

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)	 Cigna Silver High Deductible Health Plan - Health Savings Account(HSA) CIGNA PPO 	Cost sharingCost sharing
Dental Coverage	Cigna Dental	Cost Sharing
Vision Coverage	CEC Basic Vision PlanCEC Vision Buy-Up PlanVSP Premium Plan	Cost Sharing
Flexible Spending Accounts (FSA)	 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, LegalEASE, Allstate Identity Protection, 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%
Short Term Disability Buy-Up	Available after 7 day elimination period; provides 60% of weekly salary to a maximum benefit of \$2,000 weekly.	N/A
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	Bucket 1 – Your Deferral Bucket 2 – Safe Harbor			
Contributions (401k/Roth)	Contributions			
• Eligibility: 1st of the month	• Eligibility: 1st of the quarter	• Eligibility: 1st of the Quarter following 3		
following 30 days of employment.	following 3 months of	months of employment; work 1,000 hours in		
 You may choose to contribute up 	employment.	the year and employed on the last day of the		
to \$23,500 in 2025 on a pre-tax	•Employer deposits	year.		
and/or after-tax basis (Roth). If	nondiscretionary quarterly	 Employer deposits a discretionary annual 		
you are over age 50, you may	contribution equal to 3% of	contribution equal to 4.5% of eligible		
contribute up to \$31,000. If you	your eligible compensation; up	compensation; up to the IRS maximum of		
are age 60 – 63 you can	to IRS maximum of \$10,500	\$36,000.		
contribute an additional amount	•You are 100% vested.	 You are 100% vested after 5 years. 		
for a total of \$35,000.				
•You are 100% vested.				

2025 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 Wellnes			
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			
Cigna Dental Plan			
Team Member Only \$4.41			
TM + Spouse	\$20.24		
TM + Children	\$23.51		
TM + Family	\$41.97		

Team Member Bi-Weekly payroll deductions for vision coverage			
Vision plans	CEC Vision Plans		VSP
Vision plans	Basic	Buy-up	Premium
Directors and VP only	\$2.79	\$6.45	\$9.68
Directors and VP + spouse	\$4.47	\$10.32	\$15.55
Directors and VP + children	\$4.61	\$10.59	\$15.85
Directors and VP + family	\$7.37	\$17.01	\$25.59

EXEMPT PTO ACCRUAL

YEARS OF SERVICE	Months of Service	Annual Days Accrued	BI-WEEKLY HOURS ACCRUAL
0 – 2 years	0 – 23	20	6.154
2 – 4 years	24 – 47	21	6.462
4 – 6 years	48 – 71	22	6.769
6 – 9 years	72 – 107	23	7.077
9 – 14 years	108 – 167	24	7.385
14+ years	168+	25	7.692

NON EXEMPT PTO ACCRUAL

YEARS OF SERVICE	Months of Service	Annual Days Accrued	BI-WEEKLY HOURS ACCRUAL
0 – 2 years	0 – 23	15	4.615
2 – 4 years	24 – 47	17	5.231
4 – 6 years	48 – 71	19	5.846
6 – 9 years	72 – 107	21	6.462
9 – 14 years	108 – 167	23	7.077
14+ years	168+	25	7.692