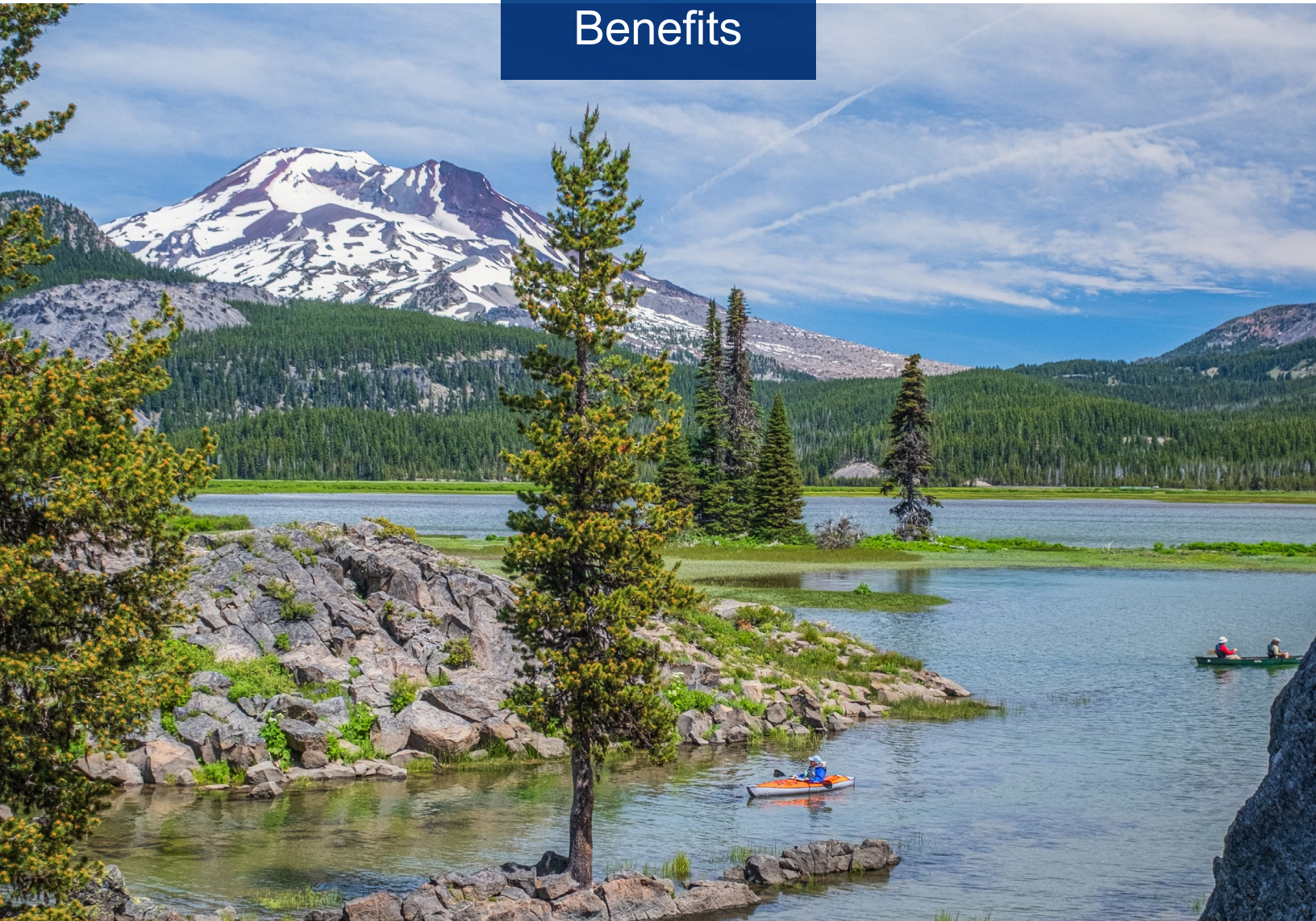




Caregiver  
Benefits



**2024 Benefits at a Glance**



# Benefits At A Glance

In the spirit of love and compassion, better health, better care, better value, St. Charles offers a comprehensive and competitive benefits program for you and your family.

## ELIGIBILITY

| HEALTH BENEFITS                                      | WELLNESS PROGRAM | RETIREMENT BENEFITS | ADDITIONAL BENEFITS                                  |
|--|------------------|---------------------|--|
| Full-time and part-time positions (.5 FTE and above) | All caregivers   | All caregivers      | Full-time and part-time positions (.5 FTE and above) |

## ENROLLMENT

For most benefits, coverage begins on the first day of the calendar month following the start of your benefit-eligible employment. That includes coverage for eligible family members. If you have a change in who you cover through marriage, birth or adoption, your newly acquired family member will be covered on the date of birth, date of adoption, date placed for adoption, or the first day of the month following the date of marriage. For your life/AD&D, disability and retirement benefits, coverage begins on the first day of the calendar month following 90 days of benefit eligible employment.

### Health Benefits

- Three medical plans: Caregiver Directed Health Plan (CDHP), Select PPO Plan or Prime PPO Plan
- Health Savings Account (HSA), if eligible, and enrolled in the CDHP, St. Charles will contribute each pay period, and caregivers can contribute pre-tax from their pay as well. The account balance rolls over each year.
- Health Reimbursement Account (HRA) frontloaded by St. Charles for members of our Select PPO.



| <b>CAREGIVER DIRECTED HEALTH PLAN (CDHP) WITH HSA</b>  | <b>PRIME PPO PLAN</b>  | <b>SELECT PPO PLAN WITH HRA</b>   |
|--|--|---|
| <p align="center"> <b>Premium: \$\$</b><br/> <b>Deductible: \$\$</b> </p>  | <p align="center"> <b>Premium: \$\$\$</b><br/> <b>Deductible: \$</b> </p>  | <p align="center"> <b>Premium: \$</b><br/> <b>Deductible: \$\$\$</b> </p>   |
| <p>Good choice if:</p> <ul style="list-style-type: none"> <li>• You prefer a higher deductible which enables you to pay less out of your paycheck</li> <li>• You would like to plan for the future by opening a tax-favored Health Savings Account, and you like that you own the account</li> <li>• If you can plan for your healthcare needs and put funds into the Health Savings Account to cover them</li> <li>• You want coverage for weight loss surgery, TMJ or alternative care including acupuncture and chiropractic</li> </ul> | <p>Good choice if:</p> <ul style="list-style-type: none"> <li>• You like a lower deductible and are willing to pay more out of your paycheck for it</li> <li>• You have a lot of ongoing healthcare needs and are uncomfortable with having to pay expenses and be reimbursed from a SCHS funded account</li> <li>• You prefer predictable office visit and prescription drug copays</li> <li>• You want coverage for weight loss surgery, TMJ or alternative care including acupuncture and chiropractic</li> </ul> | <p>Good choice if:</p> <ul style="list-style-type: none"> <li>• You don't have a lot of healthcare needs and you are comfortable with a high deductible plan with low amounts out of your paycheck</li> <li>• You like that the high deductible is offset by the health reimbursement account dollars, and that you can accumulate the funds over time</li> <li>• You prefer predictable office visit and prescription drug copays</li> <li>• You are fine without coverage for weight loss surgery, TMJ or alternative care including acupuncture and chiropractic</li> <li>• You are comfortable with the provider choices in the more restrictive Tier 1 Select PPO network</li> </ul> |

| SCHS ACCOUNT FUNDING                 | CAREGIVER DIRECTED HEALTH PLAN  | PRIME PPO PLAN   | SELECT PPO PLAN  |
|--------------------------------------|---|--|--|
| Health Fund Account?                 | Health Savings Account  | None   | Health Reimbursement Account   |
| SCHS Annual Dollars into the Account | Caregiver Only: \$800<br>Caregiver & Spouse or Family: \$1,600<br>Caregiver & Children: \$2,100<br>Note: HSA contributions are half for those who work fewer than 60 hours per pay period | None   | Caregiver Only: \$1,800<br>Caregiver & Spouse or Family: \$2,400<br>Caregiver & Children: \$2,900  |
| Annual Engage for Health Reward      | Paid at the beginning of the calendar year based on completion of required tasks in prior year<br>Up to \$500 for caregiver and an additional \$500 for spouse                            | Paid at the beginning of the calendar year based on completion of required tasks in prior year<br>Up to \$500 for caregiver and an additional \$500 for spouse | Paid at the beginning of the calendar year based on completion of required tasks in prior year<br>Up to \$500 for caregiver and an additional \$500 for spouse |

| MEDICAL BENEFITS  | Tier 1 - SCHS PPO                                  | Tier 2 - Regence PPO   | Tier 3 - Out-of-Network | Tier 1 - SCHS PPO      | Tier 2 - Regence PPO   | Tier 3 - Out-of-Network | Tier 1 - SCHS PPO      | Tier 2 - Regence PPO   | Tier 3 - Out-of-Network |
|---|--|------------------------|-------------------------|------------------------|------------------------|-------------------------|------------------------|------------------------|-------------------------|
| <b>Calendar Year Deductible</b>   |  |                        |                         |                        |                        |                         |                        |                        |                         |
| Individual  | Individual Only: \$1,600                           |                        |                         | \$500                  | \$750                  | \$1,000                 | \$4,000                | \$5,000                | \$7,500                 |
| Family  | Caregiver plus one or more family members: \$3,200 |                        |                         | \$1,500                | \$2,250                | \$3,000                 | \$8,000                | \$10,000               | \$15,000                |
| <b>Calendar Year Out-of-Pocket Maximum (Included Deductible)</b>          |  |                        |                         |                        |                        |                         |                        |                        |                         |
| What's included in OOP Maximum? Deductible, coinsurance & pharmacy copays |  |                        |                         |                        |                        |                         |                        |                        |                         |
| Individual  | \$2,800*   | \$5,100*               | \$7,600*                | \$3,000                | \$5,000                | \$8,000                 | \$6,500                | \$7,900                | \$13,000                |
| Individual with Family  | \$4,400*   | \$6,700*               | \$9,200*                | N/A                    | N/A                    | N/A                     | N/A                    | N/A                    | N/A                     |
| Family  | \$6,800*   | \$13,100*              | \$21,200*               | \$9,000                | \$13,200               | \$24,000                | \$13,000               | \$15,800               | \$26,000                |
| Preventive Care   | 100% deductible waived                             | 100% deductible waived | 50% after deductible    | 100% deductible waived | 100% deductible waived | 50% after deductible    | 100% deductible waived | 100% deductible waived | 50% after deductible    |

\*Deductibles and out-of-pocket maximums cross accumulate between network tiers.

## WHAT YOU PAY PER PAY PERIOD – 26 TIMES PER YEAR:

|  |                                |                  |                |                  |                 |                  |
|--|--------------------------------|------------------|----------------|------------------|-----------------|------------------|
| <b>Full Time:</b><br>0.9 to 1.0 FTE<br>(72 to 80 hours per pay period)     | CAREGIVER DIRECTED HEALTH PLAN |                  | PRIME PPO PLAN |                  | SELECT PPO PLAN |                  |
|  | <b>You Pay</b>                 | <b>SCHS Pays</b> | <b>You Pay</b> | <b>SCHS Pays</b> | <b>You Pay</b>  | <b>SCHS Pays</b> |
| <b>Caregiver Only</b>  | \$38.29                        | \$344.68         | \$82.50        | \$467.48         | \$5.00          | \$316.13         |
| <b>Caregiver &amp; Spouse</b>  | \$105.19                       | \$612.20         | \$202.55       | \$827.65         | \$44.10         | \$557.43         |
| <b>Caregiver &amp; Family</b>  | \$148.12                       | \$783.97         | \$279.63       | \$1,058.89       | \$55.86         | \$725.71         |
| <b>Caregiver &amp; Child(ren)</b>  | \$104.74                       | \$610.43         | \$201.76       | \$825.26         | \$39.49         | \$560.18         |
| <b>Part Time 1:</b><br>0.75 to 0.89 FTE<br>(60 to 71 hours per pay period) | CAREGIVER DIRECTED HEALTH PLAN |                  | PRIME PPO PLAN |                  | SELECT PPO PLAN |                  |
|  | <b>You Pay</b>                 | <b>SCHS Pays</b> | <b>You Pay</b> | <b>SCHS Pays</b> | <b>You Pay</b>  | <b>SCHS Pays</b> |
| <b>Caregiver Only</b>  | \$38.29                        | \$344.68         | \$82.50        | \$467.48         | \$43.35         | \$277.78         |
| <b>Caregiver &amp; Spouse</b>  | \$155.35                       | \$562.04         | \$274.59       | \$755.61         | \$160.33        | \$441.20         |
| <b>Caregiver &amp; Family</b>  | \$230.49                       | \$701.61         | \$397.91       | \$940.61         | \$209.11        | \$572.46         |
| <b>Caregiver &amp; Child(ren)</b>  | \$154.57                       | \$560.60         | \$273.31       | \$753.72         | \$143.63        | \$456.05         |
| <b>Part Time 2:</b><br>0.6 to 0.74 FTE<br>(48 to 59 hours per pay period)  | CAREGIVER DIRECTED HEALTH PLAN |                  | PRIME PPO PLAN |                  | SELECT PPO PLAN |                  |
|  | <b>You Pay</b>                 | <b>SCHS Pays</b> | <b>You Pay</b> | <b>SCHS Pays</b> | <b>You Pay</b>  | <b>SCHS Pays</b> |
| <b>Caregiver Only</b>  | \$134.04                       | \$248.94         | \$219.99       | \$329.99         | \$115.61        | \$205.52         |
| <b>Caregiver &amp; Spouse</b>  | \$317.97                       | \$399.42         | \$508.12       | \$522.08         | \$296.70        | \$304.84         |
| <b>Caregiver &amp; Family</b>  | \$436.07                       | \$496.03         | \$693.12       | \$645.41         | \$364.24        | \$417.33         |
| <b>Caregiver &amp; Child(ren)</b>  | \$316.75                       | \$398.42         | \$506.21       | \$520.81         | \$266.03        | \$333.65         |
| <b>Part Time 3:</b><br>0.5 to 0.59 FTE<br>(40 to 47 hours per pay period)  | CAREGIVER DIRECTED HEALTH PLAN |                  | PRIME PPO PLAN |                  | SELECT PPO PLAN |                  |
|  | <b>You Pay</b>                 | <b>SCHS Pays</b> | <b>You Pay</b> | <b>SCHS Pays</b> | <b>You Pay</b>  | <b>SCHS Pays</b> |
| <b>Caregiver Only</b>  | \$172.34                       | \$210.64         | \$274.99       | \$274.99         | \$144.51        | \$176.62         |
| <b>Caregiver &amp; Spouse</b>  | \$356.27                       | \$361.12         | \$563.12       | \$467.08         | \$328.81        | \$272.72         |
| <b>Caregiver &amp; Family</b>  | \$474.35                       | \$457.74         | \$748.12       | \$590.40         | \$393.14        | \$388.43         |
| <b>Caregiver &amp; Child(ren)</b>  | \$355.05                       | \$360.12         | \$561.21       | \$465.81         | \$294.93        | \$304.75         |

## MEDICAL

The St. Charles medical and pharmacy benefits are administered by Regence BlueCross BlueShield of Oregon (Regence BCBS) and CVS Caremark. Both offer a nationwide network of preferred providers and pharmacies.

To locate Regence BCBS providers, online provider directories are available through the following websites:

[www.regence.com/go/OR/Preferred](http://www.regence.com/go/OR/Preferred)  
(Pacific Northwest Region)

[www.bcbs.com](http://www.bcbs.com)  
(Outside of the Pacific Northwest) Plan code "Y6R"

## Doctor On Demand

We provide access to virtual care for both physical and mental health issues through our telehealth program, provided by Doctor on Demand. For those covered on our medical plan, this valuable service gives you access 24/7 to board certified doctors and extended hours for therapists through secure video or phone. For Caregivers enrolled on one of our 3 health plans through Regence, SCHS covers the cost of your visit at 100%.

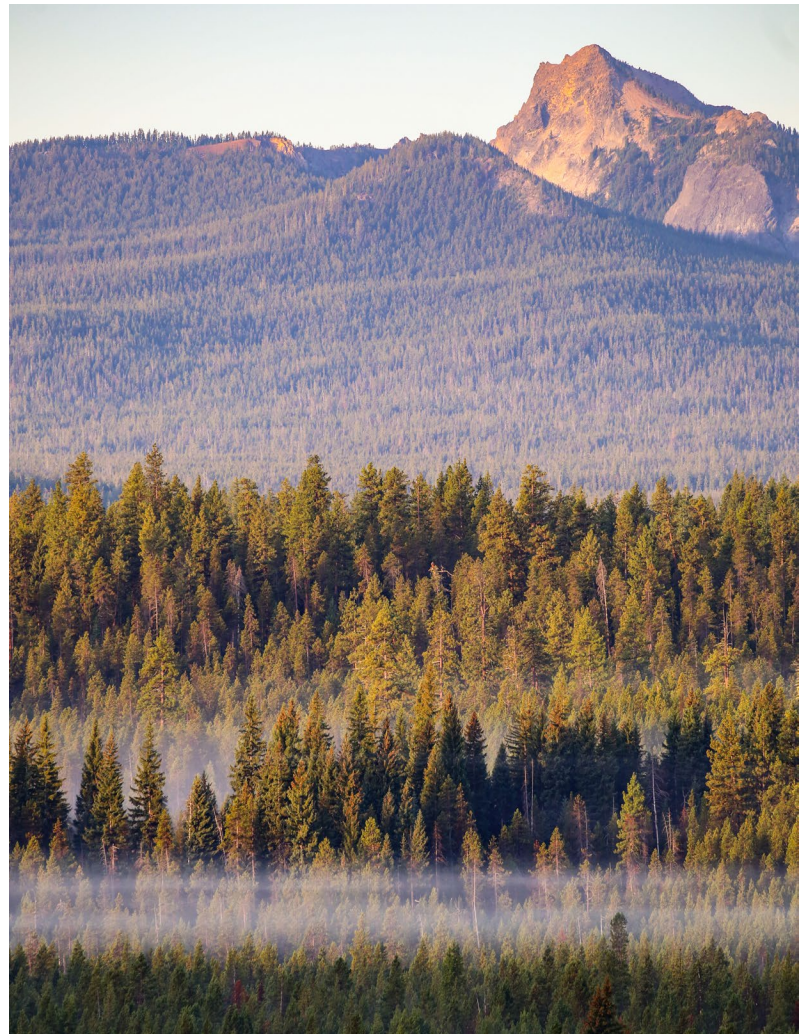
## DENTAL

Our dental plan is with Delta Dental of Oregon (a Moda Health company) who provides administration of our plan and a network of dentists who provide care at a discounted rate. To find a Delta Dental provider visit their website at [www.modahealth.com](http://www.modahealth.com).

Your dental plan provides preventive care at 100% and the care you receive does not go toward your annual benefit maximum. It is also the pathway for an annual increase (or to maintain once you reach 100%) in coverage for basic services – you must have your preventive and diagnostic services at least once per calendar year for you to increase to the next level under basic services. Your plan has a generous annual benefit maximum of \$2,000 per covered person, and a lifetime orthodontia maximum of \$3,000.

## VISION

Our vision benefits are through Vision Service Plan and have two levels of coverage – in-network and out-of-network. The plan pays a lot more if you use VSP providers. To find a VSP provider visit their website at [www.vsp.com](http://www.vsp.com). Our plan offers member discounts (e.g. annual contact lens supply, additional % off) through the Eyeconic® website. Coverage includes care for routine vision exams that review your visual health and determine the need for glasses or contact lenses. Treatment of vision diseases are covered under your medical plan.



## HEALTH SAVINGS & HEALTH REIMBURSEMENT ACCOUNTS

If you choose the Select PPO Plan you will be automatically enrolled in the St. Charles HRA benefit plan. An HRA is another type of savings account, but only St. Charles can make contributions to it. St. Charles will fund your HRA at the beginning of each year and you can only use these funds to pay your medical plan deductible, coinsurance and copayments. You may not use the HRA for any dental, vision, or plan exclusion expenses.

If you enroll in the CDHP, in most cases you can have a Health Savings Account (HSA). An HSA is a personal savings account for your health care. You own it and you can save and spend the funds you contribute to your account tax-free. If you qualify, St. Charles will contribute to your HSA based on who you choose to cover (caregiver only or caregiver and eligible family members). Unused funds stay in your account and roll over from year to year; there is no “use it or lose it” rule.

## FLEXIBLE SPENDING ACCOUNTS

- **Healthcare Flexible Spending Account (FSA):** also known as a medical FSA. This plan allows you to elect up to \$3,200 for the calendar year to pay for qualified health care expenses. This includes medical, prescription, dental or vision. You can select this plan with either PPO plan or if you waive medical plan coverage completely.
- **Healthcare Limited Purpose Flexible Spending Account (LPFSA):** You can elect up to \$3,200 for the calendar year to pay for qualified dental or vision expenses. If you enroll in the CDHP you can enroll in this plan, but you can only use the funds to pay for dental or vision expenses.
- **Dependent Care Flexible Spending Account:** This plan allows you to elect up to \$5,000 for the year to pay for qualified dependent care expenses that allow you and your spouse to work or attend school full-time. These funds are used to pay for daycare for your children under the age of 13 or adult daycare for a disabled tax dependent (like your spouse or parent). These funds are not to pay for your dependent's health care expenses.

## PROTECTING YOUR INCOME

- **Basic life:** one times your base pay, minimum of \$35,000 to a maximum of \$200,000 (St. Charles paid).
- **Paid Family and Medical Leave:** through the State, our Oregon caregivers may receive income replacement through Paid Leave Oregon for qualified medical and family leaves.
- **Short-term disability:** replaces a portion of a caregiver's income if they become injured or ill and are unable to work for an extended period of time.
- **Long-term disability:** protects a caregiver's finances when their disability continues beyond the period covered by the short-term disability plan.
- **Accidental Death & Dismemberment:** basic plan paid by St. Charles, and option to elect voluntary coverage for self, spouse and children.

\*The employer paid life insurance, AD&D and disability plans begin the first of the month following 90 days of benefit eligible employment.

## VOLUNTARY BENEFIT OPTIONS

- **Voluntary life:** up to five times your base pay and can add coverage for spouse up to the amount of your coverage, and children up to \$10,000.
- **Accident Insurance:** provides benefits to help cover the costs associated with unexpected bills from covered injuries.
- **Critical Illness Insurance:** if you or an enrolled spouse or child are diagnosed with a covered illness, you get a lump-sum cash benefit even if you receive benefits from other insurance.
- **Hospital Indemnity Insurance:** provides you with a lump-sum payment when you and/or your enrolled dependent(s) are hospitalized.

## 403(B) RETIREMENT SAVINGS

All caregivers are eligible to participate beginning on your date of hire. After 90 days of employment, all new caregivers are automatically enrolled in the 403(b) program at a 6 percent contribution rate. To opt out of this contribution, or to make a change to the percentage, caregivers must contact Fidelity directly. Additionally, the plan has an automatic increase program in which your contribution to the retirement plan is increased by 1% every April until you reach a 10% contribution rate. Of course, you can always choose to continue to increase your contribution rate above the 10% cap, up to a maximum contribution rate of 100% of your eligible pay. You can also choose to opt-out of the automatic increase by contacting Fidelity directly. Once you have completed 12 months in a full or part-time position, SCHS will match 100% of your contributions up to 6% of your pay.

**Vesting:** Your right to your 403(b) account balance is called vesting.

You are always 100 percent vested in your contributions as well as any amounts you roll over to the plan. Participants become vested in the employer match according to the five calendar year vesting schedule. Caregivers must complete 1,000 hours each calendar year in order to receive a year of vesting service.

## WELLNESS

### Engage for Health

Comprehensive wellness program for St. Charles caregivers and family:

- Secure portal website and app to access all wellness program offerings
- Tracking tools for sleep, nutrition, physical activity, biometrics, mood and more
- Daily health tips
- Personalized nutrition and sleep guides
- Self-guided digital courses (known as Journeys) to receive daily support on various wellness-related goals
- Monthly healthy habit challenges
- Ability to create and join social groups to connect virtually with others who have similar wellness interests
- On-site body composition testing
- Wellness Coaching (includes tobacco cessation coaching, pregnancy wellness coaching, stress management coaching and more)
- Ability to earn an annual monetary reward of up to \$500 by earning points for completing wellness activities throughout the year
- Headspace for Health, a mindfulness app

### Caregiver Assistance Program (CAP)

Our Caregiver Assistance Program (CAP) is a free and confidential program that helps you and your family members address issues that are distracting you from work and life.

There are two parts to our CAP: Wellbeing and Work/Life Balance. Wellbeing includes counselling sessions to help with concerns such as marital conflict, depression, drug and alcohol mis-use, grief, family conflict, children's problems and more. It also includes life coaching to help with career goals, healthy habits or personal development. The Work/Life Balance provides direct services or resource retrieval for needs such as:

- Child or elder care
- Legal consultations
- Financial planning
- Housing Support – home ownership, or short or long term rentals
- Pet parenting and insurance discounts
- Identity theft
- And more!



### UNUM Employee Assistance Program

For those covered on the UNUM LTD plan, you also have access to the UNUM Work-Life Balance Employee Assistance Program. This program is separate from the CAP plan, described below. The UNUM program can help you find solutions for everyday challenges of work and home, as well as more serious issues involving emotional and physical well-being.

### EARNED TIME OFF

St. Charles believes that a balance between work, rest, community and social life is essential to maintain quality performance. With this in mind, St. Charles is committed to providing compensated time off to eligible caregivers in recognition of continued service. Earned time off is designed to allow caregivers the flexibility to use their time off to meet personal needs, while recognizing their responsibility to manage their paid time off.



## Caregiver Benefits



This is just your Benefits At-A-Glance. For more information, please refer to the Benefits Guide.

The information contained in this benefit at-a-glance guide is meant to provide an overview of your benefit options. This document does not include all plan rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this benefit at-a-glance guide and the legal plan documents, the plan documents are the final authority. Please see the Health Plan Administration page on CaregiverNet for complete plan documents.