



HOPEHEALTH
WITH HOPE, ALL THINGS ARE POSSIBLE

2017

EMPLOYEE BENEFITS



CLARKE & COMPANY
BENEFITS LLC

Contents

Table of Contents 2

Eligibility and Enrollment..... 3

Paid Time Off 4

Medical Costs with Plan Information 5

Dental Costs with Plan Information 6

Vision Costs with Plan Information 7

Basic Life Information..... 8

Disability Plan Information 9

Voluntary Worksite Coverages..... 10

Flex Spending Account Information 11

Contact and Website Information.....12

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.

It's that time of year again! **OPEN ENROLLMENT!** Below is information we want you to be aware of as well as updated information regarding the Affordable Care Act (ACA).

- First and foremost, HopeHealth has negotiated and worked hard to minimize **cost changes** to our plan. In an environment where annual costs continue to go up, we are pleased that we were able to minimize that impact.
- The one area we have no control over is the Affordable Care Act (ACA) which continues to **impact the cost of Medical Insurance** across our country and for each and every HopeHealth employee.

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

- 1) If you enroll in the Medical plan offered by HopeHealth, 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, HopeHealth 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. This guide has been prepared with all the information you need to select your 2017-2018 benefit coverages.

WHO IS ELIGIBLE

If you are a HopeHealth 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, vision, and voluntary insurance through HopeHealth employer sponsored benefit plans.

HOW TO ENROLL

The first step is to review your current benefit elections by logging into the Paycom online web portal. You will need your user name and password. Your current coverages end on August 31st, 2017 and new coverage begins on September 1st, 2017. Our carriers will be BlueCross BlueShield, Delta Dental, Physicians Eyecare Plan, & UNUM.

WHEN TO ENROLL

Open Enrollment begins August 22nd and ends August 25th. During this open enrollment period you must complete the enrollment elections by meeting with a benefits counselor. If you do not complete online enrollment elections you could have an interruption in insurance coverage. After open enrollment, which concludes on 8/25/17, to make any changes you will have to have a qualifying 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.



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

HopeHealth medical plan has co-pays, deductibles, coinsurance, and out of pocket maximums. Traditional PPO plans allow you to see any participating physician. TCC has a comprehensive network in your area. Please visit www.tccba.com to learn about ways to manage your health care costs by gaining control of your personal health. Here you can also use QicLink Benefits Exchange (QBE) to see status and claims paid, order ID cards, check eligibility information and deductible and out of pocket limits. Follow the instructions to "Register New User."



2017-2018 COSTS OF COVERAGE

Medical Benefits

| | Bi-Weekly Deductions | | | |
|---------|----------------------|-------------------|---------------------|----------|
| | Employee Only | Employee & Spouse | Employee & Children | Family |
| TCC PPO | \$34.62 | \$157.04 | \$106.32 | \$322.06 |

| TCC Benefit Administrator | BlueCross BlueShield of SC Provider Network | Non BlueCross BlueShield of SC Providers |
|--|---|--|
| | In-Network Benefits | Out-of-Network Benefits |
| Primary Care Physician | \$20 *Waived if at HopeHealth | Deductible & Coinsurance |
| Specialist Physician | \$40 *Waived if at HopeHealth | Deductible & Coinsurance |
| Office Lab & X-rays | Deductible & Coinsurance | Deductible & Coinsurance |
| Office Surgery | Deductible & Coinsurance | Deductible & Coinsurance |
| Preventive Screenings (Consult Policy) Preventive Maximum | \$0 co-pay 100% | \$0 co-pay 100% |
| Urgent Care | \$20 | Deductible & Coinsurance |
| Emergency Room | \$250 Co-pay, then Deductible & Coinsurance | Not Applicable |
| Prescription Drugs | \$8 Generic \$30 Preferred \$60 Non Preferred \$200 Specialty Rx (90 day supply 2.5 times Co-pay) | Not Covered |

Major Medical Benefits

| | | |
|-----------------------|---|--|
| Deductible | \$1,000 (3x family) | \$2,000 (3x family) |
| Coinsurance Max | \$1,500 (2x family) | \$3,000 (2x family) |
| Maximum out of Pocket | \$7,150 (2x family) Includes deductible, coinsurance & Co-pays | \$14,300 (2x family) Includes deductible, coinsurance & Co-pays |
| Coinsurance | 80% BCBS/20% Employee | 60% BCBS/40% Employee |
| In-Patient Hospital | Deductible & Coinsurance | Deductible & Coinsurance |
| Out-Patient Hospital | \$250 Co-pay, then Deductible & Coinsurance | Deductible & Coinsurance |
| Lifetime Maximum | Unlimited | Unlimited |

Additional Benefits of HopeHealth

- ✓ Payroll Deduction for medications filled through Long's Pharmacy
- ✓ No Co-pays for medical care for Employee and Dependents covered by our Health insurance and receive services at a HopeHealth facility
- ✓ Reimbursement of \$500 after insurance deductible has been reached (Employee Only)

Delta Dental Benefits

Employee Bi-Weekly Deductions

| | Employee Only | Employee & Spouse | Employee & Children | Family |
|-------------|---------------|-------------------|---------------------|---------|
| Dental Plan | \$0.00 | \$13.26 | \$17.57 | \$35.93 |

DENTAL

HopeHealth offers employees and their families a comprehensive dental plan. Our dental plan is administered by Delta Dental of SC. 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 or your dentist's name. You do not have to be on the medical plan to have dental coverage. There are 4 tiers of coverage for you to choose from.

Delta Dental

In and Out of Network

Pays 100% of costs

Preventive

•Bitewing X-rays, one set per benefit period • Emergency palliative treatment • Full Mouth X-Rays, once in any 36 month benefit period • Oral Examinations, twice in any benefit period • Periapical X-rays, as required • Prophylaxis (Cleanings), twice in any benefit period • Sealants for dependent children under age 16, once in 3 years • Space Maintainers for dependent children under age 16, once in 5 years • Topical fluoride treatments for dependent children under age 19, once in any benefit period

80%

Basic Services

•Endodontics • Fillings • General Anesthesia • Non-surgical Periodontics • Oral Surgery (excluding extractions) • Periodontal Maintenance, twice in any benefit year • Simple Extractions • Surgical Extractions • Surgical Periodontics

50%

Major Services

•Bridges, once in 10 years • Dentures, once in 10 years • Implants, as well as bone grafts, are a covered benefit. Limited to once in 10 years • Inlays/Onlays/Crowns, once in 10 years

Deductible

\$50/individual \$150/family

Annual Maximum/Insured

\$1,500

Orthodontia

Child Only (up to 19)

Orthodontia Services

50%

Lifetime Ortho Maximum

\$2,000



| Vision Benefits | Employee Bi-Weekly Deductions | | | |
|-----------------|-------------------------------|-------------------|---------------------|---------|
| | Employee Only | Employee & Spouse | Employee & Children | Family |
| Basic | \$3.32 | \$6.51 | \$6.78 | \$10.38 |
| Enhanced | \$4.48 | \$8.91 | \$9.42 | \$14.40 |

VISION

We are now offering employees and their families a comprehensive vision plan. Our vision plan is administered by Physicians Eyecare Plan. Our plan includes an annual eye exam, \$150 or \$225 of material allowance, material co-pays and other discounts. You may visit the vision provider of your choice but we also have a network available consisting of retail stores such as Walmart, JC Penny Optical, Pearle Vision & other practices. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to www.physicianseyecareplan.com and entering your zip code in the provider search. There are 4 tiers of coverage for you to choose from.

| Physicians Eyecare Plan | Plan Benefits | |
|-------------------------|---|--|
| | Basic Plan ~ In-Network | Enhanced Plan ~ In-Network |
| Eye Exam Frequency | Annually | Annually |
| Material Allowance | \$150 per person, For Frames and/or Contact Lenses | \$225 per person, For Frames and/or Contact Lenses |
| Material Co-pay | \$25 one time co-pay | \$25 one time co-pay |
| Allowance Frequency | Annually | Annually |
| Exam Co-pay | \$10 | \$10 |
| Network | www.physicianseyecareplan.com (Network providers include Walmart, Sam's Club, Target, JC Penny, Pearl Vision, and most local providers) | |



LIFE INSURANCE

UNUM

Employees enrolled in the health coverage are provided with Group Basic Term Life in the amount of \$20,000 per employee 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). Employees also have the opportunity to purchase additional term life up to \$70,000 for employee, \$25,000 for your spouse, and \$10,000 for children Guarantee Issue. Any amount over the Guarantee Issue will require Evidence of Insurability. Our coverage is convertible to you if you meet certain requirements. You have 31 days from the date of termination to contact UNUM to convert or port your coverage (see Human Resources for details). 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).



DISABILITY INSURANCE

Hope Health provides Long Term Disability coverage at no cost to you. Your Long Term plan covers up to 60% of your income to a maximum of \$9,000 per month. The Long Term plan could cover you to Social Security Normal Retirement Age. Hope Health also allows you the opportunity to purchase Short Term Disability. Your Short Term plan covers up to 60% of your income to a maximum of \$1,000 per week with an 11 week benefit period. Long and short term disability offered guarantee issue basis during new hire open enrollment. After this period, you can apply for coverage by completing Evidence of Insurability (EOI) information. You can request an EOI form from Human Resources.

UNUM

Long-Term Disability

Plan Benefits

| | |
|-------------------------|--|
| Monthly Benefit Max | \$5,000 or \$9,000 |
| Income Replaced | 60% |
| Elimination Period | 90 days |
| Partial Disability Paid | Yes |
| Benefit Payable | To SSNRA* Depending on age at time of Disability |

*Social Security Normal Retirement age. Pre-existing limitations applies for 12 months for anything treated the prior 3 months. Monthly Benefit Max is determined by occupation class. Please see certificate for full plan description.

UNUM

Short-Term Disability

Plan Benefits

| | |
|-------------------------|----------------------------------|
| Weekly Benefit Max | \$1,000 |
| Income Replaced | 60% |
| Elimination Period | 14 day accident/14 days sickness |
| Partial Disability Paid | Yes |
| Benefit Payable | 11 weeks |

*Short Term Disability has no Pre-existing limitations and is Portable.



Unum Supplemental Insurance

Unum offers Supplemental Coverage to all employees. The supplemental policies that can be purchased are:

- ✓ **Accident Insurance** can pay benefits based on the injury you receive and the treatment you need, including emergency-room care and related surgery.
- ✓ **Critical illness Insurance** can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available.
- ✓ **Hospital Indemnity Insurance** can complement your health insurance to help you pay for the costs associated with a hospital stay.
- ✓ **Whole Life Insurance** is designed to pay a death benefit to your beneficiaries but it can also build cash value you can use while you are living. Your spouse and dependents have this option as well.
- ✓ **Each of these coverages are portable, so you can keep your coverage if you change jobs or retire.**



Hope Health is pleased to offer the option of a flexible spending account (FSA)! Our Flexible Spending Account requires a \$600 minimum per plan year. Employees may rollover a balance of \$500 to the next benefit year, so long as they continue to contribute the minimum amount.

What are the benefits of an FSA? What are the disadvantages?

- ✓ It **saves you money**. An FSA is an employer-sponsored savings account that allows you to put aside money tax-free that can be used to pay for qualified medical expenses.
- ✓ It is a **tax-saver**. Contributions to your FSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- ✓ It is **flexible**. You can withdraw health FSA funds at any time for qualified medical expenses, even if it's only the beginning of the year and you haven't contributed the entire yearly amount yet.
- ✓ It requires **careful planning**. FSAs typically operate under a use-or-lose rule, meaning that if you don't use the money in your FSA by the end of the plan year, you lose it.
- ✓ It is **not portable**. If you change jobs, you typically forfeit the funds left in your FSA.
- ✓ It requires **proof**. You must fill out all the necessary forms and show receipts for FSA-eligible purchases in order to be reimbursed.

Your Employee Benefit Enrollment Package

This guide contains an overview of the benefit package offered by HopeHealth. Please make sure to meet with a Benefit Counselor during this open enrollment period from August 22 – August 25, 2017. If you have any questions on your benefit package or deductions, please direct them to Human Resources or a Clarke & Company representative at the open enrollment meeting you attend. Your benefits in this package will take effect on September 1, 2017 and run through August 31, 2017.



CONTACT INFORMATION AND RESOURCES

Clarke and Company Benefits Contact Information

Florence: 843-662-1500

All Other Locations: 888-540-9403

Ed Croft, Client Manager:

ecroft@clarkebenefits.com

Derek Hemmingsen, Client Manager:

dhemmingsen@clarkebenefits.com

Laura Howell, Account Manager:

lhowell@clarkebenefits.com

Holly Clark, Customer Service Rep:

hclark@clarkebenefits.com

TCC Benefits Administrator:

800-815-3314

Website: www.tccba.com Here you can find an in-network provider, manage claims, and much more.

Delta Dental:

800-335-8266

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

Physicians Eyecare Plan:

800-368-9609

Website: www.physicianseyecareplan.com

-Click "For Members" on the top of the home page. Here you can enter your desired zip code.

UNUM:

866-679-3054

Website: www.unum.com

-Click "Employees and Families" on the left side of the home page.

