

Yuma District Hospital Benefit Summary Sheet



Employee pays bold amount

Earned Time Days

Mar-18

Years	0-1.99 years	2-4.99 years	5-9.99 years	10-14.99 years	15-19.99 years	20 Plus years
Earned per 40-hour Work Week	3.69	4.00	4.31	4.62	4.92	5.23
Approx. Days Earned Per Year	24	26	28	30	32	34

Health & Dental Ins./PPO

Meritain Health Insurance	Employee	Employee & Spouse	Employee & Children	Employee & Family
YDH Pays	\$941.03	\$941.03	\$941.03	\$941.03
Employee Pays	\$0.00	\$846.92	\$650.90	\$1,699.30
Total Cost	\$941.03	\$1787.95	\$1,591.93	\$2,640.33

Health & Dental Ins./HSA

Meritain Health Insurance	Employee	Employee & Spouse	Employee & Children	Employee & Family
YDH Pays	\$928.94	\$928.94	\$928.94	\$928.94
Employee Pays	\$0.00	\$631.68	\$408.74	\$1374.84

Total Cost	\$928.94	\$1560.62	\$1337.68	\$2303.78
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Dental Ins. ONLY

Meritain Health Insurance	Employee	Employee & Spouse	Employee & Children	Employee & Family
YDH Pays	\$62.70	\$62.70	\$62.70	\$62.70
Employee Pays	\$0.00	\$62.19	\$47.84	\$124.89
Total Cost	\$62.70	\$124.89	\$110.54	\$187.59

Vision Insurance

	Employee	Employee & Spouse	Employee & Children	Employee & Family
Employee Pays	\$14.63			\$31.44
Total Cost	\$14.63			\$31.44

Life Insurance

\$25,000 Coverage	Employee	\$2,000 spouse, \$1,000 Child(ren)	Employee
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YDH Pays	\$8.33	YDH Pays	\$0.00
Employee Pays	\$0.00	Employee Pays	\$0.42
Total Cost	\$8.33	Total Cost	\$0.42

Discount on YDH Care – After Insurance	Full Time Employee On PPO Plan	Part Time Employee On PPO Plan
	\$500.00	\$250.00

Employee Discounts/Benefits w/ PPO Plan

Student Loan Repayment Available	Continuing Education
	YDHC pays upon prior approval

Cancer Insurance Available	AFLAC
	Employee Pays

Certification Paid By Hospital	CPR and Approved Certifications
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Notary Service	Free of Charge
	By Appointment

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Breast Feeding	YDH Supports Mothers:
	Provides reasonable break time for an employee to express breast milk for her nursing child.

Fitness Plan	Exercise Room Access
	Employee Pays \$0.00 Family Pays \$15.00 month

Cell Phone Discounts	Viaero Wireless	Verizon (Amerinet):
	Cell Line Charge Data Package Internet Service Home Phone Line Device Assurance Tablet Data Service Must present YDH ID badge Must give reference account #: 3978	Access Fee Discount up to: 22% off your plan (may or may not work with Unlimited Plans) Online accessory discount: 25% off accessories Upgrade Device Fee Waived Show or provide your hospital ID badge, and reference account #: 271853076-00001

Retirement Funding

YDHC matches up to:	4.0% of amount employee contributes to deferred compensation plan after 1 year of service. 5-year vesting schedule Maximum contributions are determined by IRS regulations.
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