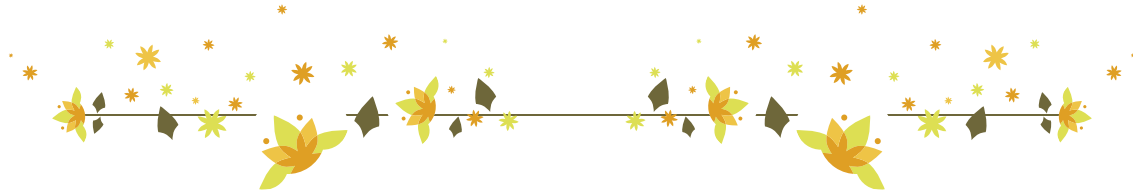
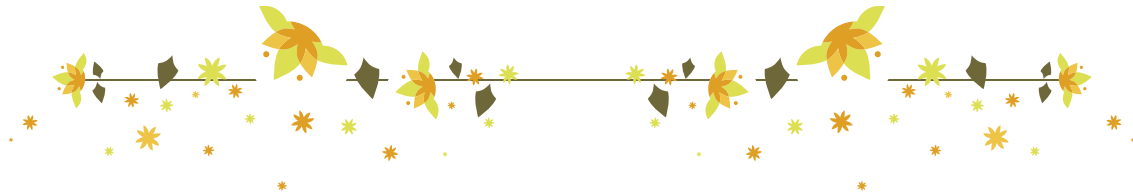


TUITION REIMBURSEMENT

Continuing education is encouraged for all regular employees. The Mission may pay for some or all of expenses resulting from further education and training as it relates to an employee's specific job. The amount of assistance will normally be up to \$400 per academic term.



For questions regarding employee benefits please contact Human Resources.
You can also find this information on myugm.org.



Revised 6/2/09



BENEFITS SUMMARY



HEALTH INSURANCE
RETIREMENT PLAN
PAID LEAVE
TUITION REIMBURSEMENT

INSURANCE BENEFITS

Medical and dental insurance benefits are provided for all regular full-time (at least 37.5 hours worked per week) employees and their immediate dependents. Coverage under the Mission's group medical and dental insurance programs will begin on the first day of the month following three full months (from date of hire) of employment.

Employer/Employee Contributions (Monthly Cost)

Who is Covered	Employee Only	Employee/ Spouse	Employee/ Family	Employee/ Child(ren)
Medical				
UGM Contribution	\$430.70	\$949.91	\$1,331.13	\$811.94
Employee Contribution	\$47.86	\$105.54	\$147.90	\$90.22
Total Monthly Medical Cost	\$478.56	\$1055.45	\$1479.03	\$902.16
Dental				
UGM Contribution	\$38.00	\$75.65	\$124.75	\$76.05
Employee Contribution	\$0.00	\$0.00	\$0.00	\$0.00

Medical Plan: Group Health/First Choice Network

Deductible	\$500 Individual/\$1,500 family
Annual Out-of-Pocket Maximum	\$2,000 Individual/\$6,000 Family
Co-Pay	\$15
Prescription Coverage	\$10/\$20 (in-network pharmacy); \$15/\$25 (non-network pharmacy)
First four visits in the office, home or outpatient hospital per calendar year and first \$500 for outpatient lab and x-ray costs are not subject to the deductible and is covered at 100% after \$15 co-pay.	
90% coinsurance within Group Health/Virginia Mason/Everett Clinic network; 80% coinsurance within First Choice network	

Dental Plan: United Concordia

Deductible	\$50 Individual/\$150 Family
Deductible Waived for Preventive	Yes
Preventive	100% coverage
Basic	80% coverage
Major	50% coverage
Annual Maximum Per Member	\$2,000
Dependent Age Limit	25 years of age
Orthodontia - Dependent Coverage	50% to \$1,000 lifetime maximum

Flexible Spending Account

Health Care (Section 125)	\$2,000 maximum/year
Dependent Care (Section 129)	\$5,000 maximum/year

RETIREMENT PLAN

The Mission will contribute the equivalent of 1% of an eligible employee's monthly gross wages to the employee's retirement account, regardless of employee contributions. Participants may also contribute a portion of their pay to the plan. In addition, the Mission will contribute \$0.50 per dollar that the employee contributes, up to a maximum match of \$35 per month.

403 (b) - American Funds

Employer Contribution	1% of an employee's gross wages. 50 cent match per dollar contributed (up to \$35 per month)
Example	If you contribute \$40 per month, the Mission will add 50 cents for each dollar, equal to \$20. Total employee + employer contribution: \$60 plus 1% of gross monthly wages

PAID LEAVE

VACATION

Regular full-time employees earn the following days of vacation:

Years of Service	Vacation Days Earned
Less than 5 years	10 working days per year (5/6 day per month)
5 years	15 working days per year (1 ¼ days per month)
10 years	20 working days per year (1 ⅔ days per month)
15 years	25 working days per year (2 1/12 days per month)
20 years	30 working days per year (2 ½ days per month)

SICK LEAVE

Regular full-time employees earn 80 hours of sick leave per calendar year, at a rate of 6.67 hours per full calendar month worked. Sick leave can accrue to a maximum of 30 days, and does not accrue during periods of unemployment, unpaid leave of absence, or layoffs.

PERSONAL DAY

All regular full-time employees are awarded one personal day per calendar year.

HOLIDAYS

The Mission observes the following holidays: New Year's Day, Dr. Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve (1/2 day holiday), Christmas Day.

BEREAVEMENT LEAVE

Regular full-time employees are given up to 3 days off with pay if a death in their immediate family should occur. In this case, spouse, parents, grandparents, children, siblings, mother-in-law and father-in-law are considered immediate family

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