

LA FAMILY HOUSING

As part of our Total Rewards Philosophy, LAFH offers a comprehensive benefits package to its full-time employees working 30 hours or more per week. Employees meeting the full-time eligibility requirement may participate in the following:

- Kaiser HMO Plan and Kaiser POS (Point of Service) Plan (HMO “Employee Only” fully paid for by LAFH)
- Dental options: Delta Dental PPO and Delta Dental DHMO (fully paid for by LAFH)
- Vision option: Humana (fully paid for by LAFH)
- Life options: Fully sponsored by LAFH, Life and Accidental Death and Dismemberment (AD & D) base plan
- Voluntary Life options: several options with Reliance Standard, Transamerica, and AFLAC
- Retirement Plan options: 403B or ROTH IRA with a 1% employer contribution
- Education Savings Plan: 529 Education Savings Plan
- Long Term Disability (LTD) option: (fully paid for by LAFH)
- Two Employee Assistance Programs: (fully paid for by LAFH)
- Prudential - Financial Wellness: (fully paid for by LAFH)
- Transamerica Supplemental Plans: Hospital Indemnity, Short Term Disability, Accident, and many others
- AFLAC Supplemental Plans: Accident, Cancer, Hospital, Short Term Disability, and many others
- HealthEquity Flexible Spending Accounts (FSA): Unreimbursed medical and Dependent Care options
- Legal Access Plan option: Legal Ease Plan – Family Legal Protection Plan
- Employee Appreciation Program: Peer-Based Employee of the Month Program with opportunity for two employees to be elected
- Paid clinical hours for eligible employees seeking licensure
- OTHER: LAFH Sponsored Employee Events, Workplace Perks Benefits (discount program), Alternative Workweek Schedule (9/80), Paid Holiday Benefits (13 Observed Holidays per Year), Paid Sick Benefit (12 days, with a self-care provision), Paid Vacation Benefit (13 days to start, tenure-based increase).

Health, Dental and Vision Payroll Deductions for current 2023-2024 Plan Year (July 1, 2023-June 30, 2024) are as follows. **Payroll Deductions are based on a bi-weekly payroll:**

Medical

<u>Coverage Type:</u>	<u>Kaiser HMO:</u>	<u>Kaiser POS:</u>
Employee Only:	\$0.00	\$128.28
Employee + Spouse:	\$398.60	\$680.81
Employee + Children:	\$265.74	\$496.63
Employee + Family:	\$697.56	\$1,095.20

Dental

<u>Coverage Type:</u>	<u>Delta Dental DHMO:</u>	<u>Delta Dental PPO:</u>
Employee Only:	\$0.00	\$0.00
Employee + 1 Dependent:	\$0.00	\$0.00
Employee + 2 or more Dependent:	\$0.00	\$0.00

Vision

<u>Coverage Type:</u>	<u>Humana Vision Plan</u>
Employee Only:	\$0.00
Employee + Spouse:	\$0.00
Employee + Child(ren):	\$0.00
Employee + Family:	\$0.00