

Employee Benefits

At Washington Trust Bank, we firmly believe our most valuable asset is our employees.

Our benefit philosophy is to provide you with a comprehensive package to secure your overall wellness and help you become and remain a fulfilled and productive employee. These benefits include health, financial, retirement and work/life benefits.

We are proud to offer you and your family the following benefits as part of your total compensation. For a full list of benefits, you can reference our Benefits Guide.

Benefit	Notes					
Medical	PPO and HDHP medical plan options available with Premera/Blue Cross network of providers.					
Dental	Delta Dental and Willamette Dental options.					
Vision	Basic and Premium options available through VSP.					
Flexible Spending Accounts	Pre-tax accounts for health care and dependent care expenses.					
Health Savings Account	Pre-tax savings account with bank contribution when enrolled in eligible medical plan.					
Bank Paid Life Insurance	Bank paid life insurance for employee (2× or 3× salary), spouse (\$2,000) and children (\$2,000).					
Voluntary Life Insurance	Coverage for employee and family at group rates to supplement bank paid life insurance.					
Voluntary Accidental Death & Dismemberment	Guaranteed issue coverage available for employee and family.					
Bank Paid Long Term Disability	Fully paid by the Bank, coverage pays you if you become disabled and are unable to work.					
Short Term Disability	Pays you if you are unable to work for a short period of time.					
Supplemental Insurance	Coverage available for Accident, Critical Illness and Hospital plans.					
Aflac	Coverage available for cancer care plan.					
Critical Care Transport	Life Flight discounts.					
Education Assistance Plan	Reimbursement of \$5,250 per year available.					
Mental Health Benefits	Includes Employee Assistance Program (free counseling) and benefits available under medical plan.					
Pet Insurance	Cover your cat or dog with ASPCA Pet Health Insurance.					
Subsidized Bus Passes	Discount or reimbursement available for bus passes.					

Benefit	Notes
Travel Assistance Coverage	Bank paid coverage for employee and family
401(k) Plan	Match: If you contribute to the 401(k) plan, WTB will match 50% of your contribution up to your first 6% of pay. In other words, if you contribute at least 6%, it's like getting an additional 3% of pay from WTB. Additional annual 3% deposit: After your 1 year anniversary, you will get an additional 3% of your pay deposited into your 401(k). This is in addition to the 401(k) match and is fully funded by the bank (the employee does not need to have any contributions of their own to get this!)
Paid Time Off	Vacation: Starting at 15 days per year Sick: 12 days per year Holidays: 11 paid holidays per year Doctor/dental: 10 hours per year for health care appointments Bereavement: 3-15 days per year, depending on relationship Jury/witness: Unlimited Volunteer time: 10 hours per year
Wellness Program	 Medical premium discounts Wellness portal/app Annual cash award for participation Monthly lunchtime education Wellness events and competitions Prizes for participation
Financial Services	 Free checking and savings accounts Reduced rate rewards credit card Reduced rate mortgage loans Interest-free computer loans
Community Involvement	 Crew in Blue volunteer opportunities Diversity, equity and inclusion employee resource groups United Way
Career Advancement/ Professional Development	 Formal training programs Personalized one-on-one coaching Leadership and non-leadership development opportunities
Employee Connection Opportunities	 Employee events (Spokane Indians baseball games, Spokane Chiefs hockey games and other regional activities) Holiday celebrations Annual Sales and bi-annual All-Producer Summit meetings Team building events Employee Facebook page

Employee Benefits Cost

Coverage for most benefits starts on the 1st of the month following your first full month of employment. The exception is 401(k), which starts on the 1st of the month after first day of work.

Most benefit costs are deducted from employee paychecks twice per month (half of the cost on the 1st check of the month, half on the 2nd check of the month). Note that most deductions are deducted in the month prior to coverage (e.g., the health insurance premiums deducted in January are for February's coverage).

BELOW ARE THE RATES YOU'LL PAY TWICE PER MONTH

Washington Trust Bank pays 80% of the total medical, dental and vision premium for employee coverage and 50% of the total premium for dependent coverage. Your cost is below.

Medical

Coverage	Your Cost	Your Cost (with 1 Wellness Member*)	Your Cost (with 2 Wellness Members*)
PPO Plus Medical Plan			
Employee	\$75.18	\$62.68	N/A
Employee + Spouse	\$240.62	\$228.12	\$215.62
Employee + 1 Child	\$161.64	\$149.14	N/A
Employee + 2 or more Children	\$218.43	\$205.93	N/A
Employee, Spouse + 1 Child	\$335.93	\$323.43	\$310.93
Employee, Spouse + 2 or more Children	\$392.72	\$380.22	\$367.72
HDHP Plus Medical Plan			
Employee	\$66.65	\$54.15	N/A
Employee + Spouse	\$224.66	\$212.16	\$199.66
Employee + 1 Child	\$160.17	\$147.67	N/A
Employee + 2 or more Children	\$206.54	\$194.04	N/A
Employee, Spouse + 1 Child	\$302.48	\$289.98	\$277.48
Employee, Spouse + 2 or more Children	\$348.85	\$336.35	\$323.85
HDHP Prime Medical Plan			
Employee	\$54.87	\$42.37	N/A
Employee + Spouse	\$195.28	\$182.78	\$170.28
Employee + 1 Child	\$138.39	\$125.89	N/A
Employee + 2 or more Children	\$179.30	\$166.80	N/A
Employee, Spouse + 1 Child	\$263.92	\$251.42	\$238.92
Employee, Spouse + 2 or more Children	\$304.82	\$292.32	\$279.82

^{*}Discount for Wellness requires plan participation and is available to all employees and spouses enrolled in the medical plan. If you are unable to participate in qualifying wellness activities, you may qualify for an opportunity to earn the medical premium discount by different means. Contact Human Resources for more details.

Dental

Coverage Type	Delta	Willamette
Employee	\$5.66	\$6.02
Employee + Spouse	\$15.90	\$16.83
Employee + 1 Child	\$14.03	\$14.87
Employee + 2 or more Children	\$27.42	\$29.16
Employee, Spouse + 1 Child	\$24.28	\$25.85
Employee, Spouse + 2 or more Children	\$37.67	\$40.00

Vision

Coverage Type	VSP
Basic	\$1.13
Premium	\$5.37

The premiums for vision cover you, your spouse, and any dependent children if enrolled.

BELOW ARE THE RATES YOU'LL PAY TWICE PER MONTH

Group Term Life Insurance

The Bank provides basic term life and accidental death and dismemberment insurance through The Standard Insurance Company at no cost to you.

Short Term Disability Insurance

Cost for employee is based on age and benefit amount (determined by your earnings). Your cost may change when you move into a new age category.

Long Term Disability Insurance

The Bank provides Long Term Disability coverage to all benefits eligible employees through The Standard Insurance Company at no cost to you.

Voluntary AD&D Insurance

Cost is dependent on amount of coverage and coverage options. Coverage options are Employee only (rate \$0.0165) and Family (rate \$0.0275). To calculate your cost, use the following formula:

$$\frac{}{\text{(Amount of AD&D Insurance)}} / \$1000 = \frac{}{\text{Rate (from table)}} = \$$$

AFLAC Cancer Care Plan

Cost for Aflac Cancer Care Plan coverage varies. Contact Rob Ferrero, our Aflac representative, at **509.242.1836** or **robert_ferrero@us.aflac.com** to discuss your options and costs for coverage for their cancer care plan.

Hospital Indemnity Insurance

Coverage Type	Your Cost
Employee	\$6.69
Employee + Spouse	\$14.21
Employee + Child(ren)	\$12.80
Employee, Spouse + 2 or more Children	\$21.68

Accident Insurance

Coverage Type	Your Cost
Employee	\$5.92
Employee + Spouse	\$9.40
Employee + Child(ren)	\$11.12
Employee, Spouse + 2 or more Children	\$17.46

Critical Illness Insurance

Employee Rates

Cost for employee coverage depends upon amount of coverage and age category. Cost will change when you move into a new age category. Employee rates automatically include coverage for dependent children under the age of 26 in the amount of 25% of the employee coverage amount.

Coverage Amount	18-29	30-39	40-49	50-59	60-70	71-79
\$10,000	\$3.01	\$3.76	\$6.36	\$11.86	\$21.61	\$42.36
\$20,000	\$4.31	\$5.81	\$11.01	\$22.01	\$41.51	\$83.01
\$30,000	\$5.61	\$7.86	\$15.66	\$32.16	\$61.41	\$123.66

Spouse Rates

Cost for spouse coverage depends upon amount of coverage and age category and is available in the amount of 50% or less of the employee coverage amount. Cost for spouse coverage is determined by the employee's age and will change when employee moves into a new age category.

Coverage Amount	18-29	30-39	40-49	50-59	60-70	71-79
\$5,000	\$2.36	\$2.73	\$4.03	\$6.78	\$11.66	\$22.03
\$10,000	\$3.01	\$3.76	\$6.36	\$11.86	\$21.61	\$42.36
\$15,000	\$3.66	\$4.78	\$8.68	\$16.93	\$31.56	\$62.68

BELOW ARE THE RATES YOU'LL PAY TWICE PER MONTH

Voluntary Term Life Insurance

Employee / Spouse Rates

Cost for employee and spouse is based on age and tobacco user status. Your cost may change when the insured moves into a new age category. To calculate your cost, use the following formula:

$$\frac{}{\text{(Amount of Life Insurance)}} / \$1000 = \underbrace{} \times \frac{}{\text{Rate (from table)}} = \$ \underbrace{} \text{Your Cost}$$

				Non-Smol	king Rates				
Age	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	0.0400	0.0600	0.0900	0.1550	0.2400	0.4150	0.5050	1.0100	2.0150

	Smoking Rates								
Age	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	0.0650	0.0850	0.1400	0.2350	0.3600	0.6100	0.7400	1.3450	3.1350

Children Rates

The premium for children voluntary term life insurance covers all of your children for one cost.

Children Rates								
Amount of Coverage \$2,000 \$5,000 \$10,000								
Cost \$0.14 \$0.35 \$0.70								