



| Effective on Your Hire Date | | Company Paid | Company Subsidy | Employee Contribution |
|---|---|--------------|-----------------|-----------------------|
| Tuition Reimbursement | Reimbursement for Credit and Non-Credit Courses related to your work. <ul style="list-style-type: none"> v Credit Benefit: \$1,500/fiscal year v Non-Credit Benefit: \$300/fiscal year | ✓ | | |
| Certification Reimbursement | We will reimburse for license renewal if your license is directly relevant to the work you do for Delmarva. <ul style="list-style-type: none"> v Physicians/\$100/year v Nurses & Other Professionals/\$50/year | ✓ | | |
| 403(b) Deferred Compensation | Allows you to contribute pre and/or post-tax earnings to a 403(b) account | | | ✓ |
| Holiday Leave | As they occur, one day* for the following holidays we observe: <ul style="list-style-type: none"> v New Year's Day v Martin Luther King, Jr. Day v President's Day v Memorial Day v Independence Day v Labor Day v Columbus Day v Thanksgiving Day v Friday after Thanksgiving v Christmas Day | ✓ | | |
| Floating Holiday | If hired on or before November 30 th , one day* paid floating holiday accrued on the hire date. In subsequent years this will accrue on January 1 st . | ✓ | | |
| Flex Spending - Dependent Care Account | Permits you to use up to \$5,000 of your pre-tax earnings for reimbursement of dependent care expenses. | | | ✓ |

* for purposes of leave, one day equivalent to 4 hours

Part-Time Associate Benefits (cont'd)

| Effective on the First of the Month after Your Hire Date | | Company Paid | Company Subsidy | Employee Contribution |
|---|---|-----------------|-------------------------------------|--|
| Health Insurance | PPO Plan Available: – coverage by network providers with the option to go out of network at a reduced benefit <ul style="list-style-type: none"> √ Associates: \$224.72/month √ Associate plus Spouse: \$514.52/month √ Associate plus Child: \$464.12/month √ Family: \$579.60/month | | ✓ | ✓ Partial Premium Deductible & Co-Pays |
| Prescription Card | \$150 annual deductible 4 tier co-pays: <ul style="list-style-type: none"> √ Generic \$10 – no annual deductible applied √ Preferred \$30 √ Non-Preferred \$60 √ Specialty 15% co-pay up to \$250/script | | Included with Medical Plan | ✓ Deductible & Co-Pays |
| Dental Insurance | Preventive Care – 100% Usual, Customary & Reasonable “UCR” Basic Services - \$50 Deductible/ 80% UCR Major Services – \$50 Deductible (combined with Basic) then 50% UCR Dependent Orthodontia - \$50 deductible then 50% UCR up to lifetime maximum reimbursement of \$1K per child <ul style="list-style-type: none"> √ Associates: \$21.00/month √ Associate plus Spouse: \$36.76/month √ Associate plus Child: \$31.52/month √ Family: \$42.00/month | ✓ | | ✓ Deductible & Co-Pays |
| Life Insurance | Life insurance at one times salary; minimum of \$20,000 | ✓ | | |
| Voluntary Life Insurance | Additional coverage available at your cost for self, spouse and dependent(s) | | | ✓ Age-based premiums |
| Short and Long Term Disability Insurance | Benefits from the 31 st day of disability equivalent to 60% of pay to maximum of \$1,250/week | ✓ | | |
| Flex Spending – Medical Account | Permits you to use up to \$5,000 of your pre-tax earnings for reimbursement of medical expenses | | | ✓ |
| Vision Services | In network benefits have co-pay and discounted services; reimbursement available for non network providers <ul style="list-style-type: none"> ▪ Associate \$ 9.74/month ▪ Associate plus one dependent \$17.06/month ▪ Family \$25.36/month | | | ✓ |

Part-Time Associate Benefits (cont'd)

| Effective On the First of the Month after Completing A Full Month of Employment | | Company Paid | Company Subsidy | Employee Contribution |
|--|--|-----------------|--------------------|--------------------------|
| Sick Leave | One day* paid sick leave accrued on the first day of each month following a full month of employment. | ✓ | | |
| Vacation/ Annual Leave | One day* paid annual leave accrued on the first of each month following a full month of employment. <u>Once eligible for regular accruals</u> , an additional annual leave day* is accrued on January 1 and July 1 each year. | ✓ | | |

* for purposes of leave, one day equivalent to 4 hours

| Effective After One Year of Service | | Company Paid | Company Subsidy | Employee Contribution |
|-------------------------------------|--|-----------------|--------------------|--------------------------|
| Retirement/ Pension | Enrollment on January 1 st , April 1 st , July 1 st , and October 1 st after completing 12 months of service and at least 1,000 hours of service. DFMC contributes 10 percent of the base salary. Graduated vesting after enrollment, based on each year with 1,000 hours service during the plan year: 1 year – 25%, 2 years – 50%, 3 years – 75%, 4 years – 100% | ✓ | | |