2014 EMPLOYEE BENEFITS ENROLLMENT GUIDE











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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 benfeits, discrepencies, or errors are always possible. In case of discrepency betweent 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 quesitons about your Guide, contat Human Resources. 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 and can view your model notices at http://clarkebenefits.com/itcemployeebenefits/.

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 2014 ELECTIONS.

WHO IS ELIGIBLE

If you are an ITC Global regular fulltime 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, and vision coverage, through ITC Global employer sponsored benefit plans.

HOW TO ENROLL

Your current coverage's renew on September 1, 2014. If you would like to make a change at this time, you can fill out an election change form.

WHEN TO ENROLL

If you would like to enroll in any of the ITC Global benefits, now is your time to do so by September 10, 2014. If you would like to make any changes you can during this time by filling out a change form. After open enrollment, in order 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

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

2014 COSTS OF COVERAGE

| Medical Benefits | | Employee Bi- | Monthly Deductions | |
|------------------|---------------|-------------------|---------------------|-------------------|
| | Employee Only | Employee & Spouse | Employee & Children | Employee & Family |
| Health Plan | \$77.76 | \$140.17 | \$127.31 | \$151.30 |

| United Healthcare | Traditional Plan | | |
|-------------------------|---------------------------|--|--|
| Health Plan | In Network Benefits | | |
| | Point of Service Benefits | | |
| Primary Care Physician | \$25 co-pay | | |
| Specialist Physician | \$45 co-pay | | |
| Preventive Screenings | \$0 as now | | |
| (HCR A&B) | \$0 co-pay | | |
| Preventive Maximum | Unlimited | | |
| Urgent Care | \$75 | | |
| Emergency Room Facility | \$350 then 100% | | |
| | \$10 generic | | |
| Prescription Drugs | \$35 preferred, | | |
| | \$60 non-preferred | | |
| | Major Medical Benefits | | |
| Deductible | \$2,000 (3x per family) | | |
| Max. Out of pocket | \$2,000 (3x per family) | | |
| Coinsurance | 100% United HC | | |
| Hospital | Dadostilda (Osiassusana | | |
| In and Out-Patient | Deductible & Coinsurance | | |
| Lifetime Maximum | Unlimited | | |
| | Out of Network Benefits | | |
| Deductible | \$4,000 (2x family) | | |
| Max. Out of pocket | \$8,000 (2x family) | | |
| Coinsurance | 80% United HC | | |
| Lifetime maximum | 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 United Healthcare plan has copays, deductibles, coinsurance, and out of pocket maximums. Use the United Healthcare website to look up participating in network physicians. United Healthcare has a comprehensive network in your area. Please visit C&C University to learn about ways to manage your health care costs by gaining control of your personal health: http://clarkebenefits.com/cc-university-2/. The password to access this site is Clarke01.



Want to get healthy.

Go to the C&C University
on the Clarke & Company
website and learn more
about living a healthy
lifestyle.

You can also take part in our wellness challenges. The next challenge is our weight loss challenge in January 2015.

| | Employee Bi-Monthly Deductions | | | |
|----------------------------|--------------------------------|-------------------|---------------------|------------------|
| Dental Benefits | Employee Only | Employee & Spouse | Employee & Children | Employee & Famil |
| Dental Plan | \$3.75 | \$7.00 | \$8.00 | \$11.50 |
| Metropolitan Life | 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 Per Insured | \$2000 | | | |
| Orthodontia | Child Only (Up to age 19) | | | |
| Orthodontia Services | 50% | | | |
| Lifetime Ortho Maximum | | | \$1,000 | |

| Employee BI-Monthly Deduc | ctions |
|---------------------------|--------|
|---------------------------|--------|

| Vision Benefits | Employee Only | Employee & Spouse | Employee & Children | Employee & Family |
|-----------------|---------------|-------------------|---------------------|-------------------|
| Dental Plan | \$3.75 | \$7.00 | \$8.00 | \$11.50 |

Metropolitan Life

| | In Network | Out of Network |
|-------------------|-----------------------------|----------------------------------|
| Eye Exams | \$0 co-pay | Covered up to \$45 |
| Frame Benefit | \$100 benefit/every 2 years | Covered up to \$55/every 2 years |
| Ocustost Danielit | Included in Frame allowance | Included in Frame allowance |
| Contact Benefit | (\$100 per year) | (\$80 per year) |
| Hardware Copay | \$0 | N/A |

BASIC LIFE INSURANCE

Metropolitan Life

Employees are provided with Basic Term Life in the amount of 2.5X your salary at no cost to you. Our coverage includes accidental death & dismemberment coverage. For accidental death our plan pays 2.5x's the benefit (See the certificate of coverage for dismemberment benefits). Your life insurance is convertible to you if you meet certain requirements*. You have 31 days from the date of termination to contact Metlife to port or convert your coverage (see HR for details).

SHORT TERM DISABILITY AND LONG TERM DISABILITY

Metropolitan Life

ITC Global helps you plan for your family's financial security in the event of your serious illness or severe injury. ITC Global provides employees Long Term Disability and Short Term Disability at no cost to you.

| | Disc. Day of Cir. |
|--------------------|--|
| | Plan Benefits |
| Weekly Benefit | 60% of income to a maximum of \$1,000 per week |
| Elimination Period | 14 days (accident or sickness) |
| Benefit Payable | 11 Weeks |
| Coverage | Paid for by ITC |

| Long Term Disability | Plan Benefits | |
|----------------------|---|--|
| Monthly Benefit | 60% of income to a max. of \$10,000 per month | |
| Elimination Period | 90 days | |
| Benefit Payable | To Social Security Normal Retirement Age | |
| Partial Benefit | Pays partial if you cannot work full time | |
| Coverage | Paid for by ITC Global | |

^{*}see certificate of coverage for details

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

Bradley Poole, Client Services Manager: bpoole@clarkebenefits.com

Clarke & Company Benefits Resources:

Additional Benefit Information: http://clarkebenefits.com/itcemployeebenefits/

C&C University: http://clarkebenefits.com/cc-university-2/ Password: Clarke01

United HealthCare

Website: https://www.providerlookuponline.com/uhc/po7/Search.aspx Your network is United Healthcare Choice Plus. Here you can find an in-network provider, manage claims, take your health risk assessment, and much more!

Metropolitan Life- Dental & Vision

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

ADDITIONAL BENEFIT INFORMATION

Human Resources

The Employer Group 1100 Shirley St. Ste. 200 Columbia, SC 29204

Tele: 803-252-2566 Fax: 803-400-1987

Contact:

Elaine Brown