

Stillwater Medical

BENEFITS SUMMARY

MEDICAL

TIER I

Stillwater Medical, local providers, or external if not available in Stillwater.

TIER II

When service is available in Stillwater, but choose to use external provider.

Individual Deductible
Family Deductible
Member Coinsurance
Office Visits Copays

\$200
\$600
5%
\$15

\$3,000
\$9,000
50%
40% after deductible

PREMIUMS PER PAY PERIOD

Employee Only
Employee +1
Employee + 2 or more

\$41
\$76
\$113

PRESCRIPTION COPAYS

SMC Pharmacy
Other Pharmacy

\$5-15
\$70

DENTAL

MAX BENEFIT PER YEAR

Per Person
Class 1 Covered
Deductible

\$2500
100%
\$50

COST PER PAY PERIOD

Employee Only
Employee +1
Employee + 2 or more

\$11
\$20
\$29

VISION - VSP

COST PER PAY PERIOD

Employee Only
Employee + Spouse
Employee + Children
Employee + Family

\$3.78
\$6.01
\$6.15
\$9.90

OTHER BENEFITS

- Free annual lab work
- 457b deferred compensation plan
- Employee assistance program
- Discounted meals
- Wellness program
- Education assistance
- Gainsharing Opportunity
- Discounted gym memberships
- Discounted local entertainment tickets
- Financial Peace University
- Patient discounts and payment plans
- Christmas Saving Club
- Employee Emergency Assistance Fund
- Nurse Residency Program for newly graduated RN's

ADDITIONAL BENEFITS FOR FULL-TIME EMPLOYEES

- Retirement plan
- Flexible spending accounts
- Free life insurance
- Free long term disability
- PTO (up to):
 - 23 paid days off years 1-5;
 - 28 days years 6-10;
 - 33 days years 10+
- PTO cash out
- Free Air Ambulance Membership
- VTO - Volunteer Time Off
- Health coaching for high risk plan members

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SEARCH FOR YOUR CAREER AT:
WWW.STILLWATERMEDICAL.COM

CONTACT: 405-742-5809