



Benefits Guide

2024

Advanced Practice Clinicians



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ELIGIBILITY & ENROLLMENT

Who is Eligible

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. Spouses and domestic partners who do not have access to other group health coverage and dependents are eligible for medical, dental and vision coverage.

New Hires

If you are enrolling as a New Hire outside of the open enrollment period, benefits are effective until December 31. You are eligible for our benefits beginning the 1st month following full-time date of hire.

How to Enroll

You will receive an email with instructions from ADP Workforce Now to enroll in coverage.

When to Enroll

New hires will have until the **first of the month following their hire date** to enroll in coverage. Open enrollment occurs every October/November with an effective date of January 1 of the following year.

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to your benefit elections until next year's open enrollment period. Life events such as marriage, divorce, birth or adoption of a child, change in child's dependent status, death of qualified dependent, change in employment status or change in coverage under another employer-sponsored plan may qualify you for a special enrollment period. Please notify your Human Resources within 30 days of your qualifying event.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan, documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about your benefits, contact Human Resources.

MEDICAL PLANS – MERITAIN

The chart below provides an overview of your available medical plans. Please refer to your plan document for specific details. Below outlines your plan options through Meritain. Networks frequently change and so it is always a good idea to confirm your provider's participation is in-network to avoid additional costs.

	HDHP w/HSA	PPO
Semi-Monthly Employee Deductions with all Wellness discounts applied (see page 13 for Wellness details)		
Employee Only	\$14.22	\$21.57
Employee + Spouse**	\$190.08	\$213.29
Employee + Child	\$72.58	\$83.00
Employee + Children	\$136.23	\$150.00
Employee + Family	\$322.69	\$325.88
Services	In-Network*	In-Network*
Deductible	Non-Embedded	Embedded
Individual	\$2,700	\$800 w/WH or \$1,000 Others
Family	\$5,400	\$2,400 w/WH or \$3,000 Others
Coinsurance		
Plan Pays / You Pay	100% / 0%	80% / 20%
Out-of-Pocket Max (including deductible, copay & coinsurance)		
Individual	\$2,700	\$4,000
Family	\$5,400	\$12,000
Preventive Services	100% No Deductible	100% No Deductible
Primary Care	Deductible then 0%	\$20 copay w/WH or \$50 copay Others
Specialist Visit	Deductible then 0%	\$40 copay w/WH or \$60 copay Others
Emergency Room	Deductible then 0%	\$300 copay
Urgent Care	Deductible then 0%	\$20 copay w/WH or \$50 copay Others
Inpatient / Outpatient	Deductible then 0%	Deductible then 20%

*Please note that using an out-of-network provider can increase the costs listed here. Find your in-network providers at www.meritain.com.

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

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

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

TELEMEDICINE – WILMINGTON HEALTH

Get quick and convenient care from providers you know and trust – your Wilmington Health provider team! Many WH providers have telemedicine appointment times in their schedule and provide access for online portal re-quests. Standard copays or deductible apply when using telemedicine services.

How to Get Started

Create your account so that when you need care, you can get it quickly.

Online: <https://patientportal.intelichart.com/login/Account/Login/> or via WH website (access to schedule a visit is 24/7 in either site)

Text: For WH providers who offer a text option, use the administrative number for the provider's office (information on WH website)

Phone: Call the WH physician office directly to schedule a telemedicine visit

PHARMACY INFORMATION

Enrolling in medical coverage provides prescription drug coverage through Meritain. The pharmacy network is Advance Choice Network with access to more than 57,000 pharmacies including CVS. Walgreens & Rite Aid pharmacies are out-of-network locations. Below highlights information about the prescription drug plan offered!

	HDHP w/HSA		PPO	
	Retail	90-Day Mail Order	Retail	90-Day Mail Order
Tier 1 Generic	Deductible then 0%		\$10	\$25
Tier 2 Preferred Brand \$20 \$50			\$20	\$50
Tier 3 Non-Formulary Brand			\$35	\$87.50
Tier 4 Specialty Generic			\$60**	N/A
Tier 5 Specialty			25% up to \$100 max**	N/A

Where to Find Details

The most up to date drug lists and drug management program information is located below:

- www.caremark.com or www.meritain.com
- www.CVSSpecialty.com
- CVS Caremark mobile app

**PPO plan: Some Specialty drugs are offered at \$0 cost through PrudentRx program. PrudentRx will contact you if your drug qualifies.

If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary.

Mail Order & Specialty Rx

If you are currently taking any maintenance medications, take advantage of the cost savings and convenience of our Mail Order Program. Specialty drugs are high-cost drugs used to treat certain chronic conditions. Specialty drugs must be obtained directly through our specialty pharmacy: www.CVSSpecialty.com/enroll or 800-237-2767. CVS will fill and ship your specialty medication right to your home. They have a team of specially trained pharmacists and nurses who can provide you with the personalized care and support you need to manage your therapy – all at no extra cost to you! The service includes easy refills, reminders, text alerts, free shipping, and 24/7 access to your specialty pharmacist team.

For PPO participants, PrudentRx program allows members to pay \$0 out-of-pocket for specialty medications on the plan's Exclusive Specialty drug list dispensed by CVS Specialty. If you opt out of the program, you will be responsible for 30% of the cost of the drug. If you start a new specialty medication, PrudentRx will contact you to start any copay assistance available or you can call PrudentRx at 800-578-4403.

Price Comparison Tools

Did you know you can compare drug prices based on your zip code at www.caremark.com or on the CVS Caremark mobile app? You can also review a list of medications that are considered equivalent to the drug you have been prescribed to see if there is a generic or lower cost alternative to discuss with your medical provider.

If you take a high-cost medication or a specialty medication, talk to your provider or pharmacist about manufacturer assistance programs. Many drug manufacturers offer copay assistance programs that will limit the out-of-pocket cost on the drug. In addition to your provider or pharmacist, you can search for the drug manufacturer online and apply for these programs. *If you use a copay assistance program, only the cost that you pay out-of-pocket for the medication will apply to your out-of-pocket maximum benefit.*

Retail Pharmacy Discount Programs

Pharmacies offer generic medication programs for 30- and 90-day supplies for less than \$10. Several popular maintenance medications are offered through these generic programs. In order to take advantage of these programs, take your prescription to one of the participating pharmacies and present to the pharmacist. It's that easy to start saving money!

GoodRx

GoodRx (<https://www.goodrx.com/>) is a savings site and app that allows you to shop for the best cost, offers additional savings with a drug discount card, and finds the lowest prices and discounts by comparing prices at different pharmacies. You receive instant access to the lowest prices for prescription drugs at more than 75,000 pharmacies, plus pharmacy hours and locations, pill images, promotions and discounts, and savings tips that can cut your prescription costs!

HEALTH SAVINGS ACCOUNT (HSA) - FIDELITY

An HSA is a tax-advantaged account that you and your employer can put money into to save for future medical expenses and is yours to keep. HSA funds can be used to pay for eligible medical, dental and vision expenses.

Any adult can contribute to an HSA if they are covered under an HSA-qualified “high deductible health plan” (HDHP), do not have any other first-dollar medical coverage, are not enrolled in Medicare or TriCare and are not claimed as a dependent on someone else’s tax return or covered under your spouse’s non-HDHP or if you participate in the FSA.

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.

Your HSA is always yours, no matter what. Even if you leave Wilmington Health, change health plans or retire. Unused money grows tax-free and can be invested with a minimum balance.

The change to Fidelity as the HSA administrator is to provide better investment options and opportunities to yield higher returns. Other than the \$3.50 monthly administrative fee for balances under \$5000, Fidelity offers:

- *Zero account transaction fees – no added costs for additional debit cards, wires or check writing*
- *Zero account fees to invest – no added fee to invest*
- *Zero minimums to invest – Fidelity does not require a minimum balance to start investing*
- *Zero commission online trading – for US equities*

HSA Funding and Contributions

The IRS imposes a maximum contribution limit to the HSA on a calendar year basis and funds rollover from year to year.

The 2023 maximums are:

- \$3,850 for individual
- \$7,750 for family
- \$1,000 catch up contribution for those 55 and older

The 2024 maximums are:

- \$4,150 for individual
- \$8,300 for family
- \$1,000 catch up contribution for those 55 and older

Qualified Medical Expenses:

The IRS maintains a list of all eligible expenses, common qualified expenses include acupuncture, ambulance services, dental treatment, contact lenses, doctor’s fees and hearing aids.

View the complete list of qualified expenses at <https://www.irs.gov/publications/p502/index.html>.

FLEXIBLE SPENDING ACCOUNTS (FSA) – HEALTHEQUITY

FSAs provide you with an important tax advantage that can help you pay for expenses on a pre-tax basis. By anticipating your family's costs for the next year, you can actually lower your taxable income.

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 \$610 for expenses incurred in the next plan year, and still contribute up to \$3,050 annually. The carryover feature does not apply to Dependent Care Reimbursement Accounts.

You must enroll in your FSA every year to contribute. Your FSA plan options are shown below.

Dependent Care FSA

- Allows employees to use pre-tax dollars toward qualified dependent care such as caring for children under age 13 or caring for elders.
- **The annual contribution maximum is \$5,000 (or \$2,500 if married and filing separately).**
- Dependent Care rollover does not apply.

Healthcare FSA

- Allows employees who are not enrolled in an HDHP or contributing to an HSA to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- **The annual maximum contribution of \$3,050** can be used for eligible health care related expenses, including medical, dental and vision expenses. You can rollover a maximum of \$610 in the Health Care FSA to the next plan year.



DENTAL PLAN – DELTA DENTAL

The chart below provides an overview of your available dental plan. Please refer to your plan document for specific details. Below outlines your plan options through Delta Dental. Using an in-network provider will offer you the lowest service pricing.

	PPO	Premier	
Benefits	In-Network		Out-of-Network
Annual Deductible Individual Family Applies to basic, major and orthodontia services	Calendar Year \$50 \$150		
Preventative Services Exams, routine cleanings, x-rays	Covered at 100%	Covered at 100%	Covered at 100%*
Basic Services Fillings, simple extractions, root canals, periodontics, anesthesia	Covered at 100% of eligible expenses after deductible	Covered at 80% of eligible expenses after deductible	Covered at 80% of eligible expenses after deductible*
Major Services Oral surgery, root canal, crowns, bridges	Covered at 60% of eligible expenses after deductible	Covered at 50% of eligible expenses after deductible	Covered at 50% of eligible expenses after deductible*
Annual Maximum Calendar Year	\$1,000 per covered individual		
Orthodontia Children up to age 19	Covered at 50%		
Orthodontia Lifetime Maximum	\$1,000		

*Out-of-network services are subject to Usual and Customary Rate (UCR).

Your Cost

Semi-Monthly Employee Deductions	
Employee Only	\$19.07
Employee + Spouse	\$34.49
Employee + Children	\$41.33
Employee + Family	\$58.21

VISION PLAN – COMMUNITY EYE CARE

The chart below provides an overview of your available vision plan. Please refer to your plan document for specific details. Below outlines your plan options through Community Eye Care. Using an in-network provider will offer you the lowest service pricing.

Benefits	In-Network*
Exam	\$10 copay
Frames	\$10 copay, up to \$200 allowance + 20% off remaining balance
Lenses	\$10 copay
Contact Lenses	\$200 allowance + 10% off remaining balance
Frequency of Services Exams/Frames/Lenses or Contacts	12 / 12 / 12 months

*Using a provider that is out of the network shown above, you may experience higher costs.

Your Cost

Semi-Monthly Employee Deductions	
Employee Only	\$4.58
Employee + Spouse	\$8.71
Employee + Children	\$8.25
Employee + Family	\$13.29



BASIC LIFE AND AD&D INSURANCE – LINCOLN FINANCIAL GROUP

Full-time employees receive 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. Wilmington Health pays the full cost of this benefit. Benefits begin reducing at the age of 65. Don't forget to keep your beneficiaries up to date.

VOLUNTARY LIFE AND AD&D INSURANCE - LINCOLN FINANCIAL GROUP

Employees who want to supplement their group life and AD&D insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase voluntary life and AD&D insurance in the increments listed below. Please note, applying for the first time or electing up to the guaranteed issued amount will not require EOI (Evidence of Insurability) or medical underwriting.

Voluntary Life and AD&D Insurance			
Guaranteed Issue	Employee \$250,000	Spouse \$25,000	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 100% of the employee elected amount up to \$500,000.		
Child Coverage	You may elect coverage for your dependent child(ren) 6 months up to age 26 in the amount of \$10,000; 14 days to 6 months is \$250.		

DISABILITY - LINCOLN FINANCIAL GROUP

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.

Long-Term Disability	
Percentage of Income Replaced	66.67% of monthly income
Benefits Duration	Social Security Normal Retirement Age (SSNRA)
Benefits Begin	After 90 days
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.

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%

SUPPLEMENTAL HEALTH BENEFITS – LINCOLN FINANCIAL GROUP

The additional health benefit options below can be used to customize your coverage to complement your medical plan options. If you elect any other the voluntary options below, you will be responsible for the cost of the benefit. For more information on rates, please see your enrollment site.

Voluntary Accident Plan

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.

Voluntary Critical Illness Insurance

Lincoln Financial Group's 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 \$100 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.

Voluntary Hospital Indemnity Insurance

Lincoln Financial Group's 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. 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.

See the Schedule of Benefits for a full list of what the policy covers.

RETIREMENT

- Eligible to participate on 1st day of employment
- Automatic enrollment for 3% of gross wages at time of hire unless WAIVED in writing
- **2024 Contribution Limits: \$23,000 < Age 50; \$7,500 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 Consultant at 910.408.5519 or rc@401kplanadvisor.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

PAID DAYS OFF

- **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 (3) 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

MALPRACTICE COVERAGE

- **Carrier:** CURI
- **Type of Policy:** Claims made.
- **Coverage:** Based on eligible FTE of 0.2 or greater

CONTINUING MEDICAL EDUCATION (CME)

Providers can be reimbursed for Continuing Medical Education (CME) and business-related expenses by submitting receipts and a completed expense report form. Expense reports should be submitted within 6 months of the expense date, and those received by month-end will be paid on the 15th of the following month. Maximum annual limits apply. CME hours for Advanced Clinical Practitioners require prior approval and must replace scheduled work hours. The guidelines aim to reimburse Providers for reasonable out-of-pocket business expenses following Internal Revenue Service guidelines.

Reimbursable Amounts

- **\$4,000 CME allocation every 2 years starting with an even year, pro-rated in year of hire.**
- *Part-time providers will be eligible for a pro-rata amount based on FTE status of the full-time allowances listed above and pro-rated based on their start date within the calendar year.*
- Any unused portion of the allowable amount remaining at the end of the period will be forfeited.
- **Covered CME Expenses:**
 - Books, Journal and Internet Based CME subscriptions
 - CME seminar expenses
 - Travel
 - Meals
 - Lodging
 - Software
 - Professional Association Membership Dues and Subscriptions
 - Board Certification Fees
 - Cell phone reimbursement

CME Hours

- **48 CME hours per calendar year pro-rated in year of hire.**
- Proper use of CME hours includes time spent attending an approved conference, seminar, webinar, etc., as outlined above up to a maximum of 12 hours per day.

** Refer to Policy 1.3.20 - Provider CME & Expense Reimbursement for additional information.*

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is available for free to all employees and immediate family members. An EAP is a completely confidential counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements and other personal issues. Up to 5 in person visits per issue per person are included.

You can contact Guidance Resources toll free at 888-628-4824, or you can visit their website at www.guidanceresources.com (your Web ID: LFGSupport Password: LFGSupport1), or download the app by searching “GuidanceResources” in your App Store.

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 \$125.00 (\$62.50 per paycheck) for completing specific age and gender related health screenings. The discount also applies to covered spouses.

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 the Nicotine Free Program offered by Meritain. The discount also applies to covered spouses.

NICOTINE FREE PROGRAM

Employees enrolled in our medical plan who use nicotine will have access to the new Nicotine Free Program, with an opportunity to waive the monthly surcharge!

Quitting nicotine is one of the best things you can do to improve your health and the health of those around you. We understand how difficult it is to quit. That's why your employer wants you to know you don't have to go it alone. The following tools and resources are available to help you with one of the best decisions you can make—the decision to quit for good.

- Telephonic coaching
- Educational online university courses
- AgeGage health assessment
- Personal and community-based health challenges
- Nicotine replacement products

Telephonic coaching topics include but are not limited to: stress management, nutrition, emotional well-being, weight management and financial health. Choose the topic that works for you and a certified coach can guide and encourage you to set goals for building healthier habits and improving your well-being.

Register for your Nicotine Free website

Click on or copy and paste the below website:

<https://nicotinefree.healthymerits.com/>.

1. Click on *Register*.
2. Enter the registration code: **MN3FH2MP**.
3. Under Location, enter: **18232**.



Please note: After you register, you will receive an email asking you to verify your email address. Please be sure to check your spam/junk folder for this email. Your registration is not complete until you verify your address through this email.

Nicotine replacement therapy products

Nicotine replacement therapy products are covered annually under your prescription drug benefits. Counseling visits and cessation classes are covered under your health plan. Please refer to your prescription drug benefit plan and the health plan document for additional details.

Get rewarded

Employees enrolled in the medical plan who use nicotine as of January 1, 2023, must complete and pass all the online Nicotine Free courses with a grade of 70 or better to qualify to have the monthly surcharge waived.

New hires that are enrolled in the medical plan who use nicotine must complete the online Nicotine Free courses with a grade of 70 or better no later than 60 days from their date of hire to qualify to have the monthly surcharge waived.

EMPLOYEE RESOURCES

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources or Employee Benefits Service Team

Benefit	Carrier Name	Phone Number	Website
Medical/Pharmacy	Meritain		
	<u>Network:</u> Aetna Choice POS II (Open Access)	800-566-9311	www.meritain.com
Dental	Delta Dental		
	<u>Network:</u> PPO & Premier	800-662-8856	www.deltadentalnc.com
Vision	Community Eye Care	888-254-4290	www.cecvision.com
Health Savings Account (HSA)	Fidelity	800-544-3716	www.fidelity.com/healthsavingsaccount
Flexible Spending Account (FSA)	Health Equity	866-346-5800	www.healthequity.com
Basic Life and AD&D Insurance	Lincoln Financial Group	800-432-2765	www.lfg.com
Voluntary Life and AD&D Insurance	Lincoln Financial Group	800-432-2765	www.lfg.com
Disability	Lincoln Financial Group	800-432-2765	www.lfg.com
Employee Assistance Program (EAP)	EmployeeConnect	888-628-4824	www.guidanceresources.com
Retirement / 401(k)	Milliman	800-579-6307	www.millimanbenefits.com

EMPLOYEE BENEFITS SERVICE TEAM

Your dedicated Employee Benefits Services Team is your benefits resource throughout the year. You can contact the Employee Benefits Services Team when you need personal assistance with our group benefit plans. Their dedicated client support specialists can help with inquiries about your plans.

Call when you have questions about:

- Concerns or issues with claims
- How to obtain ID cards
- General benefit coverage

The Employee Benefits Services team is available Monday through Friday 8am to 5pm EST.

Contact by phone or email:

- Toll Free: 855-313-1075
- EBServices@marshmma.com

WILMINGTON HEALTH EMPLOYEE DISCOUNT MARKETPLACE

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors

To utilize this benefit:

1. GO TO: wilmingtonhealth.benefithub.com
2. Create and Account Using referral Code: 759WW4
3. Complete Registration

Questions? Call 1-866-664-4621 or email customer care@benefithub.com



EDUCATIONAL VIDEOS

Click on the videos below to learn more about how the benefit works.



[PPOs & HDHPs](#)



[In & Out-of-Network](#)



[Dental](#)



[Vision](#)



[Health FSA](#)



[Health Savings Account](#)



[Dependent Care FSA](#)



[EAP](#)