



WellSpan Benefits FAQs

North Region Open Enrollment June 30-July 11, 2025

May 28, 2025

Benefit Eligibility

1. What does WellSpan consider to be benefit eligible?

All full-time and part-time team members are eligible to enroll in the benefits. Eligibility for benefits and the level of coverage is determined by a combination of employment status (based on FTE) and your benefit category. WellSpan's employment statuses are defined as:

- Full-Time team members have a regular schedule of at least 70 hours per pay period (FTE of .875 to 1.0).
- Part-Time 1 Team Members have a regular schedule of 32 to 69 hours per pay period (FTE at least .40 but less than .875).
- Part-Time 2 Team Members have a regular schedule of less than 32 hours per pay period (FTE less than .40).
- Weekend Option team members (except for Weekend Plan FT and PT) have a regular schedule with a specified time commitment for weekend coverage.
- PRN team members do not have a regular schedule but work on an "as needed" basis.

Benefit Categories are assigned based on if a team member is exempt or non-exempt from overtime, has supervisory, management or administrative responsibilities, or is a physician. Benefits may also vary if a team member is in an advanced practice provider (i.e., APP or CRNA). Use the information in your Job Confirmation and Total Rewards Statement emailed to you on May 15, 2025, to confirm this information.

2. Will my status determine my benefit premiums with WellSpan?

The premium structure for WellSpan's three medical plans is based on a team member's status and hourly rate. If a team member has an FTE of .75 or worked an average of 30 hours per week during the prior year, they will be offered the full-time rates for the medical plan. WellSpan's dental and vision premiums are only based on a team members status only.

3. Am I required to cover myself on the insurances that WellSpan offers?

WellSpan offers several employer-paid benefits to eligible team members you will be automatically enrolled in: basic life, basic accidental death and dismemberment, and long term disability.

When you complete the mid-year open enrollment you will have the opportunity to enroll in all other benefits, but you are not required to elect coverage on yourself for any of these benefit coverages. When enrolling, each plan will provide you with a waive option.

If you choose to waive coverage and you have a qualified life event where you lose eligibility in the other benefit coverages you may be enrolled in outside of WellSpan, you will only have 31 days from the date you lost coverage to notify WellSpan Human Resources that you had a qualified life event and will need to enroll in the coverages offered with your position. If we are not notified within 31 days of you losing coverage, you will not be able to elect coverage through WellSpan until our next annual benefit Open Enrollment which we hold in the fall each year.

4. Is there a financial incentive available for those team members who waive coverage in the WellSpan benefits?

No, WellSpan does not offer an incentive for not enrolling in the benefits offered with a team member's position.

5. When will the mid-year Open Enrollment be held?

We will be conducting the mid-year Open Enrollment in the WellSpan Oracle system from June 30 to July 11, with a benefit effective date of July 1. We will be sharing additional information regarding this mid-year Open Enrollment over the coming weeks.

Medical

6. Will WellSpan apply the deductible amounts I have paid towards claims between Jan. 1 and June 30, 2025?

Yes, if you or your covered dependents have used your current medical plan and paid for claims that have processed toward your deductible between Jan. 1 and June 30, 2025, these amounts will be applied to the medical plan you elect during the July 1, 2025, mid-year Open Enrollment.

It is important to note that the plan structures administered by Geisinger do not mirror the structure of WellSpan's medical plans. We are in discussions with Geisinger on how the deductible amounts will crosswalk to the medical plans WellSpan offers.

7. Will I receive a refund if I have met our current plan deductible between Jan. 1 and June 30, 2025, and my WellSpan medical plan has a lower deductible?

If you or a covered family member has already met the deductible for the 2025 plan year, the deductible amounts paid for claims incurred from Jan. 1 to June 30, 2025, were applied appropriately based on your current plan and no refund will be issued. We will work with Geisinger to crosswalk these amounts to your new WellSpan plan to offset future claims under your WellSpan medical plan.

8. Will I be able choose one of the two PPO plans during the mid-year Open Enrollment if they currently have the high deductible plan now?

Yes, you will have the option to choose between any of the three WellSpan medical plans offered to you.

9. My family and I need to schedule appointments with our health care providers around the time of our change to WellSpan. What do I need to know to avoid in disruption in our care?

If you or your family have appointments that need to be scheduled around the time of the transition to WellSpan benefits, we recommend you either schedule these appointments before the end of June or after the middle of July, to avoid any disruption in your care.

Once you enroll in your new Wellspan benefits, coverage will be effective July 1, 2025. We are working with Capital Blue Cross to update enrollment records daily, so team members have access to their coverage as quickly as possible. This includes electronic access to your health insurance cards through the Capital Blue Cross's My Health Tool Kit app. Once enrolled in the insurance you will be able to access the MyHealthToolKit app, where your proof of insurance/electronic ID card should be within 24 hours of enrollment. Use the following link to assist you with accessing your information after enrollment:

[MyHealthToolKit](#).

If you do have a claim July 1, or after, but prior to your coverage being activated, you will need to work with your provider to ensure the claims are processed using your new medical insurance coverage once it is available. We will be communicating guidance to help you with this process, if you are in this circumstance, closer to the time of Open Enrollment beginning.

If you have care that requires prior authorization (ex. a surgery or prescription medications) we are working with Geisinger to ensure any prior authorizations, you or your family may have on file are transferred to your new coverage.

As of July 1, 2025, you will want to make sure you are working closely with your providers to ensure necessary prior authorizations are in place for procedure, this will include radiology procedures.

10. My family and I have prescriptions that will need to be filled around the time of our change to WellSpan benefits. What do I need to know to about my prescription coverage for July 1, 2025?

Similar to your provider appointments, we encourage you to refill any prescriptions prior to the transition to your new coverage. This will ensure you have your prescriptions in hand during the transition to prevent any delays receiving your medications.

As of July 1, 2025, all maintenance medications (a medication you take routinely for an ongoing health issue) **MUST** be filled through a WellSpan Pharmacy to be covered under the plan.

To ensure a smooth transition as you work with your providers on having new maintenance medication 90-100 day prescriptions submitted, you can fill the first two months under your new coverage at a retail network pharmacy, such as CVS or Giant. All future fills must be filled through a WellSpan Pharmacy and can be delivered to your home or office. Maintenance medications that are not processed through a WellSpan Pharmacy after the initial 2-month fills, will be processed at the full price.

11. If a married couple are both employed by Wellspan do they both have to have insurance or could one elect family plan and the other defer coverage?

Team members who are married and both work at WellSpan can choose to cover themselves individually or one team member can cover themselves and eligible family members on one plan. In most cases, there may not be any incentive to cover each other on separate plans.

An important note: The only time you cannot cover another WellSpan team member on your coverages is life insurance. If you would like to elect coverage on your family for life insurance the married WellSpan team members cannot cover their spouse on their Voluntary Spouse Life insurance. In this instance you will want to elect coverage on yourselves individually. If you have any dependent children, only one WellSpan team member can cover the dependent children, they cannot be covered under both parents.

Also, if you have a dependent child who is also a WellSpan team member, they will need to elect their own voluntary life insurance coverage.

12. How do I determine the cost for my benefits and does WellSpan contribute to a portion of my premiums?

Yes, WellSpan does share in the cost of premiums for the insurance coverages. To determine your biweekly premium share for the different benefit coverages, visit WellSpanBenefits.org under the section heading Cost of Coverage. To help you determine what your biweekly premiums will be for the different plans available, you will need to know your hourly rate and your status or FTE. As a note, team members are eligible to pay the full-time rates for the medical plan if they have an FTE of .75 or worked an average of

30 hours per week, per the ACA, during the prior year.

Eligibility for the full-time medical rates based on the ACA criteria will be updated in Oracle prior to your first premiums being deducted. Based on your status and the benefits elected, WellSpan does contribute to the full cost of premiums.

13. Will I be able to access my medical claims on the Geisinger portal after July 1, 2025?

To access the Geisinger portal after June 30, 2025, you must register as a portal user on or before this date. Not registering by June 30 will prevent you from accessing your medical claim information as of July 1, 2025.

If you or your family have not registered to access the portal, please take a couple of minutes prior to the June 30 deadline to set up your account.

<https://www.geisinger.org/member-portal>.

Plan Coverage Information

14. I reside outside of the 50-mile radius or I have a dependent in college more than 50 miles from the Evangelical area. How will their coverage work when accessing care?

Your Enhanced Tier benefits under the three different health plans are only available if you or your family members are visiting a provider who is listed in this network. Otherwise, if you or your covered family members visit a provider or obtain services, regardless of the location, under the Capital Blue Cross network, these services will be covered under the Core tier benefits.

15. I have a chronic condition and use a specialist for my care. If this specialist is not in the Enhance WellSpan Provider Network, how will my care be covered?

Regardless of the provider's specialty, to be eligible for the Enhanced Tier benefit level, a provider must be listed as a provider in the WellSpan Provider Network (WPN). If your provider is not in the WPN you will want to confirm if they are part of the Capital Blue Cross network. If they are not in either network, the out-of-network benefits will be applied. The Find a Provider tool is anticipated to be available for use on June 9.

16. Do the WellSpan medical plans cover insulin pumps?

Yes, coverage is available for insulin pumps at 100% through the WellSpan Pharmacy. There are several pumps that qualify but a prior authorization is required.

17. Where can I find out more about the WellSpan prescription formulary coverage?

To see how your prescriptions will be covered effective July 1, you can review the Capital Rx formulary list for the WellSpan medical plans on the WellSpanBenefits.org website under prescriptions.

18. Will prior authorizations already approved by Geisinger or OptumRx for medical and prescriptions be recognized by Capital Blue Cross and Capital Rx?

Yes, we are currently working with Geisinger and OptumRx to receive information on prior authorizations already in place for their members. However, it is important to note that WellSpan plans may have different requirements for services and prescriptions that may require prior authorization. It will be important after July 1, for you to work with your providers to make sure they are working with your new WellSpan coverage, providing all required information to prevent any disruption in care.

19. I understand I need to use a WellSpan Pharmacy for the maintenance medications my family and I take. How will this work?

All maintenance medications (a medication you take routinely for an ongoing health issue) MUST be filled through a WellSpan Pharmacy to be covered under the plan. Review the list linked here to determine if any of your medications are consider maintenance.

Maintenance medications through the WellSpan pharmacy will be delivered to your home or office and will be filled as 90-100 day prescriptions.

As you transition to this program, you will have two months where you can have prescriptions filled at a local retail pharmacy prior to having scripts filled with the WellSpan Pharmacy. Remaining fills must be filled through WellSpan Pharmacies. Otherwise, you will be responsible for paying the full price.

To register for WellSpan Pharmacy mail-orders and to find a listing of available retail locations, visit WellSpanBenefits.org under Prescriptions.

20. If I need to have a one-time medication filled (i.e. antibiotic), will it need to be filled at a WellSpan Pharmacy?

No, maintenance medications are the only medications that will need to be filled by a WellSpan Pharmacy. If you need to fill a medication that is not considered a maintenance medication, you can use a local retail pharmacy that accepts Capital Rx.

21. Does the WellSpan mail order option honor savings cards from the drug manufacturer?

Yes, when available the WellSpan Pharmacy will work with you and any drug manufacturers to make sure you are able to take advantage of the discounts being offered.

22. Does WellSpan Health offer Infertility coverage under their medical plans?

Yes, the three medical plans offered through WellSpan have a \$10,000 maximum lifetime infertility benefit that covers benefits for infertility treatment and assisted reproduction services. Benefits are available without a waiting period and are for drugs and services to assist in fertility that are not essential for general health. All prescription drugs related to a diagnosis of infertility or for assisted reproduction will be covered under the medical benefits, not the prescription drug benefits.

WellSpan and Shady Grove Fertility Center have a care coordination agreement, with Shady Grove offering:

- Intrauterine insemination (IUI)
- In vitro fertilization (IVF)
- Ovulation induction
- Gestational carrier
- Donor egg, sperm and embryo services

23. Does WellSpan Health offer Adoption assistance?

Yes, to be eligible for adoption assistance you must be enrolled in one of WellSpan's three medication plans. The adoption benefit works in conjunction with the infertility benefit, meaning the total maximum benefit between the two is \$10,000. You must apply for the benefits under this program. To find out more you can view the adoption policy here: [Adoption Policy](#).

Dependent Coverage

24. Who is considered an eligible dependent to be covered on my insurance coverage with WellSpan?

Coverage is available for your legal spouse, children, or your spouse's children, or your legal guardians in the medical, dental, vision, or voluntary life insurance and accidental death and dismemberment plans. Domestic partners are not eligible. Dependent children can be covered until the end of the month in which they turn age 26. If your dependent child is married, they cannot be covered on the voluntary dependent life and/or accidental death and dismemberment coverage. Dependent children do not have to be a student to be eligible.

25. Am I able to cover my spouse or domestic partner on my Wellspan medical plan?

WellSpan does not offer coverage to Domestic Partners. If your legally married spouse is employed and eligible to participate in their employer's medical plan, you can still cover them on the WellSpan plan. However, your spouse may be required to enroll in their employer plan, making their coverage in the WellSpan medical plan secondary coverage. In that case, no claims will be paid from WellSpan's plan until the spouse's primary plan pays.

At the time of enrollment, you will be asked to answer two questions to determine if your spouse will be on your WellSpan medical plan as their primary or secondary coverage:

- a. Is your spouse unemployed, self-employed, disabled, retired or employed by WellSpan Health?
- b. Is your spouse offered medical coverage through their employer; if yes, does the lowest cost single coverage medical plan has an employee cost of less than \$200/month, or is your spouse enrolled in their employer's medical plan?

How you answer these questions will also determine if you will need to complete a Spousal Medical Insurance Verification form.

26. I plan to cover my spouse on my medical insurance. Am I able to get a copy of the Spouse Medical Insurance Verification Form prior to the mid-year Open Enrollment?

When you complete the mid-year enrollment process using the WellSpan Oracle system between July 30 and July 11, 2025, depending on how you complete the Spouse verification process, you will be assigned the Spouse Medical Insurance Verification Form within Oracle as a pending action. You will be able to download and complete the form. Once completed, it can be uploaded directly into Oracle for approval by HR.

27. Will I be able to continue my child's insurance coverage until the age of 26?

Yes, if you are currently covering a dependent on your insurance coverages, they will continue to be eligible on most of your plans until the age of 26, regardless of marital status. Coverage will continue through the month in which they turn 26. However, it is important to note if your child is married, they can no longer be covered on your Voluntary Dependent Life or Voluntary Dependent Accidental Death and Dismemberment coverages.

28. I have a disabled dependent. Can I continue to cover them on my insurance with WellSpan?

Yes, you can coverage a disabled dependent on your insurance coverages up to any age if they are physically or mentally disabled before age 26. Your disabled dependent must be incapable of self-sustaining employment because of mental or physical disability, which can be expected to be of long-term or indefinite duration, and they must be claimed as a

“dependent” for federal tax purposes by the employee or spouse.

Both tests must be met to continue your child’s eligibility under the plan. Once you have added your dependent on your coverage you will need to reach out to the HR Service Center for assistance with certifying your dependent’s eligibility for continued coverage beyond the age of 26.

Flexible Spending and Health Savings Accounts

29. If I enroll in the WellSpan High Deductible Health Plan (HDHP) with an HSA how will the WellSpan employer Health Savings Account (HSA) contribution work?

WellSpan contributes to a team member’s HSA contribution on biweekly basis. If you are enrolling in the HDHP with coverage just for yourself, you will receive \$26.92 in your account each pay period. If you are enrolling yourself and at least one other eligible family member WellSpan will contribute \$53.84 biweekly on your behalf.

WellSpan uses Inspira Financial to administer the HSA. After Inspira has been notified of your election to participate in the HSA and contributions have started, you will be asked by Inspira to verify your account. Communication regarding this process will be sent you via the USPS and you will need to take action to access the funds in your account.

30. Am I able to roll over my Evangelical HSA into my Inspira account?

Yes, you will have the option to keep your funds in your current HSA account or transfer the funds to your new Inspira HSA account. As a note, it typically takes four to six weeks for roll overs from other accounts to finalize, and you will be asked to complete an Inspira form to start this process.

31. If I have any unused Flexible Spending Account (FSA) funds in my WEX account after June 30, 2025, will these funds roll over to my WellSpan FSA?

You must submit for all funds in your WEX FSA account within the 30-day grace period at the end of the mini plan year on June 30, 2025. If there are any unused fund in your account after the grace period they will not roll over. If you are concerned that you may have funds in the account that are unused, please contact WEX or your Human Resources department for tips on how to use these funds so you don’t lose them.

Wellness

32. I completed the wellness program through HealthCheck360 in 2024, will I be eligible for the WellSpan Wellness incentive?

Yes, if you completed the Evangelical Wellness Program and the wellness incentive is currently being applied to your biweekly medical premiums, you will be eligible to receive

the WellSpan Wellness incentive rate as of July 1, 2025.

33. Does Wellspan offer a wellness program? Will I have an opportunity to complete the requirements to receive the wellness incentive discount on my medical insurance premiums?

Yes, WellSpan offers a wellness program to all full- and part-time and as well PRN team members. We encourage everyone to participate in the program, with a goal to meet all the requirements of the program. The program is focused on your personal wellness journey, based on your unique health needs, giving you the choice to pick the wellness options that will lead you toward a happy and healthier you!

To be eligible for the wellness incentive for 2026, team members must complete all requirements of the program by Sept. 30, 2025. Requirements include the completion of your Personal Health Assessment, schedule, complete and upload proof of your visit with a medical provider for a general check-up, chronic condition management, mammogram, colorectal cancer screening, pap smear, or other age-appropriate screening; AND schedule, complete and document either a dental or vision visit, and engage in two holistic health and well-being activities of your choice from our extensive list of options. Medical, Dental, and Vision provider visits can take place between Oct. 1, 2024, and Sept. 30, 2025 to be eligible for submission for the Sept. 30, 2025 deadline.

WellSpan partners with WellRight to manage our wellness program. Once you are in Oracle and have been uploaded to WellRight you will be able to access their website, to track your complete the program requirements and track your progress.

Voluntary Benefits

34. Will I be able to continue my voluntary benefits currently offered through Aflac?

With your transition to the WellSpan benefit platform, you will no longer have the option to have your Aflac benefits deducted from your biweekly pay. However, you will have the option to continue these benefits with Aflac but premiums will be paid via their direct bill process. You will be receiving an email in the coming weeks regarding your voluntary benefits and how either continue or cancel them.

As a WellSpan team members you will have the opportunity to enroll in similar voluntary benefits to what you currently have available, often with additional features and lower premiums. We encourage you to review your current benefits, comparing them to what you are being offered, to decide which is the best option for you and your family.

WellSpan will also be offering you some additional voluntary benefits, including pet insurance, auto, home and/or renter's insurance. By enrolling in these benefits with our WellSpan partner you can take advantage of WellSpan's group rates and have these premiums deducted from your pay biweekly

35. Will my Aflac Short Term Disability benefit provide a benefit if WellSpan has their own WellSpan Short Term Disability Plan?

If you are currently enrolled in the Aflac Short Term Disability Policy, you will be able to work with Aflac to continue the policy as a direct pay policy, premiums will no longer be deducted from your biweekly pay.

As you are considering your options, when you are on an approved Short Term Disability leave, after the first week, depending on your benefit category, WellSpan will pay you a percentage of your biweekly wages for 90 days. In most cases this amount will be 60%.

In the state of Pennsylvania, you can receive up to 66% of your gross income on disability. If you continue your Aflac policy, it may only cover 6% of your gross income to bring your total income to the max amount of 66%. We would encourage you to discuss this option with Aflac to find out what your premiums would be to continue your policy for this decreased benefit amount.

36. Will the Patch emergency childcare program continue to be available at WellSpan Evangelical?

Yes, if you have participated in the onsite Patch childcare program offered at WellSpan Evangelical, you will continue to have access to this program after June 30.

Retirement Savings Plan

37. What will happen to my Evangelical 401(k) plan as of July 1, 2025?

The last contributions into your Evangelical 401(k) plan will occur on your July 3, 2025, pay. At this point your Evangelical plan will freeze. Once the plan has been frozen, Empower will begin the process to roll over your 401(k) plan to your WellSpan 403(b) plan. In the coming months you will receive additional information about the status of your 401(k) plan as we transition to the WellSpan 403(b) plan, including other distribution options, other than rolling over, and their tax implications.

38. What happens if I do not want to participate in the WellSpan 403(b) Plan?

We are working with Empower to transition your biweekly deferral elections from your 401k plan to WellSpan's 403(b) plan. However, if you are not already contributing to the 401k or if you enrolled for an amount less than 4%, you will be automatically enrolled at a 4% pre-tax contribution rate. This ensures that you start saving for retirement without any additional action on your part, and you can take advantage of the full employer contribution. If your choice is not to participate in the WellSpan 403(b) plan you will have an opportunity to log on to your account with Empower to update your contribution amount to 0% prior to any contributions being taken. You will receive information from Empower in

the coming week regarding the timeframe for you to make updates to your account.

39. If I keep my 401(k) with Empower will I be charged maintenance fees?

Information regarding the different options you will have available to you after your Evangelical 401(k) plan has frozen will be communicated to you over the next several months.

40. When are matching contributions made to employee 403(b) accounts? Is there an annual lump sum or are there biweekly contributions?

When an eligible team member participates in the WellSpan 403(b) plan, WellSpan contributes a base amount equal to 4% of your pay and matches 50% of what you contribute (up to 4%) for a matching contribution of 2%. This is total employer contribution of 6%. These employer contributions are processed biweekly to Empower and will be visible each pay on their pay stub.

The employer base employer contribution of 4% of your pay typically requires is a one-year service requirement with 1,000 hours to be eligible. Eligible Evangelical team members will receive this contribution with their first pay in Oracle on July 18. Team members will also see this contribution biweekly on their pay stubs.

PTO

41. Where can I find additional information on my PTO accruals?

Your PTO accrual balance will depend upon your benefit category and your status. Please reference your personal benefits eligibility information emailed to you April 17 to confirm your PTO accrual information.

42. What is the max amount of PTO I can accrue?

Team members received individualized communication on May 15, 2025, by email that included more specific information related to assigned absence benefit plans. WellSpan has various absence plans that all have different ceilings per plan.

43. If I do not have PTO hours to cover a leave of absence waiting period or other time not covered by STD, is it unpaid?

Yes, if you need to miss work time for an approved continuous medical leave of absence in which short term disability benefits apply, any missed work time that is not covered by STD would be covered by PTO hours, if not PTO hours available, then unpaid time will occur.

44. Has there been consideration to those that are at the max Evangelical PTO accrual rate/ceiling to be grandfathered in at a higher WellSpan PTO rate?

WellSpan will be honoring continuous years of service at Evangelical for absence and disability plan eligibility and benefits applied. Years of service will be applied for PTO accrual rates.

45. Will non-approved PTO requests in UKG be moved over to WellSpan UKG?

PTO requests that are not approved by May 18, 2025 will not convert to WellSpan UKG. We will be having a meeting with all timekeepers and managers to discuss this in detail. Currently, team members submit Request Time Off in UKG and until approved it is in a Submitted ("Not approved") status in UKG. Once approved it then flows to the timecard with the appropriate pay code.

46. What is WellSpan's policy for exempt team members working a partial day? Is PTO required?

Exempt team members may only use PTO in full day (8-hour) or half day (4-hour) increments. A team member will not be approved for time off without using PTO hours.

Holiday Pay

47. Do part time team members receive holiday pay?

No, you must be in a full-time status. Team members receive paid holidays per the WellSpan Holiday paid benefit plan. Team members will transition into the current WellSpan benefit plans based on current year plan offerings June 29, 2025.

48. I am a part time team member and understand that I do not receive holiday pay. Will I be required to work holidays?

Full-time team members receive paid holidays per the WellSpan Holiday paid benefit plan. It has been determined for our Evangelical acquisition; team members will transition into the current WellSpan benefit plans based on current year plan offerings June 29, 2025.

Team members who are not eligible for holiday pay and their department/practice is observing one of the paid holidays, will not be required to use paid time off (PTO) for that day.

Disability

49. What happens if I am on leave of absence at the time of integration? Will I have a waiting period before Short-Term Disability starts?

No, for team members on an active continuous leave of absence when we transition into our new plans effective June 29, 2025, WellSpan will waive the waiting period that would usually be required for short term disability benefits to be applied.

50. What happens to my Sick Grandfathered hours (Escrow Sick Plan)?

This noncash value plan (use or lose plan) disability pay will close as of June 28, 2025. Effective June 29, 2025, you will be active for WellSpan's short term disability plan.

51. Has there been any consideration to move Extended Leave Bank (ELB) hours equivalent to the waiting period to be used as a one-time option?

All options were fully considered as Human Resources prepares for the transition into the WellSpan benefit plans. Effective June 28, 2025, the Extended Leave bank will close to allow for the WellSpan disability benefits to begin effective June 29, 2025.

Leave Management

52. Does WellSpan have paid parental leave?

For reference, Evangelical's paid parental leave is equivalent to one week's pay (based on FTE) for have given birth, being a spouse/partner of a woman who has given birth, adoption or been placed with a foster child. Leave eligibility is dependent upon your position and FTE, please refer to the Money Matters section on the Total Rewards Summary at WellSpanBenefits.org.

53. I am on an approved leave of absence do I need to apply for a leave again?

Effective July 1, 2025, WellSpan North Region will move away from Broadspire to Alight to fully support leave management. North Region team members currently on approved leave or have a pending leave request will receive a personalized notification from Alight. Beginning July 1, 2025, North Region team members may begin to contact Alight to initiate a leave, or to advise their situation or expected return-to-work date has changed.

54. Does WellSpan offer intermittent bonding or a phased return to work schedule for birthing mothers?

Eligibility for a leave of absence is determined at the time initiated- intermittent or continuous and potentially at a reduced schedule.

55. Does WellSpan offer a company leave for team members that do not qualify for FMLA (due to less than one year of service)? For self or to care for a family member?

WellSpan does not have a company leave. If the leave does not fall under FMLA it is evaluated under the ADA (for one's own serious health condition).

Payroll

56. I currently have direct deposit established for my biweekly pay. Will this information carry over to WellSpan, or will I need to reenter this information in Oracle after June 29?

We are currently working on transitioning active direct deposit account information over to Oracle. However, we recommend all team members review their direct deposit information after June 29 to ensure your information is accurate.

Tuition

57. When WellSpan will be sharing information about their tuition reimbursement program?

WellSpan offers tuition reimbursement, educational assistance, and loan forgiveness to eligible team members. In addition, WellSpan has partnerships with several regional and online schools that offer tuition discounts. Information about these tuition programs will be shared after Evangelical team members transition to WellSpan in June.

Miscellaneous

58. Does WellSpan recognize years of service?

Yes, Evangelical team members will have their date of hire populated in Oracle and their years of service will be recognized.