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Carolina Ale House Insurance Benefits

Welcome to the Carolina Ale House team! Full time employees become eligible for benefits the first of the month following thirty days of continuous employment. These benefits include:

- Health Insurance
- Dental Insurance
- Life Insurance
- Vision Insurance
- Prescription Drug Coverage

Numerous types of coverage are offered: employee, employee & spouse, employee & child(ren), and family. *Life Insurance is only available to employees of Carolina Ale House and not available to employee dependents.*

Each employee has the option of choosing to have eligible benefits deducted pre-tax. Having benefits calculated prior to withholding tax reduces your tax liability by subtracting your premium prior to gross pay. As an additional employee benefit, Carolina Ale House contributes 80% of the employee premium for all lines of insurance; there is no contribution amount for dependents of employees.

Benefits may only be altered or terminated during open enrollment. The only exception is a qualifying event (birth, death, adoption or marriage). Your benefits coordinator will notify you when your group plan enrollment is open.

Monthly rates and biweekly deductions are listed below:

Health	Monthly Premium	Company Contribution	Bi-Weekly Deduction
Employee Only	\$222.80	\$178.24	\$20.57
Employee/Spouse	\$445.60	\$178.24	\$123.40
Employee/Child	\$423.32	\$178.24	\$113.11
Employee/Children	\$423.32	\$178.24	\$113.11
Family	\$668.41	\$178.24	\$226.23

Dental	Monthly Premium	Company Contribution	Bi-Weekly Deduction
Employee Only	\$29.62	\$23.70	\$2.73
Employee/Spouse	\$59.24	\$23.70	\$16.40
Employee/Child	\$61.98	\$23.70	\$17.67

Employee/Children	\$61.98	\$23.70	\$17.67
Family	\$94.61	\$23.70	\$32.73

<u>Vision</u>	Monthly Premium	Company Contribution	Bi-Weekly Deduction
Employee Only	\$8.03	\$6.42	\$0.74
Employee/Spouse	\$15.26	\$6.42	\$4.08
Employee/Child	\$17.83	\$6.42	\$5.27
Employee/Children	\$17.83	\$6.42	\$5.27
Family	\$25.14	\$6.42	\$8.64

<u>Life</u>	Monthly Premium	Company Contribution	Bi-Weekly Deduction
Employee Only	\$4.80	\$3.84	\$0.44

Attached are your enrollment forms & explanation of insurance benefits. You may elect to opt out of health coverage by completing the Waiver Section on page 3 of the Employee Enrollment Form. To accept coverage, complete all necessary information on the Employee Enrollment Form and elect what coverage options you are choosing. You will also need to sign the Cafeteria Plan Enrollment to authorize or decline your pre-tax payroll deductions. Any change in rates will be provided in writing at least 7 calendar days in advance. Remember, your rates will be deducted in the pay period your benefits are made available to you.

Please complete your enrollment application(s) within 7 business days from hire date. Failure to return the necessary paperwork may delay your enrollment for benefits. All completed applications can be faxed to *Angel Kinard* at 803.227.0149.

Items to Return:

- United Healthcare Employee Enrollment Form
- Employer Cafeteria Plan Reduction Agreement

Please contact your Benefits Coordinator, *Angel Kinard*, at 803.227.0148 x 101 with any questions.