

Employee Benefits

QUICKLOOK[®]

Questions?

Contact Shared Services @ 503.828.0255 | CASA-hr@trupphr.com

INSURANCE Benefits

MEDICAL



Regence Gold
1500

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
Plan Information	Group # 10035499	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
	Phone: 888-675-6570 Website: www.regence.com	Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Deductibles:	In-Network: \$1,500/per person; \$3,000/per family (2 or more). Out-of-Network: \$5,000/per person; \$10,000/per family (2 or more). Waived for most office visits, most preventive care, urgent care services and outpatient lab/x-ray in-network.
Calendar year out-of-pocket max:	In-Network: \$8,500/person; \$17,100/family (2 or more). Out-of-Network: \$10,000/per person \$20,000/per family (2 or more)
Co-pays & Co-insurance:	In-Network: \$-0- preventive; Co-Pays: \$30/primary care visit; \$50/specialist visit; \$50/urgent care visit; Minor Diagnostic (x-ray, blood work): 30% co-insurance Out-of-Network: 50% co-insurance for most other services;
Prescription Coverage:	In-Network (Only): No Charge/preventative; \$10/preferred generic; \$35 co-insurance/Non-preferred generic \$50/preferred brand; 50% co-insurance/Non-preferred brand; 20% co-insurance/Preferred specialty; 50% co-insurance/Non-preferred specialty
Vision Coverage:	Exams: one per year - \$0 copay; Lenses and Frames: up to \$150 Contacts: Up to \$150 in lieu of glasses

MONTHLY EMPLOYEE & COMPANY COSTS							
EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
0	619.88	0	1144.14	0	1058.33	0	1630.40

Employee Benefits

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INSURANCE Benefits

MEDICAL



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HSA Preferred

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
Plan Information	Group # 10035499 Phone: 888-367-2116 Website: www.regence.com	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY

Deductibles:	In-Network: \$3,500/per person; \$7,000/per family (2 or more). Out-of-Network: \$5,000/per person; \$10,000/per family (2 or more). Generally, you must pay all of the costs from the providers up to the deductible before the plan will pay. If you have family on your plan, the overall family deductible must be met before the plan begins to pay.
Calendar year out-of-pocket max:	In-Network: \$6,900/person; \$13,800/family (2 or more). Out-of-Network: \$10,000/per person \$20,000/per family (2 or more)
Co-pays & Co-insurance:	In-Network: \$-0- preventive; Co-Pays: \$0 coinsurance Generally, you must pay all of the costs from the providers up to the deductible before the plan will pay. If you have family on your plan, the overall family deductible must be met before the plan begins to pay.
Prescription Coverage:	In-Network (Only): No Charge/preventative; Co-Pays: \$0 coinsurance Generally, you must pay all of the costs from the providers up to the deductible before the plan will pay. If you have family on your plan, the overall family deductible must be met before the plan begins to pay.
Vision Coverage:	Exams: One per year - \$0 copay Lenses & Frames – limited to \$200 for VSP doctors, \$100 for VSP approved wholesale/retail vendors Contacts – limited to \$200 in lieu of Frames

MONTHLY EMPLOYEE & COMPANY COSTS

EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
0	497.73	0	995.46	0	920.80	0	1418.53

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INSURANCE Benefits

MEDICAL



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HSA Preferred

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
Plan Information	Group # 10035499 Phone: 888-367-2116 Website: www.regence.com	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY

Deductibles:	In-Network: \$4,250/per person; \$8,500/per family (2 or more). Out-of-Network: \$5,000/per person; \$10,000/per family (2 or more). Generally, you must pay all of the costs from the providers up to the deductible before the plan will pay. If you have family on your plan, the overall family deductible must be met before the plan begins to pay.
Calendar year out-of-pocket max:	In-Network: \$8,500/person; \$17,100/family (2 or more). Out-of-Network: \$10,000/per person \$20,000/per family (2 or more)
Co-pays & Co-insurance:	In-Network: \$-0- preventive; Co-Pays: \$0 coinsurance Generally, you must pay all of the costs from the providers up to the deductible before the plan will pay. If you have family on your plan, the overall family deductible must be met before the plan begins to pay.
Prescription Coverage:	In-Network (Only): No Charge/preventative; Co-Pays: \$0 coinsurance Generally, you must pay all of the costs from the providers up to the deductible before the plan will pay. If you have family on your plan, the overall family deductible must be met before the plan begins to pay.
Vision Coverage:	Exams: One per year - \$0 copay Lenses & Frames – limited to \$200 for VSP doctors, \$100 for VSP approved wholesale/retail vendors Contacts – limited to \$200 in lieu of Frames

MONTHLY EMPLOYEE & COMPANY COSTS

EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
0	533.61	0	1067.22	0	987.18	0	1520.79

Employee Benefits

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DENTAL



Standard
Dental

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
Plan Information	Group # 160-167173 Phone: 800.633.8575 Website: https://standard.com/	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Deductibles:	\$- deductible for preventative; \$50/person and \$150/family deductible for basic and major services
Calendar year benefit:	Calendar year benefit max: \$1,500
Co-pays & Co-insurance:	Preventive services: \$-0-; Basis services: 20% co-insurance for adult in-network; Major services: 50% coverage, after deductible

MONTHLY EMPLOYEE & COMPANY COSTS							
EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
0	48.16	0	92.28	0	85.36	0	138.48

FLEXIBLE SPENDING PLAN



Pacific Source
FSA

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
Plan Information	Phone: 800.433.7038 Website: http://psa.pacificsource.com/flex/	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Deductibles:	Employee can choose to contribute pre-tax dollars to a Flexible Spending Account (FSA) to use for approved expenses. Expenses must be submitted for reimbursement no later than 90 days after the end of the plan year. If you separate from the company during the plan year, only expenses incurred on or before your separation date will be eligible for reimbursement; expenses must be submitted for reimbursement no later than 90 days after your date of separation.
Health FSA:	Health-related annual limits: up to \$2,750/plan year Up to \$500 can be carried over from one year into the next. Any dollars set aside in excess of \$500 that are not used in the plan year, you will lose those dollars.
Dependent Care FSA:	Dependent-care related annual limits: Up to \$5,000 per plan year, or \$2,500 if married filing separately Any unused dollars from plan year will be lost.

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HEALTH SAVINGS



ACCOUNT

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
	The company does not have an established HSA provider. The employee can choose any bank who provides a Health Savings Account.	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Deductibles:	Employee can choose to contribute pre-tax dollars to a Health Savings Account (HSA) to use for approved expenses. The employee will select a bank of their choice that provides a Health Savings Account option. The employee is responsible to provide the account information to Payroll for processing. Expenses must be submitted for reimbursement no later than 90 days after the end of the plan year. If you separate from the company during the plan year, only expenses incurred on or before your separation date will be eligible for reimbursement; expenses must be submitted for reimbursement no later than 90 days after your date of separation.
Health Savings Account (HSA)	Health-related annual limits: up to \$7,300 Funds remain in your account year after year, and any unused funds may be used to pay for future qualified medical expenses.

Life/AD&D



Standard

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
Plan Information	Phone: 800.633.8575 Website: https://standard.com/	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Coverage:	\$10,000 for life and AD&D

MONTHLY EMPLOYEE & COMPANY COSTS	
The Company pays 100% of the premium for this benefit. No employee contributions are required.	

Long Term Disability Insurance



The Standard

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 01.01.22 → 12.31.22	Employee Groups	Eligible?	Eligibility Date
Plan Information	Phone: 800.633.8575 Website: https://standard.com/	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Monthly Benefits Begin:	Benefits begin after 180 days of disability. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage:	60% per week to a maximum of \$5,000. Pay is suspended while employees are receiving payments under the Long Term Disability insurance protections.
Duration of Benefit:	To age 65

TIME OFF Benefits

Holidays



OVERVIEW		ELIGIBILITY		
Benefit	CASA observes ten (10) paid holidays a year.	Employee Groups	Eligible?	Eligibility Date
Paid Holidays Include:	<ul style="list-style-type: none"> • New Year's Day • Martin Luther King, Jr. Birthday • Washington's Birthday • Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Day After Thanksgiving • Christmas Eve • Christmas Day <p>For more information please visit the Employee Handbook.</p>	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Immediately upon date of hire.
		Temporary, Seasonal or On-Call	Yes	

Celebration



OVERVIEW		ELIGIBILITY		
Benefit	CASA provides 2 (two) Celebration Days each calendar year.	Employee Groups	Eligible?	Eligibility Date
Information	<p>In addition to the holidays listed above, and in recognition that each employee may observe additional days or events throughout the year. Celebration Days may be used for birthdays, anniversaries, in observance of other faith-based holidays, or for any other occasion which the employee chooses to recognize</p> <p>For more information please visit the Employee Handbook.</p>	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Immediately upon date of hire.
		Temporary, Seasonal or On-Call	No	

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Vacation



OVERVIEW		ELIGIBILITY										
Benefit	CASA provides paid vacation	Employee Groups	Eligible?	Eligibility Date								
Information	<p>Employees accrue vacation time over the course of the year on a per-pay-period basis. The accrual rate depends on length of service, as demonstrated below. Hours are pro-rated for employees working less than 40 hours per week.</p> <table border="1"> <thead> <tr> <th><u>Years of Service</u></th> <th><u>Hours per Month/Days per Year</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>8 hours a month/12 days a year</td> </tr> <tr> <td>2</td> <td>10 hours a month/15 days a year</td> </tr> <tr> <td>3</td> <td>12 hours a month/18 days a year</td> </tr> </tbody> </table> <p>The maximum number of vacation hours that may be accrued at year-end is 120. Any hours in excess of this will not be carried over and will be forfeited. Employees may request that any hours over 80 be cashed out. Requests for cash out must be made two weeks prior to year-end. For more information please visit the Employee Handbook.</p>	<u>Years of Service</u>	<u>Hours per Month/Days per Year</u>	1	8 hours a month/12 days a year	2	10 hours a month/15 days a year	3	12 hours a month/18 days a year	<p>Regular full-time and part-time (working an average of 20 hours/week or more)</p> <p>Temporary, Seasonal or On-Call</p>	<p>Yes</p> <p>No</p>	<p>Employees begin accruing vacation time upon their date of hire and can begin using accrued hours after 90 days of continuous employment.</p>
<u>Years of Service</u>	<u>Hours per Month/Days per Year</u>											
1	8 hours a month/12 days a year											
2	10 hours a month/15 days a year											
3	12 hours a month/18 days a year											

Sick Leave



OVERVIEW		ELIGIBILITY		
Benefit	CASA offers paid sick leave to all full-time and part-time employees.	Employee Groups	Eligible?	Eligibility Date
Information	<p>Full-time employees accrue sick leave at a rate of 8 hours per month, up to a maximum balance of 225 hours (approximately 28 full-time work days). The maximum balance for part-time employees is pro-rated, based on 225 hours. Once the employee has reached the maximum balance, accrual stops and starts up again only when the employee has used some of the sick leave time and reduced the balance below the maximum. For more information please visit the Employee Handbook.</p>	<p>Regular full-time and part-time (working an average of 20 hours/week or more)</p> <p>Temporary, Seasonal or On-Call</p>	<p>Yes</p> <p>No</p>	<p>Employees begin accruing sick time on their date of hire and can begin using accrued sick time immediately after hire to the extent that accrued sick leave is available.</p>

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Personal Leave



OVERVIEW		ELIGIBILITY		
Benefit	Prorated amount of 16 hours full time equivalent granted per year.	Employee Groups	Eligible?	Eligibility Date
Information	Personal Leave pay is based on regular straight time rate of pay and does not count towards overtime. Personal leave balances do not rollover from one year to the next. For more information please visit the Employee Handbook.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Last day of the month coinciding with one-year anniversary date.
		Temporary, Seasonal or On-Call	No	

Shared Sick Leave



OVERVIEW		ELIGIBILITY		
Benefit	Allows employees to request additional leave upon exhaustion of all earned leave and Paid Family and Medical Leave (if applicable) of the affected employee for a qualifying reason.	Employee Groups	Eligible?	Eligibility Date
Information	The intent of CASA of Oregon's Voluntary Shared Sick Leave Policy is to allow employees to assist another in the event of a prolonged medical condition that results in the exhaustion of all earned leave and Paid Family and Medical Leave (if applicable) of the affected employee. For more information please visit the Employee Handbook.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	The employee must have been employed by CASA of Oregon for no shorter than a consecutive 12-month period. The program covers any prolonged illness or injury that is documented by a medical provider. Family Medical Leave Eligibility for shared leave is terminated when an employee returns to work, separates from employment or a medical condition improves where it no longer qualifies the recipient for shared sick leave.
		Temporary, Seasonal or On-Call	No	

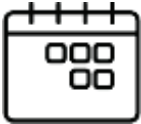
Employee Benefits

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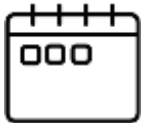
Contact Shared Services @ 503.828.0255 x105 | CASA-hr@truphr.com

Jury/Witness Duty



OVERVIEW		ELIGIBILITY		
Benefit	Employees may receive up to five days of paid jury duty leave per year.	Employee Groups	Eligible?	Eligibility Date
Information	<p>Unless an employee's job responsibilities require it, CASA will not ordinarily ask or encourage an employee to request to be excused from or postpone a call to jury duty.</p> <p>Employees required to appear in court in compliance with a subpoena or to serve as a witness will be allowed time off to do so, provided the employee is not a party to the case, appearing as an expert witness for compensation or receiving compensation for such appearances (other than normal witness fee paid by the court), and their appearance is not directly related to any outside employment or business activities.</p> <p>For more information please visit the Employee Handbook.</p>	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

Bereavement Leave



OVERVIEW		ELIGIBILITY		
Benefit	Allows employees to request 3 paid days off.	Employee Groups	Eligible?	Eligibility Date
Information	<p>Employees may request up to two weeks of time off related to the death of an immediate family member. The first three days of this leave will be paid. Employees may request to use available vacation, sick leave, personal days or celebration days to cover any additional days off related to bereavement.</p> <p>For more information please visit the Employee Handbook.</p>	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

Employee Benefits

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Summer Schedule



OVERVIEW		ELIGIBILITY		
Benefit	36 hour work-week	Employee Groups	Eligible?	Eligibility Date
Information	CASA observes a summer schedule from Memorial Day to Labor Day. During this time, the Standard Work Week is a 36 hour work-week.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

Family & Medical Leave



OVERVIEW		ELIGIBILITY		
Benefit	12 weeks of paid family or medical leave	Employee Groups	Eligible?	Eligibility Date
Information	<p>Eligible employees may take up to 12 weeks of paid family or medical leave, plus 2 weeks if leave results from pregnancy complications. Employees may take up to 16 weeks in combination of paid family and medical leave, plus 2 weeks if leave results from pregnancy complications.</p> <p>Paid Family and Medical Leave will run concurrently with any qualifying state or federal leave (CASA is currently covered under the Oregon Family Leave Act (OFLA) and various other state leave laws) for which CASA is considered a covered employer. Paid Family and Medical Leave does not replace an employee's entitlement to use protected leave under OFLA, but will run concurrently with OFLA.</p> <p>For more information please visit the Employee Handbook.</p>	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Employees who have worked at least 180 days and worked an average of 25 hours per week during the 180 days prior to the start of leave are eligible for paid family and medical leave.
		Temporary, Seasonal or On-Call	No	

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Personal Leave



OVERVIEW		ELIGIBILITY		
Benefit	CASA provides unpaid time off for time needed in excess of five continuous work days.	Employee Groups	Eligible?	Eligibility Date
Information	<p>Leave is discretionary for personal reasons of a compelling nature depending on reason, length of service, performance and the business needs of CASA at the time of the request. Leave for medical reasons requires a physician certification before the leave can be approved.</p> <p>All requests for a personal leave must be submitted prior to the first day of leave in writing to the Executive Director stating the purpose and beginning and ending dates of the leave. The Executive Director will determine if the leave is approved.</p> <p>For more information please visit the Employee Handbook.</p>	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with, or next following, 90 days of employment.
		Temporary, Seasonal or On-Call	No	

Sabbatical



OVERVIEW		ELIGIBILITY		
Benefit	After ten years, employees can take a two-month sabbatical paid- leave. At fifteen years and every five years thereafter, employees are eligible for a three-month sabbatical.	Employee Groups	Eligible?	Eligibility Date
Information	<p>All employees with ten years of service will be eligible to take a sabbatical. Employees are eligible for a sabbatical every five years after their initial ten years of service. All employees must plan the sabbatical in consultation with their supervisor. The employment relationship and all related agreements remain in effect.</p> <p>For more information please visit the Employee Handbook.</p>	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Beginning 10 years from date of hire.
		Temporary, Seasonal or On-Call	No	

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PAY Benefits

401k



PLAN OVERVIEW		ELIGIBILITY		
Benefit	Employees must enroll and make investment elections	Employee Groups	Eligible?	Eligibility Date
Plan Information	Employer contributions up to 6% of gross wages made regardless of employee contribution. Employee must enroll and make investment elections to receive employer contribution at 1 year of service and can choose to make contributions after 90 days of employment. Provides pre-tax retirement savings through payroll deductions in accordance with annual maximum deferrals limits set for each year by the Internal Revenue Service Code. Note additional contributions (catch-up contributions) available to employees age 50 and over.	Regular (working an average of 20 hours/week or more)	Yes	Employee contribution after 90 days. Employer contributions begin after employee completes one year of service.
		Temporary, Seasonal or On-Call	No	

Wellness Stipend



OVERVIEW		ELIGIBILITY		
Benefit	\$20 per month	Employee Groups	Eligible?	Eligibility Date
Information	Employees of CASA are eligible for a wellness stipend of \$20 per month. This benefit's purpose is to encourage and support employee self-care. The wellness benefit covers out of pocket expenses. Examples of eligible expenses include, but are not limited to, gym memberships, class fees, health subscriptions, weight loss programs, massage, equipment, etc.	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	

Communications Stipend



OVERVIEW		ELIGIBILITY		
Benefit	\$50 per month	Employee Groups	Eligible?	Eligibility Date
Information	Employees of CASA are eligible for a communications stipend of \$50 per month. The stipend is to offset part of the costs of cell phone and internet access.	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	

Employee Benefits

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Office
Stipend



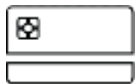
OVERVIEW		ELIGIBILITY		
Benefit	\$500	Employee Groups	Eligible?	Eligibility Date
Information	One-time stipend for expenses related to employee's work-from-home space	Regular (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

OTHER Benefits

YMCA
Membership

OVERVIEW		ELIGIBILITY		
Benefit	Discounted gym membership to Sherwood YMCA for employees only.	Employee Groups	Eligible?	Eligibility Date
Information	Must provide proof of employment to receive discount. 100% employee paid	Regular (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

COSTCO
Membership



OVERVIEW		ELIGIBILITY		
Benefit	100% Employer Paid for Gold Membership	Employee Groups	Eligible?	Eligibility Date
Information	Employee must submit the annual membership dues receipt of employee payment for reimbursement to your supervisor.	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	