



Your Benefits at a Glance

Benefits are an integral part of the overall compensation package provided by Sky Lakes Medical Center and a key tool in recruiting and retaining great employees. It is our objective to offer comprehensive and affordable coverage that meets our employees' needs.

If you are classified as a status employee, you are eligible for benefits on the first day of the month coinciding with or following your date of hire.

- **Medical plans:** Two plans to choose from—the high-deductible health plan (HDHP with HSA option) and the PPO Plan (with FSA option).
- **Health savings account (HSA):** For HDHP with HSA option members, Sky Lakes Medical Center will contribute \$600 (individual) and \$1,200 (all other coverage levels) annually to their HSA if the quarterly wellness points are obtained.
- **Flexible spending accounts (FSAs):** For PPO members—set aside pre-tax dollars for health care or dependent care expenses.
- **Dental plans:** One plan offered through Delta Dental of Oregon.
- **Vision plan:** One plan offered through Allegiance.
- **Life and AD&D insurance:** 100% company paid. You also have the option to purchase supplemental life insurance for you, your spouse, and your children.
- **Disability insurance:** 100% company paid long-term disability insurance for full-time employees. The benefit is 66 2/3% of pay after a 150-day elimination period and is payable as long as you are disabled to Social Security normal retirement age. You have the option to purchase voluntary short-term disability coverage.
- **Employee assistance program:** Up to six free face-to-face visits per person, per issue, per year with a licensed counselor.
- **401(k) retirement plan:** Offered through Fidelity. Status employees receive an automatic 5% of pay contribution to their account each pay period from Sky Lakes Medical Center.
- **MASA medical transportation solutions:** Automatic coverage for medical plan members.
- **Voluntary benefits:** You have the option to purchase accident, critical illness, and hospital indemnity insurance.
- **Identity theft protection:** Choice of two coverage levels through Norton Lifelock.
- **Paid time off:** Depending on employee status, employees are provided with paid time off/and or sick time.
- **Tuition reimbursement:** For employees seeking degrees at the undergraduate level, graduate level, or other qualifying courses of study.



Wellness

Access the Wellness Center, workshops, body composition analysis, fitness classes and challenges, and our SkyWell Wellness App.



Paid Time Off

Depending on employee status, employees are provided with paid time off and/or sick time.



Company Benefits

Enjoy café/bistro and gym discounts, volunteer sales with the option for payroll deduction, employee help fund, movie night(s), and more.



Professional Development

We value our talented staff and we invest in your career goals through career development and education programs.

Eligibility

If you are classified as a status employee, you are eligible for benefits on the first day of the month coinciding with or following your date of hire.

As you become eligible for benefits, so do your eligible dependents. Eligible dependents include:

- **Your spouse:** This includes your legal spouse.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian), as well as children of any age who are physically or mentally unable to care for themselves.

Medical Benefits

Sky Lakes Medical Center offers two medical plan options through Allegiance and pharmacy coverage through Express Scripts, a Cigna company.

Both medical plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. You will pay the least out of your pocket when you visit a Sky Lakes Medical Center or a West Physician Services (Tier 1) provider. Locate an in-network provider at askallegiance.com.

The table below summarizes the benefits of the Sky Lakes HDHP with HSA option.

| Summary of Covered Benefits | Sky Lakes HDHP with HSA Option | | | |
|--|--|-----------------------------|-------------------------|-------------------------------|
| | Sky Lakes (Tier 1) | Preferred Provider (Tier 2) | Cigna PPO Plan (Tier 3) | Non-Network Provider (Tier 4) |
| Calendar Year Deductible Individual/Family | \$1,750/\$3,500 | | | |
| Sky Lakes Medical Center HSA Contribution | Employee-only: Up to \$600 per year based on wellness plan participation All other coverage levels: Up to \$1,200 per year based on wellness plan participation | | | |
| Out-of-Pocket Maximum Individual/Family | Includes deductible, copays, and coinsurance | | | |
| | \$3,500/\$7,000 | | | \$4,500/\$9,000 |
| Preventive Care | Plan pays 100% | Plan pays 100% | Plan pays 100% | 50% after ded. |
| Physician Services | | | | |
| Primary Care Physician | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Specialist | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Telemedicine | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Urgent Care | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Lab/X-Ray | | | | |
| Diagnostic Lab/X-Ray | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| High-Tech Services (MRI, CT, PET) | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Hospital Services | | | | |
| Inpatient | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Outpatient | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Emergency Room | 10% after ded. | | | |
| Chiropractic Care (20 visits per year, \$12 maximum benefit per treatment) | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Occupational, Speech, and Physical Therapies | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Behavioral Health | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Prescription Drugs | | | | |
| Listed HDHP Preventive Drugs | 10% (ded. waived) | 20% (ded. waived) | Not covered | Not covered |
| Generic | 10% after ded. | 20% after ded. | | |
| Preferred Brand* | 10% after ded. | 20% after ded. | | |
| Non-Preferred Brand* | 10% after ded. | 20% after ded. | | |
| Mail Order (Up to a 90-day supply) | N/A | 20% after ded. | | |

*If you request a brand or preferred brand drug when a generic equivalent drug is available, you will pay the cost difference between the generic and brand name drug, even if your provider indicates dispense as written.

Note: The deductible requirements noted above are not applicable to preventive care services. Preventive care services are covered 100% with the deductible waived for services rendered at tier 1, 2, and 3 providers. Out-of-network tier 4 preventive care services are covered at 50% after deductible.

Medical Benefits

The table below summarizes the benefits of the Sky Lakes PPO Plan (with FSA option).

| Summary of Covered Benefits | Sky Lakes PPO Plan with FSA Option | | | |
|--|--|--|--|--|
| | Sky Lakes (Tier 1) | Preferred Provider (Tier 2) | Cigna PPO Plan (Tier 3) | Non-Network Provider (Tier 4) |
| Calendar Year Medical Deductible Individual/Family | \$650/\$1,950 | | | |
| Medical Out-of-Pocket Maximum Individual/Family | Includes deductible, copays, and coinsurance \$2,150/\$6,450 | | | |
| Preventive Care | Plan pays 100% | Plan pays 100% | Plan pays 100% | \$20 copay, then 20% |
| Physician Services Primary Care Physician Specialist Telemedicine Urgent Care | \$20 copay \$20 copay \$20 copay \$20 copay | \$20 copay \$20 copay \$20 copay \$20 copay | \$20 copay \$20 copay \$20 copay \$20 copay | \$20 copay, then 20% \$20 copay, then 20% \$20 copay, then 20% \$20 copay, then 20% |
| Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET) | 10% after ded. 10% after ded. | 20% after ded. 20% after ded. | 40% after ded. 40% after ded. | 50% after ded. 50% after ded. |
| Hospital Services Inpatient Outpatient | 10% after ded. 10% after ded. | 20% after ded. 20% after ded. | 40% after ded. 40% after ded. | 50% after ded. 50% after ded. |
| Emergency Room | 10% after ded. | | | |
| Chiropractic Care (20 visits per year, \$12 maximum benefit per treatment) | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Occupational, Speech, and Physical Therapies | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Behavioral Health | 10% after ded. | 20% after ded. | 40% after ded. | 50% after ded. |
| Prescription Drugs Generic Preferred Brand* Non-Preferred Brand* Mail Order (Up to a 90-day supply) | Rx deductible: \$0; Rx out-of-pocket maximum: \$2,500 (individual); \$5,000 (family) \$5 copay \$10 copay \$20 copay N/A | | | |
| | | \$20 copay \$40 copay \$80 copay \$20/\$40/\$80 copay | Not covered | Not covered |

*If you request a brand or preferred brand drug when a generic equivalent drug is available, you will pay the cost difference between the generic and brand name drug, even if your provider indicates dispense as written.

Per Pay Period Medical Costs

By completing a wellness fasting blood draw within your first 31 days of employment you will receive a \$20 per pay period discount on your medical premiums. If your spouse is on your plan and they do the same, you will receive an additional \$20 per pay period discount. You will start to pay the reduced rates the pay period following your completion of the wellness requirements. That's a potential savings of up to \$960 per year!

| Level of Coverage | Full-Time (.9 to 1.0) Employees | | | | Part-Time (.5 to .8) Employees | | | |
|------------------------------|-------------------------------------|--------------|--------------------------------------|--------------|-------------------------------------|--------------|--------------------------------------|--------------|
| | Sky Lakes HDHP with HSA option Plan | | Sky Lakes PPO Plan (with FSA option) | | Sky Lakes HDHP with HSA option Plan | | Sky Lakes PPO Plan (with FSA option) | |
| | Wellness | Non-Wellness | Wellness | Non-Wellness | Wellness | Non-Wellness | Wellness | Non-Wellness |
| Employee Only | \$15.65 | \$35.65 | \$102.54 | \$122.54 | \$15.65 | \$35.65 | \$102.54 | \$122.54 |
| Employee + Spouse | \$39.65 | \$79.65 | \$342.66 | \$382.66 | \$68.06 | \$108.06 | \$787.70 | \$827.70 |
| Employee + Child(ren) | \$32.92 | \$52.92 | \$314.76 | \$334.76 | \$51.30 | \$71.30 | \$654.52 | \$674.52 |
| Employee + Family | \$49.68 | \$89.68 | \$460.19 | \$500.19 | \$108.16 | \$148.16 | \$1,321.86 | \$1,361.86 |

Dental Benefits

Sky Lakes Medical Center offers a dental insurance plan through Delta Dental of Oregon. Locate an in-network provider at deltadentalor.com. The table below summarizes key features of the plan. The coinsurance amounts listed reflect the amount you pay.

| Summary of Covered Benefits | Sky Lakes Dental Plan | |
|-------------------------------|---|----------------|
| | In Network | Out of Network |
| Calendar Year Deductible | \$50/\$150 | |
| Calendar Year Benefit Maximum | \$1,500 ¹ | |
| Preventive Care | Plan pays 100% | |
| Basic Services | 20% after ded. | |
| Major Services | 50% after ded. | |
| Orthodontia Services | 50% up to \$1,500 lifetime max ² | |

(1) Preventive services do not apply to the calendar year benefit maximum. (2) Deductible waived.

Per Pay Period Dental Costs

| Level of Coverage | Full-Time (.9 to 1.0) Employees | Part-Time (.5 to .8) Employees |
|-----------------------|---------------------------------|--------------------------------|
| | Sky Lakes Dental Plan | Sky Lakes Dental Plan |
| Employee Only | \$4.48 | \$4.48 |
| Employee + Spouse | \$11.21 | \$24.20 |
| Employee + Child(ren) | \$15.69 | \$34.52 |
| Employee + Family | \$21.97 | \$56.48 |

Vision Benefits

Sky Lakes Medical Center offers a vision insurance plan through Allegiance. Locate an in-network provider at askallegiance.com. The table below summarizes key features of the plan.

| Summary of Covered Benefits | Sky Lakes Vision Plan | |
|--|---|----------------|
| | In Network | Out of Network |
| Eye Exam (Once every calendar year) | \$25 copay | |
| Eyewear Materials (Once every calendar year) | Plan pays 100% up to \$350 Includes frames, frame-type lenses and contact lenses (including disposable for cosmetic or refractive error) | |

Per Pay Period Vision Costs

| Level of Coverage | Full-Time (.9 to 1.0) Employees | Part-Time (.5 to .8) Employees |
|-----------------------|---------------------------------|--------------------------------|
| | Sky Lakes Vision Plan | Sky Lakes Vision Plan |
| Employee Only | \$2.29 | \$2.29 |
| Employee + Spouse | \$4.58 | \$4.58 |
| Employee + Child(ren) | \$4.12 | \$4.12 |
| Employee + Family | \$6.41 | \$6.41 |

This summary contains highlights of the benefits options available to you through Sky Lakes Medical Center. They are not complete descriptions of the benefits. Sky Lakes Medical Center may terminate, withdraw, or modify any benefit described in this summary, in whole or in part, at any time. The descriptions of the benefit are not guarantees of current or future employment or benefits. If there is any conflict between this summary and the official Plan Document, the official documents will govern.