



TOTAL COMPENSATION STATEMENT

Bozeman Health
 915 Highland Blvd
 Bozeman, Montana 59715

Prepared for:
Bozeman Health

2021 Benefits Statement

2/25/2021
 Dear Joe Smith:

This personal benefits statement is a brief outline of the benefits Bozeman Health provides to you. It summarizes each benefit and illustrates the significance of your benefits package as part of your total compensation. Please review the information carefully and direct any questions or concerns to Jane Doe at 414-444-5586.

**TOTAL
 COMPENSATION:**
\$39,419.18

Personal Information:		Employment Information:	
SSN\Employee ID:	088-88-8888	Date of Hire:	January 1, 2002
Name:	Joe Smith	Annual Base Salary:	\$32,562.00
Address:	800 Langdon St.	Job Title:	Electrician
City, State, Zip	Madison, WI 53706		

Benefit Name:	Benefit Description:	Annual Cost:	
		Employer Cost:	Employee Cost:
Medical	UnitedHealthcare Choice	\$4,684.42	\$ 783.90
Dental	MetLife Dental Plan	\$ 360.88	\$ 226.20
Vision	Vision Service Plan Discount Card	\$ 0.00	\$ 25.00
Employer-provided Short-term Disability	Company Provided STD benefit equal to 60% of your weekly rate for maximum benefit period of 13 weeks	\$ 125.10	\$ 0.00
Employer-provided Long-term Disability	Company provided LTD monthly benefit begins after 90 days of total disability. Benefit equivalent to 70% of basic monthly earnings while disabled up to age 65.	\$ 210.20	\$ 0.00
Employer-provided Basic Life & AD&D	One times salary to maximum benefit of \$100,000	\$ 174.10	\$ 0.00
Voluntary/Supplement Life	No coverage	\$ 0.00	\$ 0.00
Dependent Life	No Coverage	\$ 0.00	\$ 0.00
Voluntary Long-term Care	Base plan covers \$1,000 per month facility for 3 years or \$500 per month homecare for 6 years.	\$ 0.00	\$ 0.00
Health Care Spending Account	2005 Contribution	\$ 0.00	\$ 364.00
Dependent Care Spending Account	Paid Yearly	\$ 0.00	\$5,000.00

Commuter Expense Reimbursement Account	Paid Yearly	\$ 0.00	\$ 800.00
401(k) Plan	Can elect to defer up to 25% of your income pretax. Company match is 50% of withholdings up to 4%.	\$1,302.48	\$2,604.96
Profit sharing	Determined annually by board of directors based on profitability	\$ 0.00	\$ 650.54
Employee Stock Purchase Plan	Shares of company stock can be purchased 2 times annually with a 15% discount (see plan document for more details).	\$ 0.00	\$ 650.54
Total Benefits Cost:		\$6,857.18	\$11,105.14
Plus Annual Base Salary:		\$32,562.00	
TOTAL COMPENSATION:		\$39,419.18	
Cost of employer-sponsored benefits as a percentage of total compensation:		17.40%	

Miscellaneous Benefits:	Benefit Description:
401(k) and Profit Sharing	ABC Co. is pleased to partner with you in providing for your retirement. Our tax-deferred 401(k) plan offers you many advantages over a typical savings account. With a 401 (k) plan, the money you put in the account is tax-deferred. Additionally, the interest you earn on the money in your account grows without having taxes withheld, so the total grows much quicker than it would without this tax advantage.
Bereavement Pay	We have taken into consideration the personal needs which arise from the death of an immediate family member. Up to 5 days off may be granted with pay.
Credit union membership	As an employee you are eligible for membership in the Southeastern State Credit Union. See HR for details.
Direct Deposit	Direct Deposit to your financial institution is available for our convenience. See HR for details.
Employee Assistance Program	An employee assistance program is available for all employees and their families for confidential assistance in dealing with personal concerns.
Paid Holidays	ABC Co. recognizes 10 paid holidays each year, typically: New Year's Day and the day before or after; President's Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day and the day following; and Christmas Day and the day before or after.
Jury Duty Pay	If you are chosen for jury duty you will be provided with your regular pay minus any compensation from the court for up to 10 working days.
Onsite Child Care	Contact Great Kids at (800) 555-5555 for information.
Severance Pay	Negotiated upon hire.
Paid Sick Days	Our sick leave policy is established to assist you when you are unable to work due to illness, injury, or a medical condition.
Tuition Reimbursement	100% reimbursement of tuition and course-required books for classes pertinent to present position or next logical step. Course must be from accredited school, college or university. Reimbursement not to exceed \$1500 annually.
Uniform Expense	\$200 annually is allowed for purchase of uniforms.
Vacation	Each employee earns 10 days of vacation in the first year of employment. One vacation day is added for each additional year of employment up to a maximum of 25 days per year.
Voting Leave	ABC Co. provides up to 2 hours to vote in both the primary and general elections held each year.
Wellness Program	Up to \$100 annually for eligible wellness classes, health club membership or weight loss program. See HR for program details.

Please contact Human Resources with questions or comments about your personal benefits summary. Bozeman Health is pleased to be able to offer these valuable benefits to you, and we thank you for being a partner in our success.

Every effort has been made to ensure that the information in this statement is accurate; however no warranty of complete accuracy is made. This report does not in any way constitute a contract of employment. Bozeman Health reserves the right to amend pay and benefits at any time without notice. If you feel an error has been made or have any questions, please contact Human Resources.

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