ALAMEDA HEALTH SYSTEM

Employee ID # 11591

2016 TEXAS EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALANE COMBS acombs@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.
The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 440.96
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,832.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 243.00
Alameda's Benefit Contribution	$ 31,701.51
****Base Wages**	$ 115,457.47
TOTAL Investment In You	$ 147,158.98
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

**The Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

***Base Wages = hourly rate X 2080 hours x current calculated FTE.*

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 11608

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KHOI LE

khoile@alamedahealthsystem.org

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The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 115.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,378.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 815.10
Alameda's Benefit Contribution	$ 31,421.88
****Base Wages**	$ 109,524.90
TOTAL Investment In You	$ 140,946.78
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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******Base Wages*** *= hourly rate X 2080 hours x current calculated FTE.*

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 11730

MINNESOTA EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RONELL HOPKINS

rhopkins@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 179.92
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,597.60
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 523.90
Alameda's Benefit Contribution	$ 73,673.03
****Base Wages**	$ 112,386.98
TOTAL Investment In You	$ 186,060.01
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 11760

NORTH CAROLINA EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KALLEN DECATO

kdecato@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 102.70
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 9,222.38
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 223.00
Alameda's Benefit Contribution	$ 44,757.25
****Base Wages**	$ 129,336.27
TOTAL Investment In You	$ 174,093.52
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11814

2016 TEXAS EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NABIL JIRANI njirani@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.
The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 122.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 9,180.53
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 243.00
Alameda's Benefit Contribution	$ 52,198.50
****Base Wages**	$ 126,450.06
TOTAL Investment In You	$ 178,648.56
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11840

2016
HAWAII EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PAULO RAMIREZ

pramirez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 115.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,113.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 1,266.00
Alameda's Benefit Contribution	$ 63,856.73
****Base Wages**	$ 106,058.78
TOTAL Investment In You	$ 169,915.51
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11842

2016
TEXAS EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LINDA TOPLIFF

ltopliff@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 360.10
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,864.37
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 243.00
Alameda's Benefit Contribution	$ 52,119.98
****Base Wages**	$ 115,874.10
TOTAL Investment In You	$ 167,994.07
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11843

2016
TEXAS EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CELESTE LIBBIN

clibbin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 262.86
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 7,862.01
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 243.00
Alameda's Benefit Contribution	$ 51,020.38
****Base Wages**	$ 102,771.34
TOTAL Investment In You	$ 153,791.72
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11844

2016
FLORIDA EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

YEVGENYA DUBINSKY

gdubinsky@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 478.92
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 7,717.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 189.00
Alameda's Benefit Contribution	$ 28,624.47
****Base Wages**	$ 100,882.29
TOTAL Investment In You	$ 129,506.75
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11868

2016 TEXAS EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANGELA BAGWELL abagwell@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.
The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 6,885.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 243.00
Alameda's Benefit Contribution	$ 49,780.51
****Base Wages**	$ 89,999.94
TOTAL Investment In You	$ 139,780.44
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 11876

PENNSYLVANIA EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

STEPHANIE PONTIN

spontin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 7,267.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 815.10
Alameda's Benefit Contribution	$ 50,663.01
****Base Wages**	$ 95,000.05
TOTAL Investment In You	$ 145,663.06
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 11899

FLORIDA EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VIRGINIA BRIDDES

gbriddes@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 7,267.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 189.00
Alameda's Benefit Contribution	$ 38,790.27
****Base Wages**	$ 95,000.05
TOTAL Investment In You	$ 133,790.32
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11900

2016 TENNESSEE EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WILLIAM HULSE whulse@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.
The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,653.85
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 7,267.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 216.00
Alameda's Benefit Contribution	$ 52,816.86
****Base Wages**	$ 95,000.05
TOTAL Investment In You	$ 147,816.91
TOTAL Paid Time Off Days:	**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 11927

2016 TENNESSEE EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TODD O'HERON

toheron@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 4,230.78
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,415.01
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 216.00
Alameda's Benefit Contribution	$ 54,541.30
****Base Wages**	$ 110,000.18
TOTAL Investment In You	$ 164,541.48
TOTAL Paid Time Off Days:	**39 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 12089

PENNSYLVANIA EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BISMAD CHANNEY bichanney@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,032.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 815.10
Alameda's Benefit Contribution	$ 30,960.55
****Base Wages**	$ 105,000.06
TOTAL Investment In You	$ 135,960.62
TOTAL Paid Time Off Days:	**39 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 12091

NEW HAMPSHIRE EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CARLA TARZIA

ctarzia@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,032.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 238.00
Alameda's Benefit Contribution	$ 55,928.01
****Base Wages**	$ 105,000.06
TOTAL Investment In You	$ 160,928.08
TOTAL Paid Time Off Days:	**39 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

Employee ID # 12147

2016 UTAH EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DENISE LANNING dlanning@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.
The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 8,797.51
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 386.40
Alameda's Benefit Contribution	$ 55,001.46
****Base Wages**	$ 115,000.08
TOTAL Investment In You	$ 170,001.54
TOTAL Paid Time Off Days:	**39 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 12196

NEW HAMPSHIRE EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARCIA DANIELS

mdaniels@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 6,683.04
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 238.00
Alameda's Benefit Contribution	$ 45,205.81
****Base Wages**	$ 87,360.00
TOTAL Investment In You	$ 132,565.81
TOTAL Paid Time Off Days:	**39 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 12208

WASHINGTON EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JENNIFER WILLIS

jewillis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 52 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 97.77
Long Term Care Contribution		$ 0.00
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Taxes		$ 5,653.53
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
State Unemployment		$ 554.40
Alameda's Benefit Contribution		$ 55,128.30
****Base Wages**		$ 51,731.68
TOTAL Investment In You		$ 106,859.98
TOTAL Paid Time Off Days:		**35 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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The information presented to you in this statement is provided using data as of May 21, 2016 (unless otherwise noted) and may not account for changes made just before printing.

Should you have any questions after reviewing your personalized statement, please contact the Benefits Department at 510-346-7557. We will assist in answering your questions or direct your call to the appropriate department.

I am proud to have served you over the past 9+ years and thank you for your continued commitment and care for your colleagues, our patients, and the communities that we serve.

Jeanette Louden-Corbett
Chief Human Resources Officer

The data contained in this summary is based on active records as of 5/21/16 and is constructed with a combination of actual, average, and projected calculations. This statement of benefits is neither an earnings statement, nor a legal document and is provided for illustrative purposes only.

ALAMEDA HEALTH SYSTEM

2016

Employee ID # 12236

OKLAHOMA EMPLOYEE

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

STAN SCHNEIDER sschneider@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Long Term Care Contribution	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Taxes	$ 9,739.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
State Unemployment	$ 262.50
Alameda's Benefit Contribution	$ 51,762.27
****Base Wages**	$ 165,000.16
TOTAL Investment In You	$ 216,762.43
TOTAL Paid Time Off Days:	**39 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

**__The Base Wages__ shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

***__Base Wages__ = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

It is our pleasure to present you with your Alameda Health System 2016 personalized benefit statement. The total compensation package available to you demonstrates our commitment to our employees and their families. This statement will help you better understand the value of your total compensation package. The income from your paycheck is only one part of your compensation. Your total compensation also includes the pay and benefits we provide in order to enhance your employment experience and enable you to plan for and secure your future.

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