



CLARKE & COMPANY
BENEFITS LLC

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elauwit
{el·ah·wit}

2015 EMPLOYEE BENEFITS
ENROLLMENT GUIDE

Contents

Table of Contents

Eligibility and Enrollment.....	2
Medical Costs & Medical Plan Information	3-4
Dental & Short Term Disability Costs with Plan Info	5
Long Term Disability & Vision Cost with Plan Info	6
Life Insurance & Voluntary Insurance Information.....	7
Voluntary Life Insurance Price Chart	8
Flexible Spending & Dependent Care.....	9
Your Current 2015 Elections.....	10
Contact Information	11

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/elauwitbenefits/>



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.

WHO IS ELIGIBLE

If you are an Elauwit regular full-time employee, you are eligible for benefits. Employees who work over 30 hours and are not temporary are considered full time employees. New employees must work 30 hours and are eligible 1st of the month after 60 days. You are also eligible to cover your family members in the medical, dental, vision, and voluntary life insurance through Elauwit employer sponsored benefit plans.

HOW TO ENROLL

The first step is to review your current benefit elections on page 10. Your current coverage's renew on April 1, 2015. We have new plans from Metlife for 2015, and our health plan will continue to be with Blue Cross Blue Shield. 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 Elauwit health plan, you have already been enrolled for 2015 with your current coverage election. If you would like to make any changes you can during this time by making a change on your enrollment form. After open enrollment, which concludes on 3/28/2015, 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:

Elauwit contributes to employee coverage for medical insurance and provides life insurance for each employee. You have the option of purchasing additional life insurance through Metlife.



2015 COSTS OF COVERAGE

Employee Bi-Weekly Deductions

Medical Benefits	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Base Plan	\$7.38	\$224.64	152.90	\$370.14
Buy Up Plan	\$46.03	\$325.56	\$233.26	\$512.78

Blue Cross Blue Shield	Base Plan	Buy Up Plan
	In Network Benefits	
	Point of Service Benefits	
Primary Care Physician	\$20 co-pay	\$20 co-pay
Specialist Physician	\$40 co-pay	\$40 co-pay
Preventive Screenings (HCR A&B) Preventive Maximum	\$0 co-pay Unlimited	\$0 co-pay Unlimited
Other Physician Services	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Facility Charges	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$8 generic \$30 preferred, \$60 non-preferred 10% up to \$200 max for specialty	\$8 generic \$30 preferred, \$60 non-preferred 10% up to \$200 max for specialty
Major Medical Benefits		
Deductible	\$2,000 (\$6,000 family)	\$1,000 (\$3,000 family)
Coinsurance Maximum	\$5,000 (\$10,000 family)	\$3,000 (\$6,000 family)
Coinsurance	70% BCBS/30% employee	80% BCBS/20% employee
Max. Out of pocket	\$5,000 incl. copays & ded./coins(\$10,000 family)	\$3,000 incl. copays & ded./coins (\$6,000 family)
Hospital In and Out-Patient	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime Maximum	Unlimited	Unlimited
Out of Network Benefits		
Deductible	\$4,000 (\$12,000 family)	\$2,000 (\$6,000 family)
Max. Out of pocket	\$10,000 (\$20,000 family)	\$6,000 (\$12,000 family)
Coinsurance	50% BCBS/50% employee	60% BCBS/40% employee
Lifetime maximum	Unlimited	Unlimited

Medical insurance is an important part of your benefit package. Medical costs continue to rise at double-digit rates 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
- For more information on Elauwit benefits log on at www.clarkebenefits.com/elauwitbenefits



Elauwit provides all employees' access to an Employee Assistance Plan through Balance/Works EAP Work/Life Services. Counseling, Child/Elder Care Resources, Legal and Financial Consultants and more are available. You can call 1-800-327-2255 for more info or log on at www.mybalanceworks.com

DENTAL

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by MetLife. 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.metlife.com and entering your zip code in the “Find a Dentist” box on the lower right corner of the webpage. You do not have to be in the medical plan to have dental coverage. There are four tiers of coverage for you to choose from.

Dental Costs

Employee Bi-Weekly Deductions

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental Plan	\$13.03	\$27.42	\$32.88	\$47.28

MetLife

In Network

Out of Network

In and Out of Network

Plan Benefits

	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	\$50/individual \$150/family
Annual Maximum/Insured	\$1000	

DISABILITY INSURANCE

Elauwit offers employees a Long –Term and Short-Term Disability Insurance at group rates. Our plans covers you up to 60% of your income to a maximum of \$1,000 per week for Short-Term and up to \$6,000 per month on Long-Term. This is open enrollment for both plans, and you can purchase disability coverage at this time without health questions. If you would like coverage in the future, you must answer health questions and be approved.

MetLife

Short-Term Disability

Plan Benefits

Weekly Benefit	Up to \$1,000 per week
Income Replaced	60% of Pre-disability Earnings, up to \$1000 max.
Elimination Period	14 days accident/14 days sickness
Partial Disability Paid	Yes
Benefit Payable	11 weeks
Cost of Coverage	See your individual booklet



MetLife**Long-Term Disability****Plan Benefits**

Monthly Benefit	Up to \$6,000 per month
Income Replaced	60% of Pre-disability Earnings, up to \$6,000 per month max.
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	To Social Security Normal Retirement Age
Cost of Coverage	See your individual booklet

VISION

Elauwit offers employees and their families a comprehensive vision plan. Our vision plan is administered by Metlife. Our plan includes an annual eye exam, material allowance, material co-pay and other discounts. 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 Meltife and entering your zip code in the provider search. There are 4 tiers of coverage for you to choose from.

Vision Costs**Employee Bi-Weekly Deductions**

	Employee Only	Employee & Spouse	Employee & Children	Family
Vision Plan	\$3.54	\$7.08	\$6.00	\$9.89

MetLife**In Network****Out of Network****In and Out of Network****Plan Benefits**

	In Network	Out of Network
Eye Exam	\$20 copay	\$45 allowance
Contact Lenses	\$130 allowance	\$105 allowance
Standard Lenses	\$20 copay	\$30-\$100 allowance
Frame Allowance	\$130 allowance Costco (\$70 allowance)	\$70 allowance
Contact Fitting Copay	Max copay of \$60	Applied to contact lenses allowance

LIFE INSURANCE & VOLUNTARY LIFE INSURANCE

All Elauwit employees are provided with 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 100% of the life benefit (See the certificate of coverage for dismemberment benefits). Our coverage may be convertible and/or portable to you if you meet certain requirements*. You have 31 days from the date of termination to contact Metlife to convert your coverage (see Human Resources for details). We also offer the ability to purchase additional amounts of coverage through payroll deductions. At this time, without health questions you can purchase coverage on yourself up to \$100,000* on yourself (see below for cost), \$25,000 on your spouse, and \$10,000 on your children. If you do not elect coverage at this time and wish to purchase additional life insurance in the future, you will be subject to medical questions and must be approved.

*see certificate for details



Voluntary Life Insurance & Accidental Death

EMPLOYEE BI-WEEKLY DEDUCTIONS

Age	10k	20k	30k	40k	50k	60k	70k	80k	90k	100k
<30	.36	0.71	1.07	1.42	1.78	2.13	2.49	2.84	3.20	3.55
30-34	.45	0.90	1.35	1.80	2.25	2.70	3.15	3.60	4.05	4.50
35-39	.49	.99	1.48	1.98	2.47	2.96	3.46	3.95	4.44	4.94
40-44	.57	1.14	1.72	2.29	2.86	3.43	4.01	4.58	5.15	5.72
45-49	.86	1.73	2.59	3.45	4.32	5.18	6.04	6.90	7.77	8.63
50-54	1.32	2.65	3.97	5.30	6.62	7.95	9.27	10.60	11.92	13.25
55-59	2.06	4.13	6.19	8.25	10.32	12.38	14.44	16.50	18.57	20.63
60-64	3.12	6.25	9.37	12.50	15.62	18.75	21.75	25.00	28.12	31.25
65-69	5.94	11.88	17.82	23.76	29.70	35.64	41.58	47.52	53.46	59.40
70+	9.59	19.17	28.76	38.34	47.93	57.52	67.10	76.69	86.28	95.86

Voluntary Spouse Life Insurance & Accidental Death

Age	5k	10k	15k	20k	25k
<30	.18	.36	.53	.71	.89
30-34	.22	.45	.67	.90	1.12
35-39	.25	.49	.74	.99	1.23
40-44	.29	.57	.86	1.14	1.43
45-49	.43	.86	1.29	1.73	2.16
50-54	.66	1.32	1.99	2.65	3.31
55-59	1.03	2.06	3.09	4.13	5.16
60-64	1.56	3.12	4.69	6.25	7.81
65-69	2.97	5.94	8.91	11.81	14.85

Voluntary Dependent Life insurance

	Coverage	Pay Per Period
Child(ren)	\$10k	\$1.33

HEALTH CARE AND DEPENDENT CARE FLEXIBLE BENEFIT ACCOUNTS

Elauwit 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. If you do not use the money you contributed to the FSA it will not be refunded to you and you can only carry over up to a maximum of \$500.

The maximum that you can contribute to the Health Care Flexible Spending account is \$2,500 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 \$2,500 if you are married and are filing separately.

EMPLOYEE ELECTIONS & DEDUCTION REPORT 2015

Employee:

Effective Date of Benefits:

PRE-TAX BENEFITS

	Coverage	Deduction Amount
Medical		
Dental		
Vision Insurance		
Life Insurance	50k	Paid By Elauwit

Total Pre-Tax Deduction: 185.78

POST-TAX BENEFITS

	Coverage	Deduction Amount
Voluntary Life		
Vol. Spouse Life		
Vol. Child(ren) Life		
Short Term Disability		
Long Term Disability		

Total Post-Tax Deduction:
Total Deductions Per Pay Period:



CONTACT INFORMATION AND RESOURCES

Clarke and Company Benefits Contact Information

Columbia: 803-253-6997

All Other Locations: 888-540-9403

Norman Clarke, Client Manager: nclarke@clarkebenefits.com

Amy Colgate, Account Manager: acolgate@clarkebenefits.com

Jordan Archer, Wellness Analyst: jarcher@clarkebenefits.com

Clarke and Company Benefits Resources:

Website: <https://clarkebenefits.com.com>

Employee Model Notices: <http://clarkebenefits.com/elauwitbenefits/>

Blue Cross Blue Shield:

Website: www.southcarolinablues.com

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

Metlife:

Website: <https://metlife.com>

Find a provider near you.

More Benefit Information:

You can access more benefit information online at:

<http://clarkebenefits.com/elauwitbenefits/>

