Benefit Summary Part-time Hourly Staff



Stoughton Health offers an excellent benefit package to part-time employees*. Part-time employees are budgeted 40 to 59 hours per bi-weekly pay period. For more information on these benefits, please contact Human Resources at (608) 873-2296 or <u>hr@stoughtonhealth.com</u>

Vendor Profiles: Health, Dental, and Vision Insurance

Coverage is effective the first of the month following hire date or status change. Employee Employee Employee Employee Employee Plus Plus Plus Plus Spouse** Child(ren) Family**

Traditional HMO Health Insurance



Quartz

DeanHealthPlan

Quartz

Dean Health Plan HMO Health Insurance Current Monthly Premium Stoughton Health Pays You Pay (monthly) You Pay (semi-monthly) Spouse/Domestic Partner Surcharge (monthly) You Pay (monthly) You Pay (semi-monthly)	\$ 1,033.02 \$ 826.42 \$ 206.60 \$ 103.30	\$2,272.64 \$1,590.86 \$681.78 \$340.89 \$100.00 \$781.78 \$390.89	\$1,859.44 \$1,301.62 \$ 557.82 \$ 278.91	\$2,967.87 \$2,077.51 \$890.36 \$445.18 \$100.00 \$990.36 \$495.18
Quartz Health Insurance HMO Health Insurance	\$1.014.71	\$2.232.36	\$1,826.48	\$2.915.26

Current Monthly Premium	\$1,014.71	\$2,232.36	\$1,826.48	\$2,915.26
Stoughton Health Pays	\$ 811.77	\$1,562.66	\$1,278.54	\$2,040.68
You Pay (monthly)	\$ 202.94	\$669.70	\$547.94	\$ 874.58
You Pay (semi-monthly)	\$ 101.47	\$334.85	\$273.97	\$ 437.29
Spouse/Domestic Partner Surcharge (monthly) You Pay (monthly) You Pay (semi-monthly)		\$ 100.00 \$ 769.70 \$ 384.85		\$ 100.00 \$ 974.58 \$ 487.29

High Deductible Health Plan HMO

Dean HMO High Deductible Health Plan Current Monthly Premium	\$ 770.04	\$1,694.09	\$1,386.07	\$2.212.32
Stoughton Health Pays	\$ 616.04	\$1,185.87	\$ 970.25	\$1,548.62
You Pay (monthly)	\$ 154.00	\$ 508.22	\$ 415.82	\$ 663.70
You Pay (semi-monthly)	\$ 77.00	\$ 254.11	\$ 207.91	\$ 331.85
On any (Demonstrice Device and Original Annual An		\$ 100.00		\$ 100.00
Spouse/Domestic Partner Surcharge (monthly)		\$ 608.22		\$ 763.70
You Pay (monthly)		\$ 304.11		\$ 381.85
You Pay (semi-monthly)		φ 30 4 .11		φ 301.0
		1	1	
Quartz HMO High Deductible Health Plan	¢ 700 F4	¢4 505 40	¢4.000.00	¢0.070.00
Current Monthly Premium	\$ 720.51	\$1,585.12	\$1,296.92	\$2,070.03
Stoughton Health Pays	\$ 576.41	\$1,109.58	\$ 907.84	\$1,449.03
You Pay (monthly)	\$ 144.10	\$ 475.54	\$ 389.08	\$ 621.00
You Pay (semi-monthly)	\$ 72.05	\$ 237.77	\$ 194.54	\$ 310.50
Spouse/Domestic Partner Surcharge (monthly)		\$ 100.00		\$ 100.00
You Pay (monthly)		\$ 575.54		\$ 721.00
You Pay (semi-monthly)		\$ 287.77		\$ 360.50
				+
	·	•		•
Health Savings Account – Simply HSA				



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

*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.

Part-time Hourly Staff 2025

<u>Vendor Profiles:</u>	Health, Dental, and Vision Insurance Coverage is effective the first of the month following hire date or status change.	Single	Employee Plus Spouse**	Employee Plus Child(ren)	Employee Plus Family**
A DELTA DENTAL	Delta Dental Insurance Current Monthly Premium Stoughton Health Pays You Pay (monthly) You Pay (semi-monthly)	\$37.12 \$37.12 \$ 0.00 \$ 0.00	\$74.26 \$37.12 \$37.14 \$18.57	\$94.99 \$37.13 \$57.86 \$28.93	\$156.82 \$37.12 \$119.70 \$59.85
DeltaVision®	Delta Vision Insurance You Pay (monthly premium) You Pay (semi-monthly)	\$ 7.17 \$ 3.58	\$14.34 \$ 7.17	\$14.64 \$ 7.32	\$21.81 \$10.90
STOUGHTON	PTO (Paid Time Off)				·

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. For a list of Stoughton Health designated holidays, see policy 9.69 Reporting Payroll Time Hourly Non-Exempt Employees.

Length of Service	0 up to service					15 years + of service
Accrual Rate per Pay Period	0.0807 pay pe	7/hr. worked per 0.10000/hr. worked per		0.11923/hr. worked per pay period	0.13846/hr. worked per pay period	
Length of Continuous S	ervice	Accumulation per	Pay Period		Accumulation per Year	Maximum Accrual
0 up to the 5 th year of se	rvice	6.46 Hours *		yee hours eriod	21 Days (168 Hours) *	280 Hours
5 years of service up to the year of service	ne 10 th	8.00 Hours *		o g d	26 Days (208 Hours) *	300 Hours
10 years of service up to the 9.54 Hou 15t ^h year of service		9.54 Hours *		* Empl working 8 per pay	31 Days (248 Hours) *	320 Hours
15 years + of service		11.07 Hours *			36 Days (287 Hours) *	320 Hours

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

Stoughton Health offers a 403(b) (pre-tax) and a 403(b) Roth (after tax) plan. Eligibility: All employees age 18 or older are eligible to participate in the 403(b) and 403(b) Roth plan. Full-time and part-time staff receive the employer matching pre-tax contributions on deferrals up to 4% at hire. Partial part-time staff receive the 4% employer match with one year of service. 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 gualified 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 gualified dental, vision and/or dependent day care expenses. Coverage is effective the first of the month following hire date or status change.



HEALTH

Basic Term Life Insurance and Accidental Death & Dismemberment Insurance

This benefit is completely paid for by Stoughton Health. This is a term life insurance benefit 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 1st 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.

Part-time Hourly Staff 2025



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.

Semi-Monthly Employee Rates	\$0.02 per \$1,000 in coverage				
Semi-Monthly Employee and Family Rates	\$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	\$10,000 Spouse	\$20,000 Spouse
	\$2,500 Child - six months to age	\$5,000 Child - six months to age	\$10,000 Child - six months to age
	21 (thru age 25 if full-time	21 (thru age 25 if full-time	21 (thru age 25 if full-time student)
	student) \$100 Child – 14 days to	student) \$100 Child – 14 days to	\$100 Child – 14 days to six
	six months	six months	months
Monthly Family Rates	\$ 2.09	\$ 4.18	\$ 8.36



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. Eligible employees are part-time or greater and have been employed for at least 6 months with successful completion of their introductory period. Interested employees must submit application to Director of Engagement and Experience. 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.



Well-Being 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

Part-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.

STOUGHTON HEALTH If you serve on jury dut

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.







Identity Theft Assistance

Mental Health Anywhere

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.

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

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.

Part-time Hourly Staff 2025



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.

Hearing Program

Camplifon Hearing Health Care

