

# Benefit Summary

## Full-time Hourly Staff

**2023**



Stoughton Health offers an excellent benefit package for full-time employees\*. Full-time employees are budgeted 60-80 hours per bi-weekly pay period. For more information on these benefits, please contact Human Resources at (608) 873-2296 or [hr@stoughtonhealth.com](mailto:hr@stoughtonhealth.com)

### Vendor Profiles: Health and Dental Insurance

Coverage is effective the first of the month following hire date or status change.

|  |               |                               |                                 |                               |
|--|---------------|-------------------------------|---------------------------------|-------------------------------|
|  | <b>Single</b> | <b>Employee Plus Spouse**</b> | <b>Employee Plus Child(ren)</b> | <b>Employee Plus Family**</b> |
|--|---------------|-------------------------------|---------------------------------|-------------------------------|

#### *Traditional HMO Health Insurance*



| <b>Dean Health Plan HMO Health Insurance</b> |                  |                  |                  |                  |
|--|------------------|------------------|------------------|------------------|
| Current Monthly Premium                      | \$ 734.93        | \$1,616.85       | \$1,322.87       | \$2,111.45       |
| Stoughton Health Pays                        | \$ 587.95        | \$1,212.65       | \$ 992.15        | \$1,583.59       |
| <b>You Pay Only (monthly)</b>                | <b>\$ 146.98</b> | <b>\$ 404.20</b> | <b>\$ 330.72</b> | <b>\$ 527.86</b> |
| Spouse/Domestic Partner Surcharge (monthly)  |                  | \$ 100.00        |                  | \$ 100.00        |
| <b>You Pay Only (monthly)</b>                |                  | <b>\$ 504.20</b> |                  | <b>\$ 627.86</b> |



| <b>Quartz Health Insurance HMO Health Insurance</b> |                  |                  |                  |                  |
|---|------------------|------------------|------------------|------------------|
| Current Monthly Premium                             | \$ 762.43        | \$1,677.35       | \$1,372.37       | \$2,190.46       |
| Stoughton Health Pays                               | \$ 609.95        | \$1,258.01       | \$1,029.29       | \$1,642.86       |
| <b>You Pay Only (monthly)</b>                       | <b>\$ 152.48</b> | <b>\$ 419.34</b> | <b>\$ 343.08</b> | <b>\$ 547.60</b> |
| Spouse/Domestic Partner Surcharge (monthly)         |                  | \$ 100.00        |                  | \$ 100.00        |
| <b>You Pay Only (monthly)</b>                       |                  | <b>\$ 519.34</b> |                  | <b>\$ 647.60</b> |

#### *HMO High Deductible Health Plan*



| <b>Dean HMO High Deductible Health Plan</b> |                  |                  |                  |                  |
|---|------------------|------------------|------------------|------------------|
| Current Monthly Premium                     | \$ 547.83        | \$1,205.23       | \$ 986.09        | \$1,573.92       |
| Stoughton Health Pays                       | \$ 438.27        | \$ 903.93        | \$ 739.57        | \$1,180.44       |
| <b>You Pay Only (monthly)</b>               | <b>\$ 109.56</b> | <b>\$ 301.30</b> | <b>\$ 246.52</b> | <b>\$ 393.48</b> |
| Spouse/Domestic Partner Surcharge (monthly) |                  | \$ 100.00        |                  | \$ 100.00        |
| <b>You Pay Only (monthly)</b>               |                  | <b>\$ 401.30</b> |                  | <b>\$ 493.48</b> |



| <b>Quartz HMO High Deductible Health Plan</b> |                  |                  |                  |                  |
|---|------------------|------------------|------------------|------------------|
| Current Monthly Premium                       | \$ 557.44        | \$1,226.37       | \$1,003.39       | \$1,601.52       |
| Stoughton Health Pays                         | \$ 445.96        | \$ 919.79        | \$ 752.55        | \$1,201.14       |
| <b>You Pay Only (monthly)</b>                 | <b>\$ 111.48</b> | <b>\$ 306.58</b> | <b>\$ 250.84</b> | <b>\$ 400.38</b> |
| Spouse/Domestic Partner Surcharge (monthly)   |                  | \$ 100.00        |                  | \$ 100.00        |
| <b>You Pay Only (monthly)</b>                 |                  | <b>\$ 406.58</b> |                  | <b>\$ 500.38</b> |



| <b>Health Savings Account – Simply HSA</b>                    |           |           |           |           |
|---|-----------|-----------|-----------|-----------|
| Total Stoughton Health Contributes (End of Quarter)           | \$ 250.00 | \$ 500.00 | \$ 500.00 | \$ 500.00 |
| +   | Per Qtr   | Per Qtr   | Per Qtr   | Per Qtr   |
| You Choose Your Pre-Tax Payroll Deduction Contribution Amount |           |           |           |           |



| <b>Delta Dental Insurance</b> |                |                |                |                 |
|-------------------------------|----------------|----------------|----------------|-----------------|
| Current Monthly Premium       | \$35.69        | \$71.40        | \$91.34        | \$150.79        |
| Stoughton Health Pays         | \$35.69        | \$35.70        | \$35.70        | \$ 35.69        |
| <b>You Pay Only (monthly)</b> | <b>\$ 0.00</b> | <b>\$35.70</b> | <b>\$55.64</b> | <b>\$115.10</b> |

\*Hours worked are based on employee status and do not fluctuate based on temporary increases or decreases in hours.

\*\*Domestic Partnership coverage is a benefit under our health and dental insurance plans. Please see Human Resources for detailed eligibility requirements of these plans.



**PTO (Paid Time Off)**

PTO combines vacation, holiday, personal and sick time into one bank of time off. One week of PTO pro-rated by FTE added to balance at hire.

| Length of Service           | 0 up to the 5 <sup>th</sup> year of service | 5 years of service up to the 10 <sup>th</sup> year of service | 10 years of service up to the 15 <sup>th</sup> year of service | 15 years + of service             |
|-----------------------------|---|---|--|-----------------------------------|
| Accrual Rate per Pay Period | 0.08077/hr. worked per pay period           | 0.10000/hr. worked per pay period                             | 0.11923/hr. worked per pay period                              | 0.13846/hr. worked per pay period |

| Length of Continuous Service                                   | Accumulation per Pay Period | * Employee working 80 hours per pay period | Accumulation per Year | Maximum Accrual |
|--|-----------------------------|--|-----------------------|-----------------|
| 0 up to the 5 <sup>th</sup> year of service                    | 6.46 Hours *                |  | 21 Days (168 Hours) * | 280 Hours       |
| 5 years of service up to the 10 <sup>th</sup> year of service  | 8.00 Hours *                |  | 26 Days (208 Hours) * | 300 Hours       |
| 10 years of service up to the 15 <sup>th</sup> year of service | 9.54 Hours *                |  | 31 Days (248 Hours) * | 320 Hours       |
| 15 years + of service  | 11.07 Hours *               |  | 36 Days (287 Hours) * | 320 Hours       |

PTO accrual for 0-5 years of service full-time 40 hours per week employee includes annual accrual of: 10 vacation days, 6 holidays, 3 sick days and 2 personal days. These are all built into PTO in one bank of hours that you accrue on hours worked.



**Retirement Plan: Tax Sheltered Annuity – 403(b) and 403(b) Roth Plan**

Stoughton Health offers a 403(b) (pre-tax) and a 403(b) Roth (after tax) plan. Eligibility: All employees age 21 or older are eligible to participate in the 403(b) and 403(b) Roth plan, however to receive the employer matching pre-tax contributions on deferrals up to **4%** an employee must be a full-time, part-time or partial part-time with one year of service employee. This is a voluntary retirement plan and employee contributions are 100% vested. The plan has automatic enrollment with opt out option if desired.



**Flexible Spending Account (Section 125) Plan – for non-High Deductible Health Plan**

You may elect to have pre-tax money deducted from your paycheck and placed in a spending account for qualified medical and/or dependent day care expenses. Coverage is effective the first of the month following hire date or status change.



**Limited Flexible Spending Account Plan – for High Deductible Health Plan**

You may elect to have pre-tax money deducted from your paycheck and placed in a spending account for qualified dental, vision and/or dependent day care expenses. Coverage is effective the first of the month following hire date or status change.



**Basic Term Life Insurance and Accidental Death & Dismemberment Insurance**

This benefit is completely paid for by Stoughton Health. This is a term life insurance policy and the coverage is equivalent to one times the amount of your annual salary rounded up to the nearest \$1,000 with a minimum of \$10,000 and a maximum of \$200,000 and is effective the first of the month following hire date or status change.



**Short Term Disability Insurance**

This benefit is completely paid for by Stoughton Health. Benefit coverage is **66 2/3%** of earnings up to \$1,500/week. Benefit period is 22 weeks. Benefit begins on day 4 for injury or illness. It may also be used if the employee qualifies and is eligible for Family and Medical Leave for the employees own health condition. Coverage is effective the first of the month following hire date or status change.



**Voluntary Term Life Insurance-Employee Only**

This plan is a voluntary, employee paid, and offers extra life insurance for yourself. Premiums are based on age and amount of coverage. Employees may enroll in increments of \$10,000 up to a maximum of five times annual salary or \$150,000 with no request of evidence of insurability. Can apply with Underwriting for coverage over \$150,000 but for no amount greater than 5 times annual salary or \$500,000 whichever is less. Coverage is effective the first of the month following hire date or status change.

| Semi-Monthly Age Rates per \$1,000 of Coverage | \$0.045  | \$0.055 | \$0.060 | \$0.105 | \$0.195 | \$0.325 | \$0.585 | \$0.930 | \$1.415 | \$5.820 |
|--|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Age  | Under 30 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70+     |



**Voluntary Accidental Death & Dismemberment Insurance**

This plan is a voluntary, employee paid, and offers extra accidental death and dismemberment insurance for yourself and your family. You may enroll in increments of \$10,000. The maximum amount you can purchase cannot be more than the lesser of 10 times your annual salary or \$500,000. Coverage is effective the first of the month following hire date or status change.

|   |                                |
|---|--------------------------------|
| <b>Semi-Monthly Employee Rates</b>            | \$0.02 per \$1,000 in coverage |
| <b>Semi-Monthly Employee and Family Rates</b> | \$0.03 per \$1,000 in coverage |



### Dependent Life Insurance

This plan is a voluntary, employee paid, and offers life insurance for your dependents. You may enroll in one of the three options listed below. Coverage is effective the first of the month following hire date or status change.

| Coverage Options     | Dependent Life Option 1   | Dependent Life Option 2   | Dependent Life Option 3  |
|----------------------|---|---|--|
|                      | \$5,000 Spouse<br>\$2,500 Child - six months to age 21 (thru age 25 if full-time student) \$100 Child – 14 days to six months | \$10,000 Spouse<br>\$5,000 Child – six months to age 21 (thru age 25 if full-time student)<br>\$100 Child – 14 days to six months | \$20,000 Spouse<br>\$10,000 Child – six months to age 21 (thru age 25 if full-time student)<br>\$100 Child – 14 days to six months |
| Monthly Family Rates | \$ 2.09   | \$ 4.18   | \$ 8.36  |



### Long Term Disability Insurance

Provides income replacement when unable to work due to a certified medical disability. This insurance covers you after 150 consecutive days of total disability until employee’s normal social security retirement age or the maximum benefit period as shown in the summary plan description. Benefit coverage is 66 2/3% of earnings up to \$10,000/month. The cost of the premium is \$0.46 per \$100.00 of salary divided by 24 payments a year. Coverage becomes effective the first of the month after 1 year of employment or change in status. The portion you pay is determined as follows:

| Period Affected   | Your Employer Pays | You Pay |
|---|--------------------|---------|
| Effective the 1 <sup>st</sup> of the month following one year of employment           | 0%                 | 100%    |
| Effective the 1 <sup>st</sup> of the month following your three year anniversary date | 100%               | 0%      |



### Tuition Advancement

Stoughton Health offers this benefit to encourage employees to increase their ability to function within their position or provide the potential to advance in a health career for applicable positions at Stoughton Health. Requires successful completion of introductory period prior to course start and good academic standing. See policy 9.13 for details.



### Education Benefit – Workforce Development Grant

Stoughton Health offers this benefit to encourage employees to pursue education by eliminating financial barriers while addressing workforce needs in positions or departments with current or future staffing needs at Stoughton Health. Employee must be employed for at least 6 months, work at least 20 hours a week and successful completion of introductory period. Grant recipients must submit application to Director of Engagement and Experience and receive administrative approval prior to course start. Accepted applicants commit to employment at Stoughton Health for 2 years post-completion, with commitment waived if no position available after 6 months. See policy 9.93 for details.



### Wellness Program

Provides quality health services and health promotion programs to include *My Wellness* online Health/Risk Assessment, Cholesterol Screening, Blood Pressure Screening, Body Mass Index, Immunization Programs, Height/Weight, Body Fat Analysis, Osteoporosis Screening, Monthly Wellness Challenges, and Wellness Incentive Program.



### Bereavement Leave

Full-time employees may be granted 3 scheduled workdays of pay for the death of an immediate family member and 1 day for other relatives as defined in the policy.



### Jury Duty Pay

If you serve on jury duty on scheduled workdays, you will be paid the difference between the jury duty pay and your base rate of pay up to the scheduled work hours per day.



### Employee Assistance Program

When you need someone to talk to, Mutual of Omaha’s Employee Assistance Program is there to help provide resources with personal and job-related issues. Free and Confidential HELPLINE available 24 hours a day, 7 days a week by phone or online. Services include: Employee Family Clinical Services, Counseling options, exclusive provider network, employee family legal services, employee family financial services, and employee family work/life services.



### Mental Health Anywhere

Free and Confidential Telehealth Services, connect by phone or online in a virtual safe space.



### Identity Theft Assistance

Identity Theft Assistance, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised.



### Travel Assistance

Pre-trip Assistance and Emergency Travel Support Services. Take comfort in know that travel assistance travels with you worldwide offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.



## Will Preparation

Create your will. No one likes to think about what happens when they're gone. But, it's important for to have a plan and one of the best ways to plan is to make a will.