



## 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 possible. In case of discrepencies 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 questions about this 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.

IS THE OPPORTUNITY TO CHOOSE NOW BENEFITS THAT ARE BEST FOR YOU AND YOUR LIFESTYLE. THIS BENEFIT ENROLLMENT PERIOD IS YOUR **CHANCE** TO REVIEW YOUR **CURRENT** ELECTIONS AND MAKE ANY CHANGES FOR YOU YOUR FAMILY. THIS **GUIDE** HAS PREPARED WITH ALL THE INFORMATION TO CHOOSE YOUR BENEFITS FOR UPCOMING PLAN YEAR.

## WHO IS ELIGIBLE

If you are a SYSTEMTEC regular full-time employee, you may be eligible for benefits. Employees who work 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, and voluntary life insurance plans. Basic life, short and long term disability insurance are provided by SYSTEMTEC.

#### **HOW TO ENROLL**

The enrollment process will be completed online through EmpowHR: <a href="http://empowhr.com">http://empowhr.com</a>.

Further instructions are located on page 10 of this Enrollment Guide.

#### WHEN TO ENROLL

Online enrollment will open the day you receive your new hire email and will close on the first of the month in which you are effective. YOU MUST GO ONLINE TO EMPOWHR TO MAKE OPEN ENROLLMENT CHANGES. Now 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,

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

SYSTEMTEC contributes a large portion of salaried employees' medical and dental premiums. Short & Long Term Disability and Life insurance are also provided at no cost to you.

birth or adoption of a child, change in

## 2017 COSTS OF COVERAGE

deductible. Deductible will apply to MRI, MRA, PET, CT scan and Nuclear Medicine  Inpatient Hospital \$250 Copay/Deductible/then 30% \$250 Copay/Deductible/then 50%  Emergency Room \$250 Copay/Deductible/then 30% \$250 Copay/Deductible/then 50%  Prescription Drugs (You will pay more if a non  Tier 1: \$8/Tier 2: \$25/Tier 3: \$45/Tier 4:	Medical Benefits	Employee Biweekly Deductions						
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See www.healthcare.gov   *Based on Health Care Reform Guidelines	Specialist Physician	\$50 0	copay	Deductible, then 50%				
#Based on Health Care Reform Guidelines  Urgent Care \$50 Participating providers only Deductible, then 50%  Outpatient Hospital  Xrays plan pays 100% no deductible. Deductible will apply to MRI, MRA,  PET, CT scan and Nuclear Medicine  Inpatient Hospital \$250 Copay/Deductible/then 30% \$250 Copay/Deductible/then 50%  Emergency Room \$250 Copay/Deductible/then 30% \$ame as In Network  Prescription Drugs  (You will pay more if a non generic drug is selected instead of a less expensive covered generic)  Mail Order Prescription Drugs  Tier 1: \$8/Tier 2: \$25/Tier 3: \$45/Tier 4: \$70/Tier 5: \$125/Tier 6: \$175  Major Medical Benefits  Deductible \$1,500 (2x per family)  Max. Out of pocket Includes deductible, colnsurance, and all copays  Coinsurance 70% BlueChoice /30% employee 50% BlueChoice /50% employee	Preventive Screenings	100	0%	Not Covered				
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	copays							
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# Your Insurance.

Anywhere.



Download the free Clarke & Company Benefits app and gain 24/7 access to all of your insurance needs. You can save all of your insurance cards, look up doctors, and even find out what your plans are all in one place!





## **DENTAL AND VISION**

Dental & Vision	Employee Biweekly Deductions					
Benefits	Employee Only	Employee/Spouse	Employee/Child(ren)	Employee & Family		
Guardian Dental	\$13.00	\$33.50	\$33.00	\$39.00		
Guardian VSP Vision	\$3.84	\$6.46	\$6.59	\$10.43		

Cuardian	Plan Benefits				
Guardian  Dental	In Network	Out of Network			
Preventive	Pays 100% of costs (UCR)	Pays 100% of costs (UCR)			
Basic Services	100%	80%			
Major Services	60%	50%			
Deductible	\$50/individual \$150/family	Same as in network			
Annual Maximum/Insured	\$1,000	Same as in network			
Orthodontia	Child Only (up to 19)	Same as in network			
Orthodontia Services	50%	Same as in network			
Lifetime Ortho Maximum	\$1,000 Same as in network				
Access Network Providers	www.guardianlife.com , "Locate a Provider"				

	Plan Benefits			
Guardian Vision	In Network	Out of Network		
Eye Exam	\$20 every year	\$20 every year		
Material Allowance	\$120 per person	Guardian will pay max of \$47		
Allowance	Annually	Annually		
Material Copy	\$20	\$20		
ccess Network Providers	www.guardianlife.com , "Locate a Provider"			

Long Term Disability	Guardian		
	Plan Benefits		
Monthly Benefit Max	\$5,000		
Income Replaced	60%		
Elimination Period	90 days		
Partial Disability Paid	Yes		
Benefit Payable	To SSNRA*		

Short Term Disability	Guardian		
	Plan Benefits		
Weekly Benefit Max	\$1,000		
Income Replaced	60%		
Elimination Period	1 day accident/8 days sickness		
Partial Disability Paid	Yes		
Benefit Payable	13 weeks		

<sup>\*</sup>Social security normal retirement age. Preexisting conditions include any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted a physician, received treatment, or took prescribed drugs. The preexisting condition is a 3 month look back for the next 12 month period. Please see your policy certificate for details.

## LONG TERM & SHORT TERM DISABILITY

SYSTEMTEC provides salaried employees long and short term disability coverage at no cost. Your long term plan covers up to 60% of your income to a maximum of \$5,000 per month. Your short term plan covers up to 60% of your income to a maximum of \$1,000 per week with a 13 week benefit period. Disability plans include a partial disability benefit. Contact Human Resources with questions regarding enrollment.

## **BASIC LIFE INSURANCE**

#### Guardian

SYSTEMTEC provides Group Basic Term Life in the amount of \$50,000 per employee at no cost to you. Our coverage includes accidental death & dismemberment coverage. For accidental death our plan pays 2 x's the benefit (See the certificate of coverage for dismemberment benefits). Our coverage is convertible to whole life if you leave employment or portable for term life insurance. You have 31 days from the date of termination to convert/port your coverage (see HR for details). You must request conversion or portability paperwork from human resources.

\*see certificate of coverage for details



## **VOLUNTARY LIFE INSURANCE**

SYSTEMTEC offers the ability to purchase additional amounts of term life insurance coverage through a convenient payroll deduction. You can purchase coverage on yourself, your spouse and dependents. This coverage is guarantee issue (no health questions asked) after your date of hire. At that time, you may elect up to \$150K on yourself, \$50K on your spouse, and \$10K on your children at your initial enrollment. If you wish to pick up coverage at a later date or during open enrollment you will be subject to evidence of insurability (required to fill out a health questionnaire). You must elect voluntary life insurance for yourself to be eligible to cover your family members. Your dependent life insurance amount cannot exceed 50% of the employee voluntary life insurance benefit amount.

Voluntary Life Insurance EMPLOYEE BIWEEKLY DEDUCTIONS										
Age	10K	20K	30K	40K	50K	60K	70K	80K	90K	100K
< 30	.42	.83	1.25	1.66	2.08	2.49	2.91	3.32	3.74	4.15
30-34	.42	.83	1.25	1.66	2.08	2.49	2.91	3.32	3.74	4.15
35-39	.51	1.02	1.52	2.03	2.54	3.05	3.55	4.06	4.57	5.08
40-44	.78	1.57	2.35	3.14	3.92	4.71	5.49	6.28	7.06	7.85
45-49	1.15	2.31	3.46	4.62	5.77	6.92	8.08	9.23	10.38	11.54
50-54	1.66	3.32	4.98	6.65	8.31	9.97	11.63	13.29	14.95	16.62
55-59	2.63	5.26	7.89	10.52	13.15	15.78	18.42	21.05	23.68	26.31
60-64	4.29	8.58	12.88	17.17	21.46	25.75	30.05	34.34	38.63	42.92
65-69	6.78	13.57	20.35	27.14	33.92	40.71	47.49	54.28	61.06	67.85

<sup>\*\*</sup>Your dependent life coverage cannot exceed 50% of your voluntary life coverage.

Voluntary Dependent Life Insurance	DEPENDENT COVERAGE				
Spouse	Guarantee Issue up to \$50,000. Se	ee above for coverage requirements			
Dependent(s)	\$5000= .46 per pay period	\$10,000= .92 per pay period			

## Flexible Spending Accounts

SYSTEMTEC 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. 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. To participate for the new plan year July 1, 2017 – June 30, 2018, you must enroll on EmpowHR, regardless of your participation status of the last plan year. Your enrollment will not automatically roll over. You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA. For 2017, you will be able to elect up to \$1500 for your medical FSA and/or \$5000 for your Dependent Care plan. New Flex Spending participants that wish to receive their reimbursements via direct deposit will need to submit a voided check. Our administrator for the plan year will be ProBenefits. You can find Claim forms for FSA and Dependent Care accounts at <a href="https://www.probenefits.com">www.probenefits.com</a>. Their contact number is 1-888-722-8382. You may also contact Laura Howell at Clarke & Company for further information.

## **EmpowHR ONLINE ENROLLMENT**

Benefit elections/open enrollment changes may be made through the EmpowHR Online Portal. Online elections begin on June 19th and close on June 30th. Your login is <a href="https://empowhr.empowhr.com/login.aspx">https://empowhr.empowhr.com/login.aspx</a>. 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 more information online at <a href="http://clarkebenefits.com/systemtec-2">http://clarkebenefits.com/systemtec-2</a>. If you have any questions on the enrollment process you may contact Laura Howell at Clarke & Company Benefits at 888-540-9403 or 803-253-6997 or by email at <a href="https://clarkebenefits.com">https://clarkebenefits.com</a>.



#### **CONTACT INFORMATION & RESOURCES**

**Clarke & Company Benefits Contact Information** 

Columbia: 803-253-6997 All other locations: 888-540-9403

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### Clarke & Company Benefits Resources:

C&C University: <a href="http://clarkebenefits.com/systemtec/">http://clarkebenefits.com/systemtec/</a> Password: systemtec1. This web tool will offer you many wellness resources to assist in living a healthy lifestyle. You will find links to wellness videos on a range of topics.

**Employee Model Notices:** <a href="http://clarkebenefits.com/systemtec-2">http://clarkebenefits.com/systemtec-2</a> Visit this website to find Summary Plan Descriptions, policy certificates, SBCs, and other insurance forms.

#### BlueChoice Health Plan:

Website: www.bluechoicesc.com

-Here you can find network providers and more!

#### **Guardian VSP Dental & Vision Plan:**

Website: www.guardianlife.com

Here you can find network providers. Please click the VSP option on the vision link, when searching for providers.



