



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, discrepencies, or errors are always possbile. In case of discrepency betweent 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 Human Resources. 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/canal-benefits/

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 ENROLL IN THE BENEFITS THAT ARE RIGHT FOR YOU AND YOUR FAMILY. THIS GUIDE HAS BEEN PREPARED WITH ALL THE INFORMATION YOU NEED TO CHOOSE YOUR BENEFITS FOR YOUR 2017 ELECTIONS.

WHO IS ELIGIBLE

Canal Insurance Company is excited to offer you a comprehensive and valuable benefits package. If you are a full time employee (working 30 hours a week), you are eligible for these benefits. This menu is designed to give you a summary of those benefits and the cost associated with them. The menu also includes direction on how to contact our broker for claims and benefits questions and the link for our benefits portal. Please note that this is a summary and the benefit summary plan descriptions/contracts will prevail if there are contradictions.

HOW TO ENROLL

The enrollment portal is available for you as a new hire to enroll in. Please access this enrollment by visiting our

Website:

https://www.empowhr.empowhr.com/ And your username is the first letter of your first name and last name plus the last 4 of your social (jdoe1234) and your password is your social – which you will be promoted to change.

WHEN TO MAKE CHANGES

Once your enrollment is complete and your elections are made you cannot make changes without a qualified event on those benefits that are paid through the cafeteria plan on a pre-tax basis. If you need to make a change due to a qualifying event you must notify the Human Resource team within 30 days of that qualifying event. 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

Canal Insurance contributes toward medical & dental coverage and provides employees basic life Insurance, short and long term disability. You have the option of purchasing additional insurance through a payroll deduction.

2017 COSTS OF COVERAGE

| Medical Benefits | | Employee Dedu | ctions (24 pay periods | 5) | |
|-------------------------------|-------------------------|---------------------------|------------------------------|---------------------------|--|
| | Employee Only | Employee & Spouse | Employee & Children | Employee & Family | |
| Traditional Plan | \$74.12 | \$256.52 | \$229.90 | \$427.44 | |
| HDHP Plan | \$60.64 | \$209.88 \$188.10 | | \$349.72 | |
| Wellness | & Tobacco Credits will | still be earned, the over | view is in the following pag | ges | |
| Your Spouse CAN NOT enroll in | n the medical plan with | h CANAL INSURANCE if th | ney have coverage availab | le at their place of work | |

| PPO Plan | HDHP Plan*** |
|---|---|
| Point of Serv | vice Benefits |
| \$20 co-pay* | Discount given/100% after Deductible |
| \$40 co-pay* | Discount given/100% after Deductible |
| | |
| Covered at 100% | Covered at 100% |
| | |
| \$35 | Discount given/100% after Deductible |
| \$150 Copay; then 20% after deductible. | Discount diver (100% ofter Deductible |
| Copay waived if admitted | Discount given/100% after Deductible |
| \$10 Generic, | |
| \$30 Preferred, | Discount diver (100% ofter Deductible |
| \$50 Non-preferred (or 20% up to \$70) | Discount given/100% after Deductible |
| Specialty \$100 ** | |
| Major Medi | cal Benefits |
| \$600 2x family | \$3000 2x family (aggregate deductible) |
| \$3000 2x family | Deductible |
| 80% Plan/20% employee | 100% |
| Deductible & Coincurrence | Deductible |
| | Deductible |
| Unlimited | Unlimited |
| | \$20 co-pay* \$40 co-pay* Covered at 100% \$35 \$150 Copay; then 20% after deductible. Copay waived if admitted \$10 Generic, \$30 Preferred, \$50 Non-preferred (or 20% up to \$70) Specialty \$100 ** Major Media \$600 2x family \$3000 2x family \$3000 2x family B0% Plan/20% employee Deductible & Coinsurance |

** There is a \$1000 max on the pharmacy benefit. This means that once who spend \$1000 in copays your pharmacy will be covered at 100%

***Health Savings Accounts will be opened for those employees that opt for the HDHP Plan. Canal will contribute \$250.00 per quarter. (you cannot

have a Health Savings Account if you are covered by other medical insurance with first dollar copays, are Medicare eligible and or your spouse has a

| Dental Benefits Cost | | Employee Dedu | ctions (24 pay periods | 5) |
|----------------------|---------------|-------------------|------------------------|-------------------|
| | Employee Only | Employee & Spouse | Employee & Children | Employee & Family |
| Base Plan | \$0.00 | \$8.23 | \$11.08 | \$20.38 |
| Buy Up Plan | \$5.00 | \$13.23 | \$16.08 | \$25.38 |

| Administered By Delta | |
|------------------------------|--|
| Dental | In and Out of Network Benefit |
| | Plan Benefits Base (BUY-Up *) |
| Preventive | Pays 100% of costs |
| Basic Services | 80% |
| Major Services | 50% |
| Deductible | \$50 per participant |
| Annual Maximum Per Insured | \$1500 (\$2000*) |
| Orthodontia | Child only (up to 19) – Covered at 50% |
| Lifetime Orthodontia Maximum | \$1500 (\$2000*) |

This plan is now being offered by Delta Dental. This included a very extensive network if you would like to utilize it. We have also added a buy up plan with this you simply increase your annual max and your lifetime Orthodontia max. Dependent Child Eligibility, up to age 26.



Wellness Credits Per Pay Period

| | Non-Tobacco Credit | Wellness Credit |
|---------------------|--------------------|-----------------|
| Employee | \$25.00 | \$25.00 |
| Employee/Spouse | \$24.25 (x2) | \$24.25 (x2) |
| Employee/Child(ren) | \$45.50 | \$45.50 |
| Family | \$34.50 (x2) | \$34.50 (x2) |

| Vision Benefits | Employee Deductions (24 pay periods) | | | | |
|-----------------|--------------------------------------|-------------------|---------------------|-------------------|--|
| | Employee Only | Employee & Spouse | Employee & Children | Employee & Family | |
| | \$4.37 | \$7.00 | \$7.14 | \$11.55 | |

| Administered | | | | | |
|-------------------------------|---|---|--|--|--|
| By VSP | In and Out of Network | | | | |
| | Plan Benefits | | | | |
| | In Network | Out of Network Reimbursement | | | |
| Eye Exam | Annual; 100% after \$20 copay | Up to \$50 | | | |
| Frames (Once every 24 months) | \$20 Copay –Up to \$130 Allowance | Up to \$70 | | | |
| Lanaca (anac ayany 10 mantha) | 100% offer \$20 Corrow | Single: Up to \$50, Bifocal: up to \$75 | | | |
| Lenses (once every 12 months) | 100% after \$20 Copay | Trifocal: Up to \$100 | | | |
| Contact Lenses (once every 12 | Elective: \$130 allowance, Necessary 100% | Elective: Up to \$105 Medically Necessary | | | |
| months in lieu of lenses) | after \$20 copay | up to \$210 | | | |
| Contact Lenses Exam | Lesser of \$60 or 15% off retail cost | Combined with the allowance above | | | |

We offer employees and their families a valuable vision option. Our vision plan is administered by VSP. Please use the network providers for the most value out of the plan. Dependents are eligible for this benefit up to age 19 or 26 if a full time student.



LIFE INSURANCE & VOLUNTARY LIFE INSURANCE

AUL

Employees working 30 or more hours are provided with Group Basic Life/AD&D in the amount of \$50,000 (non-taxable) per employee at no cost to you. You are also covered by a Basic Term Life in the amount of 3x your salary (\$800,000 max) with a guarantee issue of \$400,000 (taxable). Your dependents are also covered at \$2500. These two life insurance policies are paid by Canal Insurance. Benefits are reduced at age 65 by 35% and then again at age 70 by 50%. Reductions and salary adjustments are done on the anniversary of the policy (January 1). Please see certificate for full details.

We also offer the ability to purchase additional amounts of coverage through payroll deductions. You can purchase coverage on yourself, your spouse and dependents. This coverage is guarantee issue (no health questions asked) at initial enrollment after your date of hire. If you wish to pick up coverage at a later date you will be subject to evidence of insurability (required to fill out a health questionnaire) and can be declined.

Plan Benefits

| Employee | \$10,000 increments up to \$300,000, not to exceed 5x salary (GI* \$100,000) |
|------------|---|
| Spouse | \$5000 increments up to \$150,000, not to exceed 50% of employee (GI* \$30,000) |
| Dependents | Option 1: \$5,000 Option 2: \$10,000 (\$250 baby day 14-6 months) |

Voluntary Life Cost

| Age | 0-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
|--------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Rates/\$1000 | 0.11 | 0.13 | 0.14 | 0.18 | 0.27 | 0.41 | 0.67 | 1.11 | 1.77 | 1.77 |

*see certificate of coverage for details on the website *GI Is Guarantee Issue

**reductions apply here as well; at age 65 the benefit is reduced to 67%, at age 70 to 50% and at age 75 to 35%



SHORT TERM DISABILITY

Canal Insurance also pays 100% of your short term disability plan with AUL. You will be active the first of the month after 12 months of employment. These benefits are taxable in the event of a disability. We offer these benefits in order to help you protect your income. This benefit will help you replace a portion of your income if disabled.

| Administered By | | Plan Benefits | |
|------------------|----------------|-------------------|------------------|
| AUL | | | |
| Years of Service | Waiting Period | 100% pay Duration | 60% pay duration |
| Less than 1 year | NA | NA | NA |
| Years 1 + | 2 weeks | 8 weeks | 3 weeks |

LONG TERM DISABILITY

Canal Insurance also pays 100% of your long term disability plan with AUL. You will be active the first of the month after 6 months of employment. These benefits are taxable in the event of a disability. We have added the option for you to pay this benefit so if you need to receive the benefit it will be tax free. (cost will be shown when you log into the enrollment tool.)

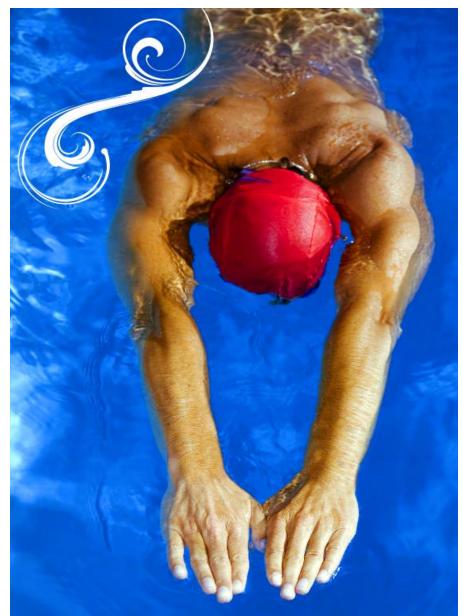
| Administered By | Plan Benefits |
|-------------------------|--|
| AUL | |
| Monthly Benefit | Maximum of \$8,000 |
| Income Replaced | 60% |
| Elimination Period | 90 days (within 180 day calendar day period) |
| Partial Disability Paid | Yes |
| Benefit Payable | Benefits Payable Until Social Security Normal Retirement Age |



HEALTH CARE TAX ADVANTAGE ACCOUNTS (FSA, Dep Care FSA, & HSA)

Canal Insurance provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts and NEW for this year Health Savings 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 the tax advantaged accounts.

The Health FSA will be used when enrolled in the traditional plan, whereas the Health Savings Account can be used when enrolled in the HDHP plan. The FSA Max is \$2550 and the Health Savings Account max for single enrollees is \$3400 and those with family members on the plan it is \$6750. If you are over 55, you can take advantage of an additional \$1000 catch-up contribution.



Contributions to your tax advantage accounts 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. If you do not use the money you contributed to the FSA it will not be refunded to you. This is the use-it-or-lose-it rule. We do have a grace period through March 15 2017 for expenses and March 31 2017 to file claims for 2016. On the Health Savings Account, your savings roll over year to year with no max, this allows to save for future needs. Maximum Contributions:

- 1. Flexible Spending \$2550
- 2. Dependent Care FSA \$5000
- Health Savings Account -\$3400/\$6750 (\$1000 Catch up for over 55)

BUSINESS TRAVEL ACCIDENT

Business Travel Accident is designed to provide an accidental death and dismemberment benefit while traveling on company business, including local travel. This benefit is paid for by Canal Insurance Company.

| Administered By The Hartford | | | |
|---------------------------------|--|--|--|
| narcord | Plan Benefits | | |
| Benefits amount | 5x Salary up to the Maximum of \$1,000,000 | | |
| Aggregate Limit | \$4,750,000 (total liability for any one accident) | | |
| | Employer owned or leased aircraft, Extraordinary Commutation, Paralysis, | | |
| Coverage Includes | Hijacking/Skydiving, Personal Deviation/Sojourn & Business Trip with or relocation of | | |
| | spouse/child (\$25,000/\$10,000) | | |
| | Loss of Life, Speech, Hearing, Hand, Foot, or an Eye, and a Thumb and an Index finger on | | |
| Standard Benefits* | either hand | | |
| | | | |
| | Rehabilitation 10% to \$25,000 | | |
| Supplemental Benefits* | Air Bag 5% to \$10,000 | | |
| | Seat Belt 10% to \$25,000 | | |
| | | | |

Please see certificate for full details

401(K) Savings & Investment

Saving on a pre-tax basis through our company 401(K) plan is a smart way to invest in your retirement. Employees can enroll online or will automatically be enrolled in our 401(K) program the first of the month following your date of hire. Please see plan details below:

| Administered By Fidelity | |
|-----------------------------|---|
| | Plan Benefits |
| Canal Match | 100% of the first 6% + a 33% match up to 6 % for those with 10 years |
| Online Enrollments | www.401k.com/Auto Enroll |
| Declining Enrollment | If you prefer not to enroll please logon to www.401k.com or call 1-800-835-5097 |

GROUP CRITICAL ILLNESS & CANCER

The below benefits are voluntary and do not coordinate with your medical benefits. Payments will come directly to you, and will help you cover the cost associated with your diagnosis. There are two plans to choose from Critical Illness/Cancer or Cancer.

GROUP CRITICAL ILLNESS & CANCER

Administered By

Plan Benefits

Guardian

Choice of \$10,000 or \$20,000 Benefit (New Hires are eligible to be covered by this benefit with no health questions)

Spouses eligible for 1/2 of the employee amount and children are eligible for a \$5000 benefit

Lump Sum Payment at Diagnosis – payment sent directly to you.

Several Categories of Coverage: Heart Attack, Stroke, and Cancer

Benefit Recurrence is included in this contract; this provides an additional benefit for the same condition if a covered

participant is treatment free for 12 months - at minimum

Health Screenings pay up to \$150 per calendar year per covered family member - example but not limited to - Colonoscopy,

Pap Smear, Chest X-Ray, Mammography, Electrocardiogram, Stress Test

CANCER

Administered By Guardian

Choice of \$10,000 or \$20,000 Benefit (New Hires are eligible to be covered by this benefit with no health questions)

Spouses eligible for ½ of the employee amount and children are eligible for a \$5000 benefit

Lump Sum Payment at Diagnosis – payment sent directly to you.

Health Screenings pay up to \$150 per calendar year per covered family member – example but not limited to – Colonoscopy, Pap Smear, Chest X-Ray, Mammography, Electrocardiogram, Stress Test

Plan Benefits

CONTACT INFORMATION & RESOURCES

Clarke & Company Benefits Contact Information

Greenville: 864-232-6723 Columbia office (for Laura and Amy): 888-540-9403

Jennifer Holly, Client Manager: jholly@clarkebenefits.com

Laura Howell, Account Manager: https://www.location.com Laura Howell@clarkebenefits.com

Amy Colgate, Account Manager acolgate@clarkebenefits.com

Clarke & Company Benefits Resources:

C&C University: <u>http://clarkebenefits.com/cc-university-2/</u> Password: Canal

Employee Model Notices: http://clarkebenefits.com/canal-benefits/

Physician Network Information

Medical Network (CIGNA) Website: <u>http://hcpdirectory.cigna.com/web/public/providers</u>

Dental Network (Delta Dental) Website: <u>www.deltadental.com</u>

Vision Network (VSP) Website: <u>https://vsp.com/home.html</u>



Employee Assistance Programs:

 AUL - This program includes 3 visits per year for mental health issues and unlimited telephonic conversations.

 Greenville Hospital System – Paid for by Canal Insurance
Company this also includes one on one counseling available to you at no cost. To contact GHS go to www.ghs.org/eap 1-800-868-6869