

WELCOME



We're excited to provide you with a snapshot highlighting your 2024 benefit options!

2024 BENEFITS SNAPSHOT



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MEDICAL PLANS FOR 2024

	KAISER TRADITIONAL HMO	KAISER HSA-QUALIFIED HMO
	In-Network Only	In-Network Only
CALENDAR YEAR DEDUCTIBLE	None	\$1,600 individual Employee in a family of 2 or more: \$3,200/individual; \$3,200/family
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$1,500 individual \$3,000 family	\$3,200 individual \$6,400 family
PREVENTIVE SERVICES	No charge	No charge (deductible waived)
OFFICE VISIT	\$20 copay	\$20 copay after deductible
CHIROPRACTIC	\$5 copay (30 visits/year)	Not covered
ACUPUNCTURE	\$20 copay physician referral required	\$20 copay after deductible physician referral required
EMERGENCY ROOM	\$150/visit (copay waived if admitted)	\$100/visit (copay waived if admitted) after deductible
URGENT CARE	\$20/visit	\$20/visit after deductible
HOSPITAL (INPATIENT)	\$250/admission	\$250/admission after deductible
PRESCRIPTIONS (RETAIL) 30-DAY SUPPLY	Generic: \$15 copay Brand: \$30 copay Specialty: 30% up to max of \$150/Rx	Generic: \$10 copay after deductible Brand: \$30 copay after deductible Specialty: 20% up to max of \$250/Rx after deductible
PRESCRIPTIONS (MAIL ORDER) 100-DAY SUPPLY	Generic: \$30 copay Brand: \$60 copay	Generic: \$20 copay after deductible Brand: \$60 copay after deductible
FIND A PROVIDER	www.kp.org	www.kp.org

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MEDICAL PLANS FOR 2024

	SUTTER HEALTH PLUS TRADITIONAL HMO	SUTTER HEALTH PLUS HSA-QUALIFIED HMO
	In-Network Only	In-Network Only
CALENDAR YEAR DEDUCTIBLE	None	\$1,600 individual Employee in a family of 2 or more: \$3,200/individual; \$3,200/family
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$1,500 individual \$3,000 family	\$3,200 individual \$6,400 family
PREVENTIVE SERVICES	No charge	No charge (deductible waived)
OFFICE VISIT	\$20 copay	No charge after deductible
CHIROPRACTIC	\$20 copay (30 visits/year combined with acupuncture)	Not covered
ACUPUNCTURE	\$20 copay (30 visits/year combined with chiropractic)	No charge after deductible (medically necessary only)
EMERGENCY ROOM	\$100/visit (copay waived if admitted)	No charge after deductible
URGENT CARE	\$20/visit	No charge after deductible
HOSPITAL (INPATIENT)	\$250/admission	\$50 copay/admission after deductible
PRESCRIPTIONS (RETAIL) 30-DAY SUPPLY	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$60 copay Tier 4: 20% up to max of \$250/Rx	No charge after deductible
PRESCRIPTIONS (MAIL ORDER) 100-DAY SUPPLY	Tier 1: \$20 copay Tier 2: \$60 copay Tier 3: \$120 copay	No charge after deductible
FIND A PROVIDER	www.sutterhealthplus.org	www.sutterhealthplus.org

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DENTAL & VISION PLANS FOR 2024

PRINCIPAL DENTAL POS PLAN

	EPO	PPO	Out-of-Network
CALENDAR YEAR DEDUCTIBLE	None	\$50 individual \$150 family	\$50 individual \$150 family
CALENDAR YEAR BENEFIT MAXIMUM	\$2,000		
DIAGNOSTIC & PREVENTIVE	No charge	No charge (deductible waived)	5%* after deductible
BASIC SERVICES	10%	10% after deductible	20%* after deductible
MAJOR SERVICES	30%	40% after deductible	50%* after deductible
ORTHODONTIA (CHILD & ADULT)	50%	50%	50%*
ORTHODONTIA MAXIMUM	\$1,000 lifetime maximum		
FIND A PROVIDER	www.principal.com Network: Dental Point of Service (POS)		

*Member is responsible for all charges in excess of Reasonable and Customary Fee.

VSP VISION PPO PLAN (THROUGH PRINCIPAL)

	In-Network	Out-of-Network
EXAM & MATERIALS COPAY	\$10 copay exam \$25 copay glasses; up to \$60 for contact lens exam	See below
EXAM (EVERY 12 MONTHS)	100% after copay	Up to \$45
LENSES (EVERY 12 MONTHS)	100% after copay (Single Vision, Lined Bifocals, Lined Trifocals and Lenticular)	Single Vision – Up to \$30 Lined Bifocal – Up to \$50 Lined Trifocal – Up to \$65 Lenticular – Up to \$100
CONTACTS - IN LIEU OF GLASSES (EVERY 12 MONTHS)	Elective: \$150 allowance Medically Necessary: 100% after copay	Elective: Up to \$105 Medically Necessary: Up to \$210
FRAMES (EVERY 24 MONTHS)	\$150 allowance + 20% discount on amount over allowance	Up to \$70
FIND A PROVIDER	www.vsp.com	

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403(B) RETIREMENT PLAN

You may set aside a portion of your salary either pre-tax (traditional) and/or post-tax (ROTH) to a 403(b) retirement plan. You can choose to have a flat amount or a percentage deducted from your paycheck each pay period, up to \$23,000 annually (\$30,500 if you are age 50 or older).

Employer Contribution: MidPen Housing offers 0-6% employer contributions to employees who meet the following requirements:

- Attained age 21
- Complete at least 1,000 hours of service credit within the Plan year
- Must be actively employed on the last day of the Plan year, December 31
- Eligible employees enter the Plan for the purposes of sharing in the Employer discretionary contributions, if any, on the first of the month following a 90-day waiting period

ADDITIONAL BENEFITS - MIDPEN SPONSORED

Cash Benefit in Lieu of Health Coverage

Employees eligible for benefits electing to waive MidPen Housing's medical, dental and vision plans (because of other coverage), may receive \$200 per month as taxable income or elect to defer the funds pre-tax to your 403(b) retirement plan.

Life, AD&D and Disability Plans through Principal

MidPen provides Basic Life and AD&D benefits in the amount of 3 times your annual salary to a maximum benefit of \$500,000. Short Term Disability (STD) and Long Term Disability (LTD) benefits are also provided by MidPen. STD benefit is 60% of your pre-disability earnings up to a maximum of \$3,750 per week, after a 7-day elimination period. LTD benefit is 60% of your pre-disability earnings up to a maximum of \$15,000 per month, after a 180-day elimination period.

Employee Assistance Program through Aetna Resources for Living

The Resources for Living EAP offers you and your family information, referrals and short-term counseling for personal issues affecting work or personal life. This program provides access to trained counselors through a 24/7 telephone hotline as well as up to 10 visits per issue with a counselor.

Travel Assistance Program through Principal

The travel assistance program provides a comprehensive range of information, referral, coordination and arrangement services available to you or your dependents when traveling 100 miles or more from home for up to 120 consecutive days.

Employee Referral Bonus

All employees are encouraged to refer qualified individuals for possible full-time and part-time employment opportunities. All regular employees (part-time or full-time), except the Executive Team and Hiring Managers, are eligible to receive any employee referral bonus if offered. See your employee handbook for more information.

Educational Assistance Plan

Please refer to the MidPen Housing Employee Handbook policy for information regarding the Educational Assistance Plan.

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ADDITIONAL BENEFITS - VOLUNTARY

BASIC Flexible Spending Account (FSA)

Flexible Spending Accounts (FSAs) help you save money on health care expenses by paying for eligible expenses with pre-tax dollars. MidPen Housing's FSA plan is administered by BASIC. Employees can make an annual election which will be payroll deducted in equal, pre-tax increments over the course of the plan year, which is from January 1 to December 31.

MAXIMUM ANNUAL CONTRIBUTION FOR HEALTH CARE FSA	\$3,200
MAXIMUM ANNUAL CONTRIBUTION FOR DEPENDENT CARE FSA	\$5,000 (\$2,500 if you are married and file separate tax returns)

BASIC Health Savings Account (HSA)

If you enroll in one of the HSA-qualified HMO plans, you are eligible to open a Health Savings Account (HSA). Your HSA dollars can be used to help pay the deductible and other qualified medical expenses. The annual HSA contribution limit for 2024 is \$4,150 for individual and \$8,300 for family. For those age 55 or older, a catch-up contribution of \$1,000 is permissible.

Employer HSA Contribution: If you enroll in the Kaiser HSA-Qualified HDHP HMO plan or the Sutter Health Plus HSA-Qualified HDHP HMO plan with employee-only coverage, MidPen will deposit \$41.67 per pay period (up to \$1,000 per year) into your HSA.

If you enroll in the Kaiser HSA-Qualified HDHP HMO plan or the Sutter Health Plus HSA-Qualified HDHP HMO plan with dependents, MidPen will deposit \$83.34 per pay period (up to \$2,000 per year) into your HSA.

Commuter Benefits - My Commuter Check/Edenred

Commuter benefits are parking and mass transit plans which enable you to pay for eligible work-related parking and/or transit costs with pre-tax dollars. The My Commuter Check/Edenred program allows you to contribute, pre-tax, up to \$315 per month for parking and \$315 per month for transit expenses you incur commuting to and from work.

Pet Insurance - Nationwide

MidPen offers the opportunity to purchase Nationwide pet insurance, because pets are family and they need medical care just like we do.

Other Voluntary Benefits

- Principal Voluntary Life and AD&D - This coverage is available should you wish to purchase additional life insurance for yourself, your spouse and/or your children.
- Voya Voluntary Critical Illness Plan - Critical Illness insurance pays you a lump sum benefit at the first diagnosis of a covered illness.
- Voya Voluntary Accident Plan - Accident insurance provides a lump sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need.

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TIME OFF

Sick Days

Employees are given 11 sick days per calendar year, prorated each pay period, with a maximum accrual of 60 days.

Vacation

Regular full-time employees and regular part-time employee who work between 20 and 34 hours per week receive accrued vacation time according to the below schedule.

Years of Continuous Employment	Number of Accrued Vacation Days
0-2	10
3-5	15
6	16
7	17
8	18
9	19
10+	20

Holidays

MidPen Housing recognizes 15 paid holidays each year.

Wellness Days

For 2024, MidPen Housing recognizes 4 paid wellness days.

Personal Holidays

Employees who work at least 20 hours per week are eligible for 2 Personal Holiday days (proportional to the number of hours regularly worked) per year. Both Personal Holidays must be used during the current benefit year.