

Golden Gate National Parks Conservancy offers a benefits package that provides health and financial security for you and your family. This is a brief summary of the plans available to you.

#### **ELIGIBILITY**

Full-time 1 (40 hours per week), Full-time 2 (30-39 hours per week), and Part-time 1 (20-29 hours per week) employees who are not classed as temporary seasonal employees or as interns are eligible for benefits described in this guide. Benefits are effective on the first of the month, following your date of hire.

#### **HEALTH**

#### **Medical Plan**

You have a choice of medical plan options through Blue Shield or Kaiser. All plans cover 100% of the cost for preventive care and include coverage for prescription drugs. Take note of which expenses are covered before or after the deductible when evaluating your options.

| IN NETWORK COVERAGE  | B1115 G11151 B BB0   | BLUE SHIELD HMO   | VALCED LING   |  |
|--|--|---|---|--|
| IN-NETWORK COVERAGE  | BLUE SHIELD PPO  | BLUE SHIELD TRIO^   | KAISER HMO  |  |
| Parks Conservancy Annual HRA<br>Contribution (Individual/Family) | \$2,000/\$4,000  | \$2,000/\$4,000   | \$2,000/\$4,000   |  |
| Annual Deductible<br>(Individual/Family)                         | \$500/\$1,500<br>Applies to Inpatient/Outpatient<br>Facilities, X-ray, Lab & Skilled Nursing<br>Facility services ONLY* (HRA eligible) | \$2,000/\$4,000<br>Applies to Inpatient/Outpatient<br>Facilities ONLY* (HRA eligible) | \$1,500/\$3,000<br>Applies to Inpatient/Outpatient<br>Facilities ONLY* (HRA eligible) |  |
| Out-of-Pocket Maximum (Includes Deductible)                      | \$4,000/\$8,000  | \$3,500/\$7,000   | \$4,000/\$8,000   |  |
| Maximum Out-of-Pocket after the HRA (Includes Deductible)        | \$2,000/\$4,000  | \$1,500/\$3,000   | \$2,000/\$4,000   |  |
| Preventive Care  | Covered at 100%  | Covered at 100%   | Covered at 100%   |  |
| Primary Care Provider Office Visit                               | \$30 copay*  | \$30 copay*   | \$30 copay*   |  |
| Specialist Office Visit  | \$35 copay*  | \$30 copay*   | \$40 copay*   |  |
| Inpatient Hospital Services                                      | t Hospital Services 10% after deductible (HRA eligible)  |   | 20% after deductible (HRA eligible)   |  |
| RETAIL PHARMACY (UP TO A 30-E                                    | DAY SUPPLY)  |   |   |  |
| Generic Retail   | \$10 copay   | \$10 copay  | \$10 copay  |  |
| Brand Formulary  | \$30 copay   | \$25 copay  | \$30 copay  |  |
| Brand Non-Formulary  | \$50 copay   | \$40 copay  | \$50 copay  |  |
| Specialty  | 30% not to exceed \$250  | 20% not to exceed \$250   | 20% not to exceed \$250   |  |
| MAIL ORDER PHARMACY (90-DAY                                      | SUPPLY)  |   |   |  |
| Generic  | \$20 copay   | \$20 copay  | \$20 copay  |  |
| Brand Formulary  | \$60 copay   | \$50 copay  | \$60 copay  |  |
| Brand Non-Formulary  | \$100 copay  | \$80 copay  | \$60 copay  |  |
| Specialty  | 30% not to exceed \$500  | 20% not to exceed \$500   | N/A   |  |

<sup>^</sup>lf you are enrolling in the Trio ACO network be advised that this is a limited network plan only available to employees living in Trio servicing zip codes.



<sup>\*</sup>Deductible does not apply.

Your per pay period payroll contributions for medical, dental and vision benefits are shown below. There are 24 pay periods per calendar year.

| EMPLOYEE PER PAY PERIOD CONTRIBUTIONS 24 ANNUAL DEDUCTIONS                              |                    |                    |                          |                |                        |                |
|---|--------------------|--------------------|--------------------------|----------------|------------------------|----------------|
| COVERAGE TIER   |                    | MEDICAL PL         | AN OPTIONS               |                | DENTAL                 | VISION         |
|   | BLUE SHIELD<br>PPO | BLUE SHIELD<br>HMO | BLUE SHIELD<br>HMO TRIO* | KAISER<br>HMO  | GUARDIAN DENTAL<br>PPO | VSP<br>PPO     |
|   | (888-256-1915)     | (888-256-1915)     | (855-829-3566)           | (800-464-4000) | (888-835-2362)         | (800-877-7195) |
| FT1 AND FT2: EMPLOYEE ANNUAL SALARY OF \$110,000+ (100% FTE RATE)                       |                    |                    |                          |                |                        |                |
| Employee Only   | \$194.54           | \$151.79           | \$103.30                 | \$103.30       | \$6.52                 | \$0.00         |
| Employee + 1  | \$427.99           | \$333.92           | \$227.25                 | \$227.25       | \$12.45                | \$0.00         |
| Employee + Family   | \$554.44           | \$432.60           | \$294.39                 | \$294.39       | \$18.95                | \$0.00         |
| FT1 AND FT2: EMPLOYEE ANNUAL SALARY \$109,999 - \$66,000 (100% FTE RATE)                |                    |                    |                          |                |                        |                |
| Employee Only   | \$145.91           | \$85.00            | \$51.65                  | \$51.65        | \$4.89                 | \$0.00         |
| Employee + 1  | \$320.99           | \$250.44           | \$170.44                 | \$170.44       | \$9.34                 | \$0.00         |
| Employee + Family   | \$415.83           | \$324.45           | \$220.80                 | \$220.80       | \$14.21                | \$0.00         |
| FT1 AND FT2: EMPLOYEE ANNUAL SALARY UNDER \$66K (100% FTE RATE)/WAGE UNDER \$31.73/HOUR |                    |                    |                          |                |                        |                |
| Employee Only   | \$97.27            | \$0.00             | \$0.00                   | \$0.00         | \$0.00                 | \$0.00         |
| Employee + 1  | \$214.00           | \$0.00             | \$0.00                   | \$0.00         | \$0.00                 | \$0.00         |
| Employee + Family   | \$277.22           | \$0.00             | \$0.00                   | \$0.00         | \$0.00                 | \$0.00         |
| PART-TIME: PART TIME EMPLOYEES (20 - 29 HOURS PER WEEK)                                 |                    |                    |                          |                |                        |                |
| Employee Only   | \$389.08           | \$227.68           | \$129.12                 | \$132.38       | \$9.78                 | \$0.00         |
| Employee + 1  | \$855.98           | \$500.88           | \$284.06                 | \$264.75       | \$18.67                | \$0.00         |
| Employee + Family   | \$1,108.88         | \$648.89           | \$367.99                 | \$374.68       | \$28.42                | \$0.00         |

<sup>\*</sup>If you are enrolling in the Trio ACO network be advised that this is a limited network plan.

Note: Part-Time Coverage is available. For additional information, contact HR.

#### Dental plan (888-600-1600)

Our dental plan through Guardian pays 100% of the cost for routine checkups and shares the cost with you for most dental procedures.

| PLAN PROVISIONS   | GUARDIAN DENTAL PPO                                  |  |  |
|---|--|--|--|
| Annual Deductible (Individual/Family)                               | \$50/\$150   |  |  |
| Calendar Year Maximum   | \$3,000 per individual                               |  |  |
| Orthodontia Lifetime Maximum  | \$3,000 per individual                               |  |  |
| Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams) | Covered at 100%                                      |  |  |
| Basic and Restorative Services (e.g., fillings)                     | 80%  |  |  |
| Major Services (e.g., dentures, crowns, bridges)                    | 50%  |  |  |
| Orthodontia   | 50% for children (Orthodontia in Progress – covered) |  |  |

#### Vision plan (800-877-7195)

Our vision plan through VSP offers in-network and out-of-network benefits to help you pay for the cost of routine eye exams, glasses and contacts.

| PLAN PROVISIONS  | VSP VISION PLAN                                    |  |  |
|--|--|--|--|
| Exam (Once every 12 months)                              | \$25 copay   |  |  |
| Frames (Once every 24 months)                            | \$150 allowance plus 20% off amount over allowance |  |  |
| Lenses (Once every 12 months)                            |  |  |  |
| Single Vision  | No charge after copay                              |  |  |
| Bifocal  | No charge after copay                              |  |  |
| Trifocal   | No charge after copay                              |  |  |
| Contact Lenses (in lieu of glasses once every 12 months) |  |  |  |
| Medically necessary                                      | No charge after copay                              |  |  |
| • Elective   | \$150 allowance                                    |  |  |

#### **WELLBEING**

#### Employee Assistance Program (EAP) (800-490-1585)

Parks Conservancy automatically provides you and your family with an EAP through CuraLinc Healthcare at **no cost** to you. You and your covered dependents have access to immediate supplemental mental health support around-the-clock, including **six sessions** of in-person or video counseling, text therapy, digital cognitive behavioral therapy (dCBT), virtual group support, and interactive toolkits. The program is available to all employees as well as their spouse or partner, household members, and dependents up to the age of 26 (even if they aren't currently living with the employee).

#### **FINANCIAL**

#### Health Reimbursement Arrangement (HRA) (415-526-1401)

An HRA is an account funded by the Parks Conservancy that you can use to pay for qualified health care expenses. The funding amounts will reimburse you for amounts paid toward deductibles and other HRA eligible expenses. When you enroll in the medical plan with an HRA, the company funds the HRA with \$2,000 for individual coverage and \$4,000 for family coverage. (HRA funding is prorated for new hires). Because it is company funded, you do not make contributions to the HRA.

#### Flexible Spending Accounts (FSAs) (866-346-5800)

Health Care and Dependent Care FSAs allow you to contribute funds on a pretax basis to help pay for medical, dental, vision and/or daycare expenses.

#### Commuter Benefits (866-346-5800)

Contribute up to \$325 per month on a pre-tax basis to help pay for work commuter and parking expenses, The Parks Conservancy matches your monthly contribution up to \$50 per month.

#### 403(b) Retirement savings plan (800-249-6269)

- All eligible Parks Conservancy employees receive a 3.0% Non-Elective Employer Contribution upon date of hire. Employees may also contribute their own income to their 403(b) accounts.
- You can contribute up to \$23,000 in 2024 (subject to change by the IRS), and if you are age 50 or older, you may contribute up to an additional \$7,500 as a "catch-up" contribution. New in 2025 is an additional catch-up of \$3,750 for those who will be 60-32 on 12/31/2025.
- Contributions may be made on a pretax or Roth after-tax basis.

#### **PROTECTION**

# Life and Accidental Death & Dismemberment (AD&D) insurance (800-421-0344)

The Parks Conservancy provides basic life and AD&D insurance at **no cost** to you equal to 3 times your base annual earnings, up to a maximum of \$450,000.

# Supplemental Life and Accidental Death & Dismemberment (AD&D) insurance (800-421-0344)

You may purchase life and AD&D insurance for yourself, your spouse/domestic partner, and your dependents, at discounted group rates.

#### Disability insurance (800-421-0344)

The Parks Conservancy provides disability income benefits at no cost as follows:

- Short-Term Disability: 60% of your weekly salary, to a maximum of \$2,308 per week for the first 11 weeks of a disability after the one-week waiting period.
- Long-Term Disability: 60% of your base salary, up to a maximum of \$15,000 per month if you are disabled and are unable to work for more than 90 days.

#### Pet Insurance (877-738-7874)

You can purchase health insurance, administered by Veterinary Pet Insurance (VPI)/Nationwide, for your dog, cat, bird or other animals. Like a regular health insurance plan, a pet insurance policy can help you plan for your pet's health care — and offset costs for routine care and unexpected illness or injury. Your premium is based on your pet's species, age, the benefits coverage you select and where you live.

#### Vacation

Employees accrue vacation days based on their eligibility and classification (typically starting at an accrual of 3 weeks per year).

#### Personal Days

Personal days are designed to provide certain employees with an allotment of paid days off (up to 5 days in addition to holidays, sick days, or vacation days).

#### Sick Leave

We recognize that sickness, emergencies, and medical conditions happen, and we want to help you during this time. Based on your eligibility and classification, you will accrue a number of days that can be utilized as sick leave.

#### Holidays

The Parks Conservancy provides employees the following paid holidays each year.

- New Years Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Indigenous People's Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day