



ROGERS TOWNSEND
ATTORNEYS AT LAW

2016

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/rbenefitnotices/>

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 2016 ELECTIONS.

WHO IS ELIGIBLE

If you are a Rogers Townsend regular full-time employee, you are eligible for benefits. Employees who work over 30 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, voluntary life insurance, and individual plans (cancer, accident, etc.) through Rogers Townsend employer sponsored benefit plans

HOW TO ENROLL

The enrollment process will be completed online through empowHR: <http://www.empowhr.empowhrcom> .

WHEN TO ENROLL

YOU MUST GO ONLINE TO EMPOWHR IN ORDER TO ENROLL, DECLINE, OR CHANGE ANY COVERAGE. This time is the only time to make changes during the year unless you have a qualified change in status. 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. All elections are due by within two weeks of the new hire meeting.

Contribution:

Rogers Townsend contributes \$185.93* per pay period towards your benefits if you participate in our wellness program and don't smoke.



EMPLOYEE ELECTIONS & DEDUCTION REPORT 2016

Employee:

Effective Date of Benefits:

PRE-TAX BENEFITS

	Coverage	Deduction Amount
Medical	/	
Dental		
Term Life		
Vision Insurance		
Flexible Spending		
Dependent Care		
HSA Election		
Aflac Cancer/Accident		/
Allstate AP/CI/CA		/

Total Pre-Tax Deduction:

POST-TAX BENEFITS

	Coverage	Deduction Amount
Voluntary Life		
Vol. Spouse Life		
Vol. Child(ren) Life		
Short Term Disability		
Long Term Disability		/
Aflac SPEVNT/ICare/STD		//
Comb LBT		

Total Post-Tax Deduction:

Total Deductions Per Pay Period:

How To Enroll

All benefits (medical, dental, life insurance, disability, vision, flex spending and 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 login, you will be prompted to change your password prior to enrollment. You can find more information online at the <http://clarkebenefits.com/rogers-townsend-open-enrollment-2015/>. Your current benefit elections are on the empowHR website when you log in and are listed above. 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.

2016 COSTS OF COVERAGE

Employee Bi-Weekly Deductions

Medical Benefits	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
High Plan	\$262.15	\$519.92	\$488.08	\$746.54
Low Plan	\$238.27	\$472.62	\$443.65	\$678.69
HDHP Plan	\$225.58	\$447.58	\$420.23	\$642.58

BlueChoice
HealthPlan

High Plan

Low Plan

HDHP Plan

In Network Benefits

Point of Service Benefits

Primary Care Physician	\$20 co-pay	\$25 co-pay	Deductible
Specialist Physician	\$25 co-pay	\$50 co-pay	Deductible
Preventive Screenings (HCR A&B) Preventive Maximum	\$0 co-pay Unlimited	\$0 co-pay Unlimited	\$0 co-pay Unlimited
Urgent Care	\$50	\$50	Deductible
Chiropractic	\$50 (1k max)	\$50 (1k max.)	Deductible (1k max.)
Emergency Room	\$400 then 30%	\$400 then 30%	Deductible
Prescription Drugs	\$8 value generic, \$25 generic \$45 preferred, \$70 non-preferred	\$8 value generic, \$25 generic, \$45 preferred, \$70 non-preferred	Deductible

Major Medical Benefits

Deductible	\$1500 (2x per family)	\$2500 (2x family)	\$2700 (2x per family)
Max. Out of pocket	\$2000 (2x per family)	\$2000 (2x family)	N/A
Coinsurance	70% BC/30% employee	70% BC/30% employee	100% BC/0% employee
Hospital In and Out-Patient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible then 100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited

Out of Network Benefits

Deductible	\$3000 (2x family)	\$5000 (2x family)	\$3500 (2x fam)
Max. Out of pocket	\$4000 (2x family)	\$4000 (2x family)	\$6,500 (2x fam)
Coinsurance	50% BC/50% employee	50% BC/50% employee	60% BC/40% employee
Lifetime maximum	Unlimited	Unlimited	Unlimited

DENTAL

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by Delta Dental. Our plan includes coverage for preventive, basic, and major dental services (see certificate for full coverage details). You may visit the dental provider of your choice but we also have a network available. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to www.deltadentalsc.com and entering your zip code in the “Find a Dentist” box on the lower right corner of the webpage. You do not have to be in the medical plan to have dental coverage. There are four tiers of coverage for you to choose from.

Employee Twice-Monthly Deductions

Dental Costs	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
High Plan	\$20.02	\$40.41	\$41.10	\$65.40
Low Plan	\$17.54	\$35.40	\$37.16	\$58.66

Delta Dental

	High Plan	Low Plan
	In and Out of Network	
	Plan Benefits	
Preventive	Pays 100% of costs (UCR)	
Basic Services	80%	80%
Major Services	50%	50%
Deductible	\$50/individual \$150/family	\$50/individual \$150/family
Annual Maximum/Insured	\$1,000	\$1,000
Orthodontia	50%	50%
Orthodontia Maximum (lifetime)	\$1,000	\$1,000

VISION

Our vision plans provides coverage for eye exams, glasses, and contact lenses. Our plan has a co-pay for exams in addition to in and out of network benefits. Our plan pays for glasses and contact lenses up to a certain plan limitations. Coverage is stronger if you use in network providers. To search for an in network provider, please visit <http://physicianseyecareplan.com/directory/>

Employee Bi-Weekly Deductions

Vision Cost	Employee Only	Employee + 1	Employee + 2 plus
High Plan	\$4.98	\$9.74	\$15.74

Physicians Eyecare

	In Network
	Plan Benefits
Eye Exam	\$10 every year
Material Allowance	\$200
Allowance	Annually
Material Copy	\$25
Out of Network	Schedule

DISABILITY COVERAGE

RT offers two options each for long and short term disability. Long-term disability covers you up to 60% of your income to a maximum of \$8,000 per month. Short-term disability covers you to a maximum of \$1,000 per week. See empowHR for your benefit amount and monthly deductions for both plans if you are currently enrolled. If you wish to apply for these coverage's or switch plans, you will need to fill out Evidence of Insurability. These forms can be found on the empowHR enrollment site. If you elect one of these coverage's during the open enrollment period you will be required to fill out Evidence of Insurability and are not guaranteed coverage until you pass AUL underwriting.

Long Term Disability

	Plan Benefits	
	Plan 1	Plan 2
Income Replaced	60%	60%
Partial Disability Paid	Yes	Yes
Benefit Payable	5 years*	To SSNRA**
Bi-weekly Deduction		

Short Term Disability

	Plan Benefits	
	Plan 1	Plan 2
Income Replaced	60%	60%
Partial Disability Paid	Yes	Yes
Elimination Period	7 days	14 days
Bi-weekly Deduction		

VOLUNTARY LIFE INSURANCE COVERAGE

If you currently have voluntary life coverage your volume per pay period deduction will be shown below. For 2016 you can add up to 10k of coverage (based on max of 5x salary) without evidence of insurability. You can elect coverage on empowHR up to your maximum allowed, which is 5x your salary. If you do not have coverage, you can fill out evidence of insurability to add any amount of life insurance. Life insurance will not be in force until you have been approved by AUL underwriting.

EMPLOYEE COVERAGE

Voluntary Life Insurance	EMPLOYEE BI-WEEKLY DEDUCTIONS								
	Age	10k	25k	50k	75k	100k	125k	150k	175k
<30	0.46	1.15	2.31	3.46	4.62	5.77	6.92	8.08	9.23
30-34	0.60	1.50	3.00	4.50	6.00	7.50	9.00	10.50	12.00
35-39	0.74	1.85	3.69	5.54	7.38	9.23	11.08	12.92	14.77
40-44	1.02	2.54	5.08	7.62	10.15	12.69	15.23	17.77	20.31
45-49	1.29	3.23	6.46	9.69	12.92	16.15	19.38	22.62	25.85
50-54	1.66	4.15	8.31	12.46	16.62	20.77	24.92	29.08	33.23
55-59	2.68	6.69	13.38	20.08	26.77	33.46	40.15	46.85	54.54
60-64	6.83	17.08	34.15	51.23	68.31	85.38	102.46	119.54	136.62
65-69	10.34	25.85	51.69	77.54	103.38	129.23	155.08	180.92	206.77



HEALTH CARE AND DEPENDENT CARE FLEXIBLE BENEFIT ACCOUNTS

Rogers Townsend 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. You must enroll in the plan to participate for the plan year July 1, 2016 – June 30, 2017. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA. Our administrator for the plan year will be ProBenefits.

You can find the claim forms on our website for FSA and Dependent Care. Their contact number is 1-888-722-8382 or please contact Clarke & Company for further information. For 2016, you will be able to roll over \$500 in the FSA plan into 2016/2017. We will need a blank check from all participants for direct deposit for flex/dep. care.

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.

ROGERS TOWNSEND FIRM CONTRIBUTION

The Rogers Townsend firm contribution towards your benefits will be set at \$157.75 per pay period. You can increase this by \$9.59 per pay period by qualifying with 12 points for wellness in 2016/2017. You can also increase this by another \$18.59 per pay period by either being a non-smoker or completing our smoking cessation class this fall. Rogers Townsend will start by paying \$185.93 per pay period July 1 for all of those in our wellness plan who have signed up for the physical activity challenge or accumulated 3 points through our points system. If you are a smoker who does not go through the smoking cessation program, your firm contribution will decrease by \$18.59 on July 1, 2016 and will increase by the same amount when you complete the smoking cessation program in the fall.

EMPLOYEE ASSISTANCE

The employee assistance plan is available to all full time employees of Rogers Townsend. Benefits for the EAP services are listed below. For services, please call 800-968-8143. First Sun EAP staff is available 24 hours a day, 7 days a week to help.



Employee Assistance Program (EAP Services)

Individual & Family Counseling (visit 1-6)	\$0
Life Management Services (6 visits)	\$0

Some of the services of the Employee Assistance Program are listed below:

Counseling Services

Stress Management
Relationship Issues
Anger Management
Alcohol/Substance Abuse

Grief and Loss
Depression
Trauma Issues
Family Concerns

Life Management Services

Eldercare Assistance
Financial Counseling Planning
Parenting/Adoption Assistance
Childcare Assistance

Clarke & Company App

Our new web app for your iPhone and Android is ready now. You can store your insurance cards, keep medical and dental appointments and notes, medication schedule and find a provider all in one place on your phone. Our app also links to Fitbit and Myfitness pal. Go to the Apple store or Google Play and download today. In company name field when registering, you will use rtt .

CONTACT INFORMATION AND RESOURCES

Clarke and 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

Jordan Archer, Wellness Analyst: jarcher@clarkebenefits.com

Clarke and Company Benefits Resources:

Website: <http://clarkebenefits.com/rogers-townsend-open-enrollment-2015/>

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

Blue Choice Health Plan:

Website: www.bluechoicesc.com Here you can find an in-network provider, manage claims, take your health risk assessment and much more.

Delta Dental:

Website: www.deltadentalsc.com Click "Find a dentist" on the right hand side of the page to find a provider near you.

FSA Questions:

ProBenefits:

*Anyone can assist with questions

Phone: 888-722-8382

Website: www.probenefits.com

