



# Summary of 2024 Employee Benefits

---

## *About This Guide*

JCC of the East Bay provides comprehensive employee benefits as part of our total compensation program. The decisions you make regarding your benefit elections deserve your careful consideration. Your choices will be in effect for the 2024 plan year. You will be able to make changes during the plan year only in the event of an IRS qualified Family Status Change.

## *Benefits Eligibility*

Regular full-time employees working 20 hours or more per week are eligible to enroll in JCC of the East Bay's employee benefits **effective first of the month following date of hire**. Benefits-eligible employees who do not enroll at the time of their initial eligibility period have the opportunity to enroll in the company sponsored plans during the annual open enrollment. Mid-year changes are not permitted unless you experience an IRS qualified Family Status Change. *You must notify Human Resources within 30 days of a change in family status.*

## *Annual Open Enrollment*

Open Enrollment is the time of year when eligible employees can enroll for the first time, if previously declined, make changes to current benefits/plans, enroll/remove dependents and waive off coverage if currently enrolled. Open Enrollment changes, enrollments and / or terms are effective on January 1, 2024 for all employer -sponsored plans.

## *Medical*

JCC of the East Bay's Benefits Program offers three HMO plans, one HMO plan offered through Sutter along with two HMO plans through Kaiser Permanente.

Sutter Health Plus is an affordable HMO plan that gives members access to many of Northern California's most respected health care providers, including many of Sutter Health's affiliated hospitals, doctors, and physician organizations.

Kaiser HMO members have access to medical services and doctors at any Kaiser facility in your respective service area.

If you enroll in the Kaiser Gold 80 HDHP HMO plan, you will automatically be enrolled in a Health Savings Account (HSA). JCC of the East Bay will contribute \$170/ month if you work 30+ hours per week.

IRS HSA limits for 2024 are \$4,150 for individual coverage or \$8,300 for family.

---



Sutter Health Plus Group #442806  
 Customer Service #: 855.315.5800  
[www.sutterhealthplus.org](http://www.sutterhealthplus.org)

Medical Plan Features	Platinum HMO
<b>Showing In-Network Only</b>	
Calendar Year Deductible: Per Person Per Family	\$0 \$0
Annual Out-of-Pocket Max: Per Person Per Family	\$3,500 \$7,000
Preventive Care:	No Charge
Office/Specialist Visits:	\$15/\$30
Urgent Care:	\$15
Lab & X-ray:	\$15/\$25
Hospital Medical Services: • Inpatient • Outpatient	\$250/day up to 5 days \$100
Emergency:	\$100
Retail Prescription Drugs • Generic Retail • Brand Retail • Non-Formulary Retail • Specialty Rx	\$5 \$15 \$30 10% up to \$250



Kaiser Group #733552  
 Customer Service #: 800.731.4661  
[www.kp.org](http://www.kp.org)

Medical Plan Features	Platinum HMO	Gold H.S.A
<b>In-Network Only</b>		
Calendar Year Deductible: Per Person Per Family	\$0 \$0	\$1,750 \$3,500
Annual Out-of-Pocket Max: Per Person Per Family	\$3,000 \$6,000	\$3,700 \$7,400
Preventive Care:	No Charge	No Charge
Office/Specialist Visits:	\$10/\$20	15% after ded.
Urgent Care:	\$10	15% after ded.
Lab / X-ray Outpatient:	\$20/\$40	15% after ded.
Hospital Medical Services: • Inpatient • Outpatient	\$500/admission \$300/procedure	15% after ded. 15% after ded.
Emergency:	\$200	15% after ded.
Retail Prescription Drugs • Generic Retail • Brand Retail • Non-Formulary Retail • Specialty Rx	\$5 \$15 \$15 10% up to \$250	\$15 after ded. \$45 after ded. \$45 after ded. 15% up to \$250

# Dental



MetLife Group #: 5399510  
 Customer Service #: 800.275.4638  
[www.metlife.com](http://www.metlife.com)

JCC of the East Bay offers dental through MetLife

- **Large network** of dentists, and the freedom to visit any dentist in or out-of-network.
- **Additional savings** when you visit a participating dentist. Participating dentists have agreed to accept negotiated fees for covered services, which are typically 30-45% less than the average fees charged by dentists in the same community.

Dental Plan Features	In-Network	Non-Network
<b>Network Type:</b>		<b>PDP Plus</b>
Calendar Year Deductible:	\$50 Member / \$150 Family	
Calendar Year Maximum:	\$1,500 per person	
Preventive (Exams, X-rays, Cleanings):	100%	100% of R&C
Basic (Fillings, Endodontics, Periodontics, Extractions):	90%	80% of R&C
Major (Onlays, Crowns, Bridges):	60%	50% of R&C
Orthodontia (applies to adults and child):	50%	50% of R&C
Orthodontia Lifetime Maximum:	\$1,500 per person	

**\*\*\*Deductible applies to Basic and Major Procedures only\*\*\***

**Note:** The reasonable and customary (R&C) charge is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.



MetLife Group #5399510  
 Customer Service #: 855.638.3931  
[www.metlife.com](http://www.metlife.com)

JCC of the East Bay Benefits Program also include a vision plan for you, offered by MetLife.

- **Save on a wide range of services** that are standard benefits under this plan, including routine eye exams, glasses, contact fittings and lenses.
- **Additional savings** on non-prescription sunglasses and laser vision correction.
- **Freedom to choose** from a huge network of independent ophthalmologists and optometrists, as well as top national and local retail chains, such as Walmart, Sam's Club, Costco® Optical, and more.

Vision Plan Features	In-Network	Non-Network
<b>Network Type:</b>		<b>Vision PPO</b>
Eye Exams (every 12 months):	\$25	Up to \$45 allowance
Standard Corrective Lenses: (every 12 months)	Covered in full after \$10 eyewear copay	Single - Up to \$30 allowance Bifocal - Up to \$50 allowance Trifocal - Up to \$65 allowance Lenticular - up to \$100 allowance
Frames (every 24 months):	\$150 for standard and \$170 on Featured Frames + 20% off after a \$10 eyewear copay  Costco, Walmart, and Sam's Club: \$85 allowance after \$10 eyewear copay	Up to \$70 allowance
Contact Lenses (every 12 months): - In lieu of prescription glasses:	\$150 allowance + contact fitting and evaluation copay, not to exceed \$60	Elective up to \$105 Medically necessary up to \$210

# Life and Disability



JCC of the East Bay offers Basic Life/AD&D and Long Term Disability to all benefit eligible employees at no additional cost. These benefits provide income protection should you become unable to work due to illness or injury.

Basic Life and AD&D is available to all benefit eligible employees. JCC also offers employees the option to purchase voluntary life benefits for themselves and qualified dependents.

Long Term Disability (LTD) provides coverage after a 90-day elimination period.

Voluntary Accident and Voluntary Critical Illness insurance helps employees get back on their feet after an accidental injury or diagnosis of a critical illness, such as heart attack, stroke, or paralysis. Plans provide a lump sum benefit to help members with expenses. Please refer to your detailed benefit summary for additional details and information.

Plan Offered	Benefit Amount
Group Life/AD&D	Employee: two times annual salary up to \$400,000
Voluntary Life/AD&D: Employee Spouse Children	Minimum \$10,000 up to five times annual salary or \$500,000* Minimum \$5,000 up to \$250,000* \$10,000 <i>*EOI may be required refer to your detailed benefit summary</i>
Long Term Disability (LTD)	66.75% up to \$10,000 per month Elimination Period: 90 days

## Flexible Spending Accounts



Eligible employees may enroll in the Vivino sponsored FSA plan administered by iSolved. You may make pre-tax contributions to your FSA account and use the funds for eligible health and family care expenses approved by the IRS.

Health Care FSA: you may set aside up to \$3,200 annually to use on eligible expenses, including physician fees, deductibles, copayments, dental and vision expenses.

Dependent Care FSA: you may set aside up to \$5,000 per household annually to use on eligible dependent care expenses. If you are married and filing separately, you may set aside up to \$2,500 annually.

For both types of these accounts, you must submit claims no later than 90 days after the end of the Plan Year.

## Resources and Contacts

If you have questions regarding your benefits, unresolved claim issues and/or eligibility, please contact your HR representative or your Acrisure Account Management Team noted below.

Katie Hutton  
925.299.7207  
mahutton@acrisure.com



This summary is intended for reference only. Please refer to your official plan documents for more information.