

WHA Employee Benefits Summary

● HEALTH INSURANCE

Plan Type: Point of Service (POS)
Eligibility date: First of the month after 60 days
Provider: UnitedHealthcare
Qualifying hours: 30 hours per week
Employee monthly cost: Single: \$31.54 ● EE+Spouse: \$356.36 ● EE+Child: \$135.61 ● EE+Children: \$274.37 ● Family: \$592.88

● LIFE INSURANCE

Eligibility date: First of the month after 90 days
Qualifying hours: 30 hours per week
Employee cost: Free to employee
Amount of benefit: 1.5 times annual salary; Accidental Death/Dismemberment: Benefit provided

● LONG-TERM DISABILITY INSURANCE

Eligibility date: First of the month after 90 days
Qualifying hours: 30 hours per week
Employee cost: Free to employee
Amount of benefit: 66 2/3% of salary after 90-day elimination period (maximum benefit \$10,000 per month)

● DENTAL INSURANCE (Elective)

Eligibility date: First of the month after 60 days
Qualifying hours: 30 hours per week
Employee monthly cost: Single: \$31.99 ● EE+Spouse: \$57.87 ● EE+Children: \$69.34 ● Family: \$97.67
Deductible: \$50 per year (waived for Type 1)
Calendar year benefit limit: \$1,000 (carry-over available)
Late enrollment: Reduction in benefits may occur; no underwriting is necessary.

● VOLUNTARY BENEFITS PROGRAM (Elective)

Additional coverages, such as short-term disability, term life, universal life, and cancer insurance, are available for employees and their family. Employees are eligible to participate after 90 days of employment.

● FLEXIBLE SPENDING ACCOUNT (Elective)

Employee salary deferrals can be made on a pre-tax basis for medical or dependent care needs. The plan year runs January 1 to December 31 every year. Enrollment is only available January 1 of each year.

● 401(K)/PROFIT SHARING PLAN

Eligible to participate: First day of employment
Company contribution: First day of next month following one year of service

● PAID DAYS OFF (PDO'S)

Accumulation period: Begins first day of service
Usage of PDO's: Eligible after 6 months of service. Includes office closings due to holidays.
Accumulation rate: Based on hours worked and length of service. Hours accumulated per pay period.

Full-time (at least 75 hrs per pay period): 0-5 years = 7.39 hrs ● 5-8 years = 9.98 hrs ● 8-10 years = 10.27 hrs ● 10+ years = 10.55 hrs.
Part-time (at least 60 hrs per pay period): 0-5 years = 5.14 hrs ● 5-8 years = 6.87 hrs ● 8-10 years = 7.07 hrs ● 10+ years = 7.26 hrs.
Part-time (at least 40 hrs per pay period): 0-5 years = 2.92 hrs ● 5-8 years = 3.78 hrs ● 8-10 years = 3.88 hrs ● 10+ years = 3.98 hrs.

● EMPLOYEE ASSISTANCE PROGRAM

This service offers information and resources that can help you and your family identify and resolve problems affecting emotional and physical health. Financial and legal consultations are also available. The service is provided at no cost to the employee. The phone number is 1-877-365-7950.

● PHYSICAL TRAINING

A WHA corporate discount is available for employee and family membership at the Wilmington Athletic Club.

● PRE-TAX PREMIUM PLAN (Effective January 1 to December 31)

Wilmington Health's Pre-Tax Premium Plan has been explained to me, and I understand that I may change or evoke, at any time, my election in the Pre-Tax Premium Plan only when any of the following changes in family status events occur:

- A. Marriage, divorce, or legal separation;
- B. Death of spouse or dependent;
- C. Birth or adoption of a child;
- D. Termination of employment (or the commencement of employment of my spouse);
- E. Changing from part-time to full-time employment status or from full-time to part-time status by employee or employee's spouse;
- F. Taking unpaid leave of absence by you or your spouse;
- G. Any significant change in the health coverage of the employee or spouse attributed to the spouse's employment;
- H. Any significant cost or coverage changes in the Plan; and
- I. Termination of the Plan.

I understand that having my premium contributions made before taxes will reduce my social security income benefits and my net after tax income will increase.

Human Resources must be notified within thirty-one (31) days of all family status changes listed above or benefit eligibility will be affected.

I have received a copy of WHA's Group Benefits Summary Plan Description regarding health insurance coverage. I understand that if I elect to participate in the WHA Pre-Tax Premium Plan, I authorize my Employer to withhold my premium contributions before taxes are determined. I understand I may not terminate or add health or dental coverage during the effective period, except for the reasons listed above.

Date

Signature

Benefits, rates, and policies are subject to change.
This pamphlet is intended as a summary only.
Please refer to your benefit booklets for further details.

Employee: _____
Dept.: _____
Position: _____
Hire Date: _____
Pay: \$ _____ Hrs/Wk: _____
Type: Salaried / Hourly
Benefit Effective Dates:
Health/Dental: _____
Life/LTD: _____
401(K): _____