

First Community Bank



CLARKE & COMPANY
BENEFITS LLC



2017 EMPLOYEE BENEFITS
ENROLLMENT GUIDE

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The plan documents will govern all plans covered in this Guide. The Guide is not a contract or a guarantee of your eligibility or benefit. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your firm administrator. If you sign up for coverage that requires evidence of insurability, even though deductions may start, you are not considered enrolled in the plans until confirmed by the carrier. If declined, you will be reimbursed. You can access benefit information at the following link:

<http://clarkebenefits.com/firstcommunityenrollment/> or <http://clarkebenefits.com/firstcommunitybenefits/>

WELCOME TO FIRST COMMUNITY BENEFITS ENROLLMENT! NOW IS THE OPPORTUNITY TO CHOOSE THE BENEFITS THAT ARE BEST FOR YOU AND YOUR PLACE IN LIFE. THIS BENEFIT ENROLLMENT PERIOD IS YOUR CHANCE TO REVIEW YOUR CURRENT ELECTIONS AND MAKE ANY CHANGES FOR YOU AND YOUR FAMILY. THIS GUIDE HAS BEEN PREPARED WITH ALL THE INFORMATION YOU NEED TO CHOOSE YOUR BENEFITS FOR YOUR 2017 ELECTIONS.

As you consider your healthcare options, please remember two things:

- 1) If you enroll in any of the Medical plans offered by First Community, you will **meet the current ACA Individual Mandate** and will not be subject to IRS penalties.
- 2) **You will not be eligible for any premium subsidies** offered in the marketplace. As a full time employee, First Community already subsidizes your cost of medical insurance and meets the affordability requirement of the employer mandate under ACA.

This **benefit enrollment period** is your opportunity to choose the benefits that are best for you and your lifestyle.

WHO IS ELIGIBLE

If you are a First Community regular full time employee, you are eligible for benefits. Employees who work 30 or more hours a week and are not temporary are considered full time employees. You are also eligible to cover your family members in the medical, dental, vision, and voluntary life insurance through First Community employer sponsored benefit plans.

HOW TO ENROLL

The first step is to review your options in this guide. Your benefits will renew

on January 1st, 2017. You will be able to make any changes at that time, unless you have a qualifying event prior to that date. For qualified changes in status see below.

WHEN TO ENROLL

Please enroll on empowHR to make your benefit selections. All enrollments are due by December 2nd, 2016.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of

spouse, child or other qualified dependent, change in residence due to an employment transfer, commencement or termination of adoption proceedings, or change in spouse's employment status

CONTRIBUTION

First Community contributes toward medical, dental, and life coverage. First Community provides its employees with the opportunity to purchase vision, short and long term disability, and supplemental policies.

EMPLOYEE ELECTIONS & DEDUCTION REPORT 2017

Employee:

Effective Date of Benefits: January 1, 2017

PRE-TAX BENEFITS

	Coverage	Deduction Amount
Medical BCBS of SC		
Dental		
Vision PEP		
Flex Plan		
Dependent Care		
Colonial Supplemental		
Aflac Supplemental		

Total Pre-Tax Deduction

POST-TAX BENEFITS

	Coverage	Deduction Amount
Voluntary STD		
Voluntary LTD		
Basic Life/AD&D		Employer Paid
Optional Life		
Spousal Life		
Dependent Life		
Colonial Supplemental		
Aflac Supplemental		

Total Post-Tax Deduction

Total Deduction



2017 COSTS OF COVERAGE

Employee Semi-Monthly Deductions

Medical Benefits Provided by BlueCross BlueShield	Employee Semi-Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
High Option	\$155.27	\$703.67	\$534.92	\$914.55
Standard Option	\$60.16	\$485.31	\$354.49	\$648.79

BCBS	High Plan	Standard Plan
	In Network Benefits	
Point of Service Benefits		
Primary Care Physician	\$30 co-pay	\$30 co-pay
Specialist Physician	\$60 co-pay	\$60 co-pay
Preventive Screenings (HCR A&B) Preventive Maximum	\$0 co-pay Unlimited	\$0 co-pay Unlimited
Urgent Care	\$30 co-pay	\$30 co-pay
Chiropractic	\$30 (max. of \$1,000)	\$30 (max. of \$1,000)
ER Facility Fee	\$100 co-pay then 100%	\$100 co-pay then 100%
ER Professional Fee	Deductible, 80%	Deductible, 70%
Prescription Drugs	\$20 generic \$40 preferred, \$70 non-preferred	\$20 generic \$40 preferred, \$70 non-preferred
Major Medical Benefits		
Deductible	\$500 (2x family)	\$4,000 (2x family)
Co-Insurance	\$2,000 (2x family)	\$2,350 (2x family)
Max. Out of pocket (Includes deductibles, co-pays, and co-insurance)	\$7,150 (2x family)	\$7,150 (2x family)
Co-Insurance	80% BCBS/20% employee	70% BCBS/30% employee
Hospital In and Out-Patient	Deductible & Co-Insurance	Deductible & Coinsurance
Lifetime Maximum	Unlimited	Unlimited
Out of Network Benefits		
Deductible	\$5,000 (2x family)	\$5,000 (2x family)
Co-Insurance	\$10,000 (2x family)	\$10,000 (2x family)
Maximum Out of Pocket (Includes deductibles, co-pays, and co-insurance)	\$15,000 (2x family)	\$15,000 (2x family)
Co-Insurance	50% BCBS/50% employee	50% BCBS/50% employee
Lifetime maximum	Unlimited	Unlimited

Medical insurance is an important part of your benefit package. Medical costs continue to rise at double-digit rates, and we must work together to control costs. You can help control costs by taking responsibility of your health by:

- Living a healthy lifestyle, exercise, eat a healthy diet, and take part in our health screenings and have an annual physical
- Identify health risks by taking the Personal Health Assessment (PHA)
- Be a wise health care consumer, take generic drugs when possible
- Take advantage of our wellness offerings
- Use preventive care services as much as possible

The High & Standard options are traditional plans with co-pays, deductibles, coinsurance, and out of pocket maximums.

Dental Benefits	Employee Semi-Monthly Deductions			
	Employee Only	Employee & 1 Dependent	Employee & 2 Dependents	Employee & Family (3 or more dependents)
Dental Plan	\$0.00	\$9.76	\$14.49	\$24.98

Benefit Coordinators	Plan Benefits
Tier 1- First \$125 of dental expenses	Pays 100%
Tier 2- Next \$50 of dental expenses	Pays \$0/ Insured Pays \$50
Tier 3- Next \$250 of dental expenses	Pays 80%/ Insured Pays 20%
Tier 4- Next \$1350 of dental expenses	Pays 50%/ Insured Pays 50%
Annual Maximum/Insured	\$1,000
Orthodontia	6 month waiting period- all covered individuals*
	*Expenses are included in the tiers

Dental

First Community offers employees and their families a comprehensive dental plan. Our dental plan is a self-funded plan administered by Benefit Coordinators. There is no provider network for this plan and you may visit the dental provider of your choice. All dental procedures, except cosmetic procedures (teeth bleaching, veneers, and bonding) are covered expenses if provided by, or under the direction of, a dentist licensed to practice by the state in which he or she practices.

Vision

We offer employees and their families a comprehensive vision plan. Our vision plan is administered by Physicians Eyecare Plan. Our plan includes \$150 of material allowance, \$20 material co-pays, and \$10 exam co-pays. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to <http://physicianseyecareplan.com/> and clicking on the members tab.

Vision Benefits	Employee Semi-Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Vision Plan	\$3.95	\$7.75	\$8.10	\$12.40

Physicians EyeCare Plan	In Network Benefits
	Plan Benefits
Eye Exam	Annually
Material Allowance	\$150 (every 12 months)
Plan Length	12 months
Material Co-pay (one-time)	\$20
Exam co-pay	\$10
Additional Discounts	30% discounts on frames and 20% discounts on contacts after material allowance. There are also 20% discounts on contact lens.



SHORT TERM DISABILITY

First Community provides employees with the option to purchase a Short Term Disability Plan. The carrier will remain One America Financial (AUL). This plan covers you up to 67% of your income to a maximum of \$2,000 per week. There is an elimination period before your Short Term Disability benefit begins. The plan's benefit period continues up to 12 weeks (see certificate).

Short Term Disability	AUL
	Plan Benefits
Max. Weekly Benefit	Up to \$2,000
Income Replaced	67% gross salary
Elimination Period	1 st day accident/8 th day sickness
Partial Disability Paid	Yes
Benefit Payable	12 weeks/includes elimination period
Costs of Coverage	Employee pays 100% for coverage post-tax, benefit is non-taxable

LONG TERM DISABILITY

First Community provides employees with the option to purchase a Long Term Disability Plan. This carrier will remain One America Financial (AUL). This plan covers you up to 60% of your income to a maximum of \$15,000 per month. There is a 90 day elimination period before your Long Term Disability benefit begins. The plan's benefit period continues until you reach your social security normal retirement age (see certificate). *If over age 62 consult certificate for duration

Long Term Disability	AUL
	Plan Benefits
Max. Monthly Benefit	Up to \$15,000
Income Replaced	60% gross salary
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	To age 65*
Cost of Coverage	Employee pays 100% for coverage post-tax, benefit is non-taxable

*If over age 62 consult certificate for duration



Employee Life and Dependent Life - One America (AUL)

Employees are provided with Group Basic Term Life in the amount of 2.5 times their salary rounded to the next highest \$1,000 to a max of \$400,000 at no cost to you. Our coverage includes accidental death & dismemberment coverage. For accidental death our plan pays 100% of the life benefit (See the certificate of coverage for dismemberment benefits). Our coverage is convertible and portable to you if you meet certain requirements*.

Employees' spouses are provided with Group Basic Term Life in the amount of \$5,000 at no cost to you. Our plan also provides you with \$2,500 of coverage for children over the age of 6 months to age 26, and for children under the age of 6 months you are provided with \$1,000 of coverage. Dependent Life insurance does not provide accidental death & dismemberment coverage.

Voluntary Life Insurance

See below chart for your cost of the voluntary term life insurance on yourself. The guaranteed issue (for a new hire) is up to 150K (or five times your salary, whichever comes first) and the plan also includes accidental death & dismemberment of 2x the face amount. If you currently do not have the coverage, you will need to fill out an Evidence of Insurability to apply. There is a \$10,000 buy up if you currently have voluntary life insurance. Please make this increase on EmpowHR.

Age	EMPLOYEE COVERAGE						EMPLOYEE Semi-Monthly DEDUCTIONS								
	10k	20K	30k	40K	50k	60k	70K	80K	90K	100k	110K	120k	130k	140k	150k
>29	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00	5.50	6.00	6.50	7.00	7.50
30-34	0.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00	6.60	7.20	7.80	8.40	9.00
35-39	.75	1.50	2.25	3.00	3.75	4.50	5.25	6.00	6.75	7.50	8.25	9.00	9.75	10.50	11.25
40-44	1.05	2.10	3.15	4.20	5.25	6.30	7.35	8.40	9.45	10.50	11.55	12.60	13.65	14.70	15.75
45-49	1.55	3.10	4.65	6.20	7.75	9.30	10.85	12.40	13.95	15.50	17.05	18.60	20.15	21.70	23.25
50-54	2.25	4.50	6.75	9.00	11.25	13.50	15.75	18.00	20.25	22.50	24.75	27.00	29.25	31.50	33.75
55-59	3.70	7.40	11.10	14.80	18.50	22.20	25.90	29.60	33.30	37.00	40.70	44.40	48.10	51.80	55.50
60-64	4.45	8.90	13.35	17.80	22.25	26.70	31.15	35.60	40.05	44.50	48.95	53.40	57.85	62.30	66.75
65-69	6.20	12.40	18.60	24.80	31.00	37.20	43.40	49.60	55.80	62.00	68.20	74.40	80.60	86.80	93.00
70+	14.25	28.50	42.75	57.00	71.25	85.50	99.75	114.00	128.25	142.50	156.75	171.00	185.25	199.50	213.75

Voluntary Dependent Life Insurance

See the below chart for your cost of voluntary term life insurance for your dependents. The plan also includes accidental death of 2X the face value. Spousal coverage can be no more than 2X times the amount you have elected for yourself and the guaranteed issue is 25K. Rates are based on the employee's age. If you currently do not have the coverage, you will need to fill out an Evidence of Insurability to apply.

Amount	>29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	.50	.60	1.02	1.05	1.55	2.25	3.70	4.45	6.20	14.25
\$15,000	.75	.90	1.13	1.58	2.33	3.38	5.55	6.68	9.30	21.38
\$20,000	1.00	1.20	1.50	2.10	3.10	4.50	7.40	8.90	12.40	28.50
\$25,000	1.25	1.50	1.88	2.63	3.88	5.63	9.25	11.13	15.50	35.63

CHILD(REN) AMOUNT	CHILD(REN) COST
\$5,000	.75
\$10,000	1.50

HEALTH CARE AND DEPENDENT CARE FLEXIBLE BENEFIT ACCOUNTS

First Community provides you the opportunity to pay for out-of-pocket medical, dental, vision, supplemental*, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll in the plan to participate for the plan year January 1, 2017 – December 31, 2017. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.



Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state/local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed to the medical FSA it will not be refunded to you however you have the opportunity to carry over \$500 into the 2018 plan year. The \$500 carryover does not apply to Dependent Care expenses.

The maximum allowed under First Community's FSA is \$2,500 per year, and the maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 per family.

*Supplemental Insurance policies include Cancer, Critical Illness, & Accident insurance.

Take Advantage of What Colonial Life Has to Offer!

As an employee of First Community Bank, you have the opportunity to apply for additional insurance products. These benefits can enhance your current benefits portfolio and can be customized to fit your individual needs.

Coverage is available for you *and* your family.

You will have the ability to take eligible coverage with you if you change jobs or retire.

Premium is payroll deducted.

Eligible premiums can be paid for with pre-tax deductions.

- **Group Medical Bridge** – Provides a lump-sum benefit for hospital confinement, outpatient surgery, and diagnostic procedures to help offset gaps caused by copayments and deductibles that are not covered by most major medical plans. **This product is being offered on a guaranteed issue basis to all 2016 new hires.**
- **Group Critical Illness** – Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, such as a heart attack, stroke, major organ failure, among others. **Up to \$15,000 in coverage is being offered on a guaranteed issue basis to all 2016 new hires.**
- **Universal and Whole Life Insurance** – Enables you to tailor coverage for your individual needs and helps provide financial security for your family members. Available for you, spouse and dependent children.
- **Accident Insurance** – Helps offset unexpected medical expenses, such as deductibles and copayments that can result from a fracture, dislocation or other covered accidental injury.
- **Cancer Insurance** – Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

If you would like to meet with Kay Crapps, our Colonial Life representative, to discuss this offering or to make changes to existing coverage, please contact Angela Johnson in HR by November 30th, 2016.

With Colonial Life, you can select benefits that meet your individual needs and make your benefits count!

Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits representative. Policies or provisions may vary or be unavailable in some states.

Colonial Life
1200 Colonial Life Boulevard, Columbia, South Carolina 29210
coloniallife.com

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Colonial Life
Making benefits count.

HR ONLINE ENROLLMENT

Enrollment

All benefits (medical, dental, life insurance, vision, short term disability, long term disability, supplemental policies, flex spending & dependent care) will be enrolled through the empowHR online election portal. Your log in is <https://empowhr.empowhr.com/login.aspx> . Your empowHR **username** will be the first letter of your first name, then your last name, plus the last four digits of your social security number. For example, John Doe's username will be jdoe1234. Your empowHR password will default to your social security number. Upon your first login, you will be prompted to change your password prior to enrollment. The empowHR login screen is below. You can find out more information online at the <http://clarkebenefits.com/firstcommunitybenefits/> . If you have any questions on the enrollment process please contact Laura Howell at Clarke & Company Benefits at 888-540-9403 or 803-253-6997 or by email at lhowell@clarkebenefits.com or review on the web at <http://clarkebenefits.com/firstcommunityenrollment/> .

CONTACT INFORMATION & RESOURCES

Clarke & Company Benefits Contact Information

Columbia: 803-253-6997

All other locations: 888-540-9403

Norman Clarke, Client Manager: nclarke@clarkebenefits.com

Laura Howell, Account Manager: lhowell@clarkebenefits.com

Clarke & Company Benefits Resources:

HSA Questions/Information: www.clarkebenefits.com/hsa

C&C University: <http://clarkebenefits.com/cc-university>

Employee Model Notices: <http://clarkebenefits.com/firstcommunitybenefits>

Blue Cross Health Plan: <http://bcssc.com> -Here you can find an in-network provider, manage claims, take your health risk assessment, and much more!

Benefit Coordinators <http://benefitcoordinators.com> Contact information located on the top left side of the page.

More Benefit Information You can access more benefit information online. Find benefit summaries, network info, certificates of coverage, and much more.