



SAVINGS & RETIREMENT BENEFITS

**403(b) Retirement Plan:** Through the 403(b) Retirement Plan, you and the Hospital work as partners to help build your financial security for retirement or to meet other long-term savings goals. Eligible employees may contribute up to the IRS limit of \$17,000 through payroll deduction (up to \$22,500 if you are 50 years of age or older by 12/31). The employer match is up to 4% of compensation if you are employed on December 31 and work at least 1,000 hours in the year.

• Your Current 2012 Annual Contribution	\$	XX
• Your 2011 Annual Contribution	\$	XX
• Hospital 2011 Matching Contribution	\$	XX

**Cash Balance Pension Plan:** The Hospital funds a Cash Balance Pension Plan to help ensure your financial security in retirement. The Hospital contributes 5% of your salary each year you work at least 1,000 hours. You are 100% vested in these contributions and interest earned after 3 years of benefit service. The hospital contributed \$XX to your account in 2011.

**Social Security & Medicare:** Each year, you and the Hospital share in the cost of Social Security and Medicare taxes. During 2012, the "FICA" entry on your payroll stub includes Social Security taxes of 4.2% (your share) and 6.2% (Hospital's share) of the first \$110,100 of your total compensation, plus Medicare taxes of 1.45% of your total compensation. For more information, contact the Social Security Administration at 1-800-772-1213.

**Flexible Spending Accounts:** The Hospital provides Flexible Spending Accounts to help you save on eligible expenses by putting aside pre-tax dollars.

• For 2012, you are contributing \$XX to your Health Care FSA.
• For 2012, you are contributing \$XX to your Dependent Care FSA.

OTHER VALUABLE BENEFITS

- Tuition Reimbursement
- Auxiliary Education Fund
- CORE Wellness
- Jury Duty Leave
- Direct Deposit
- LegalShield
- Free Parking Facilities
- Provident Credit Union
- Sun Life Identity Theft Protection
- Sun Life Emergency Travel Assistance
- Employee Discount Programs:
  - ⇒ El Camino YMCA
  - ⇒ Click Home
  - ⇒ Global Fit
  - ⇒ Action Day / Primary Plus
  - ⇒ Tickets at Work
  - ⇒ Verizon Wireless
  - ⇒ AT&T Wireless
  - ⇒ Dell Computers
  - ⇒ Los Altos Pharmacy

Your Total Compensation Statement

Jennifer Nelson  
212 Cottage Grove Ave.  
Santa Barbara 93101

**Important:** This statement is intended to summarize your company provided benefits. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this report and the actual plan documents, the actual plan documents will prevail. Please contact Human Resources if you have questions about your total compensation statement.

Dear Jennifer,

We are pleased to provide you with this personalized 2012 Total Compensation Statement. This statement was developed to show your total compensation package, including your earnings, your elected benefits, and the Hospital's cost to provide this coverage for you.

Your total compensation package includes your earnings and benefits. In 2012, the Hospital will pay approximately \$44,394.62 towards your benefits as described in this statement. Your benefits package, although not as visible as your pay, significantly increases the value of your total compensation from the Hospital.

We feel that the total compensation package provided by El Camino Hospital is an important way the Hospital compensates you for your commitment, loyalty, hard work and dedication. The package is designed to not only help meet your needs today, but also to help you plan for the future.

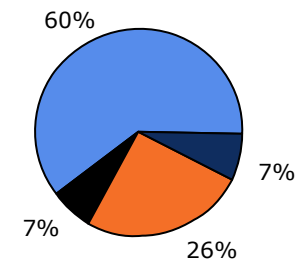
Thank you for the service you provide to our patients and community as a member of the El Camino Hospital staff. If you have any questions regarding this statement or your overall benefits package, please contact Human Resources at 650-940-7222.

Sincerely,

*Tomi Ryba*

Tomi Ryba  
President & Chief Executive Officer

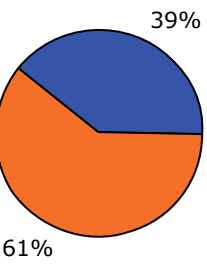
TOTAL COMPENSATION



Values less than 1% will not display

- Hospital Paid Benefits
- Base Salary
- Shift Differential
- Overtime

TOTAL BENEFITS



- Hospital's Annual Cost
- Your Annual Cost

Benefit	Hospital's Annual Cost		Your Annual Cost	
Medical	\$	XX	\$	XX
Dental	\$	XX	\$	XX
Vision	\$	XX	\$	XX
Employee Assistance Program (CONCERN-EAP)	\$	XX	\$	XX
Long Term Disability	\$	XX	\$	XX
Basic Life/ECH Accidental Death & Dismemberment	\$	XX	\$	XX
Voluntary Accidental Death & Dismemberment	\$	XX	\$	XX
Voluntary Life	\$	XX	\$	XX
Dependent Life	\$	XX	\$	XX
403(b) Retirement Plan – Employee Contribution*	\$	XX	\$	XX
403(b) Retirement Plan – Hospital Match*	\$	XX	\$	XX
Cash Balance Pension Plan - Hospital Contribution*	\$	XX	\$	XX
FICA	\$	XX	\$	XX
State Disability	\$	XX	\$	XX
State Unemployment	\$	XX	\$	XX
Federal Unemployment	\$	XX	\$	XX
Workers’ Compensation	\$	XX	\$	XX
Tuition Reimbursement*	\$	XX	\$	XX
Total Benefits Cost	\$	XX	\$	XX
Annual Base Salary	\$	XX		
Shift Differential (Earned in 2011)	\$	XX		
Overtime (Earned in 2011)	\$	XX		
YOUR TOTAL COMPENSATION		\$XX		

\*Contribution or reimbursement made in 2011

HEALTH INSURANCE BENEFITS

- **Medical:** You are enrolled in the HMO plan and have elected Family coverage.
- **Dental:** You are enrolled in the MetLife Dental 1500 plan and have elected Family coverage.
- **Vision:** You are enrolled in the VSP Standard Plan and have elected Family coverage.

SURVIVOR BENEFITS

Basic life and accidental death & dismemberment insurance (AD&D) coverage are provided for you by the Hospital. Voluntary coverage is also available at an additional cost to you. Your current coverage levels are shown below.

● Basic Life and AD&D Benefit*	\$XX
● Voluntary Life Benefit*	\$XX
● Spouse/Domestic Partner Life Benefit	\$XX
● Dependent Life Benefit	\$XX
● Voluntary AD&D Benefit	\$XX Employee + Family

\*At age 70 coverage is reduced by 50%

PAID TIME OFF BENEFITS

PTO accruals are based on years of service and your work status or hours worked and PTO taken. You are currently eligible for the following paid time off:

TYPE	DAYS	CASH VALUE
● Paid Time Off (PTO)*	XX	\$ XX
● Extended Sick Leave (ESL)*	XX	\$ XX
● Education Leave (EL)	XX	\$ XX

\*Annualized estimate as of 5/12/12

INCOME PROTECTION BENEFITS

Disability benefits are offered to help provide income in the event of an eligible disability or illness. Your current elections are shown below.

**Long Term Disability:** The Hospital provides long term disability (LTD) coverage with a 90-day waiting period at no cost to you. The benefits you receive from this plan will be offset by salary continuance (PTO/ESL), State Disability, Social Security, Workers’ Compensation and certain other disability benefits you may receive.

● Your estimated benefit in the event of an eligible disability would be 60% of your pay up to \$10,000 a month.

**Unemployment Compensation:** You are covered under federal and state unemployment compensation coverage, which provides you with partial compensation in the event you are laid off from work for reasons other than misconduct. If you qualify for coverage, your income subsidy will be based on a percentage of your earnings. Contact the State Employment Development Department (EDD) for claims filing information.

**Workers’ Compensation:** You are covered with workers’ compensation insurance in the event you are injured while working. Workers’ compensation insurance may cover the cost of medical care and income replacement if you are unable to work. Consult Employee Health Services for claims information.

