

OrthoCarolina

BENEFITS SUMMARY SHEET

This is a high level summary of OrthoCarolina’s comprehensive benefits package for eligible Staff Team Members. It does not provide a full description and is not a guarantee of benefits. For additional information, please contact Human Resources.

BENEFIT	DESCRIPTION	EMPLOYER CONTRIBUTION
Medical Insurance (including prescription coverage)	<ul style="list-style-type: none"> Cigna Silver High Deductible Health Plan - Health Savings Account(HSA) CIGNA PPO 	<ul style="list-style-type: none"> Cost sharing Cost sharing
Dental Coverage	Delta Dental DPO - PPO & Premier Networks	<ul style="list-style-type: none"> Cost Sharing
Vision Coverage	<ul style="list-style-type: none"> CEC Basic Vision Plan CEC Vision Buy-Up Plan VSP Premium Plan 	<ul style="list-style-type: none"> Cost Sharing
Flexible Spending Accounts (FSA)	<ul style="list-style-type: none"> Limited FSA (With Silver HDHP) ; Flexible Spending Health Care (CIGNA PPO) Dependent Care 	N/A
Voluntary Benefits	Supplemental Life, Critical Illness, Accident Insurance, Hospital Indemnity Supplement, Liberty Mutual Auto & Home, Legal Shield, YMCA Discounts (select locations)	N/A
Life Insurance	2X salary for life and accidental death and dismemberment.	100%
Short Term Disability	Available after 14 day elimination period; provides 60% of weekly salary to a maximum benefit of \$2,000 weekly	100%
Long Term Disability	90 day elimination period; provides 60% of monthly salary to a maximum benefit of \$10,000 monthly	100%
Holidays	OC recognizes 7 paid holidays per year plus 1 personal holiday.	100%
Employee Assistance Program (EAP)	Confidential counseling/resource service available 24/7, to Team Member & family	100%

DEFERRED COMPENSATION PLAN

Bucket 1 – Your Deferral Contributions (401k/Roth)	Bucket 2 – Safe Harbor Contributions	Bucket 3 – Profit Sharing
<ul style="list-style-type: none"> Eligibility: 1st of the month following 30 days of employment. You may choose to contribute up to \$23,000 in 2024 on a pre-tax and/or after-tax basis (Roth). If you are over age 50, you may contribute up to \$30,500. You are 100% vested. 	<ul style="list-style-type: none"> Eligibility: 1st of the quarter following 3 months of employment. Employer deposits nondiscretionary quarterly contribution equal to 3% of your eligible compensation; up to IRS maximum of \$10,350 You are 100% vested. 	<ul style="list-style-type: none"> Eligibility: 1st of the Quarter following 3 months of employment; work 1,000 hours in the year and employed on the last day of the year. Employer deposits a discretionary annual contribution equal to 4.5% of eligible compensation; up to the IRS maximum of \$35,650. You are 100% vested after 5 years.

2024 HEALTH INSURANCE BI-WEEKLY PREMIUMS

OrthoCarolina continues to share in the cost of the total medical and dental plan costs for the organization. Below are the biweekly payroll deductions for medical, dental, and vision coverage.

**Participation in Wellness program required for Wellness Rate

Team Member Earning < \$50,000 Bi-Weekly deductions		
CIGNA Silver HDHP	Non-Wellness Rate	Wellness Rate
Team Member Only	\$63.84	\$44.61
TM + Spouse	\$200.88	\$181.65
TM + Child	\$136.38	\$117.15
TM + Children	\$174.00	\$154.77
TM + Family	\$313.53	\$294.30

Team Member Earning < \$50,000 Bi-Weekly deductions		
CIGNA Classic PPO	Non-Wellness Rate	Wellness Rate
Team Member Only	\$82.63	\$63.40
TM + Spouse	\$216.48	\$197.25
TM + Child	\$164.16	\$144.93
TM + Children	\$201.96	\$182.87
TM + Family	\$341.87	\$322.64

Team Member Earning > \$50,000 Bi-Weekly deductions		
CIGNA Silver HDHP	Non-Wellness Rate	Wellness Rate
Team Member Only	\$75.11	\$55.88
TM + Spouse	\$236.33	\$217.10
TM + Child	\$160.45	\$141.22
TM + Children	\$204.71	\$185.48
TM + Family	\$368.86	\$349.63

Team Member Earning > \$50,000 Bi-Weekly deductions		
CIGNA Classic PPO	Non-Wellness Rate	Wellness Rate
Team Member Only	\$97.21	\$77.98
TM + Spouse	\$254.68	\$235.45
TM + Child	\$193.13	\$173.90
TM + Children	\$237.60	\$218.37
TM + Family	\$402.19	\$382.96

Team Member Bi-Weekly payroll deductions for dental coverage	
Delta Dental Plan	
Team Member Only	\$3.02
TM + Spouse	\$17.51
TM + Children	\$20.34
TM + Family	\$37.23

Team Member Bi-Weekly payroll deductions for vision coverage			
Vision plans	CEC Vision Plans		VSP Premium
	Basic	Buy-up	
Directors and VP only	\$2.79	\$6.45	\$9.22
Directors and VP + spouse	\$4.47	\$10.32	\$14.81
Directors and VP + children	\$4.61	\$10.59	\$15.10
Directors and VP + family	\$7.37	\$17.01	\$24.37