



Multnomah Athletic Club

2022 EMPLOYEE BENEFITS OVERVIEW

Note: The following group insurance plan information is only a brief overview of coverage. Refer to carrier materials for specific details.

INSURANCE BENEFIT PACKAGE ELIGIBILITY	<p>1st of month following 60 days employment: if hourly requirement is met (average of 30 hours or more worked per week during review period);</p> <p>Annually: effective January 1, if eligible;</p> <p>Ongoing: only if hourly requirements are met within a 26 week look back measurement period;</p> <p>Anytime: when a qualifying event occurs (e.g. change in marital status, birth of a child, etc.).</p>
HEALTH INSURANCE/ PRESCRIPTION DRUG PLAN <i>Providence Health Plan (Option Advantage)</i>	<p>\$25 copay per visit to personal physician/provider (In-Network); \$35 copay per visit to specialists (In-Network); 20% coinsurance for other services (In-Network); \$750 Annual In-Network Deductible for an individual/ \$1,500 for a family (waived on preventive care, office visits, etc.).</p> <p>Prescription Coverage: \$0 copay for most high value maintenance generics; \$10 copay for most all generics; \$65 for Preferred Brand name/generic; \$100 Non-Preferred Brand Name; 50% to \$200 max per prescription for Specialty. (In-Network Only)</p>
HEALTH INSURANCE/ PRESCRIPTION DRUG PLAN <i>Providence Health Plan (Connect Plan)</i>	<p>Portland-area Providence Neighborhood Network Medical home referral required to see specialist \$25 copay per visit to personal physician/provider (In-Network); \$50 copay per visit to specialists (In-Network); 20% coinsurance for other services (In-Network) \$750 Annual In-Network Deductible for an individual/ \$1,500 for a family (waived on preventive care, office visits, etc.);</p> <p>Prescription Coverage: \$0 copay for most high value maintenance generics; \$10 copay for most all generics; \$65 for Preferred Brand name/generic; \$100 Non-Preferred Brand Name; 50% to \$200 max per prescription for Specialty. (In-Network Only)</p>
DENTAL INSURANCE <i>Delta Dental</i>	<p>\$50 annual deductible per person (waived on preventive care); PPO option: 100% coverage preventive, 80% basic, & 60% major; Non-PPO option: 80% coverage preventive, 80% basic, & 50% major; \$1500 max per year benefit; Orthodontia: 50% to a \$1,500 lifetime maximum.</p>
VISION INSURANCE <i>VSP - Vision Care</i>	<p>\$20 copay for annual in-network eye exam; \$20 copay for standard lenses; available once every 12 months. Frames and contacts covered in full up to \$150; frames available once every 24 months; contacts available every 12 months. Refractive and Lasik surgery discount.</p>
LIFE INSURANCE	1 x annual earnings up to \$50,000
ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE	2 x annual earnings up to \$100,000
LONG TERM DISABILITY	<p>Choice of 90 or 180 day elimination period; Replaces 60% of monthly income; \$5,000 maximum benefit per month.</p>

VOLUNTARY INSURANCE	<p>AFLAC – Accident; Critical Illness; Hospital Indemnity.</p> <p>The Standard – Supplemental coverage for life and AD&D (self, spouse, and children); and Short-Term Disability (Employee only).</p> <p>Legal Shield – Legal services including wills, trial defense, and motor vehicle.</p> <p>Embrace Pet Insurance – Personalized pet insurance for dogs and cats.</p>
FLEXIBLE SPENDING ACCOUNT	Reimburse eligible uncovered healthcare expenses and dependent care expenses with pre-tax dollars; Maximum annual contribution to account is: \$2,850 for healthcare expenses; \$5,000 for dependent care expenses.
EMPLOYEE ASSISTANCE PROGRAMS	Reliant Behavioral Health – Free counseling services for self and dependents; 6 visits a year per topic.
RETIREMENT PLANS	<p>401(k):</p> <p>Eligibility requirements: 1st of month following 60 days employment & age 18+;</p> <p>Quarterly enrollment (January, April, July, October);</p> <p>3% annual base pay non-elective club contribution;</p> <p>100% match on the first 3% of employee's contribution.</p>
CREDIT UNION/BANKING DISCOUNTS	<p>OnPoint Community Credit Union – free Interest Checking, free Bill Pay, no monthly fees, no minimum balance requirement.</p> <p>Unitus Credit Union – checking & savings accounts, loans, CD's</p>
PAID TIME OFF (PTO)	<p>Based on length of service & minimum of 40 hours worked per pay period (excludes overtime). Includes 8 holidays. Refer to policy HR-53 for complete information.</p> <p><u>PTO Accrual Rate Per Eligible Hour (Approximate)</u></p> <p>Less than 1 year = .0692 (18 days per year)*</p> <p>1-4 years = .0808 (21 days per year)*</p> <p>5-14 years = .0922 (24 days per year)*</p> <p>15-29 years = .1115 (29 days per year)*</p> <p>30+ years = .1308 (34 days per year)*</p> <p><i>*Annual PTO accruals based on employee working 2080 hours per year.</i></p>
OREGON SICK TIME (OST)	Accrues at one hour for every 30 hours of work performed up to a maximum of 40 hours per year. May be used following at least 90 calendar days of employment. Refer to policy HR-53 for complete information.
EMPLOYEE DISCOUNTS	<p>-M-Porium: 30% off regularly priced items excl. sundries</p> <p>Restaurants: 40% in all except Joe's & Sunset Bistro</p> <p>Mass Transit: 50% off Tri-Met passes or tickets – available for purchase in Accounting</p>
EMPLOYEE ACTIVITIES	Employee Recognition Events – Holiday Celebration - Ice Cream Social -Wellness Activities -Recognition Celebration Dinner (for 5+ years of service)
OTHER BENEFITS	Athletic Facility Use - Complimentary parking - Automatic payroll deposit -Holiday Fund -Employee referral bonus program; \$3.50 meals from employee menu - Fay Sasser educational scholarship