



Multnomah Athletic Club

2025 EMPLOYEE BENEFITS OVERVIEW

<p>HEALTH, LIFE, AND DISABILITY BENEFIT ELIGIBILITY</p>	<p>Full-Time Employees: 1st of month following 60 days' employment Part-Time Employees: If hourly requirement is met (average of 30 hours or more worked per week during 26-week look-back measurement periods) Annually: Effective January 1, if eligible Any Time: When a qualifying event occurs (e.g., change in marital status, birth of a child, etc.), if eligible</p>
<p>HEALTH INSURANCE/ PRESCRIPTION DRUG PLAN <i>Providence Health Plan (Option Advantage)</i></p>	<p>Signature Network of Physicians Routine Preventive Care, Immunizations: \$0 (no deductible) Office Visits ~ Primary Care: \$5 copay first 3 PCP and Behavioral Health visits, all additional visits \$25 (In-Network) (no deductible) Virtual Visits ~ Primary Care: \$10 (no deductible) (In-Network) Virtual Express Care: Covered in full (In-Network) Office Visits ~ Specialist: \$35 copay per visit to specialists (no deductible) (In-Network) Calendar Year Deductible: \$750 individual/\$1,500 family (waived on preventive care, office visits, etc. (In-Network)) Other Services: 20% coinsurance for other services (In-Network), deductible may apply Prescription Coverage: \$10 copay for most generics; \$30 for Preferred Brand name/generic; 50% to \$30 max per prescription for Specialty (In-Network only); 2 copays for 90 days for Mail Order</p>
<p>HEALTH INSURANCE/ PRESCRIPTION DRUG PLAN <i>Providence Health Plan (Connect Plan)</i></p>	<p>Portland-area Connect Network – members must select Medical Home upon enrollment Routine Preventive Care, Immunizations: \$0 (no deductible) Office Visits ~ Primary Care: \$5 copay first 3 PCP and Behavioral Health visits, all additional visits \$25 (In-Network) (no deductible) Virtual Visits ~ Primary Care: \$10 (no deductible) (In-Network) Virtual Express Care: Covered in full (In-Network) Office Visits ~ Specialist: \$50 copay per visit to specialists (no deductible) (In-Network) Calendar Year Deductible: \$750 individual/\$1,500 family (waived on preventive care, office visits, etc. (In-Network)) Other Services: 20% coinsurance for other services (In-Network), deductible may apply Prescription Coverage: \$10 copay for most generics; \$30 for Preferred Brand name/generic; 50% to \$30 max per prescription for Specialty (In-Network Only); 2 copays for 90 days for Mail Order</p>
<p>HEALTH INSURANCE/ PRESCRIPTION DRUG PLAN <i>Providence Health Plan (High Deductible Health Plan with Health Savings Account)</i></p>	<p>Signature Network of Physicians Routine Preventive Care, Immunizations: \$0 (no deductible) Calendar Year Deductible: \$2,000 Annual In-Network Deductible for an individual/ \$4,000 for a family (waived on preventive care) Office Visits ~ Primary Care: 20% coinsurance per visit to personal physician/provider (In-Network) after deductible Virtual Visits ~ Primary Care: 20% (In-Network) after deductible Virtual Express Care: 20% (In-Network) after deductible Office Visits ~ Specialist: 20% coinsurance per visit to specialists (In-Network) after deductible Other Services: 20% coinsurance for other services (In-Network) after deductible Prescription Coverage: Deductible then 20% for generics, Preferred Brand, and Brand prescriptions; Specialty Rx is deductible then 50% up to \$200 per month</p>

<p>DENTAL INSURANCE <i>Delta Dental</i></p>	<p>Deductible: \$50 individual / \$150 family (waived on preventive care) PPO network: 100% coverage preventive, 80% basic, & 60% major Non-PPO network: 80% coverage preventive; 80% basic, & 50% major Calendar Year Max: \$1,500 max per year benefit for both in-network and out-of-network basic & major services (preventive care does not deplete the \$1,500 max per year) Orthodontia: 50% to a \$1,500 lifetime maximum benefit</p>
<p>VISION INSURANCE <i>VSP - Vision Care Base Plan</i></p>	<p>Exams: Once every calendar year Vision Exam: \$20 copay (In Network) Lenses: \$20 copay; available once every calendar year (12 months) Frames: \$80 Costco; \$170 featured frames; \$150 other frames, including Walmart/Sam's Club; available once every other calendar year (24 months) Contacts: Covered in full up to \$150; available every calendar year (12 months)</p>
<p>VISION INSURANCE <i>VSP - Vision Care Buy-up Plan</i></p>	<p>Exams: Once every calendar year Vision Exam: \$10 copay (In Network) Lenses: Included with exam copay for standard lenses; available once every calendar year (12 months) Frames: \$135 Costco; \$270 featured frames; \$250 other frames, including Walmart/Sam's Club; available once every calendar year (12 months) Contacts: Covered in full up to \$150; available every calendar year (12 months)</p>
<p>LIFE AND AD&D INSURANCE</p>	<p>Life: 1x annual earnings up to \$50,000 – paid by MAC Accidental Death & Dismemberment: 2x annual earnings up to \$100,000 – paid by MAC Supplemental coverage for life and AD&D (self, spouse, and children) available</p>
<p>LONG TERM DISABILITY</p>	<p>90-day elimination period; replaces 60% of monthly income; \$5,000 maximum benefit per month – paid by MAC</p>
<p>VOLUNTARY INSURANCE</p>	<p>Voya: Accident; Critical Illness; Hospital Indemnity The Standard: Short-Term Disability (Employee only) Pet Partners Pet Insurance: Coverage for multiple pets (dog/cat) available LegalShield: Access to legal advice and counsel for employee and qualifying family members</p>
<p>MEDICAL AND LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT</p>	<p>Reimburse eligible uncovered healthcare expenses Medical FSA and Limited Purpose FSA (Limited Purpose only available with HDHP medical enrollment): \$3,300 for 2025 qualified health care expenses; can roll over up to \$660 of unused funds at end of 2025 to next plan year</p>
<p>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT</p>	<p>Dependent care FSA: \$5,000 per household for 2025 dependent day care expenses/\$2,500 if married, filing separately</p>
<p>COMMUTER BENEFIT FLEXIBLE SPENDING</p>	<p>Commuter: Up to \$325/month for qualifying commute-related mass transit; 50% off HOP passes</p>
<p>EMPLOYEE ASSISTANCE PROGRAM</p>	<p>Standard: Services for self and dependents; 3 free counseling visits a year per topic; 24-hour crisis telephone support</p>
<p>RETIREMENT PLAN</p>	<p>401(k) Eligibility Requirements: 1st of month following 60 days employment & age 18+ Quarterly Enrollment: January, April, July, October Club Contribution: 3% annual base pay non-elective club contribution Matching: 100% match on the first 3% of employee's contribution (5-year vesting schedule applies; vesting begins at 2 years)</p>

<p style="text-align: center;">PAID TIME OFF (PTO)</p>	<p>PTO is accrued based on an employee's length of service and requires a minimum of 40 hours worked per pay period (excluding overtime). PTO includes 8 MAC-recognized holidays, listed below, which account for all paid holidays—including the one day MAC is closed: Christmas Day.</p> <p>There are no separate paid holidays. PTO-eligible employees may use their accrued time if they choose not to work on a recognized holiday.</p> <p>Refer to policy HR-53 for complete information.</p> <p><u>PTO Accrual Rate Per Eligible Hour (Approximate)</u></p> <p>Less than 1 year = .0692 (18 days per year)* 1-4 years = .0808 (21 days per year)* 5-14 years = .0922 (24 days per year)* 15-29 years = .1115 (29 days per year)* 30+ years = .1308 (34 days per year)*</p> <p><i>*Annual PTO accruals based on employee working 2080 hours per year</i></p>
<p style="text-align: center;">HOLIDAYS</p>	<p>PTO includes the following 8 holidays observed by the club:</p> <ul style="list-style-type: none"> • New Year's Day • President's Day • Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Day after Thanksgiving • Christmas Day <p>There are no separate paid holidays. PTO-eligible employees may use their accrued time off if they choose not to work on a recognized holiday.</p> <p>Hourly or non-exempt employees who are required to work on a holiday will receive time and one-half for all hours worked at their regular rate of pay.</p>
<p style="text-align: center;">OREGON SICK TIME (OST)</p>	<p>Accrues at one hour for every 30 hours of work performed up to a maximum of 40 hours per year. May be used following at least 90 calendar days of employment. Refer to policy HR-53 for complete information.</p>
<p style="text-align: center;">EMPLOYEE DISCOUNTS</p>	<p>M-Porium: 30% off regularly priced items excl. sundries Restaurants: 40% in all except Joe's & Sunset Bistro</p>
<p style="text-align: center;">EMPLOYEE ACTIVITIES</p>	<p>Employee Recognition Events; Employee Holiday Celebration; Wellness Activities; Employee Summer Event</p>
<p style="text-align: center;">OTHER BENEFITS</p>	<p>Athletic Facility Use for eligible employees; Complimentary parking; Automatic payroll deposit; Employee referral bonus program; \$3.50 meals from employee Grab-N-Go menu; Fay Sasser educational scholarship; Access to Headspace Wellness app subscription</p>