

**Summary of Material Modification
To
University of San Francisco Welfare Benefit Plan**

To: Employee participants in the University of San Francisco Welfare Benefit Plan, and COBRA participants

From: Human Resources

Date: January 9, 2023

The University of San Francisco Welfare Benefit Plan sponsored by University of San Francisco has been revised. All the changes summarized below are effective January 1, 2023.

1. Employee contributions for Anthem Delta and VSP remain the same. Slight increase for the Anthem Blue Cross PPO and Kaiser HMO. Refer to the 2023 benefit guide for actual contributions. See Appendix A for monthly contributions.
2. Flexible Spending Account Maximums for 2023:
Healthcare \$3,050 and Dependent Care \$5,000.
3. The salary bands (i.e., salary ranges) used to determine your share of the cost for medical increased by 3% for 2023. Refer to the 2023 benefit guide for the new salary bands. See Appendix B for the 2023 salary bands for medical premiums.

Please contact the Director of Employee Benefits (acting on behalf of the plan administrator, University of San Francisco), if you have questions regarding the information in this SMM. I can be reached as follows:

Phone: (415) 422-2442

E-mail: benefits@office.usfca.edu

Address: 2130 Fulton Street, San Francisco, CA 94117

FILING INSTRUCTIONS

Please keep this memorandum with your copy of the Plan's Summary Plan Description (SPD), as it explains important changes that may affect your benefits (please contact me if you need another copy of the SPD).

ERISA INFORMATION

Plan Sponsor: University of San Francisco

Sponsor's EIN#: 27-0494101

Plan Name: University of San Francisco Welfare Benefit Plan

Plan Number: 501

Plan Year: 2023

Appendix A: 2023 Monthly Contribution Rates

Medical-Anthem Blue Cross (PPO)

Anthem Blue Cross—Employee Only				
Salary Band	Total Monthly Rates	Your Monthly Contribution ¹	Monthly USF Contribution	Monthly COBRA Rates
<\$65,344	\$1,213.21	\$48.00	\$1,165.21	\$1,237.47
\$65,344 - \$97,479	\$1,213.21	\$60.00	\$1,153.21	\$1,237.47
\$97,480 - \$130,686	\$1,213.21	\$70.00	\$1,143.21	\$1,237.47
\$130,687 - \$161,751	\$1,213.21	\$83.00	\$1,130.21	\$1,237.47
\$161,752 - \$194,958	\$1,213.21	\$118.00	\$1,095.21	\$1,237.47
\$194,959+	\$1,213.21	\$142.00	\$1,071.21	\$1,237.47
Anthem Blue Cross—Employee Plus One				
<\$65,344	\$2,558.38	\$176.00	\$2,382.38	\$2,609.55
\$65,344 - \$97,479	\$2,558.38	\$225.00	\$2,333.38	\$2,609.55
\$97,480 - \$130,686	\$2,558.38	\$277.00	\$2,281.38	\$2,609.55
\$130,687 - \$161,751	\$2,558.38	\$301.00	\$2,257.38	\$2,609.55
\$161,752 - \$194,958	\$2,558.38	\$426.00	\$2,132.38	\$2,609.55
\$194,959+	\$2,558.38	\$501.00	\$2,057.38	\$2,609.55
Anthem Blue Cross—Employee Plus Family				
<\$65,344	\$3,656.29	\$287.00	\$3,369.29	\$3,729.42
\$65,344 - \$97,479	\$3,656.29	\$360.00	\$3,296.29	\$3,729.42
\$97,480 - \$130,686	\$3,656.29	\$429.00	\$3,227.29	\$3,729.42
\$130,687 - \$161,751	\$3,656.29	\$495.00	\$3,161.29	\$3,729.42
\$161,752 - \$194,958	\$3,656.29	\$718.00	\$2,938.29	\$3,729.42
\$194,959+	\$3,656.29	\$863.00	\$2,793.29	\$3,729.42

¹ Add \$75 to Your Monthly Contribution above if you cover a spouse/RDP who has health coverage available through their employer.

Medical-Kaiser (HMO)

Kaiser—Employee Only				
Salary Band	Total Monthly Rates	Your Monthly Contribution ¹	Monthly USF Contribution	Monthly COBRA Rates
<\$65,344	\$762.38	\$46.00	\$716.38	\$777.63
\$65,344 - \$97,479	\$762.38	\$56.00	\$706.38	\$777.63
\$97,480 - \$130,686	\$762.38	\$63.00	\$699.38	\$777.63
\$130,687 - \$161,751	\$762.38	\$70.00	\$692.38	\$777.63
\$161,752 - \$194,958	\$762.38	\$91.00	\$671.38	\$777.63
\$194,959+	\$762.38	\$113.00	\$649.38	\$777.63
Kaiser—Employee Plus One				
<\$65,344	\$1,524.74	\$185.00	\$1,339.74	\$1,555.23
\$65,344 - \$97,479	\$1,524.74	\$199.00	\$1,325.74	\$1,555.23
\$97,480 - \$130,686	\$1,524.74	\$229.00	\$1,295.74	\$1,555.23
\$130,687 - \$161,751	\$1,524.74	\$251.00	\$1,273.74	\$1,555.23
\$161,752 - \$194,958	\$1,524.74	\$351.00	\$1,173.74	\$1,555.23
\$194,959+	\$1,524.74	\$426.00	\$1,098.74	\$1,555.23
Kaiser—Employee Plus Family				
<\$65,344	\$2,157.52	\$217.00	\$1,940.52	\$2,200.67
\$65,344 - \$97,479	\$2,157.52	\$260.00	\$1,897.52	\$2,200.67
\$97,480 - \$130,686	\$2,157.52	\$324.00	\$1,833.52	\$2,200.67
\$130,687 - \$161,751	\$2,157.52	\$373.00	\$1,784.52	\$2,200.67
\$161,752 - \$194,958	\$2,157.52	\$498.00	\$1,659.52	\$2,200.67
\$194,959+	\$2,157.52	\$605.00	\$1,552.52	\$2,200.67

¹ Add \$75 to Your Monthly Contribution above if you cover a spouse/RDP who has health coverage available through their employer.

Appendix B: 2023 Salary Bands for Medical Premiums

Salary Band
<\$65,344
\$65,344 - \$97,479
\$97,480 - \$130,686
\$130,687 - \$161,751
\$161,752 - \$194,958
\$194,959+