

# Employee Benefit Summary 2016



## **HEALTH INSURANCE Full-Time Employees**

**Provider:** Blue Cross Blue Shield of NC **Plan Type & Network:** Blue Options PPO or HDHP w/ HSA

**Eligibility date:** 1<sup>st</sup> of month following 60 days of Full-Time employment

**Employee Premium subsidized by Wilmington Health**

**Employee Monthly Pre-Tax Cost\*:**

Employee Only	Employee + Spouse	Employee + Spouse (spouse surcharge <sup>1</sup> )	Employee + Child	Employee + Children	Family	Family (spouse surcharge <sup>1</sup> )
\$123.13	\$506.57	\$556.57	\$246.00	\$409.79	\$785.76	\$835.76

**Annual Deductible when staying in Wilmington Health Network:** \$800 Employee Only; \$2400 Family

**Preventive Care covered at 100% In Network with no deductible or co-pay.**

**Prescription Drugs available at \$10/\$35/\$60**

**Annual Eye Exam:** Covered at 100% for each covered individual; 30% discount on materials, at the discretion of the chosen vision center

*(Deductions are taken from 24 checks per year.)*

**\*Premium discounts are available based on participation in the Wilmington Health Wellness Program.**

**<sup>1</sup>Employees whose spouses have other coverage available will be required to pay a \$25 per pay period higher payroll contribution to continue on the Wilmington Health Plan.**

**To waive the surcharge, the employee's Spouse must be:**

- **Unemployed, or**
- **self-employed, or**
- **ineligible to participate in the health plan of his employer because he/she does not meet the definition of an eligible employee under the group health plan, or**
- **is employed by an employer that does not offer a group health plan nor compensate my Spouse to purchase coverage elsewhere**

**Employee is required to indicate that the spouse is eligible per the requirements. Wilmington Health reserves the right to request documentation to validate the certification.**

## **DENTAL INSURANCE Full-Time Employees**

**Provider:** Guardian **Plan Type:** PPO **Network:** Guardian Preferred

**Eligibility date:** 1<sup>st</sup> of month following 60 days of Full-Time employment

**Employee Monthly Pre-Tax Cost:**

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$38.15	\$69.01	\$82.68	\$116.47

**Annual Deductible:** \$50 Employee Only/\$150 Family; Deductible waived for Preventive services

**Calendar year benefit limit:** \$1,000 + Maximum Rollover

## **FLEXIBLE SPENDING ACCOUNTS (FSA) Full-Time Employees**

**Provider:** Health Equity

**Calendar Year Plan:** Enrollment effective 1<sup>st</sup> of the month following 60 days of full-time employment **OR** January 1<sup>st</sup> **ONLY** to employees who have been employed Full-Time for at least 60 consecutive days during the prior calendar year.

**Employee Contributions are made Pre Tax\*\*.**

**Two Plans:** (1) **Medical FSA** (2) **Dependent Care FSA**

**Medical FSA** – Annual Maximum Contribution of \$2550; Debit Card Provided.

**Dependent Care FSA** – Annual Maximum Contribution of \$5000

Claims must be filed by fax or online

Reimbursement: Choice of check or direct deposit

Participants can roll over up to \$500 into the subsequent plan year in the Medical FSA plan.

\*\*FSA Funds can only be used for Qualified Expenses as outlined by IRS and plan year runs January 1 to December 31.

*NOTE: For the three benefits above, Premium/Contribution Deductions are taken from 24 of 26 paychecks for hourly employees per year; salaried employees are paid 24 times per year so deductions come out of each check.*

## **PRE-TAX PREMIUM PLAN**

**(Effective January 1 to December 31)**

Wilmington Health's Pre-Tax Premium Plan applies to any employee enrolled in any of the benefits above: Health Insurance, Dental Insurance &/or Flexible Spending Accounts. Premiums will be deducted pretax from earnings. Employees enrolled in these benefits reduce social security income benefits; net after tax income will increase. Employees enrolled in one or more of the benefits may change or evoke these benefits only when any of the **Qualifying Events** (changes in family status) described below occur. The Employee must notify Human Resources of the change within 30 days of the event. Employees may also change coverage during Wilmington Health's Annual Open Enrollment.

**Qualifying Events include:**

- \* Marriage, Divorce, Legal Separation
- \* Birth or Adoption of Child
- \* Change in number of Hours Worked
- \* Any significant change in other coverage
- \* Death of Spouse/Dependent
- \* Termination of Employment
- \* Loss of other coverage
- \* Termination of the Plan

## **LIFE INSURANCE Full-Time Employees**

**Provider:** Lincoln

**Eligibility date:** 1<sup>st</sup> of month following 90 days of Full-Time employment

**Premium paid by Wilmington Health**

**Amount of benefit:** 1.5 Time's annual pay/salary; includes AD&D

## **LONG-TERM DISABILITY INSURANCE Full-Time Employees**

**Provider:** Lincoln

**Eligibility date:** First of the month after 90 days of Full-Time employment

**Premium paid by Wilmington Health**

**Amount of benefit:** 66.67% of salary after 90-day elimination period (maximum benefit \$10,000 per month)

## **401(K)/PROFIT SHARING PLAN All Employees (Temporary, PRN & Part Time included)**

**Eligible to participate:** 1<sup>st</sup> day of employment

**Automatic enrollment for 3% of gross wages** at time of hire unless WAIVED in writing

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.

**Company contribution:** Safe Harbor 3% of gross wages contributed to employee's account monthly starting with month after one year anniversary date with WH.

Wilmington Health may also make a 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% vested; End of year 2 = 20% vested; End of year 3 = 40% vested; End of Year 5= 80% vested; End of year 6 = 100% vested.

## EMPLOYEE ASSISTANCE PROGRAM (EAP) Full-Time & Part Time Employees

**Eligibility Date:** 1<sup>st</sup> day of employment

**Premium paid by Wilmington Health.**

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. Service provided by ComPsych. Visit [www.guidanceresources.com](http://www.guidanceresources.com).

## PAID DAYS OFF (PDO'S) Full-Time & Part Time Employees

**Accumulated as HOURS**

**Eligible Date:** 1<sup>st</sup> day of employment

PDO Hours are deposited into Employee's PDO Bank on each pay date; Employee PDO balance shown on each pay stub

**Usage of PDO HOURS:** Eligible to use following six (6) consecutive months of service and includes time for office closings due to holidays. (If employee has depleted their PDO bank at the time of a company holiday, they will not be paid for that time.); **BirthDay PDO-** Does not come out of PDO bank; must be taken during the same pay period that employee's birthday falls

**Accumulation Rate:** PDO is accrued based on hours worked and length of service, using the following calculation: Number of hours worked in pay period \* accrual rate/hour = amount accrued, not to exceed the max/pay period as outlined below.

Ex: Hourly employee in their first year of employment works 60 hours in a pay period. 60 hours \* 0.9625 accrual rate/hour = 5.78 PDO hours accrued for that pay period.

- Full-time & Part-time Hourly (non-exempt):

YOS	Accrual Rate/Hour	Max/PP	Annual Hours
0.00-5.00	0.09625	7.7	200.2
5.01-7.99	0.12863	10.29	267.54
8.00-9.99	0.13225	10.58	275.08
10-99.99	0.13525	10.82	281.32

- Full-time & Part-Time Salary (exempt):

YOS	Accrual Rate/Hour	Max/PP	Annual Hours
0.00-5.00	0.10425	8.34	200.16
5.01-7.99	0.13937	11.15	267.6
8.00-9.99	0.14325	11.46	275.04
10-99.99	0.147	11.76	282.24

## VOLUNTARY BENEFITS Full-Time Employees

- **Lincoln Voluntary Term Life Insurance**

**Eligible Date:** 1<sup>st</sup> of month following 90 days of Full-Time employment. If Employee enrolls, term life insurance may also be purchased for their Spouse & children.

**Premiums paid by Employee post tax.**

**Guaranteed Issue (GI) Amounts:** If enrolled when first eligible, GI Employee = \$250K, GI Spouse \$25K; GI Children \$10K each

*Late entrants will be required to complete Health Application for any requested amount.*

- **Guardian Insurance- Short Term Disability; Critical Illness; Accident; Hospital Indemnity**

**Eligible Date:** 1<sup>st</sup> of month following 60 days of Full-Time employment.

**Premiums paid by employee, post tax.**

## **PAID PARENTAL LEAVE Full-Time Employees**

**Must be FMLA eligible-** One week (5 days) of paid parental leave to qualified employees due to the birth or placement of a child.

## **TUITION REIMBURSEMENT Full-Time Employees**

**Eligibility Date:** After 6 months of full-time employment. Must be pre-approved. All courses must be taken at an accredited college or university and a grade of B or higher must be earned. Benefit paid up to \$2,000 per calendar year.

## **Other Benefits All Employees**

A Wilmington Health corporate discount is available for employee & family membership at the Wilmington Athletic Club; O2 Fitness Centers offer a \$25/month membership with unlimited access to any of their locations (WH can offer a payroll deduction for this benefit). Gold's Gyms in Wilmington also offer a discount to Wilmington Health Employees. Verizon Wireless offers a 19% discount off of data packages. There are other benefits as well from various businesses in the Wilmington area for WH employees. See Human Resources section of Intranet for details.

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

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

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### **Wilmington Health Definitions:**

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

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

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

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

Work Week: Monday – Sunday

Voluntary Benefit: 100% of premium paid by Employee