

BENEFITS DIGEST



*2022 Wilmington Health
Full Time Physician*

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 summary provides benefit information available January 1, 2022 through December 31, 2022.

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
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Dependent Age Limit

MEDICAL	Age 26
DENTAL	Age 26
VISION	Age 26
VOLUNTARY LIFE	Age 26

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.

Medical	Semi-Monthly Contribution	
	HDHP	PPO
Employee	\$ 249.55	\$ 343.78
Employee + Spouse*	\$395.91	\$ 604.33
Employee + Child	\$287.36	\$ 458.58
Employee + Children	\$351.82	\$ 610.48
Employee + Family*	\$560.75	\$ 864.54

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

Dental	
Employee	\$ 19.29
Employee + Spouse	\$ 34.88
Employee + Child (ren)	\$ 41.80
Employee + Family	\$ 58.87

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

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
Benefit Year	Calendar	Calendar
Primary Care Office Visit	Deductible, then 0%	\$ 20 copay (<i>Wilmington Health</i>) \$ 50 copay (<i>All Others</i>)
Specialty Office Visit	Deductible, then 0%	\$ 40 copay (<i>Wilmington Health</i>) \$ 60 copay (<i>All Others</i>)
Annual Deductible <i>Individual / Family</i>	\$ 2,700 / \$ 5,400 Non-Embedded*	\$ 800 / \$ 2,400 (<i>Wilmington Health</i>) \$ 1,000 / \$ 3,000 (<i>All Others</i>) Embedded**
Out-of-Pocket Maximum <i>Individual / Family</i>	\$ 2,700 / \$ 5,400 Non-Embedded*	\$ 4,000 / \$ 12,000 Embedded**
Hospitalization Inpatient Care	0% after deductible	20% after deductible
Hospitalization Outpatient Care	0% after deductible	20% after deductible
MRI, CAT, PET	0% after deductible	20% after deductible
Emergency Room	0% after deductible	\$ 300 copay
Urgent Care	0% after deductible	\$ 20 copay (<i>Wilmington Health</i>) \$ 50 copay (<i>All Others</i>)
Out-of-Network Deductible Coinsurance Out-of-Pocket Maximum	\$5,400 Individual / \$10,800 Family 30% after deductible \$10,800 Individual / \$21,600 Family	\$2,000 Individual / \$6,000 Family 50% after deductible \$8,000 Individual / \$24,000 Family
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4 Mail Order = 2.5 x	Deductible, then 0%	\$ 10.00 \$ 20.00 \$ 35.00 \$ 60.00 25% up to \$ 100.00
Routine Vision Exam	100% (<i>every benefit period</i>)	100% (<i>every benefit period</i>)

*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	\$ 7,300
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 \$570 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:

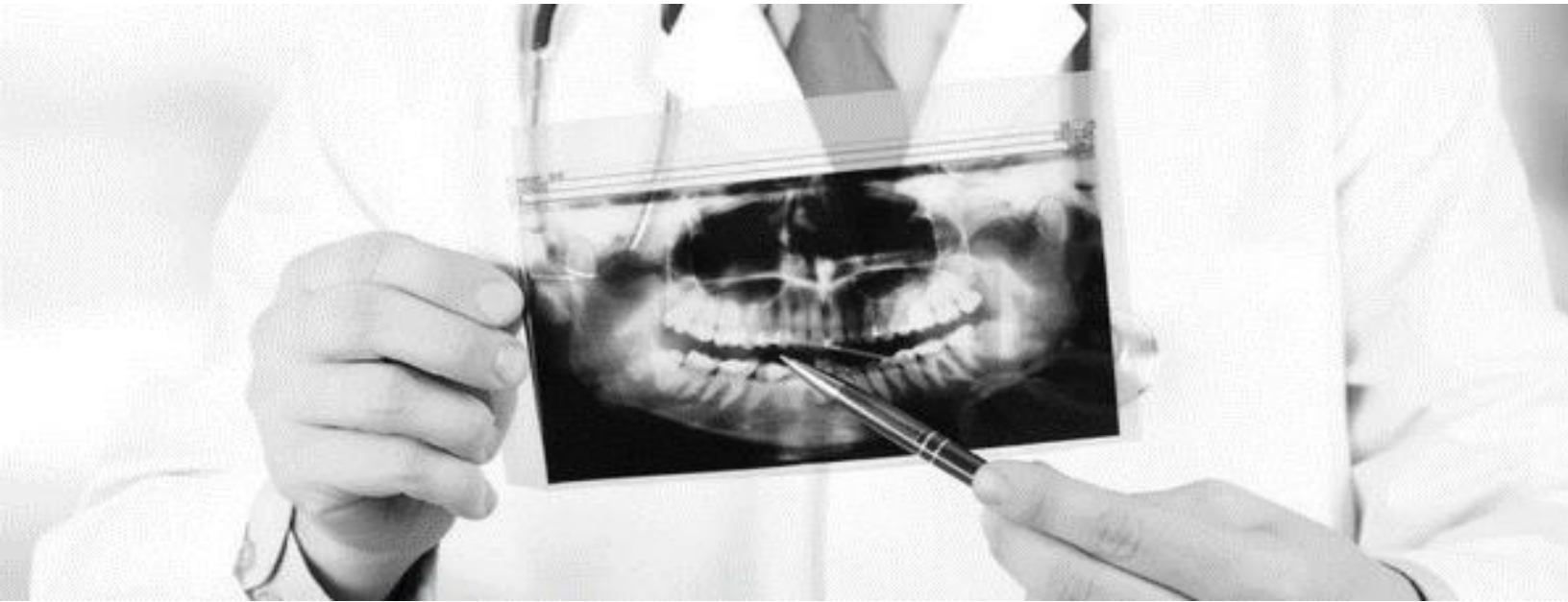
- Deductible / coinsurance
- Doctor / Dentist copays
- Eyeglasses / Contacts

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

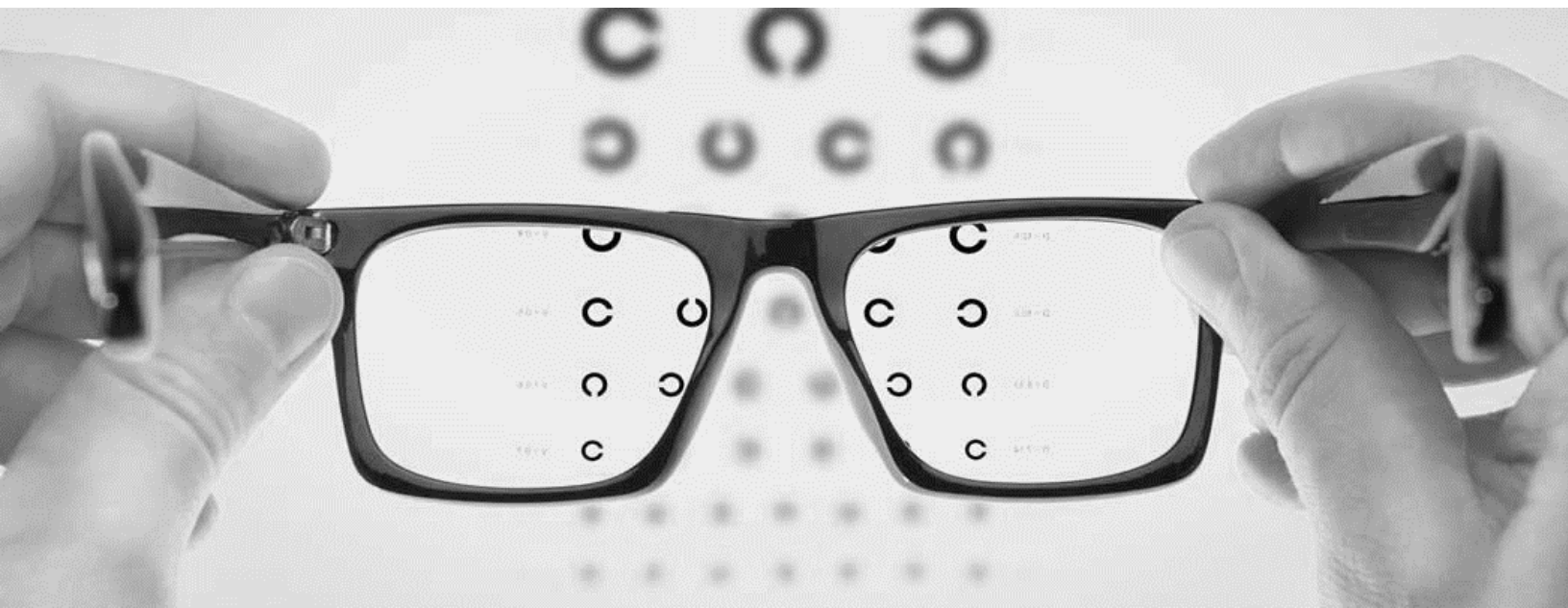


This plan allows you to seek treatment from the dentist of your choice; however, by seeing a dentist that participates within SunLife, you will not be balanced billed for charges that are considered over reasonable and customary for your area.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
Annual Maximum	\$ 1,000 per covered individual	
Deductible (Plan Year) <i>Applies to basic and major services, orthodontia and implants</i>	\$ 50 Individual / \$ 150 Family	
Preventive Services <i>Exams, cleanings, x-rays</i>	Covered at 100% (no deductible)	
Basic Services <i>Fillings, simple extractions, root canals, periodontics, anesthesia</i>	Covered at 100% of covered expenses after deductible	Covered at 100% of covered expenses after deductible
Major Services <i>Crowns, bridges, dentures</i>	Covered at 60% of covered expenses after deductible	Covered at 50% of covered expenses after deductible
Orthodontia	50% up to a \$ 1,000 lifetime maximum	
Implants	Covered at 60%	

Vision Plan

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.

BENEFITS	IN-NETWORK
Exam	\$ 0 copay
Standard Frames	\$0 copay, \$150 allowance and 20% off the amount over your allowance (\$80 allowance at Costco and Walmart)
Standard Lenses	\$0 copay
Contact Lenses	\$150 allowance
Frequency of Services	
Exams	12 months
Frames	12 months
Lenses OR Contacts	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 \$400,000** 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.

Guaranteed Issue	Employee: \$250,000 Spouse: \$25,000 Dependent Child: \$10,000
Employee Coverage	You may elect coverage in \$10,000 increments up to a maximum of 5x your base annual earnings or \$500,000, whichever is less.
Spouse Coverage	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.
Child Coverage	You may elect coverage for your dependent child(ren) from 6 months up to age 26 in the amount of \$10,000. Birth to 14 days receive a \$0 benefit, 15 days to 6 months receive a \$250 benefit.

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.

Additional Individual Disability Insurance will be offered, through UNUM, to those who meet the minimum requirement of an annual salary greater than \$200,000. Coverage will provide up to an additional \$5,000 monthly benefit.

Benefits Begin	After 90 days
Benefits Duration	Social Security Normal Retirement Age
Benefit Percentage	66.67% of monthly income
Maximum Benefit	\$10,000 monthly

Pre-Existing Condition Limitation	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.
Benefit Taxability	Taxable

Short-Term Disability

Offered to Full-Time Providers working a minimum of 30 hours per week beginning on day 1 of employment. Providers will be paid their salary during the period of absence according to the following weekly % of Draw Schedule:

- Weeks 1-2 paid at 100%
- Weeks 3-4 paid at 90%
- Weeks 5-6 paid at 80%
- Weeks 7 through day 90 paid at 66.67%

Voluntary Worksite Benefits

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

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

- 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. If you have any questions regarding your 401(k), please contact Rachel Carter, Retirement Benefits Consultant 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:
 - 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 | 877-687-6447 | 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 (Web ID: MGISComplete) or download the app by searching GuidanceResources Now in your app store.

Additional Benefits

Vacation / CME

Eligible Employees: Full-Time & Part-Time Physicians

- Eligible day 1 of employment
- Five (5) weeks (25 days) total per calendar year non-cumulative
- Pro-rated based on FTE status & date of hire
- Includes CME time as required for hospital privileges
- 48 Hours of CME per calendar year

Fees

- **Eligible Employees:** Full-Time & Part-Time Physicians
- All privilege, registration and licensure fees determined necessary for employment will be paid by Wilmington Health

Education Fund

- **Eligible Employees:** Full-Time & Part-Time Physicians
- \$4,000 every two years
- Pro-rated based on date of hire
- Begins and restarts on January 1 of every year (i.e.; 2021 – 2022)
- Qualified expenses: Meetings, seminars and related travel, including transportation, food and tips; professional dues and subscriptions; professional books and publications; professional meals; any professional laundry expenses.

Malpractice Coverage

- **Carrier:** Medical Mutual (*now CURI*)
- **Amount of Coverage:** \$1,000,000 each claim; \$3,000,000 aggregate
- **Type of Policy:** Claims Made

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

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.