

# 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 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:*

NAME, 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 2013 ELECTIONS.

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## WHO IS ELIGIBLE

If you are a COMPANY NAME 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 COMPANY NAME employer sponsored benefit plans.

### HOW TO ENROLL

The first step is to review your current benefit elections on page 11. Your current coverage's renew on January 1, 2013. We are staying with BCBS for

2014. 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 COMPANY NAME health plan, you have been 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 12/31/2013, 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

COMPANY NAME contributes toward medical, dental, & vision coverage, and provides employees Basic Life & Long Term Disability at no charge to you.

## 2014 COSTS OF COVERAGE

Medical Benefits	Employee Semi-Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Traditional Plan	\$51.40	\$346.58	\$269.68	\$572.30
High Deductible Health Plan	\$27.07	\$293.29	\$223.94	\$496.87

BCBS	Traditional Plan	HDHP Plan
	In Network Benefits	
	Point of Service Benefits	
Primary Care Physician	\$25 co-pay	Deductible then 100%
Specialist Physician	\$50 co-pay	Deductible then 100%
Preventive Screenings (HCR A&B) Preventive Maximum	\$0 co-pay Unlimited	\$0 co-pay Unlimited
Urgent Care	\$75	Deductible then 100%
Chiropractic	\$25 (max. of 20 visits)	Deductible then 100% (20 visit limit)
Emergency Room	\$150 then 30%	Deductible then 100%
Prescription Drugs	\$10 generic \$35 preferred, \$60 non-preferred	Deductible then 100%
Major Medical Benefits		
Deductible	\$1,000 (3x per family)	\$2,500 single/\$5,000 family
Max. Out of pocket	\$3,000 (2x per family)	N/A
Coinsurance	70% BCBS/30% employee	100% BCBS
Hospital In and Out-Patient	Deductible & Coinsurance	Deductible then 100%
Lifetime Maximum	Unlimited	Unlimited
Out of Network Benefits		
Deductible	\$3,000 (3x family)	\$5,000 (2x family)
Max. Out of pocket	\$6,000 (3x family)	\$8,000 (2x family)
Coinsurance	50% BCBS/50% employee	80% BCBS/20% employee
Lifetime maximum	Unlimited	Unlimited

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

The PPO option is a traditional plan with co-pays, deductibles, coinsurance, and out of pocket maximums. Our High Deductible Health Plan (HDHP) does not have a co-pay and can be paired with a Health Savings Account (HSA) to provide a way to pay for medical care with pre-tax dollars. To better understand the difference in these types of plans please go to <http://clarkebenefits.com/hsa/> .



We have two medical options to choose from. Our plan options include:

PPO Option with copays

HDHP Option

You can open a Health Savings Account and pre-tax contributions



Dental Benefits	Employee Semi-Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental Plan	\$0.00	\$11.32	\$18.08	\$29.40

Guardian	In and Out of Network Plan Benefits	
Preventive	Pays 100% of costs (UCR)	
Basic Services	80%	
Major Services	60% In-Network / 50% Out of Network	
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 Guardian this year. 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.guardiananytime.com/fpapp/FPWeb/dentalSearch.process> and selecting PPO under plan options. 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 a free annual eye exam, \$150 of material allowance, material co-pays and exam co-pays. You may visit the vision provider of your choice but we also have a network available consisting of Columbia Eye Clinic, Sears, Wal-Mart Optical, JC Penny Optical, Pearle Vision & other private practices. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to [www.physicianseyecareplan.com/members/](http://www.physicianseyecareplan.com/members/) and entering your address on the right.

## Vision Benefits

### Employee Semi-Monthly Deductions

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Vision Plan	\$0.00	\$3.15	\$3.40	\$7.05

## Physicians EyeCare Plan

### In Network Benefits

#### Plan Benefits

Eye Exam	Annually
Material Allowance	\$150
Plan Length	12 months
Material Co-pay (one-time)	\$25
Exam co-pay	\$10
Additional Discounts	20% discounts on glasses and 15% discounts on contacts after material allowance. There are also discounts on contact lens fitting exams and a 10-15% discount on LASIK

## LONG -TERM DISABILITY

COMPANY NAME provides employees with a Long Term Disability Plan at no cost to the employee. This plan covers you up to 60% of your income to a maximum of \$ per month. There is a 90 day elimination period before your Long Term Disability benefit begins. The plans benefit period continues until you reach your social security normal retirement age (see certificate).

## Long Term Disability

### Guardian

#### Plan Benefits

Monthly Benefit	\$
Income Replaced	60%
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	To SSNRA*
Cost of Coverage	Provided at no cost by COMPANY NAME

\*Social Security normal retirement age

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## Life Insurance & Voluntary Life Insurance

### The Guardian Insurance Company

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 convertible to you if you meet certain requirements\*. You have 31 days from the date of termination to contact Guardian to convert your coverage (see your Firm Administrator for details). We also offer the ability to purchase additional amounts of coverage 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

Semi-Monthly	10k	20k	30k	40k	50k	60k	70k	80k	90k	100k
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\* Rates include AD&D





## EMPLOYEE COVERAGE

### Voluntary Life Insurance

#### EMPLOYEE SEMI-MONTHLY DEDUCTIONS

Age	10k	20k	30k	40k	50k	60k	70k	80k	90k	100k
<30	.46	.92	1.38	1.84	2.30	2.76	3.22	3.68	4.14	4.60
30-34	.54	1.07	1.61	2.14	2.68	3.21	3.75	4.28	4.82	5.35
35-39	.69	1.37	2.06	2.74	3.43	4.11	4.80	5.48	6.17	6.85
40-44	.90	1.79	2.69	3.58	4.48	5.37	6.27	7.16	8.06	8.95
45-49	1.34	2.67	4.01	5.34	6.68	8.01	9.35	10.68	12.02	13.35
50-54	1.97	3.93	5.90	7.86	9.83	11.79	13.76	15.72	17.69	19.65
55-59	3.12	6.23	9.35	12.46	15.58	18.69	21.81	24.92	28.04	31.15
60-64	4.88	9.76	14.64	19.52	24.40	29.28	34.16	39.04	43.92	48.80
65+	8.45	16.90	25.35	33.80	42.25	50.70	59.15	67.60	76.05	84.50

## SPOUSE COVERAGE

### Voluntary Dependent Life Insurance

#### EMPLOYEE SEMI-MONTHLY DEDUCTIONS

Age	5k	10k	15k	20k	25k
<30	.23	.46	.69	.92	1.15
30-34	.27	.54	.80	1.07	1.34
35-39	.34	.69	1.03	1.37	1.71
40-44	.45	.90	1.34	1.79	2.24
45-49	.67	1.34	2.00	2.67	3.34
50-54	.98	1.97	2.95	3.93	4.91
55-59	1.56	3.12	4.67	6.23	7.79
60-64	2.44	4.88	7.32	9.76	12.20
65+	4.23	8.45	12.68	16.90	21.13

### Voluntary Dependent Life Insurance

Coverage

Per Pay Period

14 days to 26 years of age

\$10k

\$1.00

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"



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## HEALTH CARE AND DEPENDENT CARE FLEXIBLE BENEFIT ACCOUNTS

COMPANY NAME 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, 2013 – December 31, 2013. 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 nor will it be carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Health Care Flexible Spending account is \$2,000 per year. This is a decrease from 2011 due to Health Care Reform.

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.

## EMPLOYEE ELECTIONS & DEDUCTION REPORT 2012/2013

Employee: CRYSTAL BAXLEY

Effective Date of Benefits: January 1, 2014

### PRE-TAX BENEFITS

	Coverage	Deduction Amount
Medical	Single	25.00
Dental	Single	5.00
Vision	Single	2.00
Term Life	Yes	Paid for By Company Name
Long Term Disability	Yes	Paid for By Company Name
Total Pre-Tax Deduction		32.00

### POST-TAX BENEFITS

	Coverage	Deduction Amount
Optional Dependent Life	None	0.00
Voluntary Life	50,000	3.00
Vol. Spouse Life	None	0.00
Vol. Child(ren) Life	5000	1.00
Total Post-Tax Deduction		4.00
Total Deductions Per Pay Period		36.00



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## CONTACT INFORMATION & RESOURCES

### Clarke & Company Benefits Contact Information

Columbia: 803-253-6997

All other locations: 888-540-9403

Norman Clarke, Client Manager: [nclarke@clarkebenefits.com](mailto:nclarke@clarkebenefits.com)

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

Laura Howell, Account Manager: [lhowell@clarkebenefits.com](mailto:lhowell@clarkebenefits.com)

### Clarke & Company Benefits Resources:

HSA Questions/Information: [www.clarkebenefits.com/hsa](http://www.clarkebenefits.com/hsa)

C&C University:

Employee Model Notices:

### BCBS:

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!

### Guardian

Website: <https://www.guardiananytime.com> "Find a dentist" on the right hand side of the page to find a provider near you.

### More Benefit Information

You can access more benefit information online at:

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

