



A driving force for health equity

CHOICES TO MEET YOUR GOALS


A SUMMARY OF OCHIN BENEFITS

January 1, 2024 – December 31, 2024




At OCHIN we provide a **total compensation package** that recognizes the totality of your health, wellness, and personal growth goals. This commitment is rooted in the belief that as an organization we benefit from your distinct talents, diverse skills, and unique perspective. That's why we offer a comprehensive compensation package that goes beyond salary and includes a mix of **customizable retirement**, **health** and **wellness** options to honor your uniqueness and provide you with the choices you need to grow and thrive.


Any regular (not temporary) employee working 20 hours or more per week is eligible for benefits the first of the month following their date of hire.

Medical Plan	Cigna	
	PPO Plan	Consumer Driven Health Plan

Dental Plan Summary	Delta Dental of Oregon	
	National Network of Coverage	


Vision Plan Summary	VSP	
	Choice Network	


Flexible Spending Account	Discovery Benefits	
	Health Care Flexible Spending	
	Dependent Care Flexible Spending	


Life and Disability	Unum	
	Life / AD&D	
	Voluntary Life / AD&D	
	Short-Term Disability	
	Long-Term Disability	


Voluntary Products	Unum	
	Voluntary Accident Insurance	
	Voluntary Critical Illness	

Voluntary Products	Nationwide	
	Voluntary Pet Insurance	

Retirement Savings	OCHIN's match is based on \$0.50 per \$1 up to your contribution of 8% of eligible compensation. You may contribute more than 8%, but it will not be matched.		
	Your Contribution	OCHIN Match	Total
	3%	1.5%	4.5%
	8%	4%	12%
	10%	4%	14%
	Company Vesting Schedule		
	Less than 2 years – 0%	2 Years – 33%	3 years – 66%
4 or more years – 100%			
OCHIN's Bonus Program is driven by the performance metrics that range from 0-5%			

Additional Paid Benefits	Monthly Stipends
	Reimbursements \$75/month for internet, \$35/month for cell phone, and \$300 lifetime home office set-up reimbursement and \$100 annual office supply reimbursement.

Employee Wellness	
	Employee Assistance Program (EAP) is a free and confidential benefit that can assist you and your eligible family members with any personal problems, large or small.

Personal Growth	Professional Development
	OCHIN is a fast-growing technology company that relies on well-trained staff to operate at a high level of professionalism. To be effective professionals, individuals must be continuously learning, growing, and advancing their skills—and OCHIN encourages this. We provide financial assistance to regular full-time employees for professional development and training purposes, subject to budget and management prior approval.

Paid Time Off (PTO)	Based on full-time employment status		
Length of Service and PTO Days Earned Per Year	0-5 years - 20 PTO days per year	5-10 years – 25 PTO days per year	10+ years – 30 PTO days per year
Accrual Rate Per Hours Worked	6.66 hours per pay period 160 max accrual hours	8.33 hours per pay period 200 max accrual hours	10 hours per pay period 240 max accrual hours
Flexible, Paid Holiday Schedule	The 2024 holiday schedule includes 10 defined holidays. Additionally, if hired prior to September 30 of the calendar year, 3 floating holidays are provided.		
Paid Parental Leave	Eligible employees will receive twelve weeks of fully paid parental leave for birth, adoption, or placement of a child/children.		
Sabbaticals	OCHIN has a Sabbatical Leave Program intended to reward long term employees with a sabbatical, where they can take some time away from their job to recharge and renew. Employees can choose to use their Sabbatical Leave in any way they wish. However, as continuous learning is important both personally and professionally, they are encouraged to share their learnings with the team upon their return. Employees with a minimum of seven years of continuous full-time service can take up to 20 days of leave based on the number of hours they work per week.		

Paying for Your Coverage

We pay a significant portion of your premium as an employee as well as a significant portion of the premium for any dependents you elect to cover on your Medical, Dental, and Vision plans. The premium you pay will be taken on a pre-tax basis unless you elect otherwise. Please note that the IRS requires that premiums for Domestic Partners and their children who are not your tax dependents be taken on a post-tax basis. We are required to add the company's portion of the cost of coverage for non-tax dependents to your taxable income.

Medical Insurance (Cigna)

Employee Contributions (Per Paycheck)				
	CDHP Plan		PPO Plan	
	Employee	OCHIN	Employee	OCHIN
Annual wages less than \$75,000				
Employee Only	\$0.00	\$407.76	\$22.39	\$425.52
Employee & Spouse *	\$0.00	\$845.14	\$95.16	\$834.32
Employee & Child(ren) *	\$0.00	\$765.61	\$81.98	\$759.95
Employee & Family *	\$0.00	\$1,203.00	\$154.41	\$1,169.08
Annual wages between \$75,000 to \$135,000				
Employee Only	\$0.00	\$407.76	\$22.39	\$425.52
Employee & Spouse *	\$0.00	\$845.14	\$143.85	\$785.63
Employee & Child(ren) *	\$0.00	\$765.61	\$121.85	\$720.07
Employee & Family *	\$0.00	\$1,203.00	\$242.64	\$1,080.85
Annual wages above \$135,000				
Employee Only	\$0.00	\$407.76	\$22.39	\$425.52
Employee & Spouse *	\$0.00	\$845.14	\$192.54	\$736.94
Employee & Child(ren) *	\$0.00	\$765.61	\$161.74	\$680.19
Employee & Family *	\$0.00	\$1,203.00	\$330.87	\$992.62

*See tax info about premiums for domestic partners and their children above.

Dental Insurance (Delta Dental of Oregon/MODA)

Employee Contributions (Per Paycheck)				
	Base Plan		Enhanced Plan	
	Employee	OCHIN	Employee	OCHIN
Annual wages less than \$75,000				
Employee	\$1.01	\$19.14	\$6.99	\$19.14
Employee & Spouse	\$3.97	\$35.70	\$16.05	\$35.70
Employee & Child(ren)	\$4.13	\$37.13	\$16.72	\$37.13

Employee & Family	\$7.53	\$55.24	\$26.83	\$55.24
Annual wages between \$75,000 to \$135,000				
Employee	\$1.01	\$19.14	\$6.99	\$19.14
Employee & Spouse	\$5.95	\$33.71	\$18.04	\$33.71
Employee & Child(ren)	\$5.78	\$35.48	\$18.37	\$35.48
Employee & Family	\$11.30	\$51.47	\$30.60	\$51.47
Annual wages above \$135,000				
Employee	\$1.01	\$19.14	\$6.99	\$19.14
Employee & Spouse	\$8.33	\$31.33	\$20.42	\$31.33
Employee & Child(ren)	\$7.84	\$33.41	\$20.43	\$33.41
Employee & Family	\$15.69	\$47.08	\$34.99	\$47.08

Vision Insurance (VSP)

Employee Contributions (Per Paycheck)	
Annual Wages less than \$75,000	
Employee	\$3.50
Employee & Spouse	\$5.61
Employee & Child(ren)	\$5.72
Employee & Family	\$9.22
Annual Wages between \$75,000 to \$135,000	
Employee	\$3.50
Employee & Spouse	\$5.61
Employee & Child(ren)	\$5.72
Employee & Family	\$9.22
Annual Wages above \$135,000	
Employee	\$3.50
Employee & Spouse	\$5.61
Employee & Child(ren)	\$5.72
Employee & Family	\$9.22