



2025

Benefits Guide

Full-Time Employees

This publication contains important information about your employee benefit program.

Please read thoroughly.

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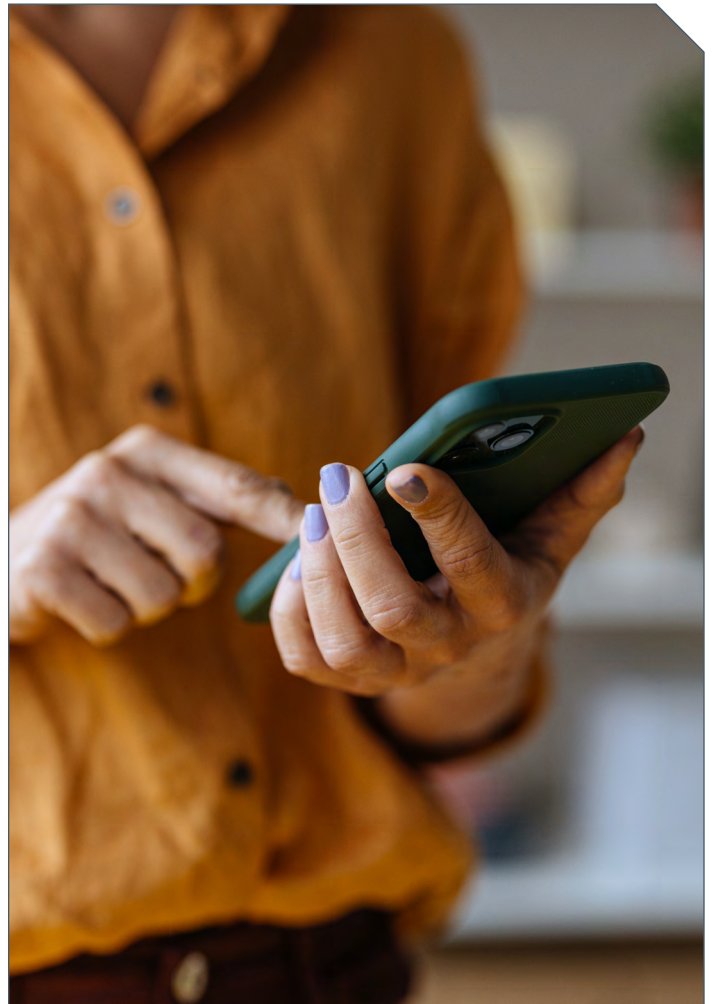
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At Wilmington Health, we embrace all employees by providing a comprehensive benefits program with a variety of options for you to choose from. Our program combines innovative solutions with traditional benefits to provide you a safety net when and where it matters most. As you review this guide, consider how each of these benefits will support you and your loved ones. Then, create a custom benefits package by enrolling in the benefits that meet your needs.

For All Your Benefits Questions

We're here to help answer your benefits questions and support you throughout enrollment. For assistance, email benefits@wilmingtonhealth.com or call 910.796.7703, 8 a.m.-5 p.m. EST.



Opportunities to Enroll

As a Wilmington Health employee, you have three opportunities to enroll in benefits or change your elections as well as the dependents you cover.

New Hire Enrollment

You're eligible for coverage beginning the 1st month following full-time date of hire. You must enroll within 20 days of your hire date. If you miss this deadline, you will not be able to enroll in benefits again until benefits enrollment or you experience a qualifying life event.

Benefits Enrollment

Benefits enrollment will take place November 4th-November 22nd, 2024. This is your yearly opportunity to review your benefits and dependents to make changes for the next plan year. It is important to review your current benefits to make sure they still meet your needs. If you don't make changes, your current benefits will rollover into 2025. The exception is your HSA and FSA funds which must be elected each year.

Changing Benefits During the Plan Year

You may change your benefits throughout the plan year if you experience a qualifying life event. You must change your benefits within 30 days of the event date. Examples of qualifying events include a change in:

- ▶ Legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- ▶ Change in domestic partnership status (e.g., partnership registration, termination of domestic partnership, death of domestic partner)
- ▶ Number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- ▶ A dependent's eligibility status (e.g., a dependent child is no longer eligible)
- ▶ Employment or job status

Keep in mind, you will be required to provide documentation, such as a marriage or birth certificate, for the change to be completed.

How to Enroll in Benefits

Open Enrollment is available on the ADP Employee Self Service website.

The Open Enrollment period will last approximately two weeks, starting 11/4/2024 and ending 11/22/2024. All changes to your benefits must be completed by 11/22/2024. The changes that you make to your benefits will take effect on 1/1/2025.

- ▶ Log in to Workforce Now workforcenow.adp.com by using your Username ID and password. First time users create an account. Contact your HR team if you are unsure of the registration code.
- ▶ Click Enroll Now to start enrollment.
- ▶ Click Start Enrollment and complete the following steps:
 - ▷ **Mange dependents**—add/view/edit dependent(s) and beneficiaries
 - ▷ **Surveys**—Acknowledge the tobacco attestation
 - ▷ **Select benefits:**
 - ▶ **Action Required**—These are items that need to be reviewed to move forward. These plans could require a beneficiary to be designated or a waive reason to be provided.
 - ▶ **Selected Plans**—These are benefit plans that you are already enrolled in and can make changes to. This section also displays any enrollments that are pending additional approval.
 - ▶ **Eligible Plans**—These are benefit plans that you are eligible for. Be sure to indicate which dependents should be covered in the Covered Individuals section, if applicable.
 - ▶ **Waive benefit** should only display for benefit plan types that require a waive reason. Employees should only select Waive benefit if you do not want to continue enrollment in a benefit or are not enrolled currently and a waive reason is required. If you choose to waive, you will be required to select a reason.

Review your enrollment, costs, and covered individuals carefully before you click "**Confirm**". Once confirmed, you will receive a message saying you are enrolled, and the enrollment will be displayed under Select plans.

Voluntary Life Elections and Beneficiaries:

When you elect Voluntary Life, you will also need to designate your beneficiaries.

1. Start by clicking View all plans, and then choose the amount of coverage you want to elect from the drop down.
 - ▷ Note: If the amount selected is over the Guarantee Issue amount, additional approval will be required, and you will be asked to complete Evidence of Insurability (EOI) and submit it to your employer. Your full election amount will not be approved until this process is completed.
2. Enter your beneficiary designation, including Primary and Secondary, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary or Secondary).
3. Click Confirm details and review your selection and beneficiary delegations.
4. Then click Confirm to continue with your enrollment elections.
5. Continue through each step until all elections are complete and all tasks under the Action Required section are addressed. When ready to proceed to the Summary page, click Next to proceed to Review and Submit step.
6. Review all of your selections/changes. When you have confirmed them, click **Submit Enrollment**.
 - ▷ Note that your benefit elections will not be processed until you click **Submit Enrollment**. If you **click Save for later** instead, these enrollments will not be submitted to your HR team until you fully submit the enrollment changes.
7. There will be a pop-up confirming your submission notating the date and time of submission. Please ensure you receive the confirmation note indicating your elections have been submitted.

You may make additional changes or modifications during the open enrollment period by logging in and going to Manage Enrollment.



Who is Eligible for Benefits?

You and your loved ones are eligible to enroll in benefits if you meet the following requirements.



Covering Yourself

You are eligible for benefits if you are a full-time employee regularly scheduled to work at least 30+ hours per week.



Covering a Spouse or Domestic Partner

You can enroll spouses and domestic partners who do not have access to other group health coverage.



Covering Children

You can enroll children under 26 years old, including:

- ▶ Natural
- ▶ Adopted
- ▶ Stepchildren
- ▶ Children you are the full, legal guardian for

Please note: Children who became handicapped or fully disabled before 26 may be eligible for coverage after 26.



Dependent Eligibility Documentation

Proof of eligibility is required when adding a dependent to benefits. Examples of accepted documentation include a marriage license, tax return, domestic partnership registration, birth certificate, or adoption orders.



Your Semi-Monthly Cost of Medical Coverage

Deductions are with all Wellness discounts applied (see pg. 12 for Wellness details).

	HDHP With HSA	PPO
Employee	\$14.22	\$21.57
Employee + Spouse	\$190.08	\$213.29
Employee + Child	\$72.58	\$83.00
Employee + Children	\$136.23	\$150.00
Family	\$322.69	\$352.88

Medical Benefits Summary

	HDHP With HSA		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Embedded			
Individual	\$2,700	\$5,400	\$800 w/WH or \$1,000 Others	\$2,000
Family	\$5,400	\$10,800	\$2,400 w/WH or \$3,000 Others	\$6,000
Out-of-Pocket Maximum (Includes Deductible)				
Individual	\$2,700	\$10,800	\$4,000 w/WH or Others	\$8,000
Family	\$5,400	\$21,600	\$12,000 w/WH or Others	\$24,000
Coinsurance				
Plan pays/You pay	100%/0%	70%/30%	80%/20%	50%/50%
Preventive Care	100% No Deductible	30% coinsurance	100% No Deductible	30% coinsurance
Primary Care Physicians	Deductible then 0%	30% coinsurance	\$20 copay w/WH or \$50 copay Others	50% coinsurance
Specialist	Deductible then 0%	30% coinsurance	\$40 copay w/WH or \$60 copay Others	50% coinsurance
Emergency Room	Deductible then 0%	30% coinsurance	\$300	\$300
Urgent Care	Deductible then 0%	Deductible then 0%	\$20 copay w/WH or \$50 copay Others	50% coinsurance
Inpatient/Outpatient	Deductible then 0%	30% coinsurance	Deductible then 20%	50% coinsurance

How Medical Plans Work

You have the choice between two medical plans offered through Meritain. As you consider which plan is best for you and your family, it's important to understand how the plans work.

HDHP

The High Deductible Health Plan (HDHP) with an HSA which puts you in control of your healthcare spending. This plan has a higher deductible and lower premiums compared to the other medical plans. Below is an overview of how the HDHP works.

PPO

The Preferred Provider Organization (PPO) Plan. This plan has a lower deductible and higher premiums compared to the other medical plans. You will pay a set copay for many common services. Below is an overview of how the PPO works.



Keep in Mind

In-network preventive care is covered 100% in both/all plans.



At First

You pay 100% for medical services and prescriptions (HSA can be used to help offset expenses)



Meet Deductible

You and the plan share costs, called coinsurance (HSA can be used to help offset expenses)



Reach Out-of-Pocket Maximum

Plan pays 100% for the rest of the plan year



At First

You pay copays for most medical services and prescriptions



Meet Deductible

You and the plan share costs, called coinsurance



Reach Out-of-Pocket Maximum

Plan pays 100% for the rest of the plan year

Medical Resources

If you are enrolled in a Wilmington Health medical plan, you have access to a variety of programs and resources to help you and your family get and stay healthy.

Virtual Visits

Wilmington Health provides a quick and convenient way to access a board-certified doctor by phone, mobile app, or video. Providers will assess your symptoms, recommend a care plan, and send a prescription to your local pharmacy, if needed. Standard deductible or copays apply when using telemedicine services.

Virtual visits are good to receive care for:

- ▶ Bladder/urinary tract infection
- ▶ Cold/flu
- ▶ Diarrhea
- ▶ Headaches/migraine
- ▶ Pink eye
- ▶ Rash
- ▶ Sinus problems
- ▶ Sore throat
- ▶ And more!

To schedule a visit, go to: WHA Intranet or call the physician office directly.

Earn Your Nicotine Discount

To receive the \$125.88 monthly nicotine discount on your medical premium, benefit eligible employees and covered spouses must test as a non-nicotine user by 12/6/2024 in order to be discount eligible during the 2025 plan year. If you were hired on or after August 1, 2024, you will need to test as a non-nicotine user.

Commit to quit by visiting nicotinefree.healthymerits.com or calling 877.348.4533.



Get to Know Your Prescription Coverage

If you enroll in Meritain's medical plan, you will automatically receive coverage for prescription drug medications through Kroger pharmacy. Prescriptions are offered at four different levels: generic, preferred brand, non-preferred brand, and specialty drugs. Prescriptions can be filled at Kroger National Retail locations and all major chains (CVS, Walgreens, Costco, Sams, WalMart, & more). If you have questions visit www.kpp-rx.com or call 800.482.1285.

Kroger Prescription Plans Member Portal (Prescription Drug Coverage)

Register and login to www.kpp-rx.com* to manage your pharmacy benefits. You can access a digital copy of your Kroger Pharmacy ID card and view benefit information, drug pricing, alternatives, drug information, formulary list, and more.

*Starting January 1, 2025

Kroger Specialty Pharmacy

Support for plan members who are prescribed specialty medications includes:

- ▶ Assistance with copay assistance programs
- ▶ Education and support from clinical experts
- ▶ Coordination with your physician's office
- ▶ Convenient delivery
- ▶ Refill reminders

To get started, call 888.800.7828 or visit www.krogerspecialtypharmacy.com.

Postal Prescription Services—Mail Order Pharmacy

With Postal Prescription Services through Kroger Prescription Plans, you can get your medicine sent to your home—or anywhere you choose.

Advantages of using Postal Prescription Services include:

- ▶ Fast reorders with no trips to the pharmacy
- ▶ Free standard shipping to your home, job, or wherever you choose
- ▶ Privacy, since your medicine arrives in unmarked, secure packaging

Submit your prescriptions:

- ▶ **Electronically**—Your doctor can send your prescription electronically to PPS
- ▶ **By Fax**—Your doctor can fax your prescription to 800.723.9023.
- ▶ **By Mail**—You can mail your prescription to Postal Prescription Services (PPS), PO BOX 2718, Portland, OR 97208-2718.

Visit www.ppsrx.com to create an account or call 800.552.6694. You will need to provide your Kroger Prescription Plans insurance information from your ID card, along with your shipping and payment information, when you set up your account.

Get to Know Your Prescription Coverage (Continued)

OptUP Overviews

OptUP is a digital tool built to help you live a healthier life by making it easier to choose foods that are right for you while shopping at the grocery store. OptUP product nutrition ratings and OptUP scores are LIVE on [Kroger.com](https://www.kroger.com) and the Kroger app, along with Better for You Options.

Scan to learn more and
access insights, or visit
[Kroger.com/optup](https://www.kroger.com/optup) today!



	HDHP with 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
Tier 3 Non-Formulary Brand			\$35	\$87.50
Tier 4 Specific Generic			\$60**	N/A
Tier 5 Specialty			25% up to \$100 max**	N/A

**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.



Health Wellness Program

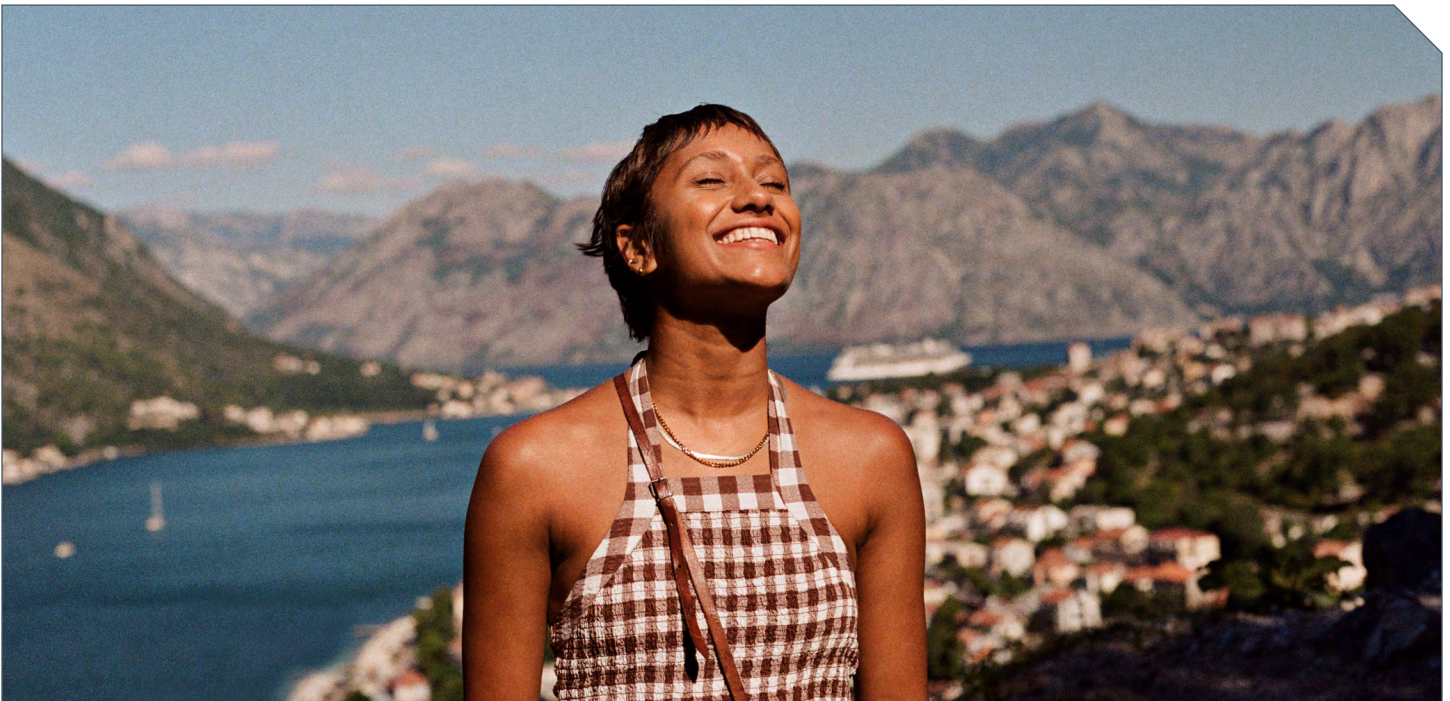
The Wellness Program is a voluntary health program that advocates individual accountability for healthy lifestyle behaviors. The goal is to help employees understand, adopt, and maintain a healthy lifestyle. As a reward, eligible employees are offered a monthly medical premium discount of \$125 (\$62.50 per paycheck) for completing specific age- and gender-related health screenings. The discount also applies to covered spouses.

How Do I Participate?

Any benefit eligible employee and covered spouse must satisfy the following requirements for preventive screenings by 12/6/2024 in order to be discount eligible during the 2025 plan year:

- ▶ All members
 - ▷ Routine complete physical exam (between 1/1/2024-12/31/2024)
 - ▷ Flu shot (also a condition of employment)
- ▶ Women
 - ▷ Mammogram (recommended for ages 40+)—every 1-2 years
 - ▷ PAP smear (recommended for ages 21-65)—every 3-5 years
- ▶ Men
 - ▷ Colon cancer screening (recommended for ages 45-75)—every 10 years

Complete the required screenings at any in-network healthcare provider. Reports will be sent to Wilmington Health that indicate the individual has completed the required screening tasks.



Dental Coverage

We partner with Delta Dental to offer you and your family members affordable dental insurance. Visit an in-network provider to make the most of your dental coverage and to avoid Usual and Customary Rates. Visit www.deltadentalinc.com to find an in-network provider.

	PPO (In-Network)	Premier (In-Network)	Out-of-Network
Calendar Year Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Calendar Year Maximum Benefit			
Preventive, Basic, and Major Services	\$1,000 per covered individual		
Coinsurance			
Preventive/Diagnostic			
Examples: Exams, Cleaning, Fluoride Treatment, X-Rays, and Space Maintainers	Covered at 100%		Covered at 100%*
Basic Services			
Examples: Fillings, Extractions, Periodontal Scaling and Root Planning, and Oral Surgery	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			
Examples: Crown, Inlays, Fixed Bridgework, and Dentures	Covered at 60% of eligible expenses after deductible	Covered at 50% of eligible expenses after deductible	Covered at 50% of eligible expenses after deductible*
Orthodontia			
Coinsurance	Covered at 50%		
Lifetime Maximum	\$1,000		
Benefit Applies to	Children up to age 26		

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

Semi-Monthly Employee Deductions

Employee Only	\$20.29
Employee & Spouse	\$36.69
Employee & Child(ren)	\$43.97
Employee & Family	\$61.93



Vision Coverage

We partner with Community Eye Care to offer you and your family members affordable vision care. The chart below provides an overview of your available vision plan. Please refer to your plan document for specific details. Using an in-network provider will offer you the lowest service pricing.

Benefits	Vision Plan	
	In-Network* (Community Eye Care)	
Exam	\$10 copay	
Frames	\$10 copay, Up to \$200 flexible allowance + 20% off remaining balance	
Lenses	\$10 copay	
Contacts Lenses	\$200 flexible allowance + 10% off remaining balance	
Frequency of Services Exams/Frames/Lenses OR Contacts	12/12/12 months	

* Visiting an out-of-network provider may result in higher costs than those shown above for services and care.

Semi-Monthly Employee Deductions

	Vision Plan
Employee	\$4.58
Employee + Spouse	\$8.71
Employee + Children	\$8.25
Family	\$13.29



Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works with your High Deductible Health Plan (HDHP). You can use it to pay qualified medical expenses such as deductibles, copays, dental, and vision care. For a complete list of qualified expenses, see [IRS Publication 502](#). 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.

HSA Major Benefits

- ▶ Your account always belongs to you; you can take it with you when you leave or retire
- ▶ Your balance rolls over from year-to-year
- ▶ Contributing lowers your taxable income
- ▶ The account helps you build a healthcare nest egg for emergencies or retirement

HSA Eligibility

You may open and contribute to an HSA if you're enrolled in the HSA-qualified High Deductible Health Plan (HDHP) and you:

- ▶ Are not enrolled in a traditional PPO plan through your spouse or other employer-sponsored plan
- ▶ Are not enrolled in a Medicare plan
- ▶ Are not claimed as a dependent on someone else's tax return
- ▶ Do not have a healthcare FSA or HRA

HSA Funding Limits

Coverage Level	2024 IRS Limits	2025 IRS Limits
Individual Coverage	\$4,150	\$4,300
Family Coverage	\$8,300	\$8,550
Age 55+ Catch-Up Contribution	\$1,000	\$1,000

Opening an HSA

If you enroll in the HSA-qualified High Deductible Health Plan (HDHP) and are eligible for an HSA, we will automatically open an HSA for you through Fidelity. A packet will be mailed to your home, including an HSA debit card and instructions on how to create, activate, and access your account.

Benefits of a Fidelity HSA

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

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars from your paycheck to cover qualified expenses. We offer three types of FSAs through Health Equity.

During the open enrollment period, you should make elections regarding the amount that you wish to contribute to your FSA. Carefully consider your contribution amounts for the plan year. At the end of the year, you lose any money that is over the eligible rollover amount. FSA participants will be able to carryover unused amounts of up to \$660 for expenses incurred in the next plan year, and still contribute up to \$3,300 annually. The carryover feature does not apply to Dependent Care Reimbursement Accounts. You must enroll in your FSA every year to contribute.

Healthcare FSA

The Healthcare FSA allows employees who are not enrolled in the HDHP or contributing to an HSA to pay certain IRS-approved medical care expenses with pre-tax dollars. Funds you contribute to the Healthcare FSA can be used for eligible healthcare related expenses, including medical, dental, and vision expenses.

Limited Purpose FSA

The Limited Healthcare FSA is similar to the Healthcare FSA, but it only covers dental and vision expenses. You can choose this FSA if you are enrolled in an HDHP and open an HSA. If you are electing the HDHP for the first time, and you have unused FSA funds from 2024, you must rollover the funds into a Limited Purpose FSA in order to fund an HSA. You can rollover up to \$660 from 2025 into the Limited Purpose FSA for the 2026 plan year.

Dependent Care Reimbursement Account

This account helps you pay for dependent care. This account works like a debit card; you need to accumulate the funds before you can use them. Dependent Care rollover does not apply.

Eligible Expenses

For a more comprehensive list of eligible expenses, see IRS Publication 502.

HEALTHCARE FSA

- ▶ Doctor's visits
- ▶ Prescription drugs
- ▶ Medical and dental deductibles
- ▶ Over-the-counter items
- ▶ Hearing aids
- ▶ Eyeglasses

LIMITED PURPOSE FSA

- ▶ Braces
- ▶ Dental services
- ▶ Eyeglasses
- ▶ Eye exams

DEPENDENT CARE REIMBURSEMENT ACCOUNT

- ▶ Child or adult daycare*
- ▶ Nursery school
- ▶ Preschool (excluding kindergarten)

* An eligible dependent is a tax dependent child under age 13 or a tax dependent spouse, parent, or child unable to care for themselves.

FSA Funding Limits

FSA Type	2025 IRS Limits
Healthcare FSA	\$3,300
Limited Healthcare FSA	\$3,300
Dependent Care Reimbursement Account	\$5,000

* \$2,500 if married and filing separately.

Life and AD&D Coverage

Protect yourself and your loved ones when the unexpected occurs. Life and Accidental Death and Dismemberment (AD&D) insurance is provided in partnership with Lincoln Financial Group.

Don't forget! It's important to designate a beneficiary or ensure your current beneficiary information is up to date by logging into www.lincolffinancial.com.

Basic Life and AD&D

Wilmington Health automatically provides you Life and AD&D coverage of 1.5 times your annual salary, up to a maximum of \$150,000. This benefit is provided at no cost to you.

Employee Optional Life and AD&D

You're eligible to purchase additional coverage in \$10,000 increments up to a maximum of 5 times your base annual earnings or \$500,000, whichever is less. The guaranteed issue amount is \$250,000.



Spouse/Domestic Partner Optional Life

If you elect Optional Life coverage for yourself, you can also elect Voluntary Life coverage for your spouse/domestic partner in \$5,000 increments up to a maximum of 100% of the employee elected amount up to \$500,000. The guaranteed issue amount is \$25,000.

Child(ren) Optional Life

You may elect coverage for your eligible dependent child(ren) live birth up to age 23 (or 26 if a full-time student) in the amount of \$10,000. The cost of coverage is the same regardless of how many children you enroll. The guaranteed issue amount is \$10,000.

What is EOI?

Evidence of Insurability (EOI), sometimes known as proof of good health, is health information the insurance company requires to approve you for coverage. You may be required to submit EOI if you elect coverage outside new hire enrollment or if you elect above the guaranteed issue amount.

What is Guaranteed Issue?

This is the amount of coverage available without having to provide information about your health.

Disability Coverage

Disability insurance protects your income by financially supporting you and your family when you are unable to work. We partner with Lincoln Financial Group to provide Long Term Disability at no cost to the employee.

If you enroll in the Voluntary Short Term Disability plan, premiums are deducted from your post-tax income, enabling you to receive benefits tax-free. This employee-funded benefit is conveniently paid through payroll deductions.

Basic Long Term Disability

Wilmington Health provides full-time employees with Long Term Disability (LTD) insurance to replace a portion of your base salary if you're unable to work for an extended period. The plan covers 66.67% of your pre-disability earnings, up to a \$10,000 monthly maximum benefit. This plan offers coverage for the duration of an approved disability up to age 65 or Social Security Normal Retirement Age. 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.

Voluntary Short Term Disability

Wilmington Health offers Short Term Disability (STD) insurance for you to elect at discounted group rates. This plan protects a portion of your base salary during the initial weeks of an eligible disability. Once you are approved, you will receive benefits on the 8th day of the accident/illness. You may elect a plan to pay up to 60% of your pre-disability earnings to a maximum of \$1,500 for up to 13 weeks. 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.



Voluntary Benefits

When life throws you a curve ball, our voluntary benefits administered by Lincoln Financial Group create an added layer of financial protection for you and your family. If you elect any other voluntary options below, you will be responsible for the cost of the benefit. These plans make cash payments directly to you, and you can use the benefit however you wish.

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.

Examples of Covered Accidents and Payments

Hospital Admission Benefit (Once per Year)	\$2,000
Daily Hospital Confinement (Up to 30 Days per Confinement)	\$400
Daily ICU Confinement (Up to 15 Days per Confinement)	\$500
Burns	Up to \$15,000
Ambulance (Ground/Air)	\$400/\$2,000
Torn Knee Cartilage	\$1,125

Monthly Cost of Coverage

Employee	\$11.68
Employee + Spouse	\$19.38
Employee + Children	\$21.60
Family	\$29.14



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 for yourself, you can also buy coverage for your spouse and dependent children. There is also a \$100 wellness screening incentive for having your annual physical.

Covered critical illnesses include:

- ▶ Cancer
- ▶ Stroke
- ▶ Heart attack
- ▶ Major organ transplant

How the Plan Works

A Wilmington Health employee's life is turned upside down after suffering a heart attack followed by a stroke a week later. This employee and their spouse missed work to help in recovery. Not only was their income affected, but medical bills started piling up while the need for childcare increased.

Amount Paid to Employee	
Heart Attack	\$10,000, \$15,000, or \$20,000
Stroke	\$10,000, \$15,000, or \$20,000
Total Direct Benefit Payment	\$5,000, \$7,500, or \$10,000

Employee Age Range (Attained Age)	Critical Illness Rates		
	\$10,000	\$15,000	\$20,000
0-24	\$2.79	\$4.19	\$5.58
25-29	\$3.83	\$5.75	\$7.66
30-34	\$4.88	\$7.32	\$9.76
35-39	\$6.24	\$9.36	\$12.48
40-44	\$8.84	\$13.26	\$17.68
45-49	\$11.77	\$17.66	\$23.54
50-54	\$16.52	\$24.78	\$33.04
55-59	\$22.63	\$33.95	\$45.26
60-64	\$32.03	\$48.05	\$64.06
65-69	\$44.22	\$66.33	\$88.44
70+	\$83.29	\$124.94	\$166.58

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 coinsurance, copays and deductibles. This insurance pays a benefit when you are admitted to the hospital for a covered accident or illness. 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.

This is not a comprehensive health insurance plan.

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

Covered Benefits and Payment Amounts

Hospital Admission Benefit (once per year)	\$1,000
Daily Hospital Confinement (up to 30 days per confinement)	\$200
ICU Admission Benefit (once per year)	\$2,000
Daily ICU Confinement (up to 30 days per year)	\$400
Newborn Routine Care	\$150

Monthly Cost of Coverage

Employee	\$20.09
Employee + Spouse	\$41.92
Employee + Children	\$34.65
Family	\$56.47

Filing a Claim

To file a claim under one of the voluntary benefits plans:

- ▶ Call **800.423.2765** (Health assessment benefit only)
Monday-Thursday 8:00 AM-8 PM EST, Friday 8 AM-6PM EST
- ▶ Mail: The Lincoln National Life Insurance Company
P.O. Box 2609
Omaha, NE 68103
- ▶ Email FileClaim@LFG.com
- ▶ Online: Through our secure self-service portal
- ▶ Visit LincolnFinancial.com/ClaimForms



401(k) Plan

Wilmington Health wants you to feel secure and prepared for life after your career. In partnership with Milliman Benefits, our 401(k) savings plan is designed to help you plan ahead and feel prepared for retirement. If you have any questions regarding your 401(k), please contact Rachel Carter, Retirement Benefits Consultant with 401(k) Plan Advisor at **910.408.5519** or rc@401kplanadvisor.com.

Eligibility

All full-time new hires are automatically enrolled in our 401(k) Plan at 3% of gross wages at time of hire unless waived in writing on your first day of employment.

Employee Contributions

Through convenient payroll deductions, you may contribute traditional pre-tax, Roth after-tax, or a combination of these. For 2024, you may save up to \$23,000 to your 401(k). If you are age 50 or older, you may save an additional catch-up contribution of \$7,500.

Company Contribution

If you are enrolled in the plan and employed through the end of the year, Wilmington Health will contribute 3% of your eligible earnings directly to your account. This contribution is made each pay period starting the month after your one-year and 1,000 hours worked anniversary date with Wilmington Health.



The beneficiary you designate will receive your 401(k) balance in the event of your death. It's important to ensure you designate and keep your beneficiary information up to date.

Discretionary Contribution

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:

Vesting Schedule

Years of Service	Vesting Percent
End of Year 1	0%
End of Year 2	20%
End of Year 3	40%
End of Year 5	80%
End of Year 6	100%

Your 401(k) in Action

Manage your 401(k) account by logging into www.MillimanBenefits.com. By logging in, you can:

- ▶ Adjust or stop your contributions
- ▶ Change how your funds are invested
- ▶ Request a loan and withdrawal
- ▶ Designate and update your beneficiary

Employee Assistance Program (EAP)

We care about you and your family's complete health, including your mental and emotional well-being. That is why we provide an Employee Assistance Program (EAP) at no cost to you through Lincoln Financial Group. 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.

Key Features of the EAP

- ▶ Provided at no cost to you
- ▶ Confidential services provided by a third party
- ▶ Up to 5 in person visits per issue per person
- ▶ Available 24/7/365
- ▶ Unlimited access to phone consultants
- ▶ Phone assessments
- ▶ Referral services
- ▶ Educational resources and services

EAP Supports You

- ▶ Anxiety and depression
- ▶ Grief and loss
- ▶ Stress management
- ▶ Job pressures
- ▶ Marriage or family relationships
- ▶ Alcohol and substance dependency
- ▶ Parental guidance
- ▶ Child, adult, and elder care
- ▶ Legal and financial consultations

How to Contact EmployeeConnect



Learn More About the Resources Available 24/7

- ▶ Visit guidanceresources.com



Get Connected with the Right Resource or Professional

- ▶ Call **888.628.4824**
- ▶ App **GuidanceResources**

Company Code

- ▶ Web ID: **LFGSupport**
- ▶ Password: **LFGSupport1**



Family Support Resources

We are committed to supporting families of all backgrounds, lifestyles, and stages of life. Whether you are planning to expand your family or looking for parenting resources, we have programs to support you.

Parental Leave and FMLA **Maven**

Wilmington Health provides Paid Parental Leave to provide you time away from work to bond with your new family member—whether they be newborn or newly adopted.

Regular, active full-time employees are eligible for Paid Parental Leave after the completion of 12 months of service. All eligible employees are eligible for up to 1 week (5 days) of leave paid at 100%. This week must be used within the first 3 months of the birth or adoption placement of the employee's child.

After the one week of Paid Parental Leave has been exhausted, subsequent leave will be covered under appropriate policies. FMLA allows employees up to 12 work weeks of unpaid leave annually. Paid leave under this policy will run concurrently with FMLA leave. Employees are eligible for FMLA if he/she has worked for Wilmington Health a total of at least 12 months and at least 1250 hours during the 12 month period preceding the commencement of the leave.

Adding a New Dependent to Benefits



As a reminder, as you welcome a new family member, you must add them to your benefits within 30 days of birth or adoption. Request a change in benefits by visiting benefits@wilmingtonhealth.com.

You must provide documentation to complete this change.

As of January 1, 2025, Wilmington Health will offer employees and their partners enrolled in the Meritain health plan free access to Maven as your new virtual health benefit for maternity and newborn care.

Maven compliments your in-person care so you can get your questions answered between appointments—saving you time and money with same-day access to specialists.

Maven provides access to:

- ▶ On-demand virtual appointments with top-rated practitioners.
- ▶ 24/7 unlimited, on-demand video appointments with Maven mental health specialists, fertility education specialists, prenatal nutritionists, reproductive endocrinologist, and many others from wherever you are, whenever you need it.
- ▶ Designated Care Advocates: personalize one-on-one support to help answer questions about your benefits, get connected to the right providers for your needs, and for referrals to in-person care when you need it.
- ▶ A library of expert content, tailored to your experience.
- ▶ Clinically informed content tailored to you on topics like prenatal health, including live classes and support groups.

To learn more, access mavenclinic.com/join/OE-24 or scan the QR code.



Additional Employee Discount Opportunities

LifeMart Discounts

Wilmington Health offers an exclusive discount program through ADP to provide you exclusive deals and discounts. There are discounts for everyone! Discounts are in categories ranging from child care, entertainment, travel, restaurants, groceries, auto, fitness, home appliances, and more.

Access your FREE discounts today by:

- ▶ Going to your ADP Portal home page and selecting myself, then benefits.
- ▶ Download LifeMart mobile app (pre-registration required).

Need help? Contact: adpwfnhelpdesk@lifecare.com

Spot Pet Insurance

Save on vet bills with pet insurance from Spot! Get reimbursed on eligible vet bills for accidents, illnesses, and more. After a visit at any licensed vet or specialists, submit your claim online and get reimbursed fast and easily.

Get your Price: spotpet.link/wilmingtonhealth or call 800.905.1595 | Use Code: EB_WILMINGTONH

O2 Fitness

O2 Fitness is here to help you achieve your personal goals in a fun, energetic, and welcoming setting. The O2 Fitness clubs provide a variety of options to achieve personal fitness goals like weight loss, strength gain or overall conditioning.

Club amenities range from:

- ▶ 24 hour access (select locations)
- ▶ Personal training (every new membership comes with two FREE personal training sessions)
- ▶ Cardio Equipment, Yoga, cycle studios
- ▶ LesMills GroupX Classes
- ▶ Kid's Club
- ▶ Free WiFi and more

Wilmington Health employees can join for \$25 per month with no fees. Add-on member pricing is \$30 for 1st added member, then \$20 for each additional individual. Must be 14+ years old.

Hanover Location

1315 Independence Blvd.
Wilmington, NC 28403
910.769.1038

To enroll or cancel your membership, contact HR Benefits: Benefits@WilmingtonHealth.com

For more information visit: www.o2fitnessclubs.com

Insurance Terms You Should Know

Insurance can be confusing. Understanding these common insurance terms will help you make the most of your benefits.



BALANCE BILLING

This is a bill out-of-network providers can you send you for a portion of the bill insurance does not cover.



FORMULARY

The list of medications covered under your health plan; they typically have different tiers, such as generic and brand name.



COINSURANCE

This is a percentage of what you will pay for covered services after you reach any applicable deductible or copays. Typically, your percentage is lower than the plan's.



NETWORK

A group of doctors and facilities contracted with the plan at negotiated rates.



COPAY

This is a set fee you pay for certain services and expenses, such as doctor visits and prescriptions.



OUT-OF-POCKET MAXIMUM

This is the most you'll pay for eligible healthcare services during the plan year.



DEDUCTIBLE

This is the amount you pay out of your pocket before the plan begins to help pay for covered expenses.



PREAUTHORIZATION

Is a process giving the insurance company a chance to review needed services and/or medication and determine if it will be covered.



EXPLANATION OF BENEFITS (EOB)

This is not a bill; it is a document sent by the insurance company to list the services you receive and what the insurance plan will cover.



PREMIUM

This is the cost you must pay to be covered by the plan.

Important Contacts

HEALTH

Medical	Meritain 800.566.9311 www.meritain.com
Prescription	Kroger Pharmacy 800.482.1285 www.kpp-rx.com
Dental	Delta Dental 800.662.8856 www.deltadentalinc.com
Vision	Community Eye Care 888.254.4290 www.cecvision.com
Life and AD&D Coverage	Lincoln Financial Group 800.432.2765 www.lfg.com
Disability Coverage	Lincoln Financial Group 800.432.2765 www.lfg.com
Voluntary Benefits	Lincoln Financial Group 800.432.2765 www.lfg.com

MONEY

Health Savings Account (HSA)	Fidelity 800.544.3716 www.fidelity.com/healthsavingsaccount
Flexible Spending Accounts (FSAs)	Health Equity 866.346.5800 www.healthequity.com
401(k) Plan	Milliman 800.579.6307 www.millimanbenefits.com

SUPPORT

Employee Assistance Program (EAP)	EmployeeConnect 888.628.4824 www.guidanceresources.com
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For All Your Benefits Questions

We're here to help answer your benefits questions and support you throughout enrollment. For assistance, email benefits@wilmingtonhealth.com or call 910.796.7703 Monday through Friday 8 a.m.-5 p.m. EST.





This document highlights some of the benefits offered through our benefits program. Please refer to the plan document(s) for a complete description. If there is a conflict between this document and the legal plan documents, the legal plan documents will prevail. The benefits and policies outlined in this document do not constitute the terms and conditions of an employment contract. Although the company maintains the benefits program on an ongoing basis, the company reserves the right to amend or terminate any plan at any time.