2026-27 BENEFITS AT A GLANCE

This summary provides a brief overview of the benefits for eligible employees: Regular or limited-term full-time employees working 30 or more hours per week, or regular or limited-term part-time employees working at least 20 hours per week. New employees are eligible for San Francisco Foundation benefits as of the first of the month following 30 days. Eligible dependents include your spouse or domestic partner and children up to age 26. Refer to your Benefits Guide for additional details on eligibility, benefit coverage details, and plan limits.

BENEFIT	COVERAGE OPTIONS
	• **Blue Shield HMO:** – Copays vary based on service; please see the benefit summary for specific details. The plan does not have a deductible.* • **Blue Shield PPO:** – Copays vary based on service; please see the benefit summary for specific details. The plan has a $500 (individual)/$1,500 (family) deductible.* • **Blue Shield PPO HDHP:** – Plan pays 90% for most covered services after the deductible of $1,700 (individual)/$3,400 (family).* Please see the benefit summary for specific details. • **Kaiser HMO:** – Copays vary based on service; please see the benefit summary for specific details. The plan does not have a deductible.* • **Kaiser HDHP HMO:** – Copays vary based on service; please see the benefit summary for specific details. Plan has a deductible of $2,000 (individual)/$3,400 (individual in a family)/$4,000 (family).* **In-network*
DENTAL	• **Cigna DPPO:** – Provides services for Preventive, Basic, and Major dental care up to $1,500 - $1,950 per year. Includes orthodontia.
VISION	• **Cigna Vision Plan:** – Includes an annual eye exam (once every 12 months) and lenses (once every 24 months). Frames and contacts (in lieu of glasses) are also included (every 24 months). The frame and contact allowances are $180 each.

HEALTH SAVINGS ACCOUNT (HSA)	Employees enrolled in this plan can participate in the Health Savings Account, based on IRS eligibility rules:
	• Health Savings Account (HSA)
	  ○ **Individual coverage:** Contribute up to $4,400 per year, including a company contribution of $800.
	  ○ **Family coverage:** Contribute up to $8,750 per year.
	  ○ **Catch-Up Contribution (Age 55+):** $1,000 per year

FLEXIBLE SPENDING ACCOUNTS (FSA)	Enroll in the Healthcare FSA to pay for health and dependent care expenses with tax-free dollars: • **Healthcare FSA:** Contribute up to **$3,400**[1] per year through pre-tax payroll deductions for eligible medical, dental, and vision expenses.

BENEFIT	COVERAGE OPTIONS
FLEXIBLE SPENDING ACCOUNTS (FSA) -Cont.	○ Participants in these plans are eligible to contribute to the limited-purpose healthcare FSA for dental and vision expenses only: – Blue Shield HDHP – Kaiser HDHP HMO • **Dependent Care FSA:** Contribute up to **$7,500**[2] per year for dependent care or $3,750 per year if you are married but filing separately.
LIFE AND AD&D INSURANCE	• **Lincoln (Sourcewell) Basic Life and AD&D:** 1x base annual earnings up to $250,000. • **Lincoln (Sourcewell) Voluntary Life and AD&D:** Purchase additional life and AD&D insurance for extra protection. Coverage is available for you, your spouse, and/or your child(ren).
DISABILITY INSURANCE	• **Voluntary Short-Term Disability Insurance:** Replaces part of your income if you are unable to work due to an illness or injury (maximum $1,000 per week) for up to 13 weeks. • **Long-Term Disability Insurance:** Replaces part of your income for longer-term issues, such as heart attack, mental disorders, etc., up to a maximum of $10,000 per month.
EMPLOYEE ASSISTANCE PROGRAM (EAP)	The Employee Assistance Program, provided by Concern, offers no-cost, confidential counseling and support for a wide range of personal issues, including stress and emotional health, substance abuse, parenting and child or elder care, financial coaching, legal consultation, and more.
401(k) RETIREMENT SAVINGS PLAN	Set aside up to **$24,500** each year toward your retirement (plus an additional $8,000 after age 50). Maximum contribution limits are age-based. If you are 60-63 during the calendar year, you may be eligible to set aside as much as **$35,750**. SFF provides a discretionary contribution to eligible employees. We currently contribute 10% of eligible compensation, as determined by your Benefits Classification and hours worked, in accordance with IRS guidelines. Eligible compensation is based on your employee classification.
VOLUNTARY BENEFIT PLANS	• **Accident Insurance:** If enrolled, this policy pays you money on a schedule based on the accident and services received. • **Critical Illness Insurance:** If enrolled, it helps fill a financial gap that results from a serious illness. • **Hospital Indemnity Insurance:** If enrolled, it pays money when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. • ***New*** **Long-Term Care Benefit*** This new benefit, administered by Trustmark Life+ Care, provides permanent life insurance that remains in force even after retirement, with rates that are locked in at the time of enrollment and will never increase due to age. In addition to long-term financial protection, it offers an affordable and innovative solution for future long-term care planning. **This benefit is only eligible once a year at Open Enrollment*
COMMUTER BENEFITS	Save money on commute expenses through the Transportation Savings Account—set aside up to **$340** per month pre-tax for public transportation and vanpool expenses and **$340** for parking expenses.
PAID TIME OFF	Paid time off for vacation and illness, jury duty, bereavement leave, parental leave, etc. Refer to your employee benefits guide for information on the San Francisco Foundation's internal paid time off, leaves under local, state, and federal guidance, and specific leave policies.

BENEFIT	COVERAGE OPTIONS
PERKS	Eligible employees can take advantage of these programs and perks! • Alternative Work Schedule • No Internal Meeting Friday • Learning Togethers • All Staff Meetings • Matching Donations • Consumer discounts through LifeMart • Community Service for You and/or Your Team • Work From Anywhere Policy • Education Assistance • San Francisco Foundation University • Employee-led Affinity Groups and Clubs

[1]*Although the IRS has set the annual contribution limit to $3,400, highly compensated individuals' elections may be capped at a lower amount. After you make your election, we will inform you if you are subject to a lower limit.*

[2]*Dependent Care Flexible Spending Account limit for married individuals filing separate tax returns and those considered highly compensated (making $160k+) $3,750.*

This 2026-27 Benefits-at-a-Glance provides an overview of benefits effective from July 1, 2026, through June 30, 2027, but does not provide a complete description of all benefit provisions. Please refer to your plan benefit booklets or summary plan descriptions (SPDs) for more detailed information. The booklets determine how all benefits are paid.

San Francisco Foundation

2026 - 2027 Benefit Rates

Effective July 1, 2026

Employee Contributions	EE Semi-Monthly Per Pay Period	EE Monthly Cost	ER Monthly Cost	Monthly Total Cost
Kaiser HDHP HMO (HSA)				
EE Only	$0.00	$0.00	$892.55	$892.55
EE + Spouse	$75.00	$150.00	$1,635.10	$1,785.10
EE + Child(ren)	$62.50	$125.00	$1,481.59	$1,606.59
EE + Family	$162.50	$325.00	$2,352.65	$2,677.65
Kaiser HMO				
EE Only	$62.50	$125.00	$1,071.67	$1,196.67
EE + Spouse	$100.00	$200.00	$2,193.34	$2,393.34
EE + Child(ren)	$75.00	$150.00	$2,004.01	$2,154.01
EE + Family	$200.00	$400.00	$3,190.01	$3,590.01
Blue Shield HMO				
EE Only	$62.50	$125.00	$1,142.68	$1,267.68
EE + Spouse	$100.00	$200.00	$2,715.66	$2,915.66
EE + Child(ren)	$75.00	$150.00	$2,005.04	$2,155.04
EE + Family	$200.00	$400.00	$3,276.27	$3,676.27
Blue Shield PPO				
EE Only	$87.50	$175.00	$1,391.03	$1,566.03
EE + Spouse	$150.00	$300.00	$3,301.86	$3,601.86
EE + Child(ren)	$100.00	$200.00	$2,462.24	$2,662.24
EE + Family	$237.50	$475.00	$4,066.48	$4,541.48
Blue Shield HDHP PPO (HSA)				
EE Only	$0.00	$0.00	$1,256.92	$1,256.92
EE + Spouse	$75.00	$150.00	$2,740.91	$2,890.91
EE + Child(ren)	$62.50	$125.00	$2,011.76	$2,136.76
EE + Family	$162.50	$325.00	$3,320.07	$3,645.07
HSA Funding				
EE Only	$0.00	$0.00	$800.00	$800.00
EE + Spouse	$0.00	$0.00	$800.00	$800.00
EE + Child(ren)	$0.00	$0.00	$800.00	$800.00
EE + Family	$0.00	$0.00	$800.00	$800.00

Employee Contributions	EE Semi-Monthly Per Pay Period	EE Monthly Cost	ER Monthly Cost	Monthly Total Cost
Cigna DPPO				
EE Only	$4.37	$8.73	$66.83	$75.56
EE + Spouse	$11.08	$22.16	$123.13	$145.29
EE + Child(ren)	$10.54	$21.07	$118.52	$139.59
EE + Family	$19.37	$38.73	$192.56	$231.29
Cigna Vision				
EE Only	$0.53	$1.06	$6.71	$7.77
EE + 1 Dependent	$1.02	$2.04	$10.04	$12.08
EE + 2 or More Dependents	$1.83	$3.65	$15.55	$19.20
Lincoln Basic Life and AD&D	$0.00	$0.00	$0.109	$1.090
Lincoln LTD	$0.00	$0.00	$0.180	$0.180
Concern EAP	$0.00	$0.00	$3.97	$3.97

Voluntary Benefits
100% Employee Paid

Voluntary Life/ AD&D	Lincoln Financial (Sourcewell)	
Age Banded Rates	**Employee Monthly Rate per $1,000**	**Spouse/Domestic Partner* Monthly Rate per $1,000**
Under age 20	$0.06	$0.06
Age 20-24	$0.06	$0.06
Age 25-29	$0.06	$0.06
Age 30-34	$0.08	$0.08
Age 35-39	$0.09	$0.09
Age 40-44	$0.10	$0.10
Age 45-49	$0.15	$0.15
Age 50-54	$0.23	$0.23
Age 55-59	$0.43	$0.43
Age 60-64	$0.66	$0.66
Age 65-69	$1.27	$1.27
Age 70-74	$2.06	N/A
Age 75+	$2.06	N/A
AD&D Rates	Employee Only: $0.020 Family: $0.020	
Dependent Child(ren) Rates	$0.20	

**Spouse/Domestic Partner rates are based on the employee's age*

Voluntary Benefits
100% Employee Paid

Voluntary Short Term Disability	Lincoln Financial (Sourcewell)
	Per $10 Weekly Benefit
Age Banded Rates	Monthly Rates
< 25	$0.148
Ages 25-29	$0.148
Ages 30-34	$0.148
Ages 35-39	$0.148
Ages 40-44	$0.155
Ages 44-49	$0.160
Ages 50-54	$0.162
Ages 55-59	$0.166
Ages 60-64	$0.180
Ages 65-69	$0.186
Ages 70+	$0.194

Voluntary Critical Illness	Unum	
	Employee	Spouse
	Rate per $10,000	Rate per $5,000
Age Banded Rates	Monthly Total Cost	Monthly Total Cost
Under 25	$2.70	$2.10
25-29	$3.20	$2.35
30-34	$4.00	$2.75
35-39	$5.20	$3.35
40-44	$6.80	$4.15
45-49	$8.90	$5.20
50-54	$11.50	$6.50
55-59	$15.60	$8.55
60-64	$21.80	$11.65
65-69	$31.20	$16.35
70-74	$46.70	$24.10
75-79	$65.40	$33.45
80-84	$87.20	$44.35
85+	$128.10	$64.80
Dependent Child(ren) Rates	Children from live birth to age 26 are automatically covered at no extra cost.	

Voluntary Accident Plan	Unum	
	Semi-Monthly Per Pay Period Cost	Monthly Total Cost
EE Only	$4.78	$9.55
EE + Spouse	$7.21	$14.42
EE + Child(ren)	$8.03	$16.06
EE + Family	$10.47	$20.93

Voluntary Hospital Indemnity	Unum	
	Semi-Monthly Per Pay Period Cost	Monthly Total Cost
EE Only	$5.02	$10.04
EE + Spouse	$8.56	$17.11
EE + Child(ren)	$7.32	$14.64
EE + Family	$10.86	$21.71