

FULL-TIME PHYSICIAN BENEFITS

Dues and Licenses

- State Medical License Fee.
- State and County Society Dues.
- State and BNDD License Renewal Fee.
- City License Renewal Fee.
- Medical staff fees at Skagit County area hospitals.

Medical Insurance – Coverage provided for self and family members at the level of the base plan listed below. If other than base plan chosen, difference in premiums paid through payroll deduction. Eligible the first day of employment. Note: Benefits are pro-rated if less than 1.0 FTE

Base Plan

\$200 deductible
 \$20 co-pay for office visits then paid at 80%
 Outside Network benefits
 SVMC special network provides \$5 copays then paid at 90%.

Buy-up Plan

\$200 deductible
 \$20 co-pay for office visits then paid at 100%
 No out of network benefits
 SVMC special network provides \$5 copays then paid at 100%

Both Plans Prescription Coverage: \$15 co-pay generic; \$30 co-pay brand name; subject to formulary. SVMC special network provides \$10 co-pay generic; \$20 co-pay brand name. Mail order discount available at SVMC Sedro Woolley pharmacy.

Life Insurance

- Coverage for self of \$100,000 and coverage for spouse of \$50,000

Long-term Disability Insurance

- Effective 90 days from the date of disability.
- Pays 66.66% of monthly earnings at time of disability to a maximum of \$15,000/month.

Professional Liability Insurance

- \$1/\$5 million or higher, if appropriate to the practice.

401(k)/Profit Sharing Plan

- Eligible to participate following completion of 12 months of employment at 0.5 FTE or greater.
- Self-directed investment options.
- SVMC makes matching contributions based on annual profitability.

Vision and Dental

- One eye examination covered every 12 months. \$100 hardware allowance at SVMC Optometry.

Section 125 Flexible Benefit Plan

- May elect pre-tax withholdings for dependent care (adult or child care) or health care expenses.

Employee Assistance Program (EAP)

- Confidential professional counseling services available through First Choice Health without cost to employees and immediate family members to prevent or resolve life problems and/or issues.

Other:

**ASSOCIATE PHYSICIAN
(1.0 FTE)**

**SHAREHOLDER PHYSICIAN
(1.0 FTE)**

Time Off

Sick Leave	1 Day/Month	1 Day/Month
Holidays	6 Days	6 Days

Business Expense Allowance (Per calendar year)

First Year	\$1,500	\$3,500
Subsequent Years	\$2,500	\$3,500