

**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 1, 2024

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, 2024.

1. Healthcare FSA limit increased to \$3,200.
2. Transit (Commuter / Parking) limit increased to \$315.
3. Concern EAP has increased the number of visits to 10 sessions per year.
4. Delta Dental out-of-network Usual, Customary, & Reasonable reimbursement is now at 80%.
5. Pet Insurance has been added as a benefit for 2024
6. Employee contributions for 2024 have increased. Please refer to your 2024 benefit guide for exact increases by plan and salary band. See Appendix A for monthly contributions and salary bands.

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@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: 2024

Appendix A: 2024 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
<\$67,957	\$1,338.61	\$53.00	\$1,285.61	\$1,365.38
\$67,958 - \$101,378	\$1,338.61	\$66.00	\$1,272.61	\$1,365.38
\$101,379 - \$135,913	\$1,338.61	\$77.00	\$1,261.61	\$1,365.38
\$135,914 - \$168,221	\$1,338.61	\$92.00	\$1,246.61	\$1,365.38
\$168,222 - \$202,756	\$1,338.61	\$130.00	\$1,208.61	\$1,365.38
\$202,757+	\$1,338.61	\$157.00	\$1,181.61	\$1,365.38
Anthem Blue Cross–Employee Plus One				
<\$67,957	\$2,822.83	\$194.00	\$2,628.83	\$2,879.29
\$67,958 - \$101,378	\$2,822.83	\$248.00	\$2,574.83	\$2,879.29
\$101,379 - \$135,913	\$2,822.83	\$306.00	\$2,516.83	\$2,879.29
\$135,914 - \$168,221	\$2,822.83	\$332.00	\$2,490.83	\$2,879.29
\$168,222 - \$202,756	\$2,822.83	\$470.00	\$2,352.83	\$2,879.29
\$202,757+	\$2,822.83	\$553.00	\$2,269.83	\$2,879.29
Anthem Blue Cross–Employee Plus Family				
<\$67,957	\$4,034.22	\$317.00	\$3,717.22	\$4,114.90
\$67,958 - \$101,378	\$4,034.22	\$397.00	\$3,637.22	\$4,114.90
\$101,379 - \$135,913	\$4,034.22	\$473.00	\$3,561.22	\$4,114.90
\$135,914 - \$168,221	\$4,034.22	\$546.00	\$3,488.22	\$4,114.90
\$168,222 - \$202,756	\$4,034.22	\$792.00	\$3,242.22	\$4,114.90
\$202,757+	\$4,034.22	\$952.00	\$3,082.22	\$4,114.90

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
<\$67,957	\$765.49	\$46.00	\$719.49	\$780.80
\$67,958 - \$101,378	\$765.49	\$56.00	\$709.49	\$780.80
\$101,379 - \$135,913	\$765.49	\$63.00	\$702.49	\$780.80
\$135,914 - \$168,221	\$765.49	\$70.00	\$695.49	\$780.80
\$168,222 - \$202,756	\$765.49	\$91.00	\$674.49	\$780.80
\$202,757+	\$765.49	\$113.00	\$652.49	\$780.80
Kaiser–Employee Plus One				
<\$67,957	\$1,530.97	\$186.00	\$1,344.97	\$1,561.59
\$67,958 - \$101,378	\$1,530.97	\$200.00	\$1,330.97	\$1,561.59
\$101,379 - \$135,913	\$1,530.97	\$230.00	\$1,300.97	\$1,561.59
\$135,914 - \$168,221	\$1,530.97	\$252.00	\$1,278.97	\$1,561.59
\$168,222 - \$202,756	\$1,530.97	\$352.00	\$1,178.97	\$1,561.59
\$202,757+	\$1,530.97	\$428.00	\$1,102.97	\$1,561.59
Kaiser–Employee Plus Family				
<\$67,957	\$2,166.33	\$218.00	\$1,948.33	\$2,209.66
\$67,958 - \$101,378	\$2,166.33	\$261.00	\$1,905.33	\$2,209.66
\$101,379 - \$135,913	\$2,166.33	\$325.00	\$1,841.33	\$2,209.66
\$135,914 - \$168,221	\$2,166.33	\$375.00	\$1,791.33	\$2,209.66
\$168,222 - \$202,756	\$2,166.33	\$500.00	\$1,666.33	\$2,209.66
\$202,757+	\$2,166.33	\$607.00	\$1,559.33	\$2,209.66

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