

2015 EMPLOYEE BENEFITS  
ENROLLMENT GUIDE



CAROLINA BANK  
*Building on tradition since 1936*

# CHOOSING 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 Human Resource Dept. 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/carolina-bank/>

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 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 BENEFITS FOR YOUR 2015 ELECTIONS.

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## WHO IS ELIGIBLE

If you are a Carolina Bank 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 Carolina Bank employer sponsored benefit plans.

## HOW TO ENROLL

Your current coverage's renew on January 1, 2015. We are staying with BCBS for 2015. If you would like to

make a change at this time, you can fill out a change form.

## WHEN TO ENROLL

If you are on the current Carolina Bank health plan, you have already been enrolled with BCBS at your current coverage election. If you would like to make any changes you can during this time by filling out a change form. After open enrollment, which concludes on 12/31/2014, 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

## CONTRIBUTION

Carolina Bank contributes toward medical & dental coverage, and provides employees Basic Life insurance.

# 2015 COSTS OF COVERAGE

## Employee Bi-Weekly Premium Deductions

Medical Benefits	Employee Only	Employee + 1	Family
PPO Plan	\$46.82	\$284.51	\$431.28
HRA Plan	\$37.59	\$259.59	\$401.28

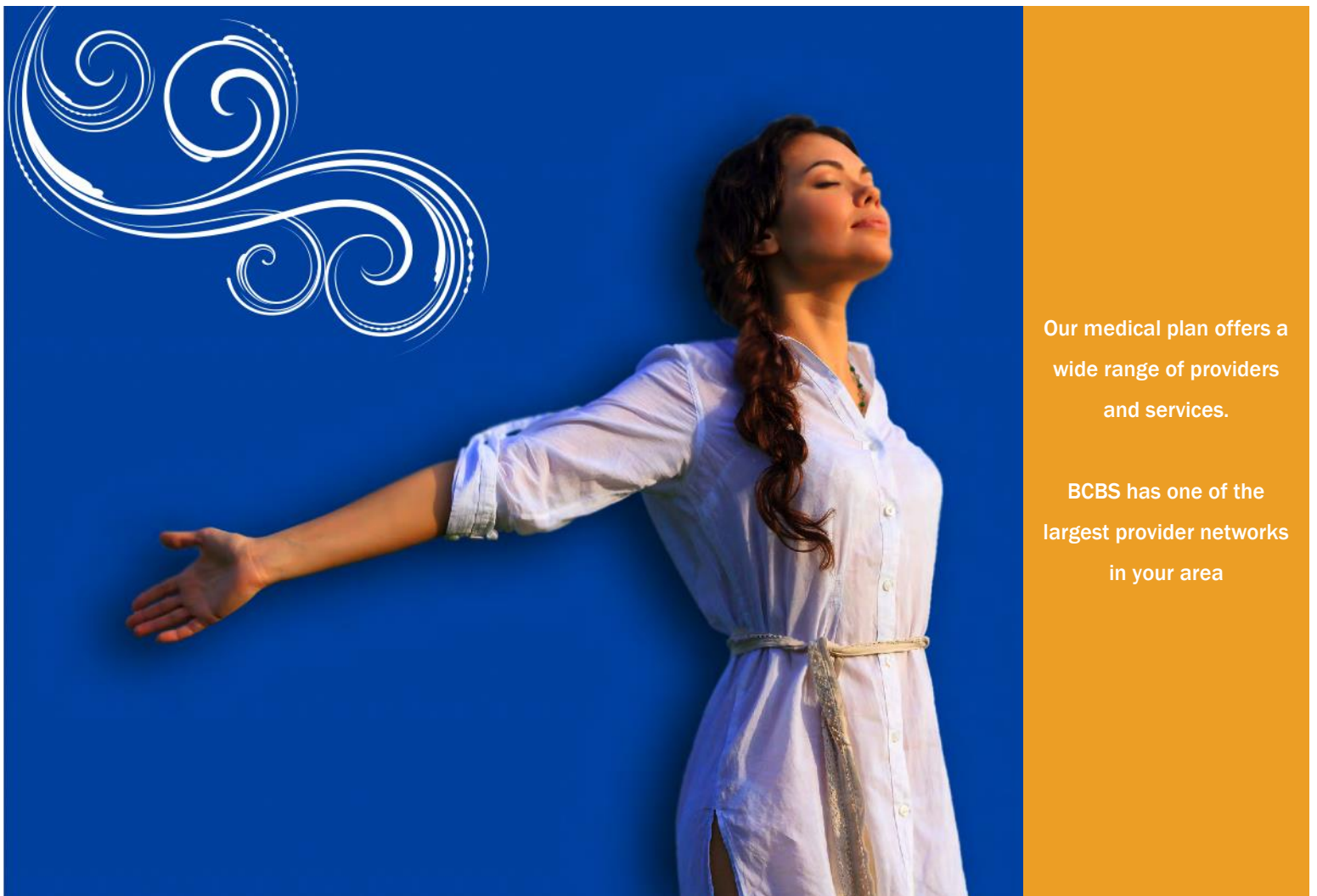
BlueCross BlueShield	PPO Plan	HRA Plan
	In Network Benefits	
Point of Service Benefits		
Primary Care Physician	\$30 co-pay	Deductible then 80%
Specialist Physician	\$60 co-pay	Deductible then 80%
Preventive Screenings (HCR A&B) Preventive Maximum	\$0 co-pay Unlimited	\$0 co-pay Unlimited
Chiropractic	Deductible then 50% (\$500 annual max)	Deductible then 50% (\$500 annual max)
Emergency Room	\$200 co-pay, Deductible, 80%	Deductible then 80%
Prescription Drugs	\$25 generic \$50 preferred, \$80 non-preferred	Deductible then 80%
Major Medical Benefits		
Deductible	\$2,500 (3x per family)	\$3,000/\$6,000(Teammate+1)/\$9,000 (family)* HRA
Max. Out of pocket	\$6,600 (2x per family)	\$6,600, \$9,900(Teammate+1), \$13,200 (family)
Coinsurance	80% BCBS/20% Teammate (\$4,100/\$5,700 family)	80% BCBS/20% Teammate (\$3,600, \$3,900, \$4,200)
Hospital In and Out-Patient	Deductible & Coinsurance	Deductible then 80%
Lifetime Maximum	Unlimited	Unlimited
Out of Network Benefits		
Deductible	\$2,500 (3x family)	\$3,000/\$6,000(Teammate+1)/\$9,000 (family)* HRA
Max. Out of pocket	\$7,500 (2x per family)	\$7,500, \$12,000(Teammate+1), \$16,500 (family)
Coinsurance	50% BCBS/50% Teammate (\$5,000/\$7,500 family)	50% BCBS/50% Teammate (\$4,500, \$6,000, \$7,500)
Lifetime maximum	Unlimited	Unlimited

- The HRA plan reimburses the FIRST \$750 for single, \$1,500 for E+1, and \$2,000 for Family

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

Our HRA (Health Reimbursement Account) plan is a Consumer Driven Plan that does not have a co-pay. The HRA Plan reimburses you for first dollar medical expenses up to \$750 for single, \$1500 (Teammate+1), and \$2000 family. Our PPO Plan does have co-pays for both office visits and prescription drug coverage.



Our medical plan offers a wide range of providers and services.

BCBS has one of the largest provider networks in your area

Dental Benefits	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental Plan	\$0.00	\$15.51	\$20.69	\$41.49

Delta Dental	In and Out of Network Plan Benefits	
	Preventive	Pays 100% of costs (UCR)
Basic Services	80%	
Major Services	50%	
Deductible	\$50/individual \$150/family	
Annual Maximum/Insured	\$1,000	
Orthodontia	Child Only (up to 19)	
Orthodontia Services	50%	
Lifetime Ortho Maximum	\$1,000	

## Dental

We offer 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 [https://www.deltadentalsc.com/Subscribers/Provider\\_Search?PlanType=Delta](https://www.deltadentalsc.com/Subscribers/Provider_Search?PlanType=Delta). 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

We offer employees and their families a comprehensive vision plan. Our vision plan is administered by Physicians Eyecare Plan. Our plan includes exam and material copays. You may visit the vision provider of your choice but we also have a network available consisting of Sears, Wal-Mart Optical, JC Penny Optical, Pearle Vision & other private practices such as Stokes. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to [www.physicianseyecareplan.com](http://www.physicianseyecareplan.com) and entering your address.



## Vision Benefits

### Employee Bi-Weekly Premium Deductions

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
<b>Vision Plan</b>	\$3.92	\$7.75	\$6.60	\$11.08

## VSP

### In Network Benefits

#### Plan Benefits

Eye Exam	Annually
Plan Length	12 months
Material Allowance	\$175
Material Co-pay (one-time)	\$25.00
Exam co-pay	\$15.00
Additional Discounts	20% discounts on glasses and 15% discounts on contacts after material allowance. There are also discounts on contact lens fitting exams.

## Disability Insurance

Carolina Bank provides employees the opportunity to purchase Long-Term and Short-Term Disability Insurance. Both plans covers you up to 60% of your income to a maximum of \$7,500 per month for LTD, and \$1000 per week for STD.

### Long-Term Disability

	Sunlife Plan Benefits All Other Employees
Monthly Benefit	\$7,500
Income Replaced	60%
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	To SSNRA*
Cost of Coverage	\$

\*Social Security normal retirement age

### Short-Term Disability

	Sunlife Plan Benefits
Monthly Benefit	\$1,000
Income Replaced	60%
Elimination Period	1 <sup>st</sup> day acc /8 day sickness
Partial Disability Paid	Yes
Benefit Payable	13 weeks
Cost of Coverage	\$

\*\*LTD Calculation - Monthly Earnings/100\*.415

\*\*STD Calculation - (Weekly Earning s\*.60)/10\*.415\*12/26

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## Life Insurance & Voluntary Life Insurance

### Sunlife

Employees are provided with Group Basic Term Life in the amount of 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). You also have the option to purchase \$5,000 of benefit on your spouse or dependent under your Basic Term Life plan. Our coverage is portable to you if you meet certain requirements\*. You have 31 days from the date of termination to contact Sunlife to convert your coverage (see Human Resources for details). We also offer the ability to purchase additional amounts of coverage through Sunlife through payroll deductions. You can purchase coverage on yourself up to \$100,000 guarantee issue, your spouse at \$25,000 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).

\*see certificate of coverage for details





EMPLOYEE COVERAGE

Voluntary Life Insurance

EMPLOYEE BI-WEEKLY DEDUCTIONS

Age	10k	20k	30k	40k	50k	60k	70k	80k	90k	100k
<30	0.48	0.95	1.43	1.90	2.38	2.85	3.33	3.80	4.28	4.75
30-34	0.61	1.23	1.84	2.46	3.07	3.68	4.30	4.91	5.52	6.14
35-39	0.75	1.50	2.26	3.01	3.76	4.51	5.27	6.02	6.77	7.52
40-44	1.17	2.34	3.50	4.67	5.84	7.01	8.17	9.34	10.51	11.68
45-49	2.04	4.09	6.13	8.18	10.22	12.27	14.31	16.36	18.40	20.45
50-54	3.48	6.95	10.43	13.90	17.38	20.85	24.33	27.80	31.28	34.75
55-59	6.80	13.60	20.40	27.19	33.99	40.79	47.59	54.39	61.19	67.98
60-64	14.88	29.75	44.63	59.50	74.38	89.25	104.13	119.00	80.29	89.22
65-69	14.88	29.75	44.63	59.50	74.38	89.25	104.13	119.00	133.88	148.75
70 +	39.94	79.87	119.81	159.75	199.68	239.62	279.56	319.50	359.43	399.37

Voluntary Dependent Life Insurance

SPOUSE COVERAGE

EMPLOYEE BI-WEEKLY DEDUCTIONS

Age	5k	10k	15k	20k	25k
<30	0.18	0.37	0.55	0.74	0.92
30-34	0.25	0.51	0.76	1.02	1.27
35-39	0.32	0.65	0.97	1.29	1.62
40-44	0.53	1.06	1.59	2.12	2.65
45-49	0.97	1.94	2.91	3.88	4.85
50-54	1.68	3.37	5.05	6.74	8.42
55-59	3.35	6.69	10.04	13.38	16.73
60-64	4.41	8.82	13.22	17.63	22.04
65-69	7.38	14.77	22.15	29.54	36.92

Voluntary Dependent Life Insurance

Option 1

Option 2

Option 3

14 days to 26 years of age / Coverage	\$2,500	\$5,000	\$10,000
Costs per pay period	\$0.27	\$0.54	\$1.08

You can go to the Clarke & Company Website for information on wellness, health conditions, webinar information, and the latest from our blog. Sign up for our weekly wellness email, "The Buzz" [www.clarkebenefits.com](http://www.clarkebenefits.com)



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## HEALTH CARE AND DEPENDENT CARE FLEXIBLE BENEFIT ACCOUNTS

Carolina Bank 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. You must enroll in the plan to participate for the plan year January 1, 2015 – December 31, 2015. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

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.



Contributions to your FSA 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 to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

The maximum that you can contribute to the Health Care Flexible Spending account is \$2,550 per year.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,000 if you are married and are filing separately.

## C&C University

Carolina Bank employees have access to C&C University. The University is a web based library of video, podcasts, and print materials to help you manage conditions and bring you information on 14 different topics that we track. As an employee, you can log in to C&C University at <http://clarkebenefits.com/cc-university-carolina-bank/> and your password is: [carolinabank](#).

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## Model Notices

You can view your required model notices at <http://clarkebenefits.com/carolina-bank/>. Also, on this site are the Summary Plan Descriptions and all of your certificates of coverage along with other useful benefit information from each carrier.





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## CONTACT INFORMATION & RESOURCES

### Clarke & Company Benefits Contact Information

Columbia: 803-253-6997

All other locations: 888-540-9403

Michael Wolfe, Client Manager: [mwolfe@clarkebenefits.com](mailto:mwolfe@clarkebenefits.com)

Edwin Croft, Client Manager: [ecroft@clarkebenefits.com](mailto:ecroft@clarkebenefits.com)

### Clarke & Company Benefits Resources:

C&C University: <http://clarkebenefits.com/cc-university-carolina-bank/> password: carolinabank

Employee Model Notices: <http://clarkebenefits.com/carolina-bank/>

### BlueCross BlueShield:

Website: [www.southcarolinablues.com](http://www.southcarolinablues.com) -Here you can find an in-network provider, manage claims, take your health risk assessment, and much more!

### Delta Dental

Website: [www.deltadentalsc.com](http://www.deltadentalsc.com)

Here you can find an in-network provider near you.

### Physicians Eye Care Plan

Website: [www.physicianseyecareplan.com](http://www.physicianseyecareplan.com)

-If you click on the "For Members" tab then you can locate a provider near you.

