

2022 RESIDENT BENEFITS

BENEFITS	ELIGIBILITY	FULL TIME & PART TIME (.8 to 1.0 FTE)	REGULAR PART TIME (.5 to .7 FTE)	REGULAR PART TIME Scheduled (.25 to .40 FTE)	REGULAR PART TIME (Less than .25 FTE)
OPTIONS CAFETERIA-STYLE BENEFITS PLAN	1st of month following initial date of employment	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 .6 FTE & above ; 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.			
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	Not eligible
Dental Insurance (Rates on reverse)	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	Not eligible
Long Term Disability	66 2/3% of the first \$22,500 in basic monthly earnings after a 90 day wait and pays as long as disabled up to social security retirement age. SRH pays the premium.				
Life Insurance & Supplemental Life \$1,000,000 maximum	Choose from 0.5 up to 6 times annual salary. Maximum of \$1,000,000. Amount over \$750,000 requires Statement of Health.	Must select at least minimum of 0.5 times salary. SRH pays for 2 times annual salary.	From 0.5 to 6 times salary or waive. SRH pays for 1 time annual salary.	Not Eligible	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	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. Those enrolled in high deductible medical plan with a HSA can enroll in Limited Purpose Flexible Spending for vision & dental expenses only and can enroll in Dependent Care.			Not Eligible	Not Eligible
457 b DEFERRED COMPENSATION PLAN (Employee Contribution)	Monthly Enrollment. Can start the 1 st of the month after date of hire. Eligible to defer a portion of your salary into our Empower 457b retirement account				Not Eligible
401a RETIREMENT PLAN (Employer Contribution)	Next open enrollment following 2.5 - 3 years of service (Jan 1 or July 1); must be in an eligible class (.25 FTE or more) and contribute 3% or more to Deferred Comp or ROTH. A year of service shall be counted if at least 500 hours are worked in the 12-mo. period beginning on date of hire or an anniversary thereafter, regardless if in an eligible class. Eligibility is usually reached after 2.5 years if 500 hrs are worked in 3 separate years or partial years from hire date. SRH contributes 4.225% of first \$650 of monthly average earnings plus 8.45% of earnings over that plus 0.1% for each completed year in the Plan up to max of additional 1.0% (10 years X 0.1%).				Not Eligible

MEDICAL & DENTAL INSURANCE RATES AS OF 1/1/2022 (monthly employee cost for FTE of 0.60 to 1.0)

Medical Plans	Subscriber	Subscriber & Spouse/Domestic Partner	Subscriber & Child(ren)	Full Family
Premera HDHP w/ HSA	34.40	284.81	222.35	472.77
Premera Value	36.55	302.61	236.24	502.31
Premera Classic	42.36	350.72	273.80	582.16
Dental Plans	Subscriber	Subscriber & Spouse	Subscriber & Child(ren)	Full Family
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