



2018 Employee Benefits



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 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/mcentire-produce-notices/>



NOW IS THE OPPORTUNITY TO CHOOSE THE BENEFITS THAT ARE BEST FOR YOU AND LIFESTYLE. 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 2018 EMPLOYEE BENEFITS.

WHEN TO ENROLL

You must complete the enrollment elections via our online web portal if you are making changes only. If you would like to keep your coverage(s) the same for 2018, you do not need to re-elect coverage(s). Note if you have a full time status and declined medical, dental, and/or vision coverage during your new hire open enrollment or previous open enrollment periods you are eligible to enroll in medical, dental, & vision coverage during this open enrollment period. You are also eligible to enroll in STD/LTD/Vol Life but you must complete an Evidence of Insurability and it will be submitted for review. You will make your enrollment election via the online web portal. After your initial enrollment, 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. These changes must be turned into Human Resources within 30 days of your qualifying event.

WHO IS ELIGIBLE

If you are a McEntire Produce 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 life insurance through the McEntire Produce employer sponsored benefit plans.

HOW TO ENROLL

The first step is to review your current benefit elections by logging into the open enrollment online web portal. Our carriers will be BlueCross BlueShield of SC, Delta Dental, AUL, and Physicians Eyecare Plan. The web portal is as follows:

www.essentialclient.com

WELCOME TO BENEFIRST

Benefitfirst has been contracted by **McEntire Produce** to manage your benefits eligibility. You can now view and manage your benefits 24 hours a day, 7 days a week using your login information provided on your Personal Benefits Summary. Please log in to review your current benefit elections, update personal data and make any necessary changes to your benefits. Please note, election changes made during the plan year require a qualifying event change in accordance with your cafeteria plan guidelines.

How to Make Changes:

- Go to www.EssentialClient.com
- Log in using the login information provided to you on your Personal Benefits Summary.
- From the homepage select **Enroll Now**, or from your Benefit Statement select **Update**;
- Choose the appropriate transaction and click continue;
- On each screen, check the information for accuracy and make any necessary changes, then click Next;
- When you get to the last enrollment screen you will be asked to review your selections and certify them by re-entering your password;
- The final step is to click the **Submit** button.



2018 MEDICAL PLANS & COST

Blue Cross Blue Shield of SC	Basic PPO Plan	Enhanced PPO Plan	HDHP Plan
	In Network Benefits		
Primary Care Physician	\$30	\$30	Deductible/Coinsurance
Specialist Physician	\$60	\$45	Deductible/Coinsurance
Preventive Screenings (Consult Policy) Preventive Maximum	\$30/60 to a max of \$500 annually	\$30/45 to a max of \$500 annually	100% up to \$300 max
Urgent Care	\$30	\$30	Deductible/Coinsurance
Office Surgery	100% after copay	100% after copay	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs	\$15 Generic/50% Preferred/50% Non Preferred Specialty Rx \$100	\$15 Generic/\$35 Preferred/\$60 Non Preferred Specialty Rx \$100	Deductible/Coinsurance
Major Medical Benefits			
Deductible	\$10,500 (2x family)	\$10,500 (2x family)	\$4,500 (2x family)
Health Reimbursement Account (HRA)	Included. See Page 5	Included. See Page 5	Included. See Page 5
Max Out of Pocket	\$10,000 (2x family)	\$2,500 (2x family)	\$0
Coinsurance	50% BCBS/50% Employee	70% BCBS/30% Employee	100% BCBS/0% Employee
Hospital In and Out-Patient	IP: Coins *Deductible may apply OP: Deductible/Coins	IP: Coins *Deductible may apply OP: Deductible/Coins	IP: Coins *Deductible may apply OP: Deductible/Coins
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Out of Network Benefits			
Deductible	\$10,500 (2x family)	\$10,500 (2x family)	\$6,000 (2x family)
Max. Out of pocket	\$10,000 (2x family)	\$4, 000 (2x family)	\$6,000 (2x family)
Coinsurance	50% BCBS/50% Employee	50% BCBS/50% Employee	50% BCBS/50% Employee
Lifetime maximum	Unlimited	Unlimited	Unlimited

Weekly Deductions	Employee Only	Employee & Spouse	Employee & Children	Family
BCBS OF SC Basic PPO Plan	\$21.75	\$112.79	\$81.52	\$149.24
BCBS OF SC Enhanced PPO Plan	\$51.14	\$166.07	\$129.21	\$225.27
BCBS OF SC HDHP Plan	\$94.73	\$223.76	\$173.45	\$323.81

Plan Design For: McEntire Produce
Plan Name: Basic PPO Option
Effective Date: February 1, 2018

The following Benefit Summary is only a brief, non-legal outline of the benefits offered. Please refer to the employee handbook for further details, or consult with your Human Resource Department.

Benefits	In-Network	Out-of-Network
Medical & Surgical Benefits		
Deductible	\$10,500 (x2)	\$10,500 (x2)
Out of Pocket	\$10,000 (x2)	\$10,000 (x2)
Co-Insurance	50%	50%
Physician Services in the Office Excluding Obstetrical Delivery, Dialysis Treatment and Second Surgical Opinion	\$30 Primary Care Co-pay, then 100% \$60 Specialist Co-pay, then 100% Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN	Deductible, 50%
Other Physician Services Inpatient/Outpatient Hospital / Allergy Injections / Diagnostic Lab / X-Ray / Anesthesia Services / Radiology / Pathology / Obstetrical Delivery / Initial New Born / Pediatric Exam / All other Outpatient – Office Services	Deductible, 50%	Deductible, 50%
Preventive Care (In Network coverage only) Mammograms (Must see a provider in Mammography Network and follow specified age guidelines) Pap Smear/Prostate Screening Well Child to Age 7 Physicals (\$500 Annual Maximum)	100% 100% \$30 Co-pay, then 100% \$30 Co-pay, then 100%	N/A
Chiropractic Benefits (\$500 Annual Maximum)	\$60 Co-pay, then 100%	Deductible, 50%
Inpatient Facility Charges	50%	\$500 Co-pay, 50%
Skilled Nursing Facility Charges	50%	\$500 Co-pay, 50%
Outpatient Facility Charges	Deductible, 50%	Deductible, 50%
Ambulance	Deductible, 50%	In-Network Deductible, 50%
Emergency Room Facility Charges	Deductible, 50%	Deductible, 50%
Emergency Room Professional Charges	Deductible, 50%	Deductible, 50%
Other Services Home Health Hospice Physical / Occupational Therapy	Deductible, 50%	Deductible, 50%
Mental Health & Substance Abuse Benefits		
Inpatient Facility Charges	50%	50%
Inpatient Professional Charges	50%	50%
Outpatient Facility Charges	Deductible, 50%	Deductible, 50%
Outpatient Professional Charges	Deductible, 50%	Deductible, 50%
Emergency Room Facility Charges	Deductible, 50%	In-network Deductible, 50%
Emergency Room Professional Charges	Deductible, 50%	In-network Deductible, 50%
Physician Services in the Office	\$30 Co-pay, then 100%	Deductible, 50%
Pharmacy Benefits		
Prescriptions Mandatory Generic (Includes diabetic supplies and oral contraceptives) Retail (31 day supply) Mail Order (90 day supply)	\$15 (Generic) / 50% (Preferred) / 50% (Non-Preferred) \$25 (Generic) / 50% (Preferred) / 50% (Non-Preferred)	50% after Co-pay N/A
Specialty Drug – Caremark Specialty Pharmacy Only 1-800-237-2767 for inquiries regarding this benefit	\$125 Co-pay per 31 day supply	

Important Numbers

Customer Service: 1-800-760-9290 (Medical) / 1-888-963-7290 (Prescription Drugs)

Pre-Authorization: 1-800-327-3238

Pre-Authorization for MRI, MRA, PET, CT & CAT scans: 1-866-500-7664

Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032

Plan Design For: McEntire Produce
Plan Name: Enhanced PPO Option
Effective Date: February 1, 2018

The following Benefit Summary is only a brief, non-legal outline of the benefits offered. Please refer to the employee handbook for further details, or consult with your Human Resource Department.

Benefits	In-Network	Out-of-Network
Medical & Surgical Benefits		
Deductible	\$10,500 (x2)	\$10,500 (x2)
Out of Pocket	\$2,500 (x2)	\$4,000 (x2)
Co-Insurance	70%	50%
Physician Services in the Office Excluding Obstetrical Delivery, Dialysis Treatment and Second Surgical Opinion	\$30 Primary Care Co-pay, then 100% \$45 Specialist Co-pay, then 100% Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN	Deductible, 50%
Other Physician Services Inpatient/Outpatient Hospital / Allergy Injections / Diagnostic Lab / X-Ray / Anesthesia Services / Radiology / Pathology / Obstetrical Delivery / Initial New Born / Pediatric Exam / All other Outpatient – Office Services	Deductible, 70%	Deductible, 50%
Preventive Care (In Network coverage only) Mammograms (Must see a provider in Mammography Network and follow specified age guidelines) Pap Smear/Prostate Screening Well Child to Age 7 Physicals (\$500 Annual Maximum)	100% 100% \$30 Co-pay, then 100% \$30 Co-pay, then 100%	N/A
Chiropractic Benefits (\$500 Annual Maximum)	\$45 Co-pay, then 100%	Deductible, 50%
Inpatient Facility Charges	70%	\$500 Co-pay, 50%
Skilled Nursing Facility Charges	70%	\$500 Co-pay, 50%
Outpatient Facility Charges	Deductible, 70%	Deductible, 50%
Ambulance	Deductible, 70%	In-Network Deductible, 70%
Emergency Room Facility Charges	Deductible, 70%	Deductible, 50%
Emergency Room Professional Charges	Deductible, 70%	Deductible, 50%
Other Services Home Health Hospice Physical / Occupational Therapy	Deductible, 70%	Deductible, 50%
Mental Health & Substance Abuse Benefits		
Inpatient Facility Charges	70%	50%
Inpatient Professional Charges	70%	50%
Outpatient Facility Charges	Deductible, 70%	Deductible, 50%
Outpatient Professional Charges	Deductible, 70%	Deductible, 50%
Emergency Room Facility Charges	Deductible, 70%	In-network Deductible, 70%
Emergency Room Professional Charges	Deductible, 70%	In-network Deductible, 70%
Physician Services in the Office	\$30 Co-pay, then 100%	Deductible, 50%
Pharmacy Benefits		
Prescriptions Mandatory Generic (Includes diabetic supplies and oral contraceptives) Retail (31 day supply) Mail Order (90 day supply)	\$15 (Generic) / \$40 (Preferred) / \$70 (Non-Preferred) \$30 (Generic) / \$90 (Preferred) / \$175 (Non-Preferred)	50% after Co-pay N/A
Specialty Drug – Caremark Specialty Pharmacy Only 1-800-237-2767 for inquiries regarding this benefit	\$125 Co-pay per 31 day supply	

Important Numbers

Customer Service: 1-800-760-9290 (Medical) / 1-888-963-7290 (Prescription Drugs)
Pre-Authorization: 1-800-327-3238
Pre-Authorization for MRI, MRA, PET, CT & CAT scans: 1-866-500-7664
Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032

Plan Design For: McEntire Produce

Plan Name: HDHP Option

Effective Date: February 1, 2018

The following Benefit Summary is only a brief, non-legal outline of the benefits offered. Please refer to the employee handbook for further details, or consult with your Human Resource Department.

Benefits	In-Network	Out-of-Network
High Deductible Health Plan		
Medical & Surgical Benefits		
Deductible (Embedded)	\$4,500 Individual / \$9,000 Family	\$6,000 Individual / \$12,000 Family
Out of Pocket (Does include the Deductible)	\$4,500 Individual / \$9,000 Family	\$12,000 Individual / \$24,000 Family
Co-Insurance	100%	50%
Physician Services in the Office	Deductible, 100%	Deductible, 50%
Other Physician Services Inpatient/Outpatient Hospital / Allergy Injections / Diagnostic Lab / X-Ray / Anesthesia Services / Radiology / Pathology / Obstetrical Delivery / Initial New Born / Pediatric Exam / All other Outpatient – Office Services	Deductible, 100%	Deductible, 50%
Preventive Care (In Network coverage only) Mammograms (Must see a provider in Mammography Network and follow specified age guidelines) Pap Smear/Prostate Screening Well Child to Age 7 Physicals (\$300 Annual Maximum)	100% 100% 100%	N/A
Independent Lab and X-ray	Deductible, 100%	Deductible, 50%
Chiropractic Benefits (\$500 Annual Maximum)	Deductible, 100%	Deductible, 50%
Inpatient Facility Charges	Deductible, 100%	Deductible, 50%
Skilled Nursing Facility Charges	Deductible, 100%	Deductible, 50%
Outpatient Facility Charges	Deductible, 100%	Deductible, 50%
Ambulance	Deductible, 100%	In-Network Deductible, 100%
Emergency Room Facility Charges	Deductible, 100%	Deductible, 50%
Emergency Room Professional Charges	Deductible, 100%	Deductible, 50%
Other Services Home Health Hospice Physical / Occupational Therapy	Deductible, 100%	Deductible, 50%
Mental Health & Substance Abuse Benefits		
Inpatient Facility Charges	Deductible, 100%	Deductible, 50%
Inpatient Professional Charges	Deductible, 100%	Deductible, 50%
Outpatient Facility Charges	Deductible, 100%	Deductible, 50%
Outpatient Professional Charges	Deductible, 100%	Deductible, 50%
Emergency Room Facility Charges	Deductible, 100%	In-network Deductible, 100%
Emergency Room Professional Charges	Deductible, 100%	In-network Deductible, 100%
Physician Services in the Office	Deductible, 100%	Deductible, 50%
Pharmacy Benefits		
Prescriptions Integrated Pharmacy Benefits (Includes diabetic supplies and oral contraceptives)	In-network Only Deductible, 100%	
Specialty Drug – Caremark Specialty Pharmacy Only 1-800-237-2767 for inquiries regarding this benefit	Deductible, 100%	

**Embedded Deductible: An individual deductible "embedded" within the family deductible. Before the insurance benefits begin the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.*

Important Numbers

Customer Service: 1-800-760-9290 (Medical) / 1-888-963-7290 (Prescription Drugs)

Pre-Authorization: 1-800-327-3238

Pre-Authorization for MRI, MRA, PET, CT & CAT scans: 1-866-500-7664

Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032

HEALTH CARE REIMBURSEMENT ACCOUNT (HRA)

McEntire Produce provides you a Health Reimbursement Account (HRA) to reimburse eligible medical deductible expenses incurred by Employees and covered Dependents. McEntire Produce will offer the Health Reimbursement Account (HRA) on both the PPO plans and HDHP plan. Please see the following description of HRA reimbursement by plan (the illustration is for In Network benefits) as well as the instructions of how to file for the HRA.

Benefit Coordinators will continue to process any medical claims after your \$500 deductible is reached. A file feed will be sent to Benefit Coordinators from BlueCross on a weekly basis for your medical claims. After receiving your claims, Benefit Coordinators will pay your provider directly for claims over \$500 up to the \$10,500 deductible. If you are on the HDHP Plan, your prescriptions will also be automatically fed over to Benefit Coordinators and you will receive a reimbursement check for anything over \$500. Please contact Benefit Coordinators 803.772.0110, to request login information for www.myrsc.com if you are interested in checking on the status of reimbursements to your providers.

Traditional PPO Plans:

The total in network deductible is \$10,500 for Employee Only and \$21,000 for Employee plus One or more covered. **Employee only coverage:** After you satisfy the first \$500 of in network deductible expenses, the HRA will reimburse the next \$10,000 (dollars \$501-10,000) **Employee plus One or more:** See the Employee only in network description above. That schedule applies to both deductible tiers. The maximum reimbursement is \$20,000 for incurred in network deductible expenses. The reimbursement schedule applies to both PPO plans offered.

High Deductible Health Plan

The total deductible In Network is \$4,500 and \$9,000 Employee plus One or more. **Employee only coverage:** After you satisfy the first \$500 of in network deductible expenses, the HRA will reimburse the final \$4,000 (dollars \$501-\$4,500). **Employee plus One or more:** After the employee satisfies the first \$500 of the in network deductible, the plan will reimburse the next \$4,000. Thereafter, the Employee is responsible for the next \$500 of deductible expenses and the plan will reimburse the last \$4,000.



Helpful Terms

Words commonly used in health care

Sometimes health care lingo can be confusing. But it's important to understand your health benefits and how they work. Here are some common terms to help.

Benefits: The items or services covered by your health insurance plan.

Claim: A request for payment that you or your health care provider submits to your health insurance company after you receive services.

Coinsurance: Your share of the costs for a covered health care service, calculated as a percentage. You pay coinsurance plus any deductibles you owe. For example, say your health plan's allowed amount for an office visit is \$100 and you've met your deductible. Your coinsurance payment of 20 percent would be \$20. Your health plan pays the rest of the allowed amount.

Copayment: The fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary, depending on the provider and the type of health care service.

Deductible: The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$1,000, your health plan will not pay for covered services until you've met the \$1,000 deductible. After that, your health plan will pay for all covered services until the end of that benefit year.

Dependent: A child, spouse or other family member covered by a subscriber's health plan. For example, an employer-sponsored health plan may cover the employee (subscriber), plus the employee's spouse and their children (dependents).

Facility: The location where you receive health care services. For example, a medical facility could be a doctor's office or a hospital.

Network: The facilities, providers and suppliers your health plan contracts with to provide health care services. You will typically pay less for services received in network versus out of network.

Out of pocket: These are your costs for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services plus all costs for services that aren't covered.

Subscriber: The person who enrolls in a health plan. There is only one subscriber per health plan. The subscriber can add eligible dependents to a family health plan.

Preauthorization: A decision that a service or type of treatment is medically necessary. Certain services require preauthorization before you receive them, except in an emergency. You may also hear this referred to as precertification or prior authorization.

Premium: The amount you pay for your health plan, usually biweekly or monthly.

Preventive services: Routine health care that includes screenings, checkups and counseling to prevent illnesses or other health problems.

Provider: This can refer to the medical professional who delivers care or the location where you receive health care services. For example, your provider could be a doctor, specialist, nurse practitioner or hospital.

Primary care physician (PCP): The main doctor and primary contact for your health care services. Your PCP coordinates care if you need to see other doctors or medical specialists.

Radiology: Procedures such as X-rays, ultrasounds and magnetic resonance imaging (MRI) that are used to detect medical conditions.

Specialist: A doctor or health care professional who focuses on a specific area of medicine. For example, pediatricians, dermatologists and cardiologists are specialists.



South Carolina

Employee Weekly Deductions

Dental Benefits	Employee Only	Employee & Spouse	Employee & Children	Family
Base Dental Plan	\$1.94	\$7.75	\$8.00	\$11.63
Buy Up Dental Plan	\$3.54	\$11.75	\$12.96	\$18.68

Delta Dental

In and Out of Network

Plan Benefits	Base Plan	Buy Up Plan
Preventive	Pays 100% of costs (UCR)	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	\$2,000
Orthodontia	Child Only (up to 19)	Child Only (up to 19)
Orthodontia Services	50%	50%
Lifetime Ortho Maximum	\$1,000	\$2,000

DENTAL

McEntire Produce offers 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 enter 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.

Vision Benefits

Employee Weekly Deductions

	Employee Only	Employee & Spouse	Employee & Children	Family
Vision Plan	\$2.17	\$4.27	\$4.52	\$6.88

Physicians Eyecare

In Network Benefits

Out of Network Benefits

Frames	\$200 allowance	65% of the material allowance
Contact Lenses	\$200 allowance	65% of the material allowance
Allowance Frequency: Eye Exams, Lenses, Contact Lenses, Frames	Annually	Annually
Standard Lenses	\$200 allowance	65% of the material allowance
Material Copay	\$25	\$25
Other Lens Options	\$200 allowance	65% of the material allowance
Exam co-pay	\$15	Up to \$55 reimbursement
Network	www.physicianseyecareplan.com	Not applicable

***There is one \$200 allowance per person per year, regardless of benefit.

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, \$200 of material allowance, a one time material co-pay and other discounts. You may visit the vision provider of your choice but we also have a network available consisting of providers such as H Rubin, Devine Eyes, Columbia Eye Center, Sansbury Eye Center & other private practices. Major chains such as Wal Mart are also network providers. 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. Please choose the Choice plan when searching for a provider. You do not have to be on the medical plan to have vision coverage. There are 4 tiers of coverage for you to choose from.

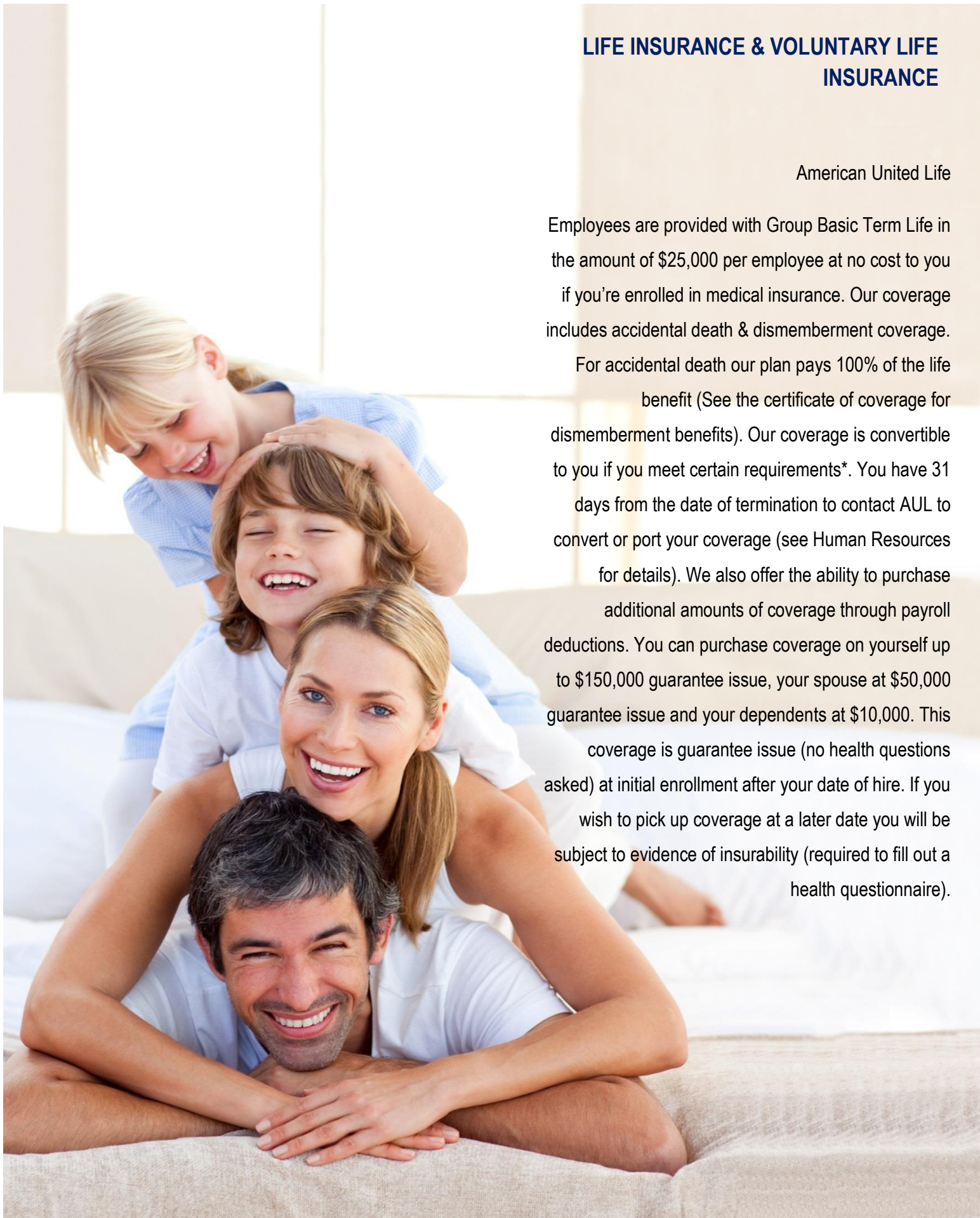


LIFE INSURANCE & VOLUNTARY LIFE INSURANCE

American United Life

Employees are provided with Group Basic Term Life in the amount of \$25,000 per employee at no cost to you if you're enrolled in medical insurance. 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). Our coverage is convertible to you if you meet certain requirements*. You have 31 days from the date of termination to contact AUL to convert or port your coverage (see Human Resources for details). We also offer the ability to purchase additional amounts of coverage through payroll deductions. You can purchase coverage on yourself up to \$150,000 guarantee issue, your spouse at \$50,000 guarantee issue and your dependents at \$10,000. 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

McEntire Produce Group provides employees the opportunity to purchase Long Term and Short Term Disability plans. Your Long Term plan covers you up to 60% of your income to a maximum of \$5,000 per month. The Long Term plan could cover you to Social Security Normal Retirement Age. Your Short Term plan covers you up to 60% of your income to a maximum of \$1,153 per week with a 11 week benefit period. 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).

Long-Term Disability

	AUL
	Plan Benefits
Monthly Benefit Max	\$5,000
Income Replaced	60%
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	5 Years

Short-Term Disability

	AUL
	Plan Benefits
Weekly Benefit Max	\$1,153
Income Replaced	66 2/3%
Elimination Period	15 day accident/15 days sickness
Partial Disability Paid	Yes
Benefit Payable	11 weeks



Supplemental Insurance-Colonial Life

How would you pay for what your health insurance won't? Even having medical insurance, there are typically uncovered expenses to consider, such as deductible, copayments, travel expenses, and loss of wages. Our Supplemental Insurance program can help you maintain your current lifestyle if you are faced with this situation.

Critical Illness

The plan pays out a lump sum benefit ranging from \$5,000-\$50,000 if diagnosed. **Offered on a guaranteed issue basis up to a \$15,000 policy during this enrollment only!** Some conditions covered:

- ✓ Heart Attack and Stroke
- ✓ Diagnosis of internal cancer
- ✓ Kidney and Major Organ Failure
- ✓ Coma and Permanent Paralysis
- ✓ Blindness, HIV and Hepatitis B, C, or D
- ✓ Coronary Artery Bypass

Accidental Plan

This benefit pays out for accidents occurring on AND off the job for 24/7 coverage. You can cover yourself and any eligible family members. **Guaranteed Issue Coverage.** The following is a benefit example for a 41 year old with a fractured leg:

1. Accident Emergency Treatment \$125
2. Accident Follow up Doctor Visit \$150
3. Appliance (crutches) \$100
4. Fracture (broken leg) \$1,125
5. Occupation/Physical Therapy \$250
6. X-Ray (for broken leg) \$30

Total: \$1,780 paid to you

Whole Life

- ✓ Permanent, portable Life Insurance is also available. **Guaranteed issue up to \$18/week in coverage or a \$75,000 policy during this enrollment only!**



***When employment is terminated, you are mailed the conversion package with your Colonial coverages. If you did not receive you can contact customer service at 1.800.325.4368.



Employee Assistance Program (EAP)

What is an EAP?

An EAP is a confidential, worksite-based program designed to assist both employees and employers. An EAP provides assessment and referral — in person and over the phone — for personal matters. Each eligible employee¹, along with each eligible employee's dependents, is entitled to three visits (or sessions) free-of-charge per calendar year. Also, telephone intakes and information calls regarding EAP services are free and unlimited.

Who is EAPC?

EAP services are provided through EAP Consultants, Inc. (EAPC). EAPC is a private company with a diverse network of licensed professionals, including clinical providers and consultants. All EAP services are completely confidential pursuant to current US laws and regulations.

EAPC's services include access to highly experienced clinical providers that include licensed psychologists, clinical social workers, professional counselors, marriage and family therapists and alcohol and drug counselors. Consultants include attorneys, financial advisors and elder care and child care specialists. EAPC also offers online services to fit a wider array of needs.

EAP professionals will help employees identify and clarify concerns and develop a plan of action to create solutions that work. If additional assistance is needed, EAPC will assist employees in finding resources that may be covered by their insurance and meet their financial capabilities.

For detailed information, contact EAP Consultants, Inc. at **1-800-869-0276**. To confidentially request services online, visit the member access page at www.eapconsultants.com. The password is OneAmericaEAP.

¹ Employee eligibility based upon contract terms. Contact your employer for EAPC's eligibility requirements. All services must be arranged by EAPC who is wholly responsible for provision and administration of the EAP.

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Assessment and referral services

Personal concerns

- Stress
- Crisis
- Psychiatric disorders
- Medical problems
- Work-related difficulties
- Marital & family issues
- Emotional concerns
- Relationship issues
- Life adjustments
- Alcohol & drug problems

Online services

- Stress management course
- Legal/financial library
 - Legal/financial articles
 - Sample legal documents
- Smoking cessation program
- Identity theft resources
- Behavioral health library
 - Information on numerous life issues
- Wellness information
- Depression and substance abuse screenings

Childcare

- Assess childcare needs and explore care options
- Adoption resources
- Referrals for an array of childcare arrangements, camps and schools

Eldercare

- Resources and referral for both public and private eldercare facilities
- Consultation on evaluation of facilities

Legal

- Consultation provided for an array of legal issues, including family law, housing and real estate and estate planning
- Simple will prepared at no cost
- 25% discount on standard attorney hourly rate for services rendered beyond scope of EAP

Financial

- Financial planning
- Retirement planning
- Investment strategies
- Money management

Academic resources

- SAT and other testing resources
- Tutors
- College planning guides
- Sources of financial assistance

Pet services

- Referrals for breeders, kennels, veterinarians, etc.
- Pet services guide

EAPC is neither affiliated nor under common control with OneAmerica or AUL, and AUL only markets EAPC products.

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CONTACT INFORMATION AND RESOURCES

Clarke and Company Benefits Contact Information

Columbia: 803-253-6997

All Other Locations: 888-540-9403

Edwin Croft, Client Manager: ecroft@clarkebenefits.com

Laura Howell, Account Manager: lhowell@clarkebenefits.com

Amy Colgate, Account Manager: acolgate@clarkebenefits.com

Clarke and Company Benefits Resources:

C&C University: <http://clarkebenefits.com/mcentire-produce/> Password: mcentire1

Employee Model Notices: <http://clarkebenefits.com/mcentire-produce-notices/>

Physicians Eyecare Plan:

Website: www.physicianseyecareplan.com

-Click "Find a provider" on the top left side of the home page. Choose Choice as your network option, and then enter your desired zip code.

Find benefit summaries, network info, certificates of coverage and much more.

BlueCross BlueShield of SC:

Website: www.southcarolinablues.com

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

Benefit Coordinators:

Health Reimbursement Portal

www.myrsc.com

Delta Dental:

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

Enrollment Platform:

Instructions are on page 3 of your enrollment guide

www.essentialclient.com