

Winner Regional Health

FY 2024

Employee Benefit Summary

Benefit	Who Is Eligible	What Employee Receives- Network Provider	Comments	When Eligible	Cost to Employee
SANFORD Health Insurance - \$1,750 deductible plan	All Benefit Eligible Employees & Covered Dependents	Deductible: \$1,750/person Copayment: \$35 Coinsurance:20%/40% Out of Pocket Max:\$3,500 individual/\$7,000 family (network) Prescription: \$0/15/30/50 Lab and X-ray (will process under office visit co-pay if done same day and billed by clinic)		The first of the month following the first 30 days of employment.	Employee makes pre-taxed payroll contributions per pay period (ppp) <u>Full Time Employee</u> Single: \$99.91/ppp Employee/Spouse: \$523.24/ppp Emp/Child(ren): \$404.28/ppp Family: \$798.77/ppp <u>Part Time Employee</u> Single: \$249.31/ppp Employee/Spouse: \$744.44/ppp Emp/Child(ren): \$579.01/ppp Family: \$1145.20/ppp
SANFORD Health Insurance - \$3,000 deductible plan	All Benefit Eligible Employees & Covered Dependents	Deductible: \$3,000/person Copayment:\$35 Coinsurance:20%/40% Out of Pocket Max:\$6,000 individual/\$12,000 family (network) Prescription: \$0/15/30/50 Lab and X-ray (will process under office visit co-pay if done same day and billed by clinic)		The first of the month following the first 30 days of employment.	Employee makes pre-taxed payroll contributions per pay period (ppp) <u>Full Time Employee</u> Single: \$65.92/ppp Employee/Spouse: \$470.20/ppp Emp/Child(ren): \$361.53/ppp Family: \$724.61/ppp <u>Part Time Employee</u> Single: \$205.71/ppp Employee/Spouse: \$669.43/ppp Emp/Child(ren): \$521.83/ppp Family: \$1030.87/ppp

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<p>SANFORD Health Insurance - \$6,000 deductible plan HSA</p>	<p>All Benefit Eligible Employees & Covered Dependents</p>	<p>All services available as other plans. No co-pay. All costs go toward deductible. 100% covered once deductible is met.</p>	<p>Employer contribution to HSA Single: \$50.00 Emp/Sp: \$50.00 Emp/Child: \$50.00 Family: \$50.00 If employee contributes at least \$50, we will match up to \$50.</p>	<p>The first of the month following the first 30 days of employment.</p>	<p>Employee makes pre-taxed payroll contributions per pay period (ppp) <u>Full Time Employee</u> Single: \$0.00/ppp Employee/Spouse: \$324.75/ppp Emp/Child(ren): \$236.86/ppp Family: \$516.83/ppp <u>Part Time Employee</u> Single: \$119.66/ppp Employee/Spouse: \$497.21/ppp Emp/Child(ren): \$376.56/ppp Family: \$780.21/ppp</p>
<p>Delta Dental Plan</p>	<p>All Benefit Eligible Employees & Covered Dependents</p>	<p>\$1,250 per person per year maximum benefit</p>	<p>You can choose a provider of your choice and receive benefits, but network providers will offer you the maximum level of benefits.</p>	<p>The first of the month following the first 30 days of employment.</p>	<p>Employee makes pre-taxed payroll contributions per pay period (ppp) <u>Full Time Employee</u> Single: \$0.00 (ppp) Family: \$28.65 (ppp) <u>Part Time Employee</u> Single: \$9.92 (ppp) Family: \$38.58 (ppp)</p>
<p>Optilegra Vision Plan</p>	<p>All Benefit Eligible Employees & Covered Dependents</p>	<p>Stand-alone vision plan schedule is based on a set dollar amount and frequency. You can choose a provider of your choice and receive benefits, but network providers will offer you the maximum level of benefits.</p>	<p>Examples of eligible expenses include: eye exams, lenses, frames or contact lenses.</p>	<p>The first of the month following the first 30 days of employment.</p>	<p><u>Silver 130 Plan</u> Employee only: \$5.97 (ppp) Employee +1: \$9.56 (ppp) Family: \$15.73 (ppp) <u>Gold 160 Plan</u> Employee only: \$10.02 (ppp) Employee +1: \$16.04 (ppp) Family: \$26.40 (ppp) <u>Platinum 180 Plan</u> Employee only: \$13.34 (ppp) Employee +1: \$21.35 (ppp) Family: \$35.14 (ppp)</p>

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Group Life Insurance	All Benefit Eligible Employees	Life Insurance equal to the employee's yearly salary up to \$50,000			
Term Life Insurance	All Benefit Eligible Employees & Covered Dependents	Employee may purchase term insurance at an additional cost to employee			Monthly cost based on age and amount of coverage
Medical Expense Spending Account	All Benefit Eligible Employees	Employee may elect to make pre-taxed payroll deductions to pay for eligible out-of-pocket expenses incurred during the plan year	If no claims are incurred, money is lost (use it or lose it rule)		Employee makes pre-taxed payroll contributions
Dependent Care Expense Spending Account	All Benefit Eligible Employees	Employee may elect to make pre-taxed payroll deductions to pay for eligible dependent care (day care) expenses incurred during the plan year	If no claims are incurred, money is lost (use it or lose it rule)		Employee makes pre-taxed payroll contributions
AUL One America Retirement	All Benefit Eligible Employees	Employee may contribute up to the maximum allowed by regulations	Employer will match up to 3%	Employee may start contributing one month after hire. Employer will start matching portion 12 months after hire date.	
Employee Discount	All Benefit Eligible Employees and their immediate family members (dependents for tax purposes)	A 10% discount on inpatient and outpatient accounts billed directly by WRH 10% discount at Winner Family Drug retail items			

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Leave Time					
Paid Personal Leave (PPL)	All Benefit Eligible Employees		PPL treats all time off equally by eliminating the distinction between sick, vacation and holiday leave	May be used after completion of the initial 30 days of employment upon approval by supervisor	Full-time Employees (based on working 40 hours per week) 1 – 4 years of employment 184 hours annually Maximum accumulation 224 hours
PPL Sellback	All Benefit Eligible Employees	Cash for unused PPL	Must have minimum 100 hours in bank		

WRH will also credit each plan \$1,000 per year for services provided by WRH. The employee will be responsible for bringing the bill to WRH Billing Office after the insurance has been billed. This does not apply to co-payments and visiting providers.