

# BENEFITS DIGEST



*2022 Wilmington Health  
Full Time Regular Employees*

# Welcome

*We are pleased to provide you with the 2022 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, 2022 through December 31, 2022.*

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

## TABLE OF CONTENTS

<i>General Information.....</i>	<i>3</i>
<i>Employee Contributions.....</i>	<i>4</i>
<i>Healthy Outcomes Program.....</i>	<i>4</i>
<i>Medical Plans.....</i>	<i>5</i>
<i>Health Savings Account.....</i>	<i>6</i>
<i>Flexible Savings Account.....</i>	<i>6</i>
<i>Dental Plan.....</i>	<i>7</i>
<i>Vision Plan.....</i>	<i>8</i>
<i>Life &amp; Disability Plans.....</i>	<i>9</i>
<i>Voluntary Worksite Benefits.....</i>	<i>10</i>
<i>Additional Benefits.....</i>	<i>11-12</i>
<i>Definitions and Acknowledgment.....</i>	<i>13</i>

# 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
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## 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 and 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 tie 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

# 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.

<b>Medical</b>	<b>Semi-Monthly Contribution (With All Wellness Discounts**)</b>
Employee	\$ 21.57
Employee + Spouse*	\$ 213.29
Employee + Child	\$ 83.00
Employee + Children	\$ 150.00
Employee + Family*	\$ 352.88

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

\*\*Wellness Discount information can be found below.

<b>Dental</b>	<b>Semi-Monthly Contribution</b>
Employee	\$ 19.29
Employee + Spouse	\$ 34.88
Employee + Child (ren)	\$ 41.80
Employee + Family	\$ 58.87

<b>Vision</b>	<b>Semi-Monthly Contribution</b>
Employee	\$ 4.75
Employee + Spouse	\$ 9.03
Employee + Child (ren)	\$ 8.55
Employee + Family	\$ 13.78

## 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 \$50.00 (\$25.00 per paycheck) for completing specific age and gender related health screenings. The discount also applies to covered spouses.
- Fully COVID vaccinated employees, and covered spouses, will receive a monthly discount of \$75.00 (\$37.50 per paycheck).
- Non-Nicotine using employees will receive a monthly discount of \$125.88 (\$62.94 per paycheck). Nicotine utilizing employees can still qualify for the discount by completing four phone calls through the NC QuitLine. The discount also applies to covered spouses.

# Medical Plans

MERITAIN HEALTH (AN AETNA COMPANY) / 800-566-9311 / WWW.MERITAIN.COM

You have the option of two medical plans, a HDHP and PPO plan. You may see any physician you like, but you will receive a greater benefit by using a physician that participates within the network. Both plans cover preventive care at 100% per the US Preventive Services Task Force list. The below chart provides of a summary of the medical options available.

IN-NETWORK BENEFITS	HDHP W/ HSA	PPO
<b>Benefit Year</b>	Calendar	Calendar
<b>Primary Care Office Visit</b>	Deductible, then 0%	\$ 20 copay (Wilmington Health) \$ 50 copay (All Others)
<b>Specialty Office Visit</b>	Deductible, then 0%	\$ 40 copay (Wilmington Health) \$ 60 copay (All Others)
<b>Annual Deductible</b> <i>Individual / Family</i>	\$ 2,700 / \$ 5,400 Non-Embedded*	\$ 800 / \$ 2,400 (Wilmington Health) \$ 1,000 / \$ 3,000 (All Others) Embedded**
<b>Out-of-Pocket Maximum</b> <i>Individual / Family</i>	\$ 2,700 / \$ 5,400 Non-Embedded*	\$ 4,000 / \$ 12,000 Embedded**
<b>Hospitalization Inpatient Care</b>	0% after deductible	20% after deductible
<b>Hospitalization Outpatient Care</b>	0% after deductible	20% after deductible
<b>MRI, CAT, PET</b>	0% after deductible	20% after deductible
<b>Emergency Room</b>	0% after deductible	\$ 300 copay
<b>Urgent Care</b>	0% after deductible	\$ 20 copay (Wilmington Health) \$ 50 copay (All Others)
<b>Out-of-Network</b> <b>Deductible</b> <b>Coinurance</b> <b>Out-of-Pocket Maximum</b>	\$5,400 Individual / \$10,800 Family 30% after deductible \$5,400 Individual / \$10,800 Family	\$2,000 Individual / \$6,000 Family 50% after deductible \$8,000 Individual / \$24,000 Family
<b>Prescription Drugs</b> <b>Tier 1</b> <b>Tier 2</b> <b>Tier 3</b> <b>Tier 4</b> <b>Tier 5</b>  <b>NetResults Formulary</b> <b>Mail Order = 2.5 x</b>	Deductible, then 0%	\$ 10.00 \$ 20.00 \$ 35.00 \$ 60.00 25% up to \$ 100.00
<b>Routine Vision Exam</b>	100% (every benefit period)	100% (every benefit period)

\*Non-embedded Deductible / Out of Pocket: If you have any dependent coverage, no one in the family is considered to have met their deductible until the family coverage deductible is met.

\*\*Embedded Deductible / Out of Pocket: All individual deductible amounts will count towards meeting the family deductible, but an individual will not have to pay more than the individual deductible amount.

# 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:

2022 HSA Limits	
Individual	\$ 3,650
Family	\$ 8,200
Over 55 Years Old	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 Accounts

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 \$550 for expenses incurred in the next plan year, and still contribute up to \$2,850 annually. The carryover feature does not apply to Dependent Care Reimbursement Accounts.

2022 FSA Limits	
FSA Medical	\$ 2,850
FSA Dependent Care	\$ 5,000

Eligible FSA Expenses include but are not limited to:

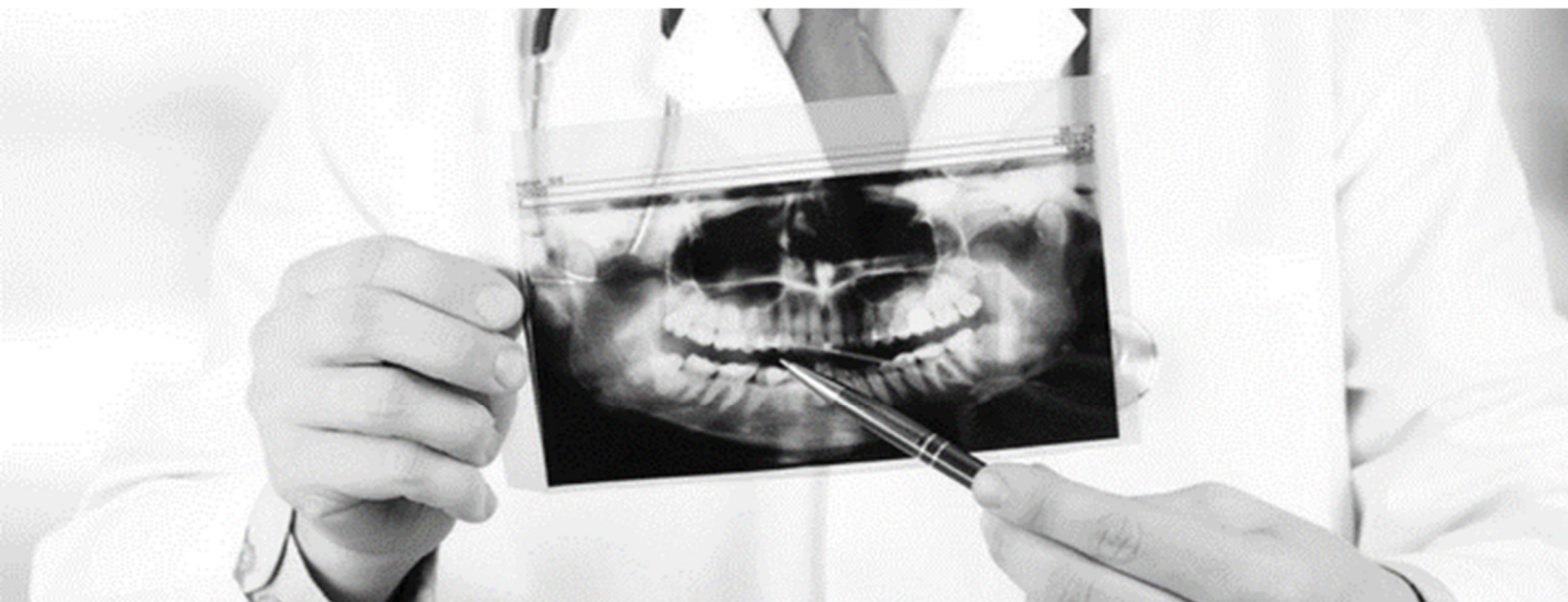
- Deductible / coinsurance
- Doctor / Dentist copays
- Eyeglasses / Contacts

Eligible DCRA Expenses include but are not limited to:

- Daycare Fees
- Before & After Care Fees
- Elder Care

# Dental Plan

Sun Life | 800-451-2513 | WWW.SUNLIFE.COM



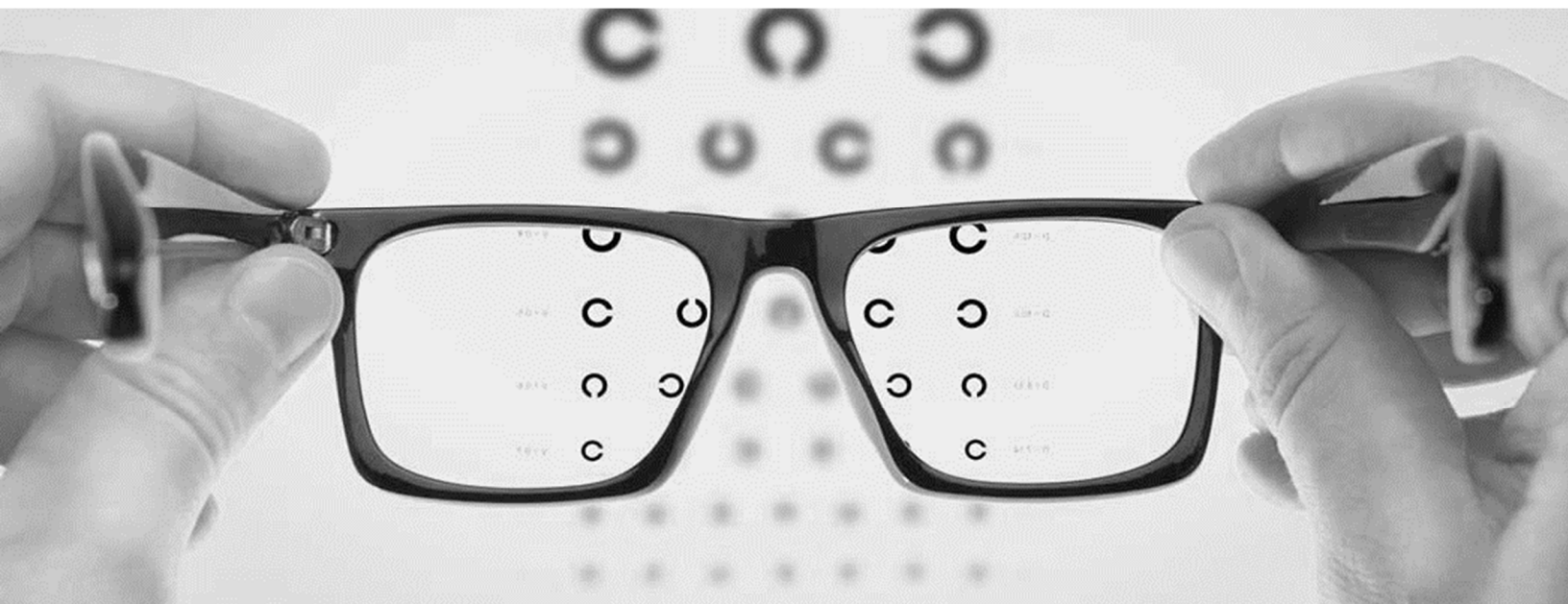
*This plan allows you to seek treatment from the dentist of your choice; however, by seeing a dentist that participates within SunLife, you will not be balanced billed for charges that are considered over reasonable and customary for your area.*

<b>BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Benefit Period</b>	<i>Calendar Year</i>	
<b>Annual Maximum</b>	<i>\$ 1,000 per covered individual</i>	
<b>Deductible (Plan Year)</b> <i>Applies to basic and major services, orthodontia and implants</i>	<i>\$ 50 Individual / \$ 150 Family</i>	
<b>Preventive Services</b> <i>Exams, cleanings, x-rays</i>	<i>Covered at 100% (no deductible)</i>	
<b>Basic Services</b> <i>Fillings, simple extractions, root canals, periodontics, anesthesia</i>	<i>Covered at 100% of covered expenses after deductible</i>	<i>Covered at 100% of covered expenses after deductible</i>
<b>Major Services</b> <i>Crowns, bridges, dentures</i>	<i>Covered at 60% of covered expenses after deductible</i>	<i>Covered at 50% of covered expenses after deductible</i>
<b>Orthodontia</b>	<i>50% up to a \$ 1,000 lifetime maximum</i>	
<b>Implants</b>	<i>Not covered</i>	



# Vision Plan

VSP Through Sun Life | 800-451-2513 | WWW.SUNLIFE.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.*

<b>BENEFITS</b>	<b>IN-NETWORK</b>
<b>Exam</b>	\$ 0 copay
<b>Standard Frames</b>	\$0 copay, \$150 allowance and 20% off the amount over your allowance (\$80 allowance at Costco and Walmart)
<b>Standard Lenses</b>	\$0 copay
<b>Contact Lenses</b>	\$150 allowance
<b>Frequency of Services</b>	
<b>Exams</b>	12 months
<b>Frames</b>	12 months
<b>Lenses OR Contacts</b>	12 months



# Life & Disability Plans

Sun Life | 800-451-2513 | WWW.SUNLIFE.COM

## Basic Life Insurance

Wilmington Health provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance in the amount of **1.5 times earnings up to a maximum of \$150,000** and pays the full cost of this benefit. Benefits begin reducing at age 65.

## Voluntary Life Insurance

Employees may elect to purchase additional life insurance on themselves or their dependents through the convenience of payroll deduction. If you elect when first eligible, you may elect coverage up to the Guaranteed Issue amount without having to answer any medical questions. Employee and spouse benefits begin to reduce at employee age 65; employee and spouse rates are based on employee age.

<b>Guaranteed Issue</b>	Employee: \$250,000 Spouse: \$25,000 Dependent Child: \$10,000
<b>Employee Coverage</b>	You may elect coverage in \$10,000 increments up to a maximum of 5x your base annual earnings or \$500,000, whichever is less.
<b>Spouse Coverage</b>	You may elect coverage for your spouse in \$5,000 increments up to a maximum of 50% of the employee elected amount up to \$500,000.
<b>Child Coverage</b>	You may elect coverage for your dependent child(ren) from 6 months up to age 21 (or 25 if full time student) in increments of \$2,000 up to a maximum of \$10,000. Birth to 14 days receive a \$0 benefit, 15 days to 6 months receive a

## Long-Term Disability

Wilmington Health provides full-time employees with Long-Term Disability and pays the full cost of this benefit. If you experience an illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation.

<b>Benefits Begin</b>	After 90 days
<b>Benefits Duration</b>	Social Security Normal Retirement Age
<b>Benefit Percentage</b>	66.67% of monthly income
<b>Maximum Benefit</b>	\$10,000 monthly
<b>Pre-Existing Condition Limitation</b>	If you are treated or diagnosed with a condition within 3 months of your effective date, that condition will not be covered until you have been enrolled for 12 months.
<b>Benefit Taxability</b>	Taxable

# Voluntary Worksite Benefits

Sun Life | 800-451-2513 | WWW.SUNLIFE.COM

## Short-Term Disability

If you experience a non-work-related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Voluntary short-term disability is an employee paid benefit offered through the convenience of payroll deductions.

<b>Benefits Begin</b>	8 <sup>th</sup> day accident / illness
<b>Benefits Duration</b>	Class 1 - 4, 6, 7, 8: 13 weeks Class 5, 9: 12 weeks
<b>Benefit Percentage</b>	60% of weekly income
<b>Maximum Benefit</b>	\$1,500 weekly
<b>Pre-Existing Condition Limitation</b>	If you are treated or diagnosed with a condition within 3 months of your effective date, that condition will not be covered until you have been enrolled for 12 months.
<b>Benefit Taxability</b>	Non-Taxable

## Hospital Insurance

SunLife's group hospital indemnity insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. This insurance pays a benefit when you are admitted to the hospital for a covered accident or sickness. See the Schedule of Benefits for a full list of what the policy covers.

## Accident Insurance

In the event of covered injuries or accidents, Accident Insurance provides a lump sum benefit for any accident on or off the job. The cost of this benefit is not based on age and no health questions are asked. Coverage can be available to you, your spouse, and your dependent children. If you choose to enroll in this benefit, you are eligible for a \$50 wellness screening benefit per year for each insured person for getting your annual physical.

## Critical Illness Insurance

SunLife's group critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. If you elect, you will have a flat lump-sum benefit of your choice that is paid directly to you at the first diagnosis of a covered condition. You can use the benefit any way you choose. If you elect coverage on yourself, you can also buy coverage for your spouse and dependent children. Your dependent children. There is also a \$50 wellness screening incentive for having your annual physical.

Examples of illnesses that are covered are cancer, heart attack, blindness, major organ failure, coronary artery bypass surgery and benign brain tumors. See the Schedule of Benefits for a full list of covered conditions.

# Additional Benefits

## 401(k) / Profit Sharing

MILLIMAN/ 800-579-6307 | [WWW.MILLIMANBENEFITS.COM](http://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
- **2022 Contribution Limits: \$20,500< Age 50; \$6,500 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](http://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](mailto: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:
  - o End of year 1 = 0%
  - o End of year 2 = 20% vested
  - o End of Year 3 = 40% vested
  - o End of Year 5 = 80% vested
  - o End of year 6 = 100% vested

## Employee Assistance Program (EAP)

[GUIDANCE RESOURCES](http://WWW.GUIDANCERESOURCES.COM)/ 877-687-6447 | [WWW.GUIDANCERESOURCES.COM](http://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 5 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 1-877-687-6447, [www.GuidanceResources.com](http://www.GuidanceResources.com) (Web ID: MGISComplete) or download the app by searching GuidanceResources Now in your app store.

# 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

# Definitions and Acknowledgment

## **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 (as needed) & 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

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*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 typically occurs 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.*

*This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you.*

*It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specialize in this practice area.*