

WELCOME



We're excited to provide you with a snapshot highlighting your 2026 benefit options!

2026 BENEFITS SNAPSHOT



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MidPen
HOUSING

MEDICAL PLANS

	KAISER TRADITIONAL HMO	KAISER HSA-QUALIFIED HMO
	In-Network Only	In-Network Only
CALENDAR YEAR DEDUCTIBLE	None	\$1,700 individual Employee in a family of 2 or more: \$3,400/individual; \$3,400/family
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$1,500 individual \$3,000 family	\$3,400 individual \$6,800 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)	\$200/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

	SUTTER HEALTH PLAN TRADITIONAL HMO	SUTTER HEALTH PLAN HSA-QUALIFIED HMO
	In-Network Only	In-Network Only
CALENDAR YEAR DEDUCTIBLE	None	\$1,750 individual Employee in a family of 2 or more: \$3,400/individual; \$3,500/family
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$1,500 individual \$3,000 family	\$3,500 individual \$7,000 family
PREVENTIVE SERVICES	No charge	No charge (deductible waived)
OFFICE VISIT - PRIMARY CARE	\$20 copay - in office \$10 copay - virtual	No charge after deductible
OFFICE VISIT - SPECIALIST	\$40 copay - in office \$20 copay - virtual	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	\$200/visit (copay waived if admitted)	10% after deductible
URGENT CARE	\$40/visit	10% after deductible
HOSPITAL (INPATIENT)	\$250 per day up to 5 days maximum per admission	10% after deductible
PRESCRIPTIONS (RETAIL) 30-DAY SUPPLY	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$75 copay Tier 4: 10% up to max of \$250/Rx	Tier 1: \$10 copay after deductible Tier 2: \$30 copay after deductible Tier 3: \$75 copay after deductible Tier 4: 10% up to max of \$250/Rx after deductible
PRESCRIPTIONS (MAIL ORDER) 100-DAY SUPPLY	Tier 1: \$20 copay Tier 2: \$60 copay Tier 3: \$150 copay	Tier 1: \$20 copay after deductible Tier 2: \$60 copay after deductible Tier 3: \$150 copay after deductible
FIND A PROVIDER	www.sutterhealthplan.org	www.sutterhealthplan.org

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DENTAL & VISION PLANS

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	\$1,500 lifetime maximum		
FIND A PROVIDER	www.principal.com Network: Principal POS Plan		

*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: \$200 allowance Medically Necessary: 100% after copay	Elective: Up to \$105 Medically Necessary: Up to \$210
FRAMES (EVERY 24 MONTHS)	\$200 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 the annual limits set by the IRS. If you are age 50 or older, you may make additional catch-up contributions as allowed by the IRS (note that employees aged 60-63 may be eligible for higher catch-up contribution limits).

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.

Family Building & Hormone Health and Wellness through Carrot

The Carrot program provides comprehensive support--from fertility, pregnancy and postpartum, return to work, adoption, gestational surrogacy, menopause and low testosterone, gender affirming care, and more.

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

MidPen Housing encourages employees to help recruit talented individuals who embody the organization's mission and values through its Employee Referral Program. Eligible employees in good standing (excluding Stewardship Team members and hiring managers for the open role) can earn a \$750 bonus for referring someone who is hired into a full-time or part-time position and remains with the company for at least 90 days. If multiple employees refer the same person, the bonus is divided equally.

Education Assistance Plan

MidPen supports the growth and development of employees. Eligible employees may receive up to \$3,000 per year (maximum \$12,000 lifetime) in reimbursement for business-related courses or qualified loan expenses. This benefit also extends to eligible family members, and courses do not need to be job-related.

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ADDITIONAL BENEFITS - VOLUNTARY

Igoe 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 Igoe. 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	\$3,400
MAXIMUM ANNUAL CONTRIBUTION FOR DEPENDENT CARE FSA	\$7,500 (\$3,750 if you are married and file separate tax returns)

Igoe 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 2026 is \$4,400 for individual and \$8,750 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 Plan 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 Plan 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 - Igoe

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 commuter benefits program allows you to contribute, pre-tax, up to \$340 per month for parking and \$340 per month for transit expenses you incur commuting to and from work.

Pet Insurance - Spot

MidPen offers the opportunity to purchase 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 AWAY FROM WORK

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 14 paid holidays each year.

Wellness Days

For 2026, MidPen Housing recognizes 4 paid Wellness Days and specifically one for each month that does not otherwise have a holiday. This means that MidPen employees have one 3-day weekend every month of the year.

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.