

## 2021 BENEFITS AT A GLANCE

BENEFITS	ELIGIBILITY	FULL TIME & PART TIME Scheduled (.80 to 1.0 FTE)	REGULAR PART TIME Scheduled (.50 to .70 FTE)	REGULAR PART TIME Scheduled (.25 to .40 FTE)	REGULAR PART TIME (Less than .25 FTE)	PAY IN LIEU OF BENEFITS	PER DIEM 10-15% additional pay. No benefits
<b>OPTIONS FLEXIBLE BENEFITS PLAN</b>	1st of month coinciding with or following 60 days of employment or as outlined in CBA	Employees given Benefit Dollars to purchase one of the medical and dental plans offered by SRH. SRH pays 95% of employee coverage and 60% of dependent coverage for medical and 100% of employee and 0% for dependents for dental for <b>.6 FTE &amp; above</b> ; half of this amount for .5-.59 FTE. \$150.06/mo. cash back given if medical coverage is waived and \$7.37/mo. cash back given if dental coverage is waived. Half these amounts for FTE .50 - .59.				Not Eligible	Not Eligible
Medical Insurance (Rates on reverse)	Choice of three plans from Premera. Special SRH network incentivizes the use of SRH facilities and providers. Two plans with lower deductible and one high deductible plan with HSA						Not Eligible
Dental Insurance	Washington Dental Service, High Option or Basic Option or Willamette Dental Group. SRH pays \$36.83 towards monthly rates for FTE .60 – 1.0 and \$18.42/mo for FTE .50 - .59						Not Eligible
Long Term Disability	Choice of 2 plans: <u>50% monthly pay up to \$1000/mo</u> after a 180 day waiting period OR buy up to: <u>66 2/3% monthly pay</u> after a 90 day waiting period			Not Eligible	Not Eligible	Eligible	Not Eligible
Life Insurance	Choose from 0.5 up to 6 times annual salary. Maximum of 1 mil.	Must select at least minimum of 0.5 times salary. 2x paid by employer	1x paid by employer				Not Eligible
Spouse Life Insurance and AD&D	May purchase 1/2 of employee selection of life coverage for spouse (with after-tax dollars) to a maximum of \$50,000 for Spouse Life. May purchase variable amounts of AD&D coverage up to maximum of \$500,000. (Neither funded by SRH)						Not Eligible
Flexible Spending Expense Accounts	May participate in Health Care and/or Dependent/Daycare Care Flex Plan Accounts with pre-tax dollars. Maximum of \$2700 per year for Health Care and \$5000 per year for Dependent Care.						Not Eligible
Pay in Lieu of Benefits	Non-exempt employee can receive 10-15% additional pay in lieu of benefits. Not eligible for Benefits Dollars or accrual of PTO and EIB. Can purchase insurance with pre-tax dollars at own expense.			Non-exempt employee can choose 10-15% additional pay in lieu of paid time off accrual.		Eligible	Not Eligible
<b>JURY DUTY PAY</b>	Immediately	Eligible for any days scheduled to work					

BENEFITS	ELIGIBILITY	FULL TIME & PART TIME Scheduled a minimum of 32 hrs./week (.8 to 1.0 FTE)	REGULAR PART TIME Scheduled 20 - 31 hrs./week (.5 to .7 FTE)	REGULAR PART TIME Scheduled 10 – 19 hrs./week (.25 to .4 FTE)	REGULAR PART TIME Scheduled less than 10 hrs./wk.	PAY IN LIEU OF BENEFITS	ON-CALL 10-15% additional pay. No benefits
<b>457 b DEFERRED COMPENSATION PLAN (Employee Contribution)</b>	Monthly Enrollment. Can start the 1 <sup>st</sup> of the month after date of hire. Eligible to defer a portion of your salary into our Empower 457b retirement account				Not Eligible	Eligible	Not Eligible
<b>401a RETIREMENT PLAN (Employer Contribution)</b>	Next open enrollment following 2-1/2 years of service, either Jan 1 or Jul 1; must be in an eligible class (.25 FTE or more) and contribute 3% to Deferred Comp. A year of service shall be credited if at least 500 hours worked in 12-mo. period beginning on date of hire or an anniversary thereafter, regardless if in an eligible class. SRH contributes 4.225% of first \$650 of average monthly earnings, 8.45% of earnings over that + 0.1% for each completed year in the Plan up to max of additional 1.0% (10 years X 0.1%).				Not Eligible	Eligible	Not Eligible
<b>NON-CONTRACT STAFF</b>	PTO encompasses vacation, holiday & unscheduled paid time and accrues based on hours worked. A year is defined as 1664 hours paid time plus one calendar year, immediate eligibility. Accrual schedule for 40 hr. employees is:					Not Eligible	Not Eligible
Paid Time Off (PTO)	0 - 4.99 years 5 - 9.99 years 10+ years	184 Hours 224 Hours 264 Hours	Prorated on # hrs. worked	Prorated on # hrs. worked	Prorated on # hrs. worked		
Extended Illness Bank (EIB)	Immediately (see policy)	FT emp = 4.67 hrs./mo. PT emp is prorated	Prorated on # hrs. worked	Prorated on # hrs. worked	Prorated on # hrs. worked	Not Eligible	Not Eligible
<b>WORKER'S COMPENSATION</b>	From employment - SRH is self-insured	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible
<b>BEREAVEMENT LEAVE</b>	Immediately	Eligible for any days <u>scheduled</u> to work in a 7 day period.				Not Eligible	Not Eligible
<b>LEAVE OF ABSENCE</b>	Please refer to policy	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible
<b>TUITION REIMBURSEMENT</b>	1 year employment	Eligible – 75% (.7 to 1.0 FTE)	Eligible 50% (.4 to .6 FTE)	Not Eligible (.25-.3 FTE)	Not Eligible	Eligible	Not Eligible

**MEDICAL & DENTAL INSURANCE RATES AS OF 1/1/2021 (monthly employee cost for FTE of 0.60 to 1.0)**

<b>Premera Medical Plans</b>	<b>Subscriber</b>	<b>Subscriber &amp; Spouse</b>	<b>Subscriber &amp; Child(ren)</b>	<b>Full Family</b>
Premera HDHP w/ HSA	34.40	284.81	222.35	472.77
Premera Value	36.55	302.61	236.24	502.31
Premera Classic	38.04	314.99	245.91	522.86
<b>Dental Plans</b>	<b>Subscriber</b>	<b>Subscriber &amp; Spouse</b>	<b>Subscriber &amp; Child(ren)</b>	<b>Full Family</b>
Dental Basic Option	0	46.14	38.54	84.68
Dental High Option	8.28	62.90	51.71	106.32
Willamette Dental Group	29.32	100.12	100.12	157.82