## 2025 Total Rewards Summary

## Bargaining Unit Team Members (hired on or after 1/1/23)



## **Employment Status Definitions**

FT: Full-time team members have a regular schedule of at least 70 hours per pay period (FTE of .875 to 1.0).

PT1: Part-time 1 team members have a regular schedule of 32 to 69 hours per pay period (FTE at least .40 but less than .875).

PT2: Part-time 2 team members have a regular schedule of less than 32 hours per pay period (FTE less than .40).

**NEW! Beneplace:** To learn out more about additional voluntary benefits offered, visit wellspan.savings.workingadvantage.com

**Wellthy:** Dedicated help for challenging caregiver situations and more.

**SmartPath:** Provides support for financial education and wellness.

Eligibility		lity	Total Rewards Offering		I Enroll?	Who Pays For It		
FT	PT1	PT2		No	Yes	WellSpan	You	Shared
HE.	ALTHY	LIVIN	G Commence of the Commence of					
•	•	•	<b>Medical:</b> Choice of three medical plans: PPO Plus Plan, PPO Standard Plan, and High Deductible Health Plan (HDHP).*		•			•
•	•	•	<b>Dental:</b> Choice of two dental options: Standard and Buy-Up.*		•			•
•	•	•	Vision: Choice of two vision options: Standard and Buy-Up.*		•			•
•	•		<b>Health Care Flexible Spending Accounts (FSA):</b> Enroll in either the Health Care FSA to pay for eligible medical and similar expenses on a pre-tax basis or Limited Purpose FSA, if electing the HDHP plan, to pay for eligible dental and vision expenses a pre-tax basis.*		•		•	
•	•		<b>Dependent Care Flexible Spending Account (FSA):</b> Enroll to pay for eligible dependent care services on a pre-tax basis, such as preschool, summer day camp, before or after school programs, and child or adult daycare.*		•		•	
•	•		<b>Health Savings Account (HSA):</b> For HDHP members to pay for eligible medical and similar expenses on a pre-tax basis.*		•			•
BA	LANCI	ED LIF	ESTYLE					
			Paid Time Off (PTO): You accrue paid time off based on years of service and employment status. PTO accrues on hours paid up to 80 in a pay period. You begin accruing PTO immediately.					
•	•	•	YOS         FT Accrual Rate         PT Accrual Rate         YOS         FT Accrual Rate         PT Accrual Rate           0-5         .0731         .0731         21-25         .1116         .1116           6-10         .0924         .0731         Over 25         .1308         .1116           11-20         .1116         .0924	•		•		
•			Holidays: If a holiday falls on a day you would be normally scheduled to work, you will receive your normal pay even if you don't work. If you do work, you will be paid time and a half and can schedule an alternative day off. Includes New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas. Provided with holiday hours at the beginning of each April, which must be used by the following March 31.	•		•		
•	•	•	<b>Employee Assistance Program (EAP):</b> Confidential counseling for you and your immediate family. Coverage will begin the first day of the month after your start date.	•		•		
•	•	•	<b>MetLife Legal:</b> Choice of High or Low plan will provide you with access to legal expertise. Available upon hire, must enroll within 31 days. Coverage will begin the first day of the month after your start date. May also elect or change coverage during Open Enrollment.		•		•	
OP	PORTI	JNITIE	S FOR GROWTH					
			<b>Tuition Reimbursement:</b> Reimbursement of tuition costs for approved courses in the following annual (July 1-June 30) amounts. Eligible after one year of service. Applications must be approved before course registration.					
•	•	•	YOS FT PT 1-3 \$1,500 \$1,125 Over 3 \$3,000 \$2,250		•	•		

<sup>\*</sup> Upon hire, must enroll within 31 days and provide requested documentation for covered dependents. Coverage begins first day of the month after your start date. May also elect or change coverage during Open Enrollment or within 31 days following a qualifying life event.

This is a summary and does not include all benefits provided by WellSpan or all of the information you may need to make an informed decision. For more information, ask for the Summary Plan Descriptions, Plan Documents or other resources available. If there is a discrepancy between what is summarized here and the official plan documents, the official plan documents rule. Your eligibility for benefits and the premiums you pay depends upon the entity at which you work, the plan coverage you elect, your employment status and potentially other factors.



Eligibility		ity	Total Rewards Offering	Do I Enroll?		Who Pays For It		
FT	PT1	PT2		No	Yes	WellSpan	You	Shared
10N	IEY M.	ATTER	S					
•	•	•	<b>Basic Employee Life Insurance:</b> Death benefit is equal to your annual pay, up to \$500,000. No EOI required. Coverage will begin the first day of the month after your start date.	•		•		
•	•	•	Basic Employee Accidental Death & Dismemberment (AD&D) Insurance: Accidental death benefit is equal to your annual pay, up to \$500,000. Dismemberment benefits payable if you lose functionality of part of your body due to an accident. No EOI required. Coverage will begin the first day of the month after your start date.	•		•		
•	•	•	<b>Supplemental Employee Life Insurance:</b> Choice of death benefit coverage from 1 to 5 times your annual pay, up to \$1,000,000. No EOI required up to \$500,000 if chosen at hire.**		•		•	
•	•	•	Supplemental Employee Accidental Death & Dismemberment (AD&D) Insurance: Choice of coverage in \$10,000 increments up to the lesser of 5 times your annual pay or \$500,000. Dismemberment benefits payable if you lose functionality of part of your body due to an accident. No EOI required.**		•		•	
•	•	•	<b>Spouse Life Insurance:</b> Choice of coverage in \$10,000 increments up to the lesser of 5 times your annual pay or \$500,000. No EOI required for up to \$30,000 if chosen at hire.**		•		•	
•	•	•	Spouse Accidental Death & Dismemberment (AD&D) Insurance: Choice of coverage in \$10,000 increments up to the lesser of 5 times your annual pay, \$500,000 or your own AD&D coverage. Dismemberment benefits payable if spouse loses functionality of a part of their body due to an accident. Team member coverage for AD&D required, but no EOI required.**		•		•	
•	•	•	Child Life Insurance: Choice of coverage equal to \$2,500, \$5,000 or \$10,000. No EOI required.**		•		•	
•	•	•	Child Accidental Death & Dismemberment (AD&D) Insurance: Choice of accidental death coverage in increments of \$2,000 up to \$10,000. Dismemberment benefits payable if they lose functionality of a part of their body as a result of an accident. Team member coverage for AD&D required, but no EOI required.**		•		•	
•	•	•	Retirement Savings Plan — Employer Contributions: WellSpan offers a 403(b) plan and will provide matching contributions. Eligible for employer matching contribution after one year of service and 1,000 hours. Contributions are processed after June 30 of each year. To become vested in employer contributions, you must have 3 years in which you work at least 1,000 hours per year.	•		•		
•	•	•	Retirement Savings Plan — Team Member Contributions: Enroll and choose your contribution rate to save money for retirement in a tax-advantaged plan. You can designate your contributions as pre-tax (traditional) or after-tax (Roth). Your contributions to the plan will begin as soon as administratively feasible.	•	•		•	
•	•	•	Pension Plan — Employer Contributions: Annual compensation credit of 3% made annually. Vesting requires 3 years in which you work at least 1,000 hours per year.	•		•		
•	•	•	<b>Short Term Disability (STD):</b> WellSpan provides coverage that replaces 60% of your pay for up to 90 calendar days after a one-week waiting period in the event of a disability. Coverage will begin the first day of the month following 90 days of employment.	•		•		
•	•	•	Adoption, Foster Care or Parental Leave: STD benefits are also available for a parent not delivering the child in the case of adoption, foster care or parental leave. WellSpan pays a weekly benefit equal to 60% of pay for a period of 5 weeks after a one-week waiting period. Coverage will begin the first day of the month following 90 days of employment.	•		•		
•			<b>Long Term Disability (LTD):</b> WellSpan provides coverage that replaces 50% of your pay, up to \$13,000 per month, after 3 months of disability. Coverage will begin the first day of the month after your start date.	•		•		
•			<b>Long Term Disability Buy-Up:</b> Choice of additional LTD coverage of 10% of your pay, up to \$13,000 per month. No EOI required.** Coverage will begin the first day of the month after your start date.		•		•	

Evidence of Insurability (EOI): Covered individual must complete a health questionnaire and be approved for coverage.

<sup>\*\*</sup> If you enroll within 31 days of hire, coverage that does not require EOI will begin the first day of the month after your start date. Coverage that requires EOI will begin after your application has been approved. You may elect coverage or change coverage at any time.