



HARBOR HEALTH



Benefits for Harbor Health Employees

To support our employees, we continuously strive to provide a comprehensive benefits package.

The package includes:

- Medical Insurance — 2 Plans available
- Dental Insurance
- Group Life & Supplemental Life Insurance
- Short-Term & Long-Term Disability
- Voluntary Critical Illness, Whole Life and Accident Insurance
- Flexible Spending and Dependent Care Accounts
- Wellness Benefits — Employee Assistance Program, Noom Membership, fitness reimbursement
- 403B Retirement Plan with up to a 2% discretionary match
- Paid Time Off (PTO) — 20-35 days depending on tenure and role
- 11 paid holidays in addition to PTO

Additional Benefits for Providers

Providers at Harbor Health also enjoy access to job supports such as AI-transcription tools and a fully integrated EPIC EMR, professional development opportunities, and additional financial compensation.

Additional provider benefits include:

- Continuing Medical Education Stipend of up to \$2,500 and 5 days of leave per year
- Reimbursement for renewal cost of licenses
- 25 days of PTO to start with the additional 11 paid holidays per year included in a comprehensive benefits package
- Malpractice Insurance covered by the Federal Tort Claims Act (FTCA)
- Fully integrated EPIC EMR
- Opportunities available for teaching and leadership



2026 Harbor Health Benefit Rates and Cost Sharing

Benefit Rates

Medical Plan Option 1 (Health Plans, Inc. - EPO \$500)

	20-29 hours/week	30+ Hours/week		
		up to \$20.00	\$20.01-\$32	\$32.00+
EE	\$297.29	\$100.96	\$146.98	\$148.65
EE + 1	\$594.60	\$281.72	\$293.97	\$297.30
FAM	\$845.81	\$400.74	\$418.17	\$422.90

Medical Plan Option 2 (Health Plans, Inc. - EPO \$2,950)

	20-29 hours/week	30+ Hours/week		
		up to \$20.00	\$20.01-\$32	\$32.00+
EE	\$267.56	\$74.92	\$117.73	\$128.43
EE + 1	\$535.14	\$235.46	\$246.17	\$256.87
FAM	\$761.23	\$334.94	\$350.16	\$365.39

Dental (Blue Cross Blue Shield)

	20-29 hours/week	30+ Hours/week
EE	\$11.33	\$5.67
EE + 1	\$24.15	\$12.07
FAM	\$33.83	\$16.92

Vision (EyeMed)

EE	\$3.13
EE + 1	\$5.95
FAM	\$8.74

FSA (2026 Limits)

Health	\$3,400.00
DCA	\$7,500.00
FSA: \$660 may be carried over	
DCA: No carry over	



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Cost Sharing

Medical Plan Options

Medical Plan Option 1 (HPI)

Deductible	EPO \$500	EPO \$2,950
Individual	\$500	\$2,950
Family	\$1,000	\$5,900
Out-of-Pocket-Maximum	\$5,000 Ind/\$10,000 Fam	\$5,000 Ind/\$10,000 Fam
Preventive Care	No cost	No cost
PCP Office Visit	\$25 copay	\$25 copay
Specialist Visits	\$25 copay	\$25 copay
Urgent Care	\$25 copay	\$25 copay
High Tech Imaging (MRI, CT, PET)	Deductible only	20% coinsurance after deductible
X-Rays	Deductible only	20% coinsurance after deductible
Diagnostic Lab Tests	Deductible only	20% coinsurance after deductible
Emergency Room	\$350 copay	\$350 copay
Day Surgery	Deductible only	20% coinsurance after deductible
Inpatient Hospital	Deductible only	20% coinsurance after deductible
Prescription Drug Tiers	Generic/Preferred/Non-Preferred	Generic/Preferred/Non-Preferred
Rx Out-of-Pocket Maximum	Embedded in medical	Embedded in medical
Harbor Health Pharmacy Retail (30 days)	\$5/\$15/\$50	\$5/\$15/\$50
Harbor Health Pharmacy Mail Order (90 days)	\$10/\$30/\$100	\$10/\$30/\$100
First Choice Pharmacy Retail (30 days)	\$10/\$30/\$50	\$10/\$30/\$50
First Choice Pharmacy Mail Order (90 days)	\$20/\$60/\$100	\$20/\$60/\$100
Non-First Choice Pharmacy Retail (30 days)	\$20/\$40/\$60	\$20/\$40/\$60
Non-First Choice Pharmacy Mail Order (90 days)	\$20/\$60/\$100	\$20/\$60/100