

WORKSHEET S-3, PART IV
HOSPITAL WAGE RELATED COSTS

Row	Component	PROVIDER CCN: 110034 AU Medical Center 7/1/2020 6/30/2021	PROVIDER CCN: 110028 University Hospital 1/1/2021 12/31/2021	PROVIDER CCN: 110177 Doctors Hospital 4/1/2021 3/31/2022	PROVIDER CCN: 110113 Burke Medical Center 6/22/2021 12/31/2021	PROVIDER CCN: 110111 University Hospital McDuffie 1/1/2021 12/31/2021	
Retirement Costs							
1	401k Employer Contributions	9,769,324		2,614,457			1
2	Tax Sheltered Annuity (TSA) Employer Contributions		1,461,526			55,638	2
3	Nonqualified Defined Benefit Plan Cost						3
4	Qualified Defined Benefit Plan Cost						4
Plan Administrative Costs							
5	401k/TSA Plan Administration Fees			165,455			5
6	Legal/Accounting/Management Fees-Pension Plan						6
7	Employee Managed Care Program Administration Fees						7
Health and Insurance Cost							
8	Health Insurance (Purchased or Self-Funded)						8
8.01	Health Insurance (Self-Funded without a Third Party Admin)						8.01
8.02	Health Insurance (Self-Funded with a Third Party Admin)	28,532,924	17,002,878			692,446	8.02
8.03	Health Insurance (Purchased)			8,889,282	289,636		8.03
9	Prescription Drug Plan						9
10	Dental, Hearing and Vision Plan			1,461			10
11	Life Insurance (if employee is owner or beneficiary)	403,351	1,043,096	122,819			11
12	Accident Insurance (if employee is owner or beneficiary)						12
13	Disability Insurance (if employee is owner or beneficiary)	1,299,296	1,851,766	952,353		24,469	13
14	Long-Term Care Ins (if employee is owner or beneficiary)						14
15	Workers' Compensation Insurance	788,625	3,277,195	548,205	19,859	22,502	15
16	Retirement Health Care Cost	711,074	1,884,614				16
Taxes							
17	FICA- Employers Portion Only	17,369,972	14,712,751	6,054,397	175,902	492,862	17
18	Medicare Taxes - Employers Portion Only			1,414,348	41,138		18
19	Unemployment Insurance		338,817			1,390	19
20	State or Federal Unemployment Taxes			216,198	40,530		20
Other							
21	Executive Deferred Compensation						21
22	Day Care Cost and Allowances						22
23	Tuition Reimbursement	375,566	209,901	148,648	15,541		23
24	Total Wage Related Cost	59,250,132	41,782,544	21,127,623	582,606	1,289,307	24
Part B - Other than core related costs							
25	Other Wage Related Cost						25

FORM CMS-2552-10 (04/2020) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.1)