

BENEFITS DIGEST



*2020 Wilmington Health
Full Time Regular Employees*

Welcome

We are pleased to provide you with the 2020 Benefits Digest booklet. This guide is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview and you must review specific plan brochures and plan documents for full program details, limitations and exclusions.

At Wilmington Health, we are confident that our people are the reason behind our success. We truly value you as an employee and part of our professional family. Our goal is to offer the very best healthcare possible to you and your loved ones. With this in mind, we have developed a comprehensive employee benefit package designed to protect you and your family.

This brochure provides benefit information available January 1, 2020 through December 31, 2020.

If you have comments, questions or inquiries, please contact Human Resources.

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General Information

Employee Eligibility

All employees working 30 hours or more per week are eligible for benefits.

BENEFITS BEGIN & END –
MEDICAL, DENTAL, VISION
LIFE & DISABILITY

Begin: 1st of the month following 60 days of full-time employment
End: End of the month following date of termination

Dependent Age Limit

MEDICAL	Age 26
DENTAL	Age 26
VISION	Age 26
VOLUNTARY LIFE	Age 23 / 25 Full-Time Student

Any premiums paid by an employee for domestic partner coverage (domestic partner and domestic partner's children) will be deducted from the employee's check on an after-tax basis. This is based on the assumption that the domestic partner and covered children are not the employee's tax dependents. If any of those covered individuals is a tax dependent, the employee must notify HR [and complete the necessary tax status certification form/domestic partner affidavit]. In addition, the portion of the premium paid by the employer for levels of coverage beyond employee only coverage will be considered imputed income will be reported on the employee's Form W-2 each calendar year.

Pre-Tax Premium Plan

Wilmington Health's Pre-Tax Premium Plan applies to any employee enrolled in the medical plan, dental plan, vision plan and/or FSA. This means that the employee's premiums/contributions will be deducted from pay pre-tax, saving the employee tax dollars. This process reduces an employee's social security income benefits & their net after tax income will increase. Employees may only change over or evoke the above benefits only when any of the qualifying events (changes in family status events) described below occur & only when the change is effective within 30 days of the event.

Otherwise, the only time a pre-tax benefit may be changed or evoked is during Wilmington Health's Annual Open Enrollment, for an effective date of the following January 1st. Qualifying events include:

- Marriage / Divorce
- Birth / Adoption
- Change in Hours Worked
- Any significant change in other coverage
- Death of Spouse / Dependent
- Termination of Employment
- Loss of Other Coverage
- Termination of the Plan

Medical Plans

BLUE CROSS BLUE SHIELD OF NC (BCBSNC) | 877-258-3334 | WWW.BLUECROSSNC.COM

IN-NETWORK BENEFITS	HDHP W/ HSA	PPO
Benefit Year	Calendar	Calendar
Office Visit <i>Primary Care / Specialty</i>	100%*	
Prescription Drugs		
Tier 1		\$ 10.00
Tier 2		\$ 20.00
Tier 3	100%*	\$ 35.00
Tier 4		\$ 60.00
Tier 5		25% to \$100.00
Mail Order = 2.5 x	NetResults Formulary	NetResults Formulary
Emergency Room	100%*	\$ 300 copay
Urgent Care	100%*	<i>Wilmington Health: \$ 20 copay</i> <i>All Others: \$ 50 copay</i>
Inpatient Care	100%*	80%*
Outpatient Care	100%*	80%*
Routine Vision Exam	100% (every benefit period)	100% (every benefit period)
Annual Deductible <i>Single / Family</i>	\$ 2,700 / \$ 5,400	<i>Wilmington Health: \$ 800 / \$ 2,400</i> <i>All Others: \$ 1,000 / \$ 3,000</i>
Out-of-Pocket Maximum <i>Single / Family</i>	\$ 2,700 / \$ 5,400	\$ 4,000 / \$ 12,000

* After Deductible

Spouses are not allowed on the medical plan if they have access to other group level health coverage. Please see HR for more details.

HDHP - for Family coverage, the Family Deductible must be met, by any one or combination of family members, before benefits will be paid for any individual member. There is no Individual Deductible to satisfy within Family Deductible.

Preventive Care is covered at 100% with a preventive primary diagnosis code. The service must be a covered preventive care benefit under healthcare reform.

Certain over the counter preventive medications for which you have a prescription are now available at no cost.

During your annual physical if anything is discussed or performed outside of the healthcare reform approved screenings, your visit may not be covered at 100%.

For a list of covered preventive benefits under healthcare reform please visit www.bcbsnc.com/preventive.

Healthy Outcomes “Wellness” Program

The Wellness Program is a voluntary health program that advocates individual accountability for healthy lifestyle behaviors. The goal is to help employees understand, adopt and maintain a healthy lifestyle. Our program rewards the attainment of wellness-focused results.

Eligible employees are offered a monthly discount of \$106.86 on medical premiums.

New Hire Eligibility

- Complete a Nicotine Screening / Be a non-nicotine user
 - Or complete a nicotine cessation program

2019 Open Enrollment Qualifications

- Get a routine annual physical
- Get a Flu Shot
- Complete a Nicotine Screening / Be a non-nicotine user
 - Or complete a nicotine cessation program

Women Specific:

- Mammogram (breast cancer screening) every 1-2 Years (recommended for ages 40+)
- Cervical Cancer Screening / Pap Smear every 3 years (recommended for ages 21-65)

Men Specific:

- Colon Cancer Screenings every 5 years (recommended for ages 50-75)

Health Savings Account (HSA)

HEALTHEQUITY | 866-346-5800 | WWW.HEALTHEQUITY.COM

If you participate in the High Deductible Health Plan (HDHP), you are eligible to open or maintain a Health Savings Account (HSA). The HSA is a personal savings account for health expenses, much like an IRA is used to save for retirement. Employees may make pre-tax contributions to their HSA that can then be used to pay for eligible medical, dental or vision expenses. Items to consider:

- In 2020 participants can choose to save up to \$3,550 for an individual and \$7,100 for a family*
- Employees over the age 55 can contribute an additional \$1,000*
- Eligible contributions are not taxable*
- Funds rollover from year to year*
- The account is yours and is portable should you leave Wilmington Health*
- You are not eligible to contribute to an HSA if you are on Medicare, TriCare or covered under your spouse's non-HDHP or if you participate in the FSA*
- HSA funds may be use for any medical eligible expense noted in Section 502 of IRS Code. Examples of eligible expenses include, but not limited to, dental treatment, corrective vision surgery, hearing aids, etc.*
- Employees are responsible for paying the bank fee of \$3.50 per month if your balance is below \$1,000*
- You cannot use HSA funds to pay for a non-qualified tax dependent's medical expenses, even if the dependent is covered under your health plan. Typically, this applies to children over age 24. Children over 24, but covered under your plan, may open and contribute to their own HSA.*

Flexible Spending Account

HEALTHEQUITY | 866-346-5800 | WWW.HEALTHEQUITY.COM

During the open enrollment period, you should make elections regarding the amount that you wish to contribute to your FSA. As a reminder, Health FSA participants will be able to carryover unused amounts of up to \$500 for expenses incurred in the next plan year, and still contribute up to \$2,750 annually. The carryover feature does not apply to Dependent Care Reimbursement Accounts.

- *Contribute up to \$ 2,750 to your Medical Spending Account*
- *Contribute up to \$ 5,000 to your Dependent Care Reimbursement Account*
- *The only way to change your election during the plan year is to have a qualifying event*

IMPORTANT NOTES ABOUT THE FSA

Eligible FSA Expenses include but are not limited to:

- *Deductible / coinsurance*
- *Doctor / Dentist copays*
- *Eyeglasses / Contacts*
- *Orthodontics*

Eligible DCRA Expenses include but are not limited to:

- *Daycare Fees*
- *Before & After Care Fees*
- *Elder Care*
- *Pre-School Fees*

Non-Eligible FSA Expenses include but are not limited to:

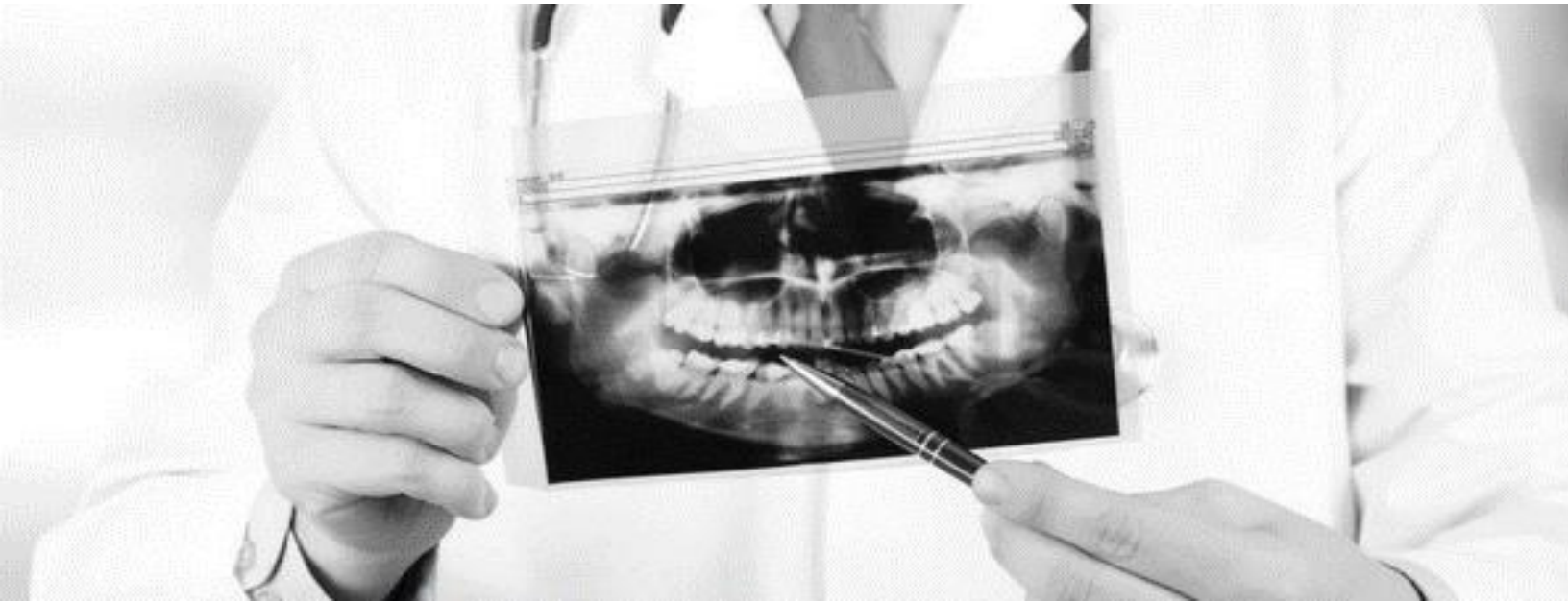
- *Cosmetic Procedures & Teeth Whitening*
- *Diet Foods*
- *Health Club Memberships*
- *Vitamins*

Non-Eligible DCRA Expenses include but are not limited to:

- *Education Expenses Grades K-12*
- *Overnight Camp Fees*
- *Babysitting to attend Social Events*

Dental Plan

GUARDIAN | 800-541-7846 | WWW.GUARDIANANYTIME.COM

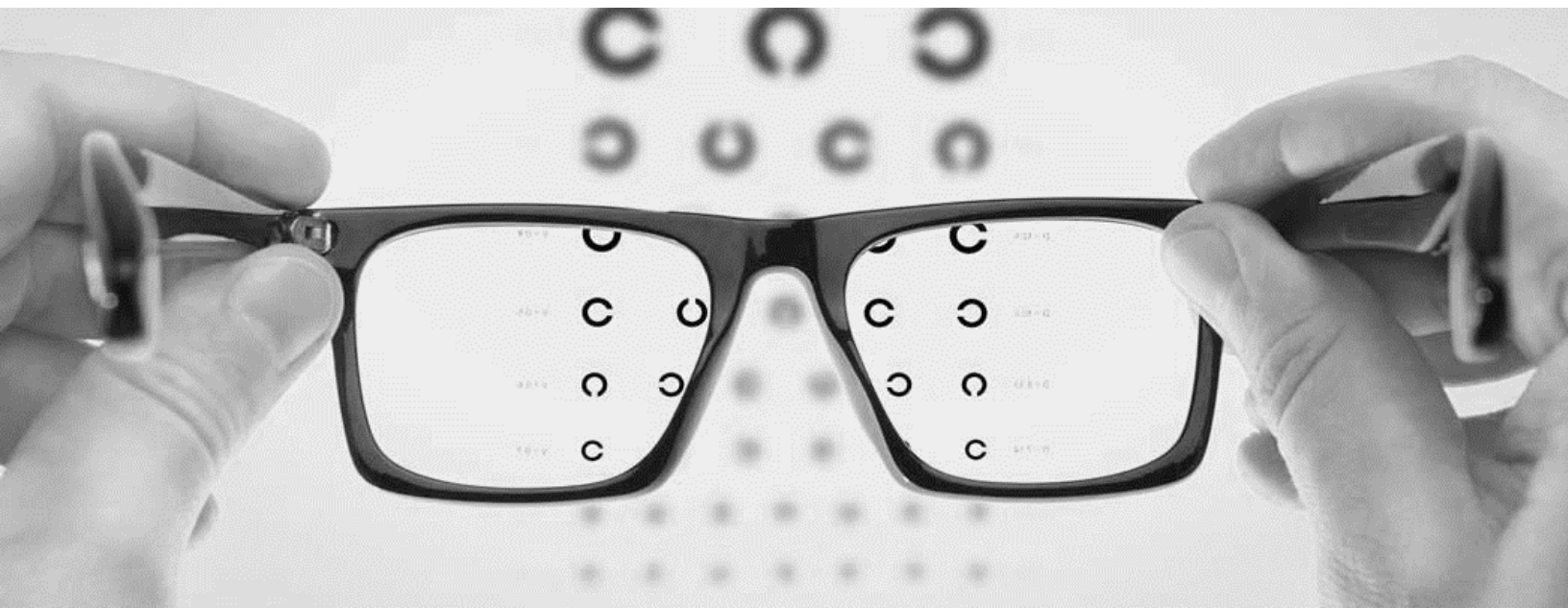


Dentists who are in-network cannot balance bill you for amounts over the allowed charges; however, non-network dentists may bill you for amounts over the allowed charges.

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
Preventative Care	100 %	
Basic Care	100 %*	80 %*
Major Care	60 %*	50 %*
Orthodontia Care (Under 19 Only)	50%	
Annual Deductible		
Individual	\$ 50.00	
Family	\$ 150.00	
Orthodontia Lifetime Maximum	\$ 1,000	
Benefit Maximum	\$ 1,000 plus roll over	
Annual Rollover	\$ 250 to a \$ 1,000 max	
* After Deductible		

Vision Plan

COMMUNITY EYE CARE | 888-254-4290 | WWW.CECVISION.COM



Routine eye care is more than just reading a chart on the wall. At your visit, your doctors will check the health of your eye, which is important to your overall health and well-being. Undiagnosed diseases, such as diabetes, high blood pressure and glaucoma, can be detected during an annual eye exam.

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK ¹
Lenses & Contacts / Frames Frequency	12 / 12	
Exam	\$ 10 copay	
Frames & Lenses	Up to \$150 allowance plus discount on balance over allowance ²	
LASIK	50% discount relative to national averages from participating providers	

¹ Member submits claim, reimbursement minus copay for cost of eyewear, up to allowed amount

² Members who exceed their allowance are eligible for discounts on the overage when seeing a network provider — a 20% discount for glasses and a 10% discount for contact lenses.

Life & Disability Plan

LINCOLN FINANCIAL GROUP | 800-432-2765 | WWW.LFG.COM

Basic Life Insurance

- 100% Employer paid benefit of 1.5x earnings, up to a maximum of \$ 150,000

Additional Life Insurance

- Voluntary Life Insurance is available for the employee, spouse and dependents

Employee: \$10,000 increments, up to \$500,000 or 5x earnings to age 69; \$50,000 age 70+; \$250,000 guarantee issue

Spouse: \$5,000 increments up to the lesser of 100% of employee amount or \$500,000; \$25,000 guarantee issue

Dependents: \$250 (14 days to 6 months); \$10,000 (6 months to age 23/25 if FT student); \$10,000 guarantee issue

- Evidence of Insurability (EOI) is required if enrolling after you are first eligible
- Age reduction schedule applies

Long Term Disability

- 100% Employer paid
- Benefit begins after 90-day elimination period
- Monthly benefit is 66.67% of earnings to a maximum of \$10,000
- Benefit period is to Social Security Normal Retirement Age
- There is a 3 / 12 pre-existing condition exclusion

Additional Benefits

401(k) / Profit Sharing

MILLIMAN | 800-579-6307 | WWW.MILLIMANBENEFITS.COM

- Eligible to participate on 1st day of employment
- Automatic enrollment for 3% of gross wages at time of hire unless **WAIVED** in writing
- **2020 Contribution Limits: \$19,500 < Age 50; \$6,000 Catch Up per year > Age 50**
- Employee can elect to increase or decrease % withheld or set a fixed dollar amount to come out of each paycheck. Employee can choose investments online once enrolled.
- Employee contribution amount can be changed at any time online at www.MillimanBenefits.com. If you have any questions regarding your 401(k), please contact Rachel Carter, Financial Advisor with Merrill Lynch at 910.256.7731 or Rachel.e.carter@ml.com.
- **Company contribution:** Safe Harbor 3% of gross wages contributed to employee's account each pay period starting with month after one-year anniversary date with WH.

Wilmington Health may also make Discretionary Contribution to accounts of participating employees who have been employed at least one year. The amount, if any, of the discretionary contribution for any plan year (calendar year) is not determined until April of the following year. Discretionary contributions are vested over a six (6) year period as follows:

End of year 1 = 0%

End of year 2 = 20% vested

End of Year 3 = 40% vested

End of Year 5 = 80% vested

End of year 6 = 100% vested

Employee Assistance Program (EAP)

GUIDANCE RESOURCES | 888-628-4824 | WWW.GUIDANCERESOURCES.COM

This service offers information & resources that can help employees and their dependents identify & resolve problems affecting emotional & physical health. Financial & legal consultations are also available. Up to 4 in person visits per issue per person are included. The premium is paid by Wilmington Health and the service is provided by Guidance Resources. Contact Guidance Resources at 1-888-628-4824 or at

www.GuidanceResources.com:

Username: LFGSupport

Password: LFGSupport1

Additional Voluntary Benefits

GUARDIAN | 800-541-7846 | WWW.GUARDIANANYTIME.COM

Post-tax deductions will be taken via payroll. These employee paid benefits include, Short Term Disability, Critical Illness, Accident, and Hospital Indemnity.

Additional Benefits

Paid Days Off (PDO)

Accumulated as HOURS Eligible Date: 1st day of employment PDO Hours are deposited into Employee's Bank on each PDO pay date; Employee PDO balance shown on each pay stub.

Usage of PDO HOURS: Eligible to use for personal use following (6) consecutive months of service. Required to use for office closings due to holidays or inclement weather.

Accumulation Rate: Based on hours worked and length of service, using the following calculation: number of hours worked in a pay period * accrual rate/ hour = amount accrued, not to exceed the max/pay period. The accrual schedule is as follows:

Full Time / Part Time Hourly (Non-Exempt)		
Years w/WH	Accrual Rate	Max/Paycheck
0-5	0.09625	7.7
5.01 – 7.99	0.12863	10.29
8 – 9.99	0.13225	10.58
10 –	0.13525	10.82

Full Time / Part Time Salary (Exempt)		
Years w/WH	Accrual Rate	Max/Paycheck
0-5	0.10425	8.34
5.01 – 7.99	0.13937	11.15
8 – 9.99	0.14325	11.46
10 –	0.147	11.76

Tuition Reimbursement

Eligible Employees: Full-Time Employees

- Must be employed Full-Time for 6 months prior to beginning classes
- Courses must be pre-approved
- Up to \$2,000 per calendar year is reimbursed
- Courses must be taken at an accredited College/University or at an Approved Institution
- Must complete with a grade of "B" or higher
- Courses do not have to be job related
- Must remain employed twelve (12) months after completion

Employee Contributions

Employee contributions are the employee's share of premium cost and are made through payroll deductions. Payroll deductions, as listed below, are deducted on a pre-tax basis.

Medical	Semi-Monthly Contribution (With Wellness Discount)
Employee	\$ 21.57
Employee + Spouse	\$ 213.29
Employee + Child	\$ 83.00
Employee + Children	\$ 164.90
Employee + Family	\$ 352.88

Dental	
Employee	\$ 19.92
Employee + Spouse	\$ 36.03
Employee + Child (ren)	\$ 43.17
Employee + Family	\$ 60.81

Vision	
Employee	\$ 4.75
Employee + Spouse	\$ 9.03
Employee + Child (ren)	\$ 8.55
Employee + Family	\$ 13.78

Wilmington Health Definitions:

Full-Time (FT) Employee: Employee who is not hired as TEMPORARY or PRN (as needed) & works at least 30 hours per week

Part Time Employee: Employee who is not hired as TEMPORARY or PRN & works less than 30 hours per week

PRN Employee: Employee who is hired on an "as needed" basis—may cover another employee's absence

Temporary Employee: Employee who is hired on a seasonal or project basis only (i.e. Flu Booth Nurse, summer employee)

Work Week: Monday—Sunday

Voluntary Benefit: 100 of premium paid by Employee

All benefits (plans, eligibility requirements, premiums & details) are subject to change each year effective January 1. Any such changes will be explained during Open Enrollment each year which is in November of the following year's benefits.

I have read this benefit summary and understand its content and have received a copy of the same.

Date: _____ Signature: _____

If you have comments, questions, or other inquiries please contact Human Resources.

