Stillwater Medical

2026 Benefits Summary

MEDICAL
Premier Health Plan

	TIER I Stillwater Medical, local providers, & approved external providers 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	$800	$3,750	$5,750
Family Deductible	$1,600	$7,500	$11,500
Member Coinsurance	20%	60%	60%
Urgent Care Copays	$15 / $50 Non-SM Urgent Care	$50 Non-SM Urgent Care	$50 Non-SM Urgent Care
Office Visits Copays	$15 PCP / $25 Specialist	$40 PCP / $100 Specialist	Coinsurance applies after deductible is met

PREMIUMS PER PAY PERIOD

Employee Only	$43
Employee + Child/ren	$103
Employee + Spouse	$214
Employee + Spouse + Children	$266

GENERIC PRESCRIPTION COPAYS

SMC Pharmacy	$5-25
Other Pharmacy	$70

MEDICAL
High Deductible Health Plan

	TIER I Stillwater Medical, local providers, & approved external providers 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	$6,500	$9,000
Family Deductible	$7,000	$13,000	$18,000
Member Coinsurance	20%	60%	60%

Copays do not apply until deductible is met

PREMIUMS PER PAY PERIOD

Employee Only	$37
Employee + Child/ren	$93
Employee + Spouse	$144
Employee + Spouse + Children	$202

PRESCRIPTION COVERAGE

Employee pays for medications in full until deductible met

DENTAL

BASE PLAN MAX BENEFIT PER YEAR

Per Person	$2500
Class I, II, & III Coverage	100%, 80%, 50%
Deductible	$50

ORTHO BUY-UP BENEFIT PER YEAR

Applies to Employee and all covered dependents

Lifetime Max	$1,500
Coinsurance	50% after deductible

COST PER PAY PERIOD	BASE	+ ORTHO
Employee Only	$10.93	$16.51
Employee + Spouse	$21.86	$33.02
Employee + Child/ren	$27.65	$40.54
Family	$39.68	$58.14

VISION - VSP

COST PER PAY PERIOD

Employee Only	$4.00
Employee + Spouse	$6.37
Employee + Child/ren	$6.53
Family	$10.50

- Yearly well-vision exam includes prescription lenses
- Contact/frame allowances every 24 months
- Discounted lens enhancements
- Diabetic eyecare plus program
- Plus extra savings

Other Benefits

- Free annual lab work
- 457b deferred compensation plan
- Discounted meals
- Employee wellness program
- Education assistance
- Discounted gym memberships
- Discounted medical supplies
- Patient discounts and payment plans
- Nurse residency program for newly graduated nurses
- Christmas Saving Club
- Employee assistance program
- Additional benefits through Stillwater Medical Foundation:
  - Emergency Assistance Fund
  - Scholarships

Additional Benefits for Full-time Employees

- Retirement plan
- Flexible spending accounts
- Healthcare savings account
- Free life insurance
- Free long-term disability
- Paid Time Off (PTO)
- PTO cash out twice per year
- VTO - Volunteer Time Off
- Health coaching for high risk plan members

Search for your career at:
stillwatermedicalcareers.com

APPLY ONLINE

Questions?

Feel free to contact us at 405.742.5809,
or recruiter@stillwater-medical.org

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