) must be made with post-tax dollars. Exceptions might apply for the children of registered domestic partners. Employees should consult with their tax advisors for specific tax questions.

# Your Benefits Contacts

Coverage	Contact	Policy/Group Number	Phone	Website
Medical	Blue Shield HMO	W0002801	888-319-5999	<a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
	Blue Shield PPO	W0002801	888-256-3650	<a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
	Blue Shield HDHP	W0002801	888-256-3650	<a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
	Kaiser HMO	39046	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
	Kaiser HDHP	39046	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Telehealth	Blue Shield	N/A	1-800-835-2362	<a href="http://Teladoc.com/bsc">Teladoc.com/bsc</a>
Dental	Cigna	3341881	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	Cigna	3341881	877-478-7557	<a href="http://www.mycigna.com">www.mycigna.com</a>
Employee Assistance Program (EAP)	IBH Claremont EAP	N/A	800-834-3773	<a href="http://www.claremonteap.com">www.claremonteap.com</a>
Life Assistance Program (LAP)	New York Life	N/A	800-538-3543	<a href="http://www.nylgbs-lap.com">www.nylgbs-lap.com</a>
Flexible Spending Account (FSA)	iSolved Benefits Services Through 6 30 23 <b>Effective 5 1 23</b> <b>Health Equity: contact information to follow once confirmed</b>	N/A	800-300-3838	<a href="http://www.isolvedbenefitservices.com">www.isolvedbenefitservices.com</a>
Commuter Benefit	iSolved Benefits Services Through 6 30 23 <b>Effective 5 1 23</b> <b>Health Equity: contact information to follow once confirmed.</b>	N/A	800-733-8839	<a href="http://www.isolvedhcm.com">www.isolvedhcm.com</a>
Life and AD&D	New York Life	Life: SGM606515 AD&D: SOK604609	800-362-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Disability	New York Life	STD: SGD606729 LTD: SGD606730	800-362-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a> E
Leave of Absence	Leave Solutions	N/A	800-350-9105	<a href="http://www.leavesolutions.com">www.leavesolutions.com</a>
401(k)	SageView	N/A	800-814-8742 408-345-2890* Personal Appts	<a href="http://www.sageviewadvisory.com">www.sageviewadvisory.com</a>
401(k)	Principal	8-24171	800-547-7754 Elections and transactions	<a href="https://www.principal.com/">https://www.principal.com/</a>
Identity Theft	New York Life	N/A	888-724-2262	<a href="http://www.nylgbs.mysecureadvantage.com">www.nylgbs.mysecureadvantage.com</a>
Pet Insurance	Figo	N/A	844-738-3446	<a href="http://www.figopetinsurance.com">www.figopetinsurance.com</a>
Voluntary Worksite Coverage	Transamerica	N/A	888-763-7474	<a href="http://www.transamericabenefits.com">www.transamericabenefits.com</a>