

# 2025 Benefits at a Glance

Thank you for your interest in LifeCenter Northwest. We are proud to offer a competitive benefits package to our employees.  
Benefits are effective as of date of hire once enrolled.

| IN NETWORK MEDICAL BENEFITS<br><i>Regence</i>                                                                           | Base HDHP                                          | Buy Up PPO                              |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|
| Calendar Year Deductible                                                                                                | \$1,700 Individual<br>\$3,400 Family               | \$750 Individual<br>\$1,500 Family      |
| Member Coinsurance Amount                                                                                               | 30% after deductible                               | 30% after deductible                    |
| HSA – Employer Contributions ( <i>through Navia</i> )                                                                   | \$1,000 Employee Only<br>\$2,000 Employee + Dep(s) | NA                                      |
| Calendar Year Out-of-Pocket Maximum<br>( <i>includes deductible, office visit copays, Rx copays &amp; coinsurance</i> ) | \$6,000 Individual<br>\$7,350 Family               | \$6,000 Individual<br>\$12,000 Family   |
| Preventative Care ( <i>includes preventative labs/x-rays, immunizations, screenings</i> )                               | Covered at 100% (deductible waived)                | Covered at 100% (deductible waived)     |
| Office Visits (Primary & Specialists)                                                                                   | 30% after deductible                               | \$35 copay                              |
| Diagnostic Labs & X-Ray                                                                                                 | 30% after deductible                               | 30% after deductible                    |
| Inpatient & Outpatient Hospital Care                                                                                    | 30% after deductible                               | 30% after deductible                    |
| ER (copay waived if admitted)                                                                                           | \$250 copay, then 30% after deductible             | \$250 copay, then 30% after deductible  |
| Urgent Care Services                                                                                                    | 30% after deductible                               | \$35 copay                              |
| PRESCRIPTIONS                                                                                                           |                                                    |                                         |
| Participating Retail (30-day supply)                                                                                    |                                                    |                                         |
| Generic                                                                                                                 | \$10 copay after deductible                        | \$20 copay ( <i>deductible waived</i> ) |
| Brand                                                                                                                   | \$35 copay after deductible                        | \$45 copay ( <i>deductible waived</i> ) |
| Non-Preferred                                                                                                           | \$70 copay after deductible                        | \$65 copay ( <i>deductible waived</i> ) |
| Mail Order (90-day supply) pricing available at reduced copay                                                           |                                                    |                                         |

| FLEXIBLE SPENDING ACCOUNTS<br><i>Navia Benefit Solutions</i> | Limited Purpose FSA | Healthcare FSA | Daycare FSA |
|--------------------------------------------------------------|---------------------|----------------|-------------|
| Employee Contribution Max                                    | \$3,300             | \$3,300        | \$5,000     |

| DENTAL BENEFITS<br><i>Delta Dental Washington</i> | PPO Provider                                               |
|---------------------------------------------------|------------------------------------------------------------|
| Calendar Year Deductible                          | \$50 per member/\$150 max per family                       |
| Class 1: Preventative                             | 100% (deductible waived)                                   |
| Class 2: Basic                                    | Plan pays 90% after deductible                             |
| Class 3: Major                                    | Plan pays 50% after deductible                             |
| Calendar Year Max                                 | \$2,000 per member                                         |
| Orthodontia                                       | 50% up to \$1,500 lifetime maximum for adults and children |

## VISION BENEFITS

### Delta Vision (VSP Network)

|                                     |                                                                     |
|-------------------------------------|---------------------------------------------------------------------|
| Eye Exam                            | \$10 Copay                                                          |
| Lenses                              | \$25 Copay                                                          |
| Frames                              | \$200 Allowance, 20% any additional costs (every 24 months)         |
| Contact Lenses (in lieu of glasses) | \$60 copay for fitting/\$200 Allowance for lenses (every 12 months) |

| MONTHLY PREMIUMS | Employee | Employee & Spouse | Employee & Children | Family   |
|------------------|----------|-------------------|---------------------|----------|
| Medical HDHP     | \$22.64  | \$235.20          | \$208.05            | \$425.34 |
| Medical PPO      | \$98.13  | \$323.30          | \$287.75            | \$572.16 |
| Dental & Vision  | \$13.50  | \$30.00           | \$32.00             | \$54.00  |

*Premium Rates shown are the monthly subsidized premiums the employee pays depending on the plan option selected. All LifeCenter employees hired midyear are grandfathered into the Wellness Discount (\$50 per month reduction of premiums) The reduced wellness premiums are what is listed above. The employee will have to participate in the Wellness program to qualify for the discount upon any new enrollment period.*

**SCHEDULE** Schedules vary by department and business needs.

**HOLIDAYS** 11 paid holidays per year. If an employee works on a recognized holiday, additional compensation is provided as well as a bank of hours to be used to take a different day off. Employees are granted 1 additional Personal Holiday to be taken on a day meaningful to them.

|                                                                                            | <u>Months of Service</u> | <u>Accrual per hours paid</u> | <u>Max Annual Accrual</u> |
|--------------------------------------------------------------------------------------------|--------------------------|-------------------------------|---------------------------|
| <b>PERSONAL TIME OFF</b><br><i>*most shifts use 10.57 or 12 hours for one full day off</i> | 0-24                     | 0.0619                        | 119 hours                 |
|                                                                                            | 24-48                    | 0.0884                        | 170 hours                 |
|                                                                                            | 49-72                    | 0.1154                        | 222 hours                 |
|                                                                                            | 73-96                    | 0.1346                        | 259 hours                 |
|                                                                                            | Over 97                  | 0.1538                        | 296 hours                 |

**PTO CHOICE TIME** Employees have the option to cash out a select number of their Personal Time Off (PTO) hours or donate to our Compassionate Leave Bank twice annually, subject to eligibility.

**HEALTH TIME OFF** Earn 1 hour per 30 hours worked to use for health-related absences, carryover up to 380 hours.

**BEREAVEMENT LEAVE** 5 days paid time in the event of the death of an immediate family member

**JURY DUTY LEAVE** Up to 2 weeks of paid leave for Jury service after 6 months of service

**PAID PARENTAL LEAVE** 3 weeks of paid parental leave for full time employees after 1 year of service

**LIVING DONOR LEAVE** Up to 30 days paid for organ donation, or 7 days for bone marrow donation.

### ADDITIONAL BENEFITS

- 403(b) Retirement Plan (LifeCenter matches employee contributions up to 7% after 1 year). Employees are auto enrolled at 3% upon hire, employees may change contribution amounts at any time.
- Travel Accident & ID Theft Protection
- Group Life Insurance & Long-Term Disability
- Voluntary Life and AD&D, Critical Illness, Hospital Indemnity, Short Term Disability & Accident Insurance
- Forma Lifestyle Spending Account
- Compassionate Leave Program
- Tuition Reimbursement
- Mileage Reimbursement (IRS Rate)
- Meal stipends while traveling (qualified positions/qualified travel)
- Professional Development Opportunities
- Employee Resource Groups (ERG's)
- Alaska Airlines Mileage Program (Easy Biz)

### WELLNESS & RESILIENCY SUPPORT

- Employee Assistance Program (EAP)
- ACES Program – real time support following high stress events
- Resiliency plan for highly impacted staff
- Guest Speakers
- Additional resources as identified are listed on internal site

*This document is meant to be a summary document of the benefits available to you this plan year. It is not meant to provide the full details of each plan. In the event that information in the summary differs from the Plan Documents, the Plan Documents will prevail.*