

Welcome to

# Island Health



## Physician Benefits Guide

We are excited to present our comprehensive benefits package, including medical and dental insurance, long-term disability, flexible spending accounts, deferred compensation, retirement plan, tuition assistance, paid time off and more.

Island Health offers benefits through the Washington State Health Care Authority's Public Employees Benefits Board. Through PEBB, you can choose from a variety of medical, vision and dental plans, as well as coverage for life and long-term disability insurance.

### Participation

Eligible employees can participate in benefit plans on the first day of the month following 60 days of employment, with the exception of our deferred compensation plan which begins immediately after employment. Your level of benefits will vary according to your assigned FTE (Full-Time Equivalent), or hours worked per week.

### Enrollment & Support

Human Resources staff are available to help you through the enrollment process and beyond. Contact Jasmine Rosario at 360.299.4902 (x4902) or [jasmine.rosario@islandhospital.org](mailto:jasmine.rosario@islandhospital.org) for assistance.

Specific plan information can be found online at

<https://www.hca.wa.gov/employee-retiree-benefits/public-employees>.



# 2026

## Contact Information

|                                                                                              |                        |
|----------------------------------------------------------------------------------------------|------------------------|
| Kaiser Permanente of WA                                                                      | 866.648.1928           |
| Kaiser Permanente of WA CDHP/HSA                                                             | 877.873.8823           |
| Uniform Medical Plans                                                                        | 888.849.3681           |
| Uniform Medical CDHP/HSA                                                                     | 844.351.6853           |
| DeltaCare                                                                                    | 800.650.1583           |
| Uniform Dental                                                                               | 800.537.3406           |
| Willamette Dental                                                                            | 855.433.6825           |
| Davis Vision by MetLife                                                                      | 888-496-4275           |
| MetLife Vision                                                                               | 866-548-7139           |
| EyeMed Vision                                                                                | 800-699-0993           |
| Employee Assistance Program                                                                  | 800.467.5283           |
| Retirement: Corebridge Financial                                                             | Lee Trevino, CRPC, CFP |
| <a href="mailto:Lee.trevino@corebridgefinancial.com">Lee.trevino@corebridgefinancial.com</a> | 360.320.7713           |

### Island Health Human Resources

Main x4285 or 360.299.4285

# Benefit Eligibility

| Benefit                                                                           | Full & Part Time<br>0.6-1.0 FTE                                                                                                                                          | Part Time<br>0.5-0.59 FTE                                                           | Casual Part Time<br>0.1-0.49 FTE<br><i>(less than 20 hours/<br/>week)</i> | Reserve<br>Per Diem        |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------|
| <b>Medical &amp; Base Benefits</b> <i>(Dental, Life and Long-Term Disability)</i> | Eligible<br>Hospital pays for 100% of the lowest cost medical plan and base benefits                                                                                     | Eligible<br>Hospital pays for 50% of the lowest cost medical plan and base benefits | Not eligible                                                              | Not eligible               |
| <b>Optional Life, LTD, AD&amp;D, and Long Term Care</b>                           | Eligible at employer's expense                                                                                                                                           | Eligible at employee's expense                                                      | Not eligible                                                              | Not eligible               |
| <b>Retirement Plan</b>                                                            | Eligible                                                                                                                                                                 | Eligible                                                                            | Not eligible                                                              | Not eligible               |
| <b>Deferred Compensation</b>                                                      | Eligible                                                                                                                                                                 | Eligible                                                                            | Eligible for 457 plan only                                                | Eligible for 457 plan only |
| <b>Flexible Spending</b>                                                          | Eligible                                                                                                                                                                 | Eligible                                                                            | Not eligible                                                              | Not eligible               |
| <b>Paid Time Off &amp; Extended Illness Benefit</b>                               | Eligible<br>Available for use after 90 days                                                                                                                              | Eligible<br>Available for use after 90 days                                         | Not eligible                                                              | Not eligible               |
| <b>Bereavement Leave</b>                                                          | Eligible immediately for 4-5 days of pay for any scheduled work day for qualifying family members                                                                        |                                                                                     |                                                                           |                            |
| <b>Jury Duty Pay</b>                                                              | Eligible immediately for any scheduled days of work missed                                                                                                               |                                                                                     |                                                                           |                            |
| <b>Employee Assistance Program (EAP)</b>                                          | Eligible—confidential services for employees and family<br><a href="http://www.FirstChoiceEAP.com">www.FirstChoiceEAP.com</a> Username: islandhealth<br>1 (800) 467-5281 |                                                                                     |                                                                           |                            |
| <b>529 College Savings Plan</b>                                                   | Eligible * direct bill                                                                                                                                                   |                                                                                     |                                                                           |                            |

## Benefits Summary

### Additional Benefits - Prorated based on FTE status.

- Island Health will pay CME up to \$5,000 annually for full time physicians as outlined in the CME Policy for physicians
- Island Health will pay up to \$1,500 annually for physician professional society dues as outlined in the Professional Society Dues Policy for physicians.
- Island Health will arrange for and purchase your professional liability insurance for any time worked at Island Health.
- Island Health will pay for Washington State Medical License fee, DEA permit and Hospital Medical Staff dues.

# PEBB: Medical Insurance & Base Benefits

Available to employees assigned Full-Time (.5 FTE and above)

## Medical Insurance

Choose from several plans offered by PEBB. Qualified dependents can be enrolled at your own expense. Medical insurance can be waived if desired.

### Kaiser Permanente

- NW Classic
- NW CDHP\*
- WA Classic
- WA Value
- WA SoundChoice
- WA CDHP\*

\*Island Health pays 100% of employee's monthly premium for employees assigned 0.6 FTE and higher, and 50% for those assigned 0.5 to 0.59 FTE.

### Uniform Medical

- Classic
- Select\*
- Plus
- CDHP\*

## Base Benefits

Base benefits for leadership positions include dental, life, AD&D, long term care and long-term disability insurance. A "leader" is defined as an Advanced Practice Clinician (APC), Manager, Director or a member of the Senior Leadership Team.

### Dental Insurance

Choose from Uniform Dental, DeltaCare, and Willamette dental insurance for you and your qualified dependents—at no additional cost to you.

### Vision Insurance

Choose from Davis Vision, MetLife, and EyeMed vision insurance for you and your qualified dependents—at no additional cost to you.

### Life & AD&D Insurance

All employees receive PEBB basic level life insurance of \$35,000 plus \$5,000 in Accidental Death and Dismemberment. This coverage can be increased for a small premium.

Leadership receives additional Life and AD&D insurance through UNUM at one time annual salary for Life and one time annual salary for AD&D.

### Long-Term Disability

PEBB provides basic level long-term disability with a maximum monthly benefit of \$450 with a 90-day waiting period. All employees will be automatically enrolled in employee-paid coverage unless you choose to waive this coverage.

## Flexible Spending Accounts (FSA's)

- Health Care - \$3,300 Pre-Tax Contribution
- Limited Purpose - (Dental & Vision **only**) \$3,300 Pre-Tax Contribution
- Dependent Care - \$7,000 Pre-Tax Contribution

## Paid Time Off (PTO) & Extended Illness Benefit (EIB)

A provider earns Paid Time Off and Extended illness (PTO/EIB) Leave according to the following schedules. All PTO & EIB will be paid at the base salary rate.

### Paid Time Off (PTO)

240 hours per year (6 weeks) or prorated per the start date, will be used for holidays, vacations, CME and short-term illness. These hours will be deposited in January each year. The max rollover balance each year is 400 hours.

### Extended Illness Benefit (EIB)

Paid time off for an employee's own longer term illness or that of a family member: Full-time employees earn 4 hours each month (48 hours/year) with a maximum accumulation of 520 hours. Those working less than 470 hours per year accrue a pro-rated amount. The accrual rate is 0.02308.

## Retirement

Corebridge Financial provides Island Health with deferred compensation and retirement plan options with convenient, automatic contributions by salary deduction.

### 2026 Tax-qualified plan contribution limits:

403(b) and 457(b) plan deferrals: \$24,500 each for a total of \$49,000 deferred.

403(b) and 457(b) plan catch-up contributions for age 50+ is \$8,000.

### Deferred Compensation 403(b), Roth 403(b), 457(b) and Roth 457(b)

Similar to a 401(k), Deferred Compensation plans provide retirement savings and employees are eligible immediately upon employment.

### 401(a) Retirement Plan

After 18 months of employment, Island Health will contribute into a 401(a) retirement plan if you participate in the 403(b) or Roth 403 plan. The employee must contribute at least 5% of their compensation in order to receive employer contribution of 6.1% - 6.5%.

\*Upon immediate hire, you may contribute to the 403b plan. Per the IRS, the limit is \$24,500 for 2026. If you max out the 403b plan, you may contribute up to another \$24,500 into the 457(b), for a \$49,000 total contribution on your own behalf. Participants 50 and older have higher contribution limits. More information can be provided upon request.

# 2026 Per Pay Period Rates

## Medical Insurance—Full Time *(.6 FTE and above)*

| Plan                    | Employee Only | Employee & Spouse | Employee & Children | Full Family |
|-------------------------|---------------|-------------------|---------------------|-------------|
| Kaiser NW —Classic      |               |                   |                     |             |
| Kaiser NW—CDHP          |               |                   |                     |             |
| Kaiser WA—Classic       | \$23.63       | \$275.69          | \$212.67            | \$464.74    |
| Kaiser WA—Value         | \$28.08       | \$284.61          | \$220.48            | \$477.00    |
| Kaiser WA—CDHP          | \$0.00        | \$212.21          | \$162.80            | \$360.43    |
| Kaiser WA—SoundChoice   |               |                   |                     |             |
| Uniform Medical—Classic | \$25.46       | \$279.37          | \$215.89            | \$469.80    |
| Uniform Medical—Select  | \$0.00        | \$228.44          | \$171.33            | \$399.77    |
| Uniform Medical—CDHP    | \$0.00        | \$228.20          | \$176.80            | \$382.42    |

## Medical Insurance—Part Time *(.5 to .599 FTE)*

| Plan                    | Employee Only | Employee & Spouse | Employee & Children | Full Family |
|-------------------------|---------------|-------------------|---------------------|-------------|
| Kaiser NW —Classic      |               |                   |                     |             |
| Kaiser NW—CDHP          |               |                   |                     |             |
| Kaiser WA—Classic       |               |                   |                     |             |
| Kaiser WA—Value         |               |                   |                     |             |
| Kaiser WA—CDHP          |               |                   |                     |             |
| Kaiser WA—SoundChoice   |               |                   |                     |             |
| Uniform Medical—Classic |               |                   |                     |             |
| Uniform Medical—Select  |               |                   |                     |             |
| Uniform Medical—CDHP    |               |                   |                     |             |

## Life Insurance *(Per \$1,000)*

| Age   | Non-Smoker | Smoker |
|-------|------------|--------|
| <25   | \$0.03     | \$0.04 |
| 25-29 | \$0.03     | \$0.05 |
| 30-34 | \$0.04     | \$0.06 |
| 35-39 | \$0.05     | \$0.07 |
| 40-44 | \$0.07     | \$0.08 |
| 45-49 | \$0.10     | \$0.12 |
| 50-54 | \$0.15     | \$0.18 |
| 55-59 | \$0.28     | \$0.33 |
| 60-64 | \$0.43     | \$0.51 |
| 65-69 | \$0.80     | \$0.98 |
| 70+   | \$1.19     | \$1.59 |

## Long Term Disability

| % of Monthly Wages | Rate   |
|--------------------|--------|
| 60%                | 0.0039 |
| 50%                | 0.0024 |

## Calculate your monthly premium:

Gross Monthly Earnings x Rate = Monthly Premium

Employees are automatically enrolled in 60% coverage unless they enroll in 50% or decline coverage.

## Accidental Death & Dismemberment

| Level of Benefit          | Employee | Spouse | Child  |
|---------------------------|----------|--------|--------|
| Monthly cost per \$10,000 | \$0.02   | \$0.02 | \$0.02 |