



2018 Employee Benefits Enrollment Guide



CLARKE & COMPANY
BENEFITS LLC

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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 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.

<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 2018 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 benefits related questions. 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 as well as

open enrollment. Please access this enrollment via Canal's UltiPro software. Employees may log on through the link on CanalNet (under Quick Links) or by using the link below:

<https://ew43.ultipro.com/Login.aspx?ReturnUrl=%2f>

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 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, and disability. You have the option of purchasing additional insurance through a payroll deduction.

2018 COSTS OF COVERAGE

Medical Benefits

Employee Deductions (24 pay periods)

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Traditional Plan	\$76.34	\$264.22	\$236.80	\$439.81
HDHP Plan	\$62.46	\$216.18	\$193.74	\$360.21

Wellness & Tobacco Credits will still be earned, the overview is in the following pages

Your Spouse CAN NOT enroll in the medical plan with CANAL INSURANCE if they have coverage available at their place of work

Administered By CIGNA

PPO Plan

HDHP Plan***

Point of Service Benefits

Primary Care Physician	\$20 co-pay*	Discount given/100% after Deductible
Specialist Physician	\$40 co-pay*	Discount given/100% after Deductible
Preventive Screenings (HCR A&B)	Covered at 100%	Covered at 100%
Preventive Maximum		
Urgent Care	\$35	Discount given/100% after Deductible
Emergency Room Facility	\$150 Copay; then 20% after deductible. Copay waived if admitted	Discount given/100% after Deductible
Prescription Drugs	\$10 Generic, \$30 Preferred, \$50 Non-preferred \$150 **	Discount given/100% after Deductible

Major Medical Benefits

Deductible	\$600 2x family	\$3000 2x family (aggregate deductible)
Max. Out of pocket	\$3000 2x family	Deductible
Coinsurance	80% Plan/20% employee	100%
Hospital In and Out-Patient	Deductible & Coinsurance	Deductible
Lifetime Maximum	Unlimited	Unlimited

*Office visit copays go towards the max out of pocket

** There is a \$2000 max on the pharmacy benefit. This means that once who spend \$2000 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 enrolled and/or your spouse has a FSA.)**

Dental Benefits Cost

Employee Deductions (24 pay periods)

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Base Plan	\$2.09	\$7.04	\$7.89	\$14.52
Buy Up Plan	\$7.09	\$20.27	\$23.97	\$39.90

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 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.



**GREENVILLE
HEALTH SYSTEM**

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 + 1	Employee & Children	Employee & Family
	\$4.55	\$7.28	\$7.43	\$11.98

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 \$45
Frames (Once every 24 months)	\$20 Copay – Up to \$150 Allowance	Up to \$70
Lenses (once every 12 months)	100% after \$20 Copay	Single: Up to \$30, Bifocal: up to \$50 Trifocal: Up to \$65
Contact Lenses (once every 12 months in lieu of lenses)	Elective: \$150 allowance, Necessary 100% after \$20 copay	Elective: Up to \$105 Medically Necessary 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 26.



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 AUL		Plan Benefits	
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. We have two options for this benefit:

Non-Taxable: Employer pays premium and premium is NOT taxable to the employee, the benefit if received will be taxable income to the employee (i.e. pay taxes later if benefit received)

Taxable: Employer pays premium which is reported as taxable income for the employee, the benefit if received will NOT be taxable income to the employee (i.e. pay no taxes if benefit received)

Administered By AUL		Plan Benefits
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, 2018 – December 31, 2018. 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 \$2650 and the Health Savings Account max for single enrollees is \$3450 and those with family members on the plan it is \$6900. 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 2018 for expenses and March 31 2018 to file claims for 2017. 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 - \$2650
2. Dependent Care FSA - \$5000
3. Health Savings Account - \$3450/\$6900 (\$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

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)
Coverage Includes	Employer owned or leased aircraft, Extraordinary Commutation, Paralysis, Hijacking/Skydiving, Personal Deviation/Sojourn & Business Trip with or relocation of spouse/child (\$25,000/\$10,000)
Standard Benefits*	Loss of Life, Speech, Hearing, Hand, Foot, or an Eye, and a Thumb and an Index finger on either hand
Supplemental Benefits*	Rehabilitation 10% to \$25,000 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, the maximum allowed contribution is \$18,500*

Administered By Fidelity

Plan Benefits

Canal Match	100% of the first 6% + 33% match up to 6 % for those with 10+ years of service
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

*employees who do not enroll will automatically be enrolled at 6% in the 401(K) following 30 days of employment.

GROUP CRITICAL ILLNESS, CANCER & ACCIDENT

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.

Guardian

Group Critical Illness and Cancer

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.

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

Guardian

Cancer ONLY

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.

Cancer Screenings pay up to \$150 per calendar year per covered family member –

Guardian

Accident

Death Benefit included, \$10,000 for employee and \$5000 for spouse and/or children

Common Carrier, Common disaster, Dismemberment, Seat Belt and Airbag benefits included

Benefits paid for on a schedule, with each treatment you incur related to the accident the is a dollar amount that you will be sent.

Health Screenings pay up to \$50 per calendar year per covered family member –

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: lhowell@clarkebenefits.com

Amy Colgate, Account Manager acolgate@clarkebenefits.com

Clarke & Company Benefits Resources:

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

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

Physician Network Information

Medical Network (CIGNA)

Website: <http://hcpdirectory.cigna.com/web/public/providers>

Dental Network (Delta Dental)

Website: www.deltadental.com

Vision Network (VSP)

Website: <https://vsp.com/home.html>



Employee Assistance Programs:

1. AUL - This program includes 3 visits per year for mental health issues and unlimited telephonic conversations.
2. 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