ALAMEDA HEALTH SYSTEM

2016

Employee ID #

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

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

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

ALAMEDA'S INVESTMENT IN YOU

Medical

Dental

Vision Reimbursement (fiscal yr 2016)

Employer Paid Life

Long Term Disability

Flexible Spending Account Costs

Annual Cobra Flex Admin Costs

Vacation/PTO Sell-Back (fiscal yr 2016)

Tuition Reimbursement (fiscal yr 2016)

EAP Account Costs

Medicare & Social Security Tax

Workers' Compensation Insurance

Federal Unemployment

Alameda's Benefit Contribution
****Base Wages**

TOTAL Investment In You

TOTAL Paid Time Off Days: 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.

AHS leaders value the contributions of each of our team members. Over the past several years, we have continued to enhance our salary and benefits package. Your diverse benefits and compensation package includes offerings designed to provide coverage for your present and future health and financial needs. This year's enhancements to the AHS benefits package include a new Whole Life Insurance plan and Long Term Care, as well as a growing number of wellness offerings from our Healthy Me Wellness Program to guide you down the trail towards personal health and future financial stability for you and your family.

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.