

Stillwater Medical

2023 Benefits Summary

MEDICAL

Basic Health Plan

TIER I

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

TIER II

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

TIER III

All out-of-state providers without negotiated contracts

Individual Deductible
Family Deductible
Member Coinsurance
Urgent Care Copays
Office Visits Copays

\$700
\$1100
20%
\$15 / \$25 Non-SM Urgent Care
\$15 PCP / \$25 Specialist

\$3,500
\$9,500
60%
\$25
\$40 PCP / \$100 Specialist

\$5,500
\$14,500
60%
\$25
Coinsurance applies after deductible is met

PREMIUMS PER PAY PERIOD

Employee Only \$55
Employee + Child \$105
Employee + Children \$155
Employee + Spouse \$105
Employee + Spouse + Children \$155

PRESCRIPTION COPAYS

SMC Pharmacy \$5-25
Other Pharmacy up to \$70

MEDICAL

High Deductible Health Plan

TIER I

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

TIER II

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

TIER III

All out-of-state providers without negotiated contracts

Individual Deductible \$3,500
Family Deductible \$6,500
Member Coinsurance 20%
Copays do not apply until deductible is met

\$3,500
\$6,500
20%

\$6,500
\$12,500
60%

\$9,000
\$16,500
60%

PREMIUMS PER PAY PERIOD

Employee Only \$55
Employee + Child \$105
Employee + Children \$155
Employee + Spouse \$105
Employee + Spouse + Children \$155

PRESCRIPTION COVERAGE

Employee pays for medications in full until deductible met

An additional premium of \$200 per pay period applies to working spouses who choose to participate in Stillwater Medical's health insurance plan instead of participating in the plan their company provides for them.

DENTAL

MAX BENEFIT PER YEAR

Per Person \$2500
Class 1 Covered 100%
Deductible \$50

COST PER PAY PERIOD

Employee Only \$11
Employee +1 \$20
Employee + 2 or more \$29

VISION - VSP

COST PER PAY PERIOD

Employee Only \$3.78
Employee + Spouse \$6.01
Employee + Children \$6.15
Employee + Family \$9.90

Other Benefits

- Free annual lab work
- 457b deferred compensation plan
- Employee assistance program
- Discounted meals
- Employee wellness program
- Education assistance
- Discounted gym memberships
- Discounted medical supplies
- Patient discounts and payment plans
- Christmas Saving Club
- Employee Emergency Assistance Fund
- Nurse Residency Program for newly graduated RNs

Additional Benefits For Full-time Employees

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

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