

# Compensation Comparisons

The chart below shows the wages and other premiums at various Hospitals in the Portland area at various years of services. Please reference this chart when completing your PPMC pre-negotiations survey for Sections 3 and 4 .

Date	Hospital	step 1	step 5	step 10	step 15	step 20	step 25
In bargaining	Portland Providence	\$28.21	\$33.00	\$36.20	\$37.92	\$39.40	\$41.87
January 2009	St Vincent Providence	\$29.24	\$34.31	\$37.65	\$39.43	\$41.41	\$43.54
In bargaining	Home Health Providence	\$30.91	\$33.45	\$36.94	\$40.37	\$42.74	\$42.85
October 2008	OHSU	\$28.51	\$34.35	\$36.00	\$37.76	\$39.55	\$41.42
January 2009	Willamette Falls	\$28.05	\$34.58	\$35.61	\$37.05	\$38.93	\$40.29
In bargaining	Legacy Home Health	\$28.08	\$31.38	\$33.68	\$35.28	\$36.99	\$39.09
January 2009	Tuality	\$28.70	\$33.94	\$37.75	\$39.11	\$40.95	\$42.59
October 2008	Kaiser	\$28.83	\$34.75	\$37.56	\$39.07	\$41.46	\$41.46
Average	Region	\$28.82	\$33.72	\$36.42	\$38.25	\$40.18	\$41.64
PPMC wages compared to the Average		-2%	-2%	-1%	-1%	-2%	1%

Date	Hospital	Evening	Night	Weekend	Certification	Extra Shift	Preceptor	Charge	Standby
In bargaining	PPMC	\$2.75	\$5.25	\$1.00	\$1.75	\$18.00	\$1.50	\$2.25	\$3.40
Jan. 2009	St Vincent	\$2.35	\$5.75	\$1.00	\$1.75	\$18.00	\$1.75	\$3.35	\$3.75
Oct. 2008	OHSU	\$2.20	\$6.00	10% wages earned on weekend	\$1000 annual bonus	\$10.00	\$2.00	\$2.85	\$100 in 8 hour shift
Jan. 2009	Willamette Falls	\$2.00	\$5.00	\$1.35	\$1.00	\$10.00	\$1.00	\$1.75	\$3.40
In bargaining	Legacy Home Health	\$5.00	\$5.00	\$2.00	NA	\$9.00	NA	NA	\$3.25
Jan. 2009	Tuality	\$2.10	\$5.25	\$1.50	\$1600 for FT \$800 for PT	time 1/2 or double time	\$1.25	\$1.50	\$3.50
Oct. 2008	Kaiser	\$2.50	\$5.00	\$0.00	\$0.00	\$20.00 *	\$1.20	\$1.65	\$3.50

\* Kaiser extra shift is only on weekend and nights

Average	Region	\$2.70	\$5.32	\$1.14	\$1.13	\$14.17	\$1.45	\$2.23	\$3.47
PPMC Differentials compared to the Average		2%	-1%	-14%	36%	21%	3%	1%	-2%

**ONA Officers at PPMC:**

Chair: Juanita Wolf, RN, OP Transfusion  
Secretary: David Arlint, RN, 2R  
Treasurer: Terri Houck, RN, IV Therapy  
PNCC Chair: Sue Phillips, RN, 8S  
Member at Large: Karen O'Dell, RN, 7N



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# Retirement Comparison

Please reference this when you fill out your pre-negotiations survey for sections 7, 8, and 9. Your retirement benefit consists of a Core Plan where the Hospital contributes to your retirement based on 5% of your earning and a voluntary Value Plan where the Hospital will match 1.5% of your voluntary contributions from your earnings to the Value Plan. The Value Plan employer match increases to a maximum 3% match on your contributions, provided you contribute a minimum of 6% of your earnings after 10 years of working. The Core Plan is a defined benefit (DB). It is like a pension. Its value cannot be reduced because of the stock market or poor investing. It has some guarantees with regard to the level of benefit. The Value Plan is a defined contribution (DC). It is like a 401k. The employer and you contribute to it, but its eventual worth is determined by your investing and whether or not you retire in good economic times or bad.

In research that ONA obtained from a reputable Human Resources Consulting Firm, it was demonstrated that Providence had the worst health care retirement plan in the Portland area in terms of what a nurse could expect to live on when he or she retires. By worst, we mean the least generous. The graph below shows examples of various hospitals in the Portland area, their retirement benefits, and their monthly worth at retirement. Providence's is worth around \$2,500 a month in the scenario described below.

For the DB (Core Plan or Pension at other Hospitals) we assumed the nurse started at age 40, in 2007, worked 25 years, full time with a starting salary of \$32.27 an hour, earned a 3% raises each year (steps and cost-of-living adjustments) over the life of his or her employment, and retired at age 65. For DC (the Value Plan or 401k at other Hospitals), we only show what the Hospital contributes. We assumed an 8% return on investment, and we assumed the same years of service and wages, etc., as we did for the defined benefit. We also assumed 15 years of life beyond age 65. The combined retirement benefit shows a projection into the year 2032 when the nurse would be age 65 and likely to retire.

