



# BENEFITS GUIDE 2021-2022

Annual Enrollment Period  
07/01/2021 - 06/30/2022



# TABLE OF CONTENTS

Welcome .....	1
General Overview .....	1
Table 1   Helpful Terms .....	1
Job Status Definitions & Eligibility .....	2
Annual Enrollment Period .....	2
End of Coverage .....	2
Dependents .....	3
Family Status Change .....	3
Table 2   Family Status Change Event Requirements .....	3
Medical Benefits .....	4
Table 3   Medical Plan Comparison .....	5
Prescription Drug Coverage .....	6
Table 4   Prescription Drug Coverage Comparison .....	6
Dental Insurance - Delta Dental PPO .....	7
Table 5   Dental Plan .....	7
Vision Benefits .....	8
Table 6   Prescription Eyewear & Contact Lens Reimbursement .....	8
Wills Eye Affiliated Providers .....	8
Plan Premiums: Medical and Dental Insurance Options Cost Per Pay (07/01/2021 - 06/30/2022) .....	9
Flexible Spending Accounts (FSA) .....	10
Table 7   Examples of Qualifying Expenses .....	10
Long Term Disability and Life Insurance Benefits .....	11
Table 8   Long Term Disability Highlights .....	11
Retirement - 403(b) Benefits .....	12
Tuition Assistance .....	12
Employee Assistance Program (EAP) .....	13
Additional Voluntary Benefits .....	14
Table 9   Voluntary Benefits Overview .....	14
Comprehensive Leave & Paid Time-off (PTO) .....	15
Paid Holidays .....	15
Table 10   Leave & Paid Time-off Overview .....	16
Benefits Service Provider Contact List .....	17

# WELCOME

Wills Eye Hospital's Benefits Program is both comprehensive and cost-effective offering an array of benefits and wellness programs.

Our employees are offered an array of benefits that include health and dental insurance, vision care, prescription drug coverage, as well as the opportunity to participate in a variety of wellness programs. These benefits are an integral component of our total compensation package. Employees are encouraged to take time to carefully read this guide in order to take full advantage of all applicable benefit offerings.

Regular full-time and part-time employees are eligible to enroll in Wills Eye Hospital's Benefit Plan upon the first day of the month following their date of hire. Existing employees are able to make changes to their plan(s) during the open enrollment period. Here are some important terms to help you better understand how the plans pay benefits.

## TABLE 1 | HELPFUL TERMS TO KNOW

**BENEFITS-ELIGIBLE:** You are a regular, full-time employee scheduled to work at least 30 hours per week. Union members please consult your collective bargaining agreement.

**COINSURANCE (HIGH DEDUCTIBLE PLAN):** Once you reach your annual deductible, costs for care are split between you and the plan. The amount you are responsible for is the coinsurance.

**COPAY (CORE PLAN):** This is the amount you pay at the time of service. This is a fixed rate for service, regardless of whether you have met your deductible for the year.

**FLEXIBLE SPENDING (FSA):** Pretax employee contribution plan to help cover qualified health care, dependent care and transportation costs.

**BENEFICIARY:** Your beneficiary is the person(s) who will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you will want to review the beneficiaries on file and make updates, if necessary.

**VESTING PERIOD:** "Vesting" refers to the employee's portion of ownership in money that has been contributed by an employer to their 403(b) retirement account. The full balance of the plan account belongs to the employee when he/she is 100% vested in the plan.

**WILLS EYE  
BENEFITS  
CONTACT**

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# ELIGIBILITY

## JOB STATUS DEFINITIONS & ELIGIBILITY

- Full-time: Employees who work 30 or 40 hours per week.
- Part-time (Union): Employees who are regularly scheduled to work at least 20 hours per week.
- Part-time (Non-union): Employees who are regularly schedule to work at least 20 hours per week are entitled to pro-rated sick, vacation and holidays. These employees also may participate in the 403(b) plan and flexible spending program.
- Per Diem: Per Diem employees are not eligible to receive Wills Eye Hospital benefits.

## ANNUAL ENROLLMENT PERIOD

07/01/2021 - 06/30/2022

## END OF COVERAGE

For most employees, coverage terminates as of your last day worked (i.e. termination, resignation or death) or on the day when scheduled hours are reduced below 20 hours per week).

### WHO IS ELIGIBLE

#### FULL-TIME

employees scheduled 30 or 40 hours per week.

- All benefits in this guide

#### PART-TIME UNION

employees who are scheduled 20 or more hours per week

- All benefits in this guide

#### PART-TIME NON-UNION

employees who are regularly scheduled 20 or more hours per week

- Pro-rata sick, vacation and holidays
- May also participate in 403(b) plan and flexible spending program



## DEPENDENTS

Wills Eye employees may enroll the following dependents for medical, dental, vision and/or dependent life insurance:

- Spouse  
Spousal coverage is only granted to employees should their spouse's employer not provide medical insurance. Employees must provide a signed annual spousal coverage affidavit in order to be eligible for spousal coverage.
- Legal child and/or children up to age 26.

## FAMILY STATUS CHANGE

Beyond the annual enrollment period, the only time during the plan year that employees can add or modify coverage or dependents occurs when there is a family status change.

Qualifying events include:

- Marriage or divorce
- Birth of a child
- Gain or loss of a spouse's coverage
- Change in spouse's employment status
- Death of a dependent

### WHAT TO DO WHEN YOUR FAMILY STATUS CHANGES

- **MARRIAGE OR DIVORCE**  
Must provide proof of marriage such as marriage certificate or jointly filed tax return, or divorce decree/certificate.
- **BIRTH OF A CHILD**  
Must provide a copy of the birth certificate or a court document awarding custody or requiring coverage.
- **SPOUSAL COVERAGE CHANGE**  
Must provide affidavit from spouse's employer stating discontinuation of benefits or if benefits are no longer offered due to employment status change.



# MEDICAL

Wills Eye Hospital offers two (2) Preferred Provider Organizations (PPO) plans administered by Independence Administrators.

With the PPO plans, employees have the freedom to choose any provider without the need of a referral.

Each of the offered medical plans, as outlined below, were designed to suit the individual health care needs of our employees and their dependents. Employee premiums are pre-taxed and are deducted on a biweekly basis. Employees may choose from the following two plans: the Medical Core Plan and the Deductible (HD) Plan.

## HIGHLIGHTS

### MEDICAL CORE PLAN

- Lower deductibles and out-of-pocket maximums
- Higher bi-weekly employee payroll deduction
- In- and out-of-network care
- Prescription Drug Coverage
- Vision Care

### DEDUCTIBLE (HD) PLAN

- Higher deductible and out-of-pocket maximums
- \$0 bi-weekly employee payroll deduction (single coverage)
- In- and out-of-network care
- Prescription Drug Coverage
- Vision Care



TABLE 3 | MEDICAL PLAN COMPARISON

IN-NETWORK MEDICAL SERVICES	MEDICAL CORE PLAN	DEDUCTIBLE (HD) PLAN
PCP/Referral Requirement	No	No
Deductible - Individual	\$0	\$1,500
Deductible - Family	\$0	\$3,000
Plan Coinsurance	0%	0%
Out-Of-Pocket Max (Individual)	\$6,600	\$6,600
Out-Of-Pocket Max (Family)	\$13,200	\$13,200
Primary Office Visit	\$20	10%
Specialist Office Visit	\$40	10%
Preventive Care	\$0	\$0
Lab/Pathology - Freestanding	\$0	10%
Lab/Pathology - Outpatient	\$0	10%
Radiology - Freestanding	\$40	10%
Radiology - Outpatient	\$40	10%
Complex Imaging	\$80	10%
Outpatient Surgery - Hospital	\$75	10%
Emergency Room	\$100	10%
Urgent Care	\$40	10%
Inpatient Hospital Services	\$150 perday <i>5 day max</i>	10%

OUT-OF-NETWORK MEDICAL SERVICES	MEDICAL CORE PLAN	DEDUCTIBLE (HD) PLAN
Deductible - Individual	\$500	N/A
Deductible - Family	\$1,500	N/A
Plan Coinsurance	30%	N/A
Out-of-Pocket Maximum - Individual	\$6,600	N/A
Out-of-Pocket Maximum - Family	\$13,200	N/A

# PRESCRIPTIONS

The cost of prescription drug coverage is included under each of the two (2) offered medical plans.

Prescription drug prices may vary based on tier (i.e. generic, preferred and non-preferred) as well as the method for how it is filled (90-day mail order vs. retail pharmacy). Some drugs may also require a preauthorization.

Further details regarding limitation, exceptions and other important information is available at [www.ibxtpa.com](http://www.ibxtpa.com).

TABLE 4 | PRESCRIPTION DRUG COVERAGE COMPARISON

PRESCRIPTION DRUG COVERAGE TIER	RETAIL PHARMACY (30 DAY SUPPLY)	MAIL-ORDER PHARMACY (90 DAY SUPPLY)
Generic	10%	\$5
Preferred	20%	\$35
Non-preferred	40%	\$75

## PRESCRIPTION DRUG COVERAGE DEDUCTIBLE

The deductible for Medical Core Plan and the Deductible (HD) Plan are identical.

INDIVIDUAL.....\$250

FAMILY.....\$500





# DENTAL

Dental insurance is administered by Delta Dental of Pennsylvania and coverage is included at no additional cost to employees who enroll in either of the offered medical plans.

The plan provides for two oral exams and cleanings per calendar year per person. Employees can maximize savings by visiting a dentist within the PPO network. These dentist have agreed to reduced fees and employees will not get charged more than their expected share of the bill. The benefits for PPO Dentists and Non-PPO Dentists are identical.

TABLE 5 | DENTAL PLAN

BENEFITS & COVERED SERVICES <sup>1, 2, 3</sup>	
Diagnostic & Preventative Services: Exams, Cleanings, X-rays and Sealants	80%
Basic Services: Fillings	80%
Basic Endodontics (Basic): Root Canals	80%
Periodontics (Major): Gum Treatment	75%
Oral Surgery (Basic)	80%
Major Services: Crowns, Inlays, Onlays, and Cast Restorations	75%
Prosthodontics (Major): Bridges, Dentures and Implants	75%
Orthodontics for Dependent Child/Children	60%
Orthodontics Lifetime per person	\$1,000

**1** Delta Dental Premier Dentists are considered non-PPO Dentists

**2** Reimbursement is based on PPO contracted fees for PPO dentist and Premier contracted fees for Premier and non-Delta Dental dentists.

**3** Non-Delta Dental Dentists may balance bill the difference between the contracted rate and their usual fee for services.



## HIGHLIGHTS

### ELIGIBILITY

Primary enrollee, spouse & legal child/children (up to age 26).

### DEDUCTIBLE PER PERSON EACH CALENDAR YEAR:

\$25

### DEDUCTIBLE PER FAMILY EACH CALENDAR YEAR:

\$75

### MAXIMUMS PER PERSON EACH CALENDAR YEAR:

\$2,000

### WEBSITE:

[www.deltadentalins.com](http://www.deltadentalins.com)

# VISION

Here at Wills Eye, we are committed to ensuring that our employees and their dependents maintain healthy vision.



Benefit-eligible employees, their spouses and dependent children, up to age twenty-six are entitled to an annual comprehensive eye examination if scheduled at Wills Eye Hospital's Cataract and Primary Eye Care Department or through affiliated Wills EyeWear optical locations at no additional cost. Table 4 below outlines discounts or external reimbursement towards the purchase of prescription eyeglasses/contact lenses.

TABLE 6 | PRESCRIPTION EYEWEAR & CONTACT LENS REIMBURSEMENT

PRESCRIPTION	INTERNAL DISCOUNT	REIMBURSEMENT AMOUNT FOR RX FROM NON-AFFILIATED LOCATIONS
Single Vision Wills Eye Retail	\$140	\$70
Multifocal Wills Eye Retail	\$160	\$80
Progressive Wills Eye Retail	\$180	\$90
Contact Lenses (Annual Supply)	\$100	\$100

WILLS EYE AFFILIATED PROVIDERS			
WILLS EYEWEAR OPTICAL	HOSPITAL	215-928-3201	MON - FRI 9AM - 5PM
WILLS EYEWEAR OPTICAL FASHION DISTRICT	1001 MARKET STREET	267-792-3320	MON - SAT 10AM - 8PM SUN 11AM - 6PM
CATARACT AND PRIMARY EYE CARE	SUITE 1230	215-928-3041	MON - FRI 8AM - 4PM

# PLAN PREMIUMS

The medical plans were designed to suit the individual health care needs of our employees and their dependents.

Employee premiums are pre-taxed and are deducted on a biweekly basis.

MEDICAL AND DENTAL INSURANCE OPTIONS COST PER PAY  
(07/01/2021 - 06/30/2022)

INSURED	MEDICAL CORE PLAN	DEDUCTIBLE (HD) PLAN	OPT OUT
Single	\$121	\$0	\$15
EE & Child	\$174	\$154	\$20
EE & Children	\$211	\$186	\$25
EE & Spouse	\$238	\$210	\$67
EE & Family	\$287	\$253	\$74



# FLEXIBLE SPENDING

Our Flexible Spending Accounts, administered by TASC, allow employees to save tax dollars on certain dependent care, medical spending, and transportation/parking expenses.

Contributions are tax deferred and participants receive a TASC Card to pay for eligible FSA expenses, with just a swipe.

Participants also have the ability to access their account online to submit requests for reimbursement via <https://www1.tasconline.com/loginproxy/mytasc/>

QUALIFYING EXPENSE	MAXIMUM	
Medical	\$2,750 (Annually)	
Dependent Care	\$10,000 (Couple)	\$5,000 (Single)
Work Related Parking	\$3,240 (Annually)	
Work Related Transportation	\$3,240 (Annually)	



*A complete list of qualifying expenses and exclusions will be made available upon request in the Department of Human Resources.*

## EXAMPLES OF QUALIFYING EXPENSES

- Deductibles and co-insurance
- X-ray fees
- Smoking cessation programs
- Prescription eyeglasses or contact lens
- Flu shots & Vaccinations
- Hearing aids and hearing aid batteries
- Prescription drugs and medications
- OTC Medicines and drugs
- Reading glasses
- Blood pressure monitor
- Blood sugar test kits/testing strips
- Daycare expenses
- Nursery school expenses
- After school care/ day camp
- Registration fees
- Mass transit passes (bus, subway, ferry, and train)
- Fees to park at parking garages or commuter lots



# DISABILITY & LIFE

Wills Eye Hospital covers the cost for Long Term Disability and Life Insurance for all full-time employees.

Our monthly Long Term Disability benefit, administered by Reliance Standard, is equal to 60% of covered monthly earnings with an elimination period of 90 days.

Basic Life and Accidental Death and Dismemberment (AD&D) coverage available based upon position. Short term disability, supplemental life insurance, cancer policies, and health/wellness programs are available through employee payroll deductions administered by American Heritage Life or Colonial Life Insurance.



## LONG TERM DISABILITY HIGHLIGHTS

### PREMIUM

Paid by Wills Eye Hospital

### COMPANY

Reliance Standard Life Insurance Company

### ELIMINATION PERIOD

90 Days

### WEEKLY BENEFIT

60% of monthly earnings up to a max of \$7,500 (equal to maximum covered monthly earnings of \$12,500)

### BENEFIT DURATION

Age 65 or Normal Retirement Age

### ADDITIONAL INFORMATION

If you are still working after age 65, length of benefits is reduced. Additional details and exclusions provided upon request.

# RETIREMENT 403(b)

Here at Wills Eye, we are grateful to our staff members' longstanding dedication to providing our patients and their families with exceptional care. As employees prepare to save for retirement, our leadership is committed to equipping our staff with the tools and information needed to make the best decisions.

Benefit-eligible employees have the option of having their retirement savings account administered by either AIG (formally known as VALIC) or Vanguard.

These plans allow employees to lower their taxable income through pretax contributions.

When employees retire or are terminated, they are entitled to receive the value of the "Account" to the extent it is vested. The maximum allowable annual contribution amount is \$19,500 for the 2021 plan year. Employees 50 years or older can also make an additional \$6,500 tax-deductible "catch-up" contribution for the 2021 plan year.



# TUITION ASSISTANCE

As an organization that promotes advancement in education and learning, Wills Eye Hospital offers tuition assistance in the amount of \$5,000 per calendar year for regular full-time staff after three (3) months of employment.

Course work must be job related or considered as part of a program which is job related in order to qualify for reimbursement. Reimbursement is also contingent upon successful completion of all course requirements while employed by the Hospital and is limited to only the cost of tuition. Registration fees, deferred payments, lab fees, books or other related costs do not qualify under the tuition assistance program. Further information can be found in the Department of Human Resources upon request.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Wills Eye Hospital offers a comprehensive Employee Assistance Program (EAP) administered by FirstCall.

This program provides employees with access to counselors, crisis intervention and community resource referrals at no additional cost.

The Employee Assistance Program (EAP) is an employer sponsored program designed to provide problem identification, short-term counseling referrals and crisis intervention for employees and their family members who experience personal or behavioral problems impacting their work performance.

All employees and their household members are eligible to receive this benefit immediately and may receive up to three free counseling sessions per episode. Employees and managers are encouraged to speak with a Human Resources representative to obtain further details regarding offered services.

## SEMINARS AND IN-PERSON COUNSELING IS AVAILABLE FOR THE FOLLOWING:

- Employee legal & family mediation
- Conflict mediation
- Management development
- Managing work-related stress
- Depression & anxiety
- Sleeplessness
- Eating disorders
- Drug & alcohol addiction



# ADDITIONAL VOLUNTARY BENEFITS

Wills Eye Hospital's voluntary benefits program provides employees with access to group rates on insurance and other discounted services.

Information regarding cost of coverage and enrollment in these services is made available to employees upon request.

TABLE 9 | VOLUNTARY BENEFITS OVERVIEW

VOLUNTARY BENEFIT	DESCRIPTION
Supplemental Plans	Short term disability, supplemental life insurance, cancer policies, and health/wellness programs are available through employee payroll deductions administered by American Heritage Life or Colonial Life Insurance.
LegalShield	<p>Monthly subscription service allows employees to access to legal experts regarding the following:</p> <ul style="list-style-type: none"> <li>• Consumer Finance Issues</li> <li>• Traffic Violations and Accidents</li> <li>• Estate Planning</li> <li>• Landlord / Tenant Agreements</li> <li>• Family Law and Divorce</li> <li>• Real Estate</li> <li>• Civil Lawsuit Defense and Trial Counseling</li> </ul>
A Place For Mom	Local counseling and planning resources for employees needing expert guidance relating to elderly care for a parent or loved one.
Buyer's Edge	Consumer buying service that offers a low price guarantee on most major appliances.
Philadelphia Federal Credit Union & Freedom Credit Union	Wills Eye Hospital has established relationships with Philadelphia Federal Credit Union and Freedom Credit Union that allows employees to benefit from preferred rates on loans and other banking services.



# COMPREHENSIVE LEAVE & PAID TIME-OFF

Comprehensive leave and paid time-off is provided to regular employees who work at least 20 hours per workweek to use for scheduled and unscheduled absences.

Regular full-time and regular part-time employees shall serve a probationary period of ninety (90) days. Absence during this period, except for an absence due to a scheduled holiday, shall be added to the probationary period until an equivalent amount of time has been worked.

## PAID HOLIDAYS

Regular full-time and regular part-time employees are eligible for scheduled holidays from date of hire. Pay for a holiday shall be at the regular straight time rate. Regular part-time employees are eligible for prorated holiday pay on the basis of scheduled hours.

*See Table 9 on the next page for an overview of paid and unpaid leave and time off.*

### PAID HOLIDAYS FOR FULL-TIME AND REGULAR PART-TIME EMPLOYEES

- New Year's Day  
(January 1st)
- Memorial Day  
(last Monday in May)
- Independence Day  
(July 4th)
- Labor Day  
(1st Monday in September)
- Thanksgiving Day  
(4th Thursday in November)
- Christmas Day  
(December 25th)



TABLE 10 | LEAVE & PAID TIME-OFF OVERVIEW

PAID AND UNPAID LEAVE	FULL-TIME	PART-TIME	BENEFIT
Vacation	Yes	Pro-rated	Vacation is accrued and may be taken at any time during the year, provided there is no conflict with the work requirements of the hospital. New employees are eligible to take accrued vacation after 90 days of continuous employment. Vacation benefits shall accrue from date of hire. Vacation shall be earned according to hours scheduled. Part-time employees scheduled to work at least 40 hours biweekly shall earn prorated vacation benefits. Paid vacation time is determined by job classification.
Personal Days	Yes	Pro-rated	Upon successful completion of the 90-day probationary period, regular full-time and part-time employees shall be eligible to schedule three (3) personal days. Personal days are prorated based on employee's date of hire. Review HR policy for further details.
Sick Leave	Yes	Pro-rated	All regular full-time employees shall accrue, on a monthly basis, paid sick time at one (1) day per month or up to 12 days per year, starting after the completion of the employee's probationary period (90 days). Regular part-time employees shall earn pro-rated sick leave benefits according to the number of hours regularly scheduled. Employees may accumulate up to a maximum of 60 days.
Family and Medical Leave Act (FMLA)	Yes	Yes	<p>All employees are eligible for the following under the Family Medical Leave Act.</p> <ul style="list-style-type: none"> <li>• Employees eligible after 12 months and 1,250 hours worked.</li> <li>• Receive up to 12 weeks per 12-month calendar year in the event of childbirth, adoption or serious medical condition of employee or immediate family member with retention of service record, benefits and position.</li> <li>• Intermittent and reduced work schedule leave also available for certain instances.</li> </ul>
Bereavement	Yes	Yes	In the case of the death of a parent, grandparent, spouse, child, stepchild, step parent, brother, sister, mother-in-law or father-in-law of a full-time employee, the employee will be granted up to three (3) consecutive days leave with pay. Part-time employees shall be granted up to two (2) consecutive days leave with pay for such relatives. The employee may be granted additional unpaid days off with the Employer's approval.
Jury Duty	Yes	Yes	Full-time and part-time employees are eligible immediately and will receive regular pay for scheduled work hours missed if selected to serve on a jury.

# BENEFITS SERVICE PROVIDERS CONTACT LIST

COMPANY	NAME	CONTACT INFORMATION
Vanguard 403(b)	Richard E. Craft <i>Wealth Advisory Group, Inc.</i>	610-225-1000 (x111)
AIG 403(b) <i>(Formerly known as Valic)</i>	Ed Silberman <i>Financial Advisor</i>	609-458-3375 or 908-470-4110 Edward.Silberman@AIG.com
Colonial Life Supplemental Coverage	Robert Thorsen <i>District Development Manager</i>	215-260-6904 RThorsen@comcast.net
Allstate (American Heritage Life) Supplemental Coverage	Jeffrey Plaut Personal Financial Representative	817-909-5904 JPlaut@Allstate.com
TASC Flexible Spending	Customer Service	800-422-4661 www.tasconline.com
FirstCall EAP	Customer Service	800-382-2377 www.firstcalleap.org
A Place for Mom Employee Grief Counseling Services	Gina-Marie Mecholsky Community Relations Advisor	609-970-1016 Philly@APlaceForMom.com
LegalShield Legal Services	Jessie M. Reed-Benton Director Group Benefits Specialist	267-252-0197 Benton90@ LegalShieldAssociate.com
Buyer's Edge Inc.	Username/Group #:833B Password: member1	www.buyersedgeinc.com
Philadelphia Federal Credit Union (PFCU)	Member Services	215-934-3500 www.pfcu.com
Freedom Credit Union	Customer Service Direct Teller Access	215-612-5919 www.freedomcu.org
Delta Dental of Pennsylvania	General Mailing Address: One Delta Drive Mechanicsburg, PA 17055  Claims Mailing Address: P.O. Box 2105 Mechanicsburg, PA 17055	800-923-0783  www.DeltaDentalIns.com  Online account setup: DeltaDentalIns.com/Welcome



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**WILLSEYE.ORG**

**DISCLAIMER:** This guidebook has been provided as an overview of the Hospital's full suite of benefits; it is not intended to be a complete source of information on the offered plans or a contract for the purposes of employment. Further detailed instructions will be provided to employees upon hire as well as during the open enrollment period. Union employees are required to reference the Collective Bargaining Agreement for further specifics relating to benefits.