



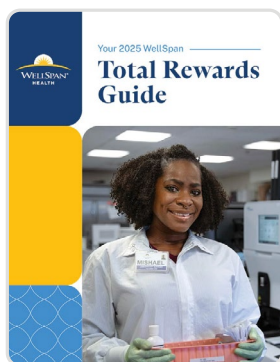
Your WellSpan Benefits

2025 New Hire Enrollment Guide

Welcome to WellSpan! At WellSpan, we recognize the importance of reliable health coverage and are committed to empowering you with the right plans and options to meet your unique needs. We strive to be your employer of choice by offering comprehensive and affordable benefits that provide significant value and continue to cover a substantial portion of healthcare costs for our team members and their dependents — helping to keep more money in your pockets.

Our New Hire Enrollment Guide provides you with enrollment instructions and basic information on WellSpan benefits, such as eligibility, covering dependents and assigning beneficiaries. Please take the time to consider your options carefully, and make your benefits selections within 31 days of your hire date.

Also Helping You Make Informed Decisions



WELLSPAN TOTAL REWARDS GUIDE

Use this Total Rewards Guide as a supplement to the New Hire Guide to learn more about the benefits WellSpan offers to you and your family. This includes benefits you may enroll in during New Hire Enrollment and benefits you automatically receive as a valued WellSpan team member!

The Total Rewards Guide can be found online at wellspanbenefits.org.



WELLSPAN TEAM MEMBER BENEFITS WEBSITE

Check out all of your options and information at wellspanbenefits.org. Share this with your family too, as no login is needed. Access to this resource is available year-round, 24/7, to help you and your family learn more about the valuable benefits WellSpan provides. Information includes:

- WellSpan Total Rewards Guide
- Enrollment Guides
- Benefit Summaries and Comparisons
- Team Member Perks
- Glossary and Acronyms
- Contacts and Resources

For questions on your benefits, you may also reach out to the WellSpan HR Service Center at **717-851-5959** or email HRServiceCenter@wellspan.org.

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Enrolling In Your Benefits

How To Enroll Using Oracle

Review the steps on the next two pages to enroll in your benefits online using Oracle.

STEP 1

Access Your Benefits Checklist

- ❑ **Single sign-on into** Oracle from your work computer or at home.
- ❑ Click on the *Bell* icon in the upper right-hand corner, or on the link in Things to Finish.
- ❑ A pop up window will appear. Click on the *WellSpan Journey WellSpan Benefits Checklist Is Assigned* link.
- ❑ Click on *Start Journey*.
- ❑ The WellSpan Benefits Checklist screen will display the tasks to complete.

STEP 2

Review Total Rewards Introduction And Resources

- ❑ Click on the first task of the WellSpan Benefits Checklist – *Total Rewards Introduction and Resources* – and review the information and links.
- ❑ Once your review is complete, click on *Submit*.

STEP 3

Start Enrolling In Your Benefits

- ❑ Click on the task *Benefits – Enrollment* and review the information and links.
- ❑ When you are ready to enroll in your benefits click on *Enroll in Benefits*.

STEP 4

Adding Dependents And Beneficiaries To Your Benefits

- ❑ Prior to benefit enrollment, click on *Add* to complete People to Cover.
 - This should include your spouse, dependents and any beneficiaries for Life and AD&D coverages.
 - Use any of the Guide Me tutorials that are available to assist in completing this form (i.e., the green “?”)
- ❑ Under National Identifiers select *United States*.
- ❑ Under the National ID Type select *Social Security Number* and add the National ID (Social Security Number).
 - For beneficiaries, provide the required fields identified by the “*”. The address is optional but can be provided.
 - If your beneficiary has a different address than you, you can enter it in the Address section.
- ❑ Click on *Submit*.
- ❑ Verify that your dependents/beneficiaries are listed under People to Cover. Click on *Continue* in the upper right-hand corner.
- ❑ Read through the Affidavit of Spouse and Dependent Status. Click *Accept* even if no dependents are covered. Declining will exit the enrollment screen.

STEP 5

Complete Your Benefits Enrollment

- ❑ The Enrollment/Election screen will appear. If you are electing Medical, Dental and Vision coverage, click on the *Edit* button and follow the prompts for each benefit category.
 - Make sure to elect your beneficiaries when enrolling in the Supplemental Life and AD&D benefits, as well as your employer paid Life and Accidental Death.
- ❑ Once your benefits enrollment is complete, click on *Submit* in the upper right-hand corner.
- ❑ A confirmation will appear, with a link to any Pending Action Items. Follow this for links to add dependent verification information.
- ❑ Click on the *Submit* button. Any benefit Pending Actions Items will be grayed out if you do not have any items pending.

STEP 6

Review Your Retirement Plan Information

- ❑ Click on the task *Benefits – Retirement Plan*, and review the information.
- ❑ Once the Retirement Plan information has been reviewed and is complete, click on the *Submit* button.

STEP 7

Review Your WellSpan Benefits Checklist

- ❑ A check mark will indicate when a task is complete.
- ❑ If a task needs to be reviewed again, click on the *Icon* to the right of the three dots.



Enrolling In Benefits From Home Or Over The Internet?

Access the Oracle HCM Cloud when you are not using a WellSpan Computer or on the WellSpan Network. Oracle will require the use of the Microsoft Authenticator app.

To set up this app, visit content.wellspan.org/MicrosoftMFA/Microsoft_MFA_Enrollment_Instructions.pdf.

After you single sign-on to Oracle, you will be prompted with the Microsoft Authenticator app. Enter your WellSpan login information and authenticate via the MS Authenticator application. Once you have authenticated, you will be brought to your Oracle dashboard.

Need A Helping Hand?

For enrollment assistance and answers to your benefit questions, please contact the WellSpan HR Service Center:

- HRServiceCenter@wellspan.org.

How To Enroll In Voluntary Benefits



Access your Voluntary Benefits to enroll in Whole Life, Critical Illness, Accident Insurance and Hospital Indemnity. Enrollment in these benefits is available for 31 days from your date of hire or when you transition to an eligible benefit class. All other Voluntary Benefits can be elected or changed at any point in time.

Enroll via wellspan.savings.workingadvantage.com or scan the QR code. For questions or assistance with your Voluntary Benefits, contact Beneplace at oesupport@beneplace.com.

How To Enroll In Your FSA



STEP 1

Estimate Your Needs

- Estimate your out-of-pocket healthcare and/or dependent care expenses for the year and decide how much you are able to contribute to the FSAs to cover these expenses. Use the FSA online calculator at inspirafinancial.com.
- For the Health Care FSA and Limited Purpose FSA, you must incur expenses by December 31, 2025 and submit claims by March 31, 2026. At the end of the year, you can carry over a specific amount of unused funds into the next year, as determined by the IRS.



STEP 2

Elect Your Contributions

HEALTH CARE/LIMITED PURPOSE FSA

- You may elect to contribute up to \$3,300 per year.*

DEPENDENT CARE FSA

- You may elect to contribute up to \$5,000 per household per year, for eligible members.*

Your contributions will be deducted from your paycheck and put into your FSA as pre-tax dollars. You cannot change your contribution amount throughout the year (unless you have a qualifying life event). Only eligible incurred expenses for the plan year can be reimbursed through your FSA.

**The IRS may change the contribution limit during the enrollment period.*



STEP 3

Use/Manage Your FSA

HEALTH CARE/LIMITED PURPOSE FSA

- Use your FSA debit card at the time of an FSA-eligible expense for you and/or your dependents, or pay out-of-pocket and submit the reimbursement form online or through the mobile app.

DEPENDENT CARE FSA

- Must submit claim forms online or through mobile app.

DEADLINES: Incur expenses by December 31, 2025 and submit claims by March 31, 2026.

WellSpan Benefits Basics



What Happens If You Don't Enroll By The Deadline?

If you do not complete online benefit enrollment **within 31 days of your date of hire**, it will be assumed you are waiving coverage for you and your family for all benefit options offered during enrollment. The only benefit coverage you'll have is for the WellSpan-provided benefits.

For many benefits, your next opportunity to enroll for coverage will be fall 2025 during our annual Open Enrollment, unless you experience a qualified work or family status change.

When Are Benefits In Effect?

The benefit elections you make within 31 days of your date of hire are in effect through the end of the calendar year.

Making Benefit Changes During The Year

For certain benefits, you are unable to make changes to your benefits during the year unless you experience a **qualifying life status event** — such as getting married, having a baby, adopting a child, getting a divorce or experiencing a change in employment status. Log on to Oracle to report a life event and update your benefits. The request and documentation must be submitted **within 31 days** of the event. Any changes you make to your coverage must be consistent with the change in status.

Coordination Of Benefits *(for Medical, Prescription Drug and Dental)*

Coordination of Benefits (COB) prevents duplication of payments when a covered team member or dependent has health coverage under a WellSpan plan and one or more additional plans, such as a spouse's employer plan or Medicare. COB also ensures that your primary coverage pays first, and that your secondary coverage pays the appropriate amount.

HOW IT WORKS

COB takes into account your coverage under more than one medical or dental plan. COB must be completed annually and can be completed online at myhealthtoolkitcapital.com. Your WellSpan coverage may be your primary or secondary coverage as follows:

- **If your WellSpan plan is the primary plan**, then your WellSpan coverage will pay first, under the terms of the plan you have elected.
- **If your WellSpan plan is the secondary plan**, total benefits will never equal more than what your WellSpan plan would have paid alone. WellSpan may pay the difference, if any, between what the primary plan pays and what you are eligible for under the WellSpan plan. Therefore, it is possible that you will still need to pay the balance of a claim, even with two plans.

Eligibility

All team members are eligible to enroll in the medical, dental and vision plans (with the exception of PRN, temporary or contract workers and students). Your eligibility for benefits and the level of coverage you receive is determined by a combination of your employment status (based on FTE) and your benefit category.

WELLSPAN BENEFIT CATEGORIES

- | | | | |
|--------------|---------------------|--------------------------|--------------------------------|
| ✓ Hourly | ✓ APPs | ✓ Physician Leaders | ✓ Psych Interns |
| ✓ Supervisor | ✓ Physicians | ✓ Hospitalist Physicians | ✓ Bargaining Unit Team Members |
| ✓ Leaders | ✓ Senior Executives | ✓ Residents | |

EMPLOYMENT STATUS

Full-time	Regular schedule of at least 70 hours per pay period (FTE .875–1.0).
Part-time 1	Regular schedule of 32 to 69 hours per pay period (FTE of at least .40 but less than .875).
Part-time 2	Regular schedule of less than 32 hours per pay period (FTE less than .40).
PRN	No regular schedule, work on an as-needed basis .

Team Member Benefit Eligibility Based On Employment Status

	Medical/Rx Dental and Vision	FSA and HSA	STD	LTD*•	Basic Life and AD&D•	Supplemental Insurance	PTO	Holiday	Retirement Plan (employer contribution)**	EAP	MetLife Legal
Full-time	●	●	●	●	●	●	●	●	●	●	●
Part-time 1	●	●	●		●	●	●		●	●	●
Part-time 2	●		●		●	●	●		●	●	●
PRN										●	

* Physicians and Leaders are eligible for LTD provided they are scheduled for at least 30 hours each pay period.

• All eligible team members are auto enrolled in LTD and Basic Life and AD&D.

** All team members are eligible to make contributions to the Retirement Plan. New Non-Bargaining team members are automatically enrolled at a contribution rate equal to 4% of your pay. You can change that percentage at any time. Bargaining team members are not automatically enrolled and will need to complete the enrollment process and elect their contribution amount.

Covering Dependents

You may choose to enroll your dependents in several of the benefits. Eligible dependents include:

- Your legal spouse,
- Your dependent children (until the end of the month they reach age 26, regardless of whether they are a student), and
- Your dependent children beyond age 26 who are totally disabled and covered on your federal taxes, provided the disability occurred prior to age 26. Proof of their disability must be provided.

ADDITIONAL REQUIREMENT IF ENROLLING A SPOUSE IN THE MEDICAL PLAN

You must complete the spouse eligibility checklist during the online enrollment process every year to determine if your spouse is eligible to be covered in the WellSpan medical plan for primary coverage or secondary coverage. Based on your answers, the system will indicate whether you need to submit a *Spousal Medical Insurance Verification* form.

The form must be submitted within 31 days of your date of hire. Generally, if your spouse is employed and eligible for medical coverage from their employer, they may need to enroll in their employer's medical plan for primary coverage and WellSpan's medical plan would provide secondary coverage. Also, if your spouse's coverage is a High Deductible Health Plan with an HSA, they cannot be covered on WellSpan's PPO plans.



Verifying Dependent Eligibility

To help manage the cost of health care for everyone, it is important you are enrolling only those dependents who are indeed eligible for coverage under the Plan. Therefore, you may be asked to provide legal documents verifying your dependent's eligibility:

DEPENDENT SPOUSE VERIFICATION

- A copy of your marriage certificate, and
- A copy of the first page of your most recent federal tax return that lists you and your spouse.

DEPENDENT CHILD(REN) VERIFICATION

- A copy of a birth certificate listing you as the parent, or
- A copy of a birth certificate and a copy of your marriage certificate for a stepchild, or
- A copy of certified court-approved adoption or custody/guardianship papers.
- For disabled dependents, a copy of your federal tax document and necessary forms.



Submitting Spouse & Dependent Eligibility Documents

Be sure to provide the necessary spouse and/or dependent verifications **within 31 days** of date of hire or coverage will not go into effect. Any delays in providing your dependent eligibility documentation may impact their enrollment.

After blocking out any of your personal or financial information on your documents, upload them to Oracle using the Pending Actions you have been assigned after your benefit enrollment has been completed.

NOTE: *Failure to provide dependent documents within 31 days will result in coverage removal for dependent(s) and they will not be able to enroll until Open Enrollment or if they experience another life event.*

Cost Of Coverage: Premium Rates

The cost of coverage (premium rates) for your elected benefits varies based on:

- your hourly rate and your hours worked
- the type of benefit you elect and the number of dependents being covered
- your employment status (based on FTE)
- your participation in the Wellness Program (for medical premiums)

Your premiums will be paid through automatic payroll deductions on a pre-tax basis, deducted from 26 paychecks throughout the year.

2025 Premium Rates

Refer to the 2025 Premium Rates flyer posted at wellspanbenefits.org for specific premium rates.

PREMIUM ASSISTANCE PROGRAM

The Premium Assistance Program provides eligible full-time team members with medical coverage for themselves and their covered dependents under the WellSpan Plus Plan for the full plan year at no premium cost to the team member. There is a 1-year service requirement as part of eligibility criteria.

Team members are responsible for paying applicable out-of-pocket costs (copays, coinsurance and deductible amounts) for services. Download an application from INET or from wellspanbenefits.org.

LOWER YOUR MEDICAL PREMIUMS BY COMPLETING THE WELLNESS INCENTIVE

Team members who complete the WellSpan Wellness Matters Incentive requirement for the Premium level will be rewarded with a credit toward their medical premium costs. Premium level must be completed within 6 months of hire date to receive the credit toward your medical premiums. Learn more at wellspan.wellright.com.

Assign Beneficiaries To Your Benefits

It is important to assign beneficiaries to your benefits and confirm their information is up-to-date. Doing so assures your wishes are honored in the event of your death and gives clear direction to how your financial assets associated with these benefits are distributed.

RETIREMENT SAVINGS PLAN

1. Visit wellspansavings.com and log in or create an online account.
2. Click *Account » Overview » Beneficiaries* and enter the information requested.

HEALTH SAVINGS ACCOUNT (HSA)

1. Visit the HSA member portal at inspirafinancial.com and log in or create an online account.
2. Click on *Account Settings » Beneficiaries* and enter the information requested.



REMEMBER!

Update Your Beneficiaries As Your Life Changes

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse or loved one