Financial Proposal:

Steps 1-13 3.5% steps between steps (same as before)

Add 3 new steps. (14,15,16)

Yr 1 = 8.75%, Yr 2 = 5%, Yr 3 = 4%, Yr 4 = 4%

The hospital agreed in the 11th hour to maintain the 3.5% step increases between steps for steps 1-13. As of 8/13 they wanted to move the entire scale to a system with 3% steps before applying the 8.75% increase which would have resulted in a significantly lower pay raise for nurses higher up the scale. There are also three new steps but they will only increase 2.5% between each step in the first TWO years and then they will go up 3% between steps in the 3rd and 4th years.

These last minute changes will create more parity with Riverbend, it will allow nurses to continue to receive predictable raises beyond step 13, and it will improve the hospital's ability to recruit new nurses.

Model 1 MWMC vs. SHMC (Riverbend) see wages on 5 steps excel

We calculated what you would make at each facility at 5 different steps assuming that you work 36 hours per week. On the left is Day shift. Night shift is on the right. *includes evening and night differentials.

36 hrs/wk, 1872 hrs/yr. Includes evening and night differentials only.						
Days (0700-1900)	On Ratification	Sacred Heart	Gap			
Step 1	\$89,385.82	\$91,228.80	-\$1,842.98			
Step 5 (5 years)	\$102,291.82	\$103,003.68	-\$711.86			
Step 8 (8-9 yrs)	\$113,192.29	\$112,476.00	\$716.29			
Step 13 (18-19 years)	\$134,036.91	\$129,642.24	\$4,394.67			
Step 14 (20-21 years)	\$137,337.13	\$135,314.40	\$2,022.73			

Nights (1900-0700)	On Ratification	Sacred Heart	Gap
Step 1	\$101,631.82	\$103,084.80	-\$1,452.98
Step 5 (5 years)	\$114,537.82	\$114,859.68	-\$321.86
Step 8 (8-9 yrs)	\$125,438.29	\$124,332.00	\$1,106.29
Step 13 (18-19 years)	\$146,282.91	\$141,498.24	\$4,784.67
Step 15 (20-21 years)	\$149,583.13	\$147,170.40	\$2,412.73

Step Correction Process:

Verification of years of experience will be completed by Human Resources within 90 days of ratification and step placement will be implemented the first pay period thereafter. This will apply to all nurses hired prior to June 1, 2021. Eligible nurses will be moved up one step placement in year one. This includes nurses in step 13 who are eligible for a new step placement based on this verification for steps 14, 15 and 16.

Effective June 1, 2025, all applicable eligible nurses identified in A above, that were eligible for more than one step placement increase, will be moved one additional step placement. This step placement will not exceed years of experience as per the contract step placement identified in A.

Effective June 1, 2026, all nurses still eligible for additional step placement will be moved up any remaining eligible steps. This step placement will not exceed years of experience as per the contract step placement identified in A.

Model 2 What does this look like for 4 different scenarios?

See LBFO 4 RN step example here: https://www.oregonrn.org/resource/resmgr/mcw2/2024-08-14 mcw lbfo payprogr.pdf

Differentials Changes and a comparison with Riverbend

	Art	Current	Proposed	SHRB
Evening	9.7.1	9% (\$3.86/hr RN, \$2.52 LPN)	\$4/hr, \$2.75 for LPN	\$4/hr,
Night	9.7.2	15% (\$6.43 RN, \$4.20 LPN)	\$6.50 RN, \$4.25 LPN	\$9.50/hr
Night,	9.7.3	22% (\$9.44)	\$10 RN, \$6.75 LPN	
Longevity		12 mos employed	12 mos on Nocs	
Callback	9.8	13.00%	\$6.00	
Charge	9.9	10% (\$4.29/hr)	\$4.50/hr	\$6/hr
Relief Chrg	9.10	10% (4.29)	\$4.50	
Certs	9.11	\$2/hr	\$3/hr	\$3.75/hr
Bilingual	9.11.1	\$2/hr	\$3/hr	7%, not step 1
			Certified medical interpreter	
Weekend	9.12	\$2/HR	Samerate/ new days Fr/Sat or Sat/Sun	\$2/hr
Standby	9.15.1	5.25/hr	\$6/hr, \$11/hr for procedural	\$6.50 vol, \$8.50 invol
		\$7.875/hr holi/extended	1.5x	
		1.5 for short notice		1.5 for short notice
Preceptor	9.18	4.5% Step 1 (\$1.93/hr)	\$5/hr	\$6/hr, incl students
BSN	9.19	3% of Step 1 (\$1.29)	\$2.00/hr	4%, not step 1
MSN	9.19	4% of Step 1 (\$1.71)	\$2.50/hr	5%, not step 1
Float Pool	9.20	\$2/hr	\$3/hr	\$5/hr
Education	16.1.1	10 hrs + \$100	10 hrs + \$125	
Float	24.1	0	\$1/hr	\$1.50/hr
401K	App B?	Max 3.5% match, delayed contribu	Max 3.5% match	
		Vesting over 5 years	Vesting over 2 years	
		delayed contribution	contribute EVERY pay period	
		Note: All percentages are of Step 1		

Article 21 - COVID sick bank payments

As of the date of the contract is signed by both parties, the remaining COVID sick hours will be paid to eligible nurses as defined below:

Group	Date of Hire	COVID %	Installments
Α	Hire Date Prior to 4/1/22	100% of COVID Sick Bank	2 Payments
В	Hire Date Between 4/1/22 - 12/31/23	50% COVID Sick Bank	2 Payments
С	Hire Date in 2024	0%	NA

1st Installment: 1st full pay period after contract signing. 2nd Installment: June 30, 2025.

All eligible nurses must be actively employed at the time of payment. All payments will processed after the first full pay period of each installment date identified above. The payment rate will be the nurse's base rate of pay as of June 30, 2024.

401k current vesting schedule

Vesting Schedule	
Years of Service	Percentage
1	0%
2	20%
3	40%
4	60%
5	100%

401K proposed Vesting Schedule effective January 1, 2025

Years of Service	Percentage
1	50%
2	100%

No Change to the contribution rates. MWMC makes a Matching Contribution in an amount equal to the sum of (a) 100% of the amount of the Participant's Elective Deferrals that are not in excess of 1% of the Participant's Compensation, plus (b) 50% of the amount of the Participant's elective deferrals that exceed 1% of the Participant's Compensation but are not in excess of 6% of the Participant's Compensation.

Medical benefits plans

Compare with River bend: https://www.oregonrn.org/resource/resmgr/shmc/2024-shmc heatlhcare benefit.pdf

APPENDIX B HEALTH AND WELFARE

	2025	2026	2027	2028	
Premium Medical Plan	Employee Total Bi- Weekly	Employee Total Bi-Weekly	Employee Total Bi-Weekly	Employee Total Bi-Weekly	
Employee Only	\$98.95	\$103.90	\$109.10	\$114.55	
Employee + Child(ren)	\$178.38	\$187.31	\$196.67	\$206.51	
Employee + Spouse	\$211.83	\$222.42	\$233.55	\$245.22	
Family	\$289.90	\$304.39	\$319.62	\$335.60	
Choice Medical Plan	Employee Total Bi- Weekly	Employee Total Bi- Weekly	Employee Total Bi- Weekly	Employee Total Bi- Weekly	
Employee Only	\$29.01	\$33.36	\$36.70	\$40.37	
Employee + Child(ren)	\$50.38	\$57.93	\$63.72	\$70.10	
Employee + Spouse	\$61.05	\$70.21	\$77.23	\$84.95	
Family	\$82.44	\$94.80	\$104.28	\$114.71	

	•	Total Cost Per Pay Period					
Dental Plan		2025		2026		2027	2028
Employee Only	\$	7.91	\$	8.15	\$	8.15	\$ 8.15
Employee + Child(ren)	\$	14.60	\$	15.03	\$	15.03	\$ 15.03
Employee + Spouse	\$	14.60	\$	15.03	\$	15.03	\$ 15.03
Family	\$	27.99	\$	28.82	\$	28.82	\$ 28.82
Vision Plan		2025		2026		2027	2028
Employee Only	\$	3.95	\$	4.07	\$	4.07	\$ 4.07
Employee + Child(ren)	\$	7.53	\$	7.76	\$	7.76	\$ 7.76
Employee + Spouse	\$	7.04	\$	7.25	\$	7.25	\$ 7.25
Family	\$	11.34	\$	11.68	\$	11.68	\$ 11.68

	Curren	t Plans	2025 Medical Plans		
	Premium	Choice	Premium	Choice	
Deductible		•			
Tier 1	\$0	\$0	\$0	\$0	
Tier 2	\$140/\$420	\$420/\$1,260	\$1,000 / \$2,000	\$2,000 / \$4,000	
Deductible Type	Embedded	Embedded	Embedded	Embedded	
Coinsurance					
Tier 1	0%	0%	0%	0%	
Tier 2	10%	20%	20%	30%	
	\$2,800/\$8,400	\$4,100/\$12,300	\$4,500/\$9,000	\$7,000/\$14,000	
Out-of-Pocket	(deductible and	(deductible and	(applies to all	(applies to all	
Maximum	copays not	copays not	costs)	costs)	
	included)	included)	costsj	003137	
Deductible and					
Copays capped by	No	No	Yes	Yes	
Out-of-Pocket?					
Office Copay					
(Primary, Mental	ćar.	620	425 /442	\$50/\$60	
Health, Substance	\$25	\$30	\$25/\$40		
Abuse / Specialist,					
Chiro)	Actual coverage is	determined by the	Actual coverage is	determined by the	
Urgent Care	_	provider / facility	_	provider / facility	
	biii subiiiitteu by	provider y raciney	biii submitted by	provider / idenity	
Emergency Room	\$100	\$100	\$100 \$100		
Preventive	\$25	\$30	\$0	\$0	
Weight Loss Surgery Max Benefit	\$25,	,000	\$25	,000	
Retail Rx (Mail is 2x)		•			
Deductible (Single/Fam)	\$70/\$210	\$70/\$210	\$150 / \$300	\$250 / \$500	
Copays	\$15/\$35/\$45	\$15/\$35/\$60	\$10/\$35/\$60	\$20/\$40/\$80	
Specialty	\$100 per	r 30 Days	\$200 per 30 Days		
Updated Drug Listing			Yes	Yes	
Rx Utilization			Vac	Voc	
Management			Yes	Yes	
Tria Health			Yes	Yes	
Change Network	1		No No		