



City of North Charleston

2015–2016 Employee Benefits Enrollment Guide



Contents

Table of Contents 2
Eligibility and Enrollment3
Medical Costs & Medical Plan Information 4
Wellness Information 5
Dental Costs with Plan Information6
Vision Costs with Plan Information7
Basic Life and Optional Employee/Dependent Life 8
Optional Employee/Dependent Life Cost Chart
Supplemental Insurance 10
Disability Plan Information 11
Contact and Website Information12

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 between the Guide and the actual plan documents, the actual 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, 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/

It's that time of year again! **OPEN ENROLLMENT!** Below are some changes we want you to be aware of as well as some updated information regarding the Affordable Care Act (ACA).

- First and foremost, C&C has negotiated and worked hard with Blue Cross/Blue Shield to minimize cost changes to our plan. In an environment where annual costs continue to go up, we are pleased that we were able to minimize that impact.
- The one area we have no control over is the Affordable Care Act (ACA) which continues to **impact the cost of Medical Insurance** across our country and for each and every C&C employee.
- In 2015, you will have a \$4.98 weekly deduction specifically used to pay a portion of the Tax and fees resulting from the ACA. These monies are not used to pay for your insurance coverage. C&C will pay the remainder of the ACA fees.
- Despite these added ACA costs, C&C is pleased to continue to provide Day One insurance coverage using PPO plans each of which contain co-pay features for both your doctor visits and prescriptions.

As you consider your healthcare options, please remember two things:

- If you enroll in any of the Medical plans offered by C&C, you will meet the current ACA Individual Mandate and will not be subject to IRS penalties.
- You will not be eligible for any premium subsidies offered in the marketplace. As a full time employee, C&C already subsidizes your cost of medical insurance and meets the affordability requirement of the employer mandate under ACA.

This **benefit enrollment period** is your opportunity to choose the benefits that are best for you and your lifestyle. This guide has been prepared with all the information you need to select your 2015 benefit coverages.

WHO IS ELIGIBLE

If you are a C&C 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 C& C employer sponsored benefit plans

HOW TO ENROLL

The first step is to review your current benefit elections by logging into the open enrollment online web portal. Your current coverage's, end on January 31st 2015. New Coverage begins on February 1st, 2015. Our carriers will continue to be BlueCross BlueShield of SC, Met Life, AUL, and EyeMed.

WHEN TO ENROLL

Open Enrollment begins January 12th **through January 23**rd, **during this open enrollment period you must complete the enrollment elections via our online web portal.** If you do not complete online enrollment elections you could have an interruption in insurance coverage. After open enrollment, which concludes on 1/23/2015, 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.

2016 COSTS OF COVERAGE

Medical Benefits		Weekly Dec	ductions	
	Employee Only	Employee & Spouse	Employee & Children	Family
BCBS OF SC PPO Plan	\$4.98	\$108.86	\$77.40	\$181.26
BCBS OF SC Non-PPO Plan	\$20.60	\$139.32	\$103.09	\$222.91

	PPO Plan	Non-PPO Plan
Blue Cross Blue Shield of SC		
Primary Care Physician	\$30	\$35
Specialist Physician	\$40	\$45
Preventive Screenings (Consult Policy) Preventive Maximum	\$30/40 to a max of \$500 annually	\$35/45 to a max of \$500 annually
Urgent Care	\$30	\$35
Office Surgery	100% after copay	100% after copay
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs	\$10 Generic/\$35 Preferred/\$55 Non Preferred Specialty Rx \$100	\$10 Generic/\$35 Preferred/\$55 Non Preferred Specialty Rx \$100
Deductible	\$5000 (2x family)	\$2000 (2x family)
Max Out of Pocket	\$5000 (2x family)	\$5000 (2x family)
Coinsurance	70% BCBS/30% Employee	60% BCBS/40% Employee
Hospital In and Out-Patient	IP: \$200 copay/Deductible/Coins OP: Deductible/Coins	IP: \$200 copay/Deductible/coins OP: Deductible/Coins
Lifetime Maximum	Unlimited	Unlimited
Deductible	\$10,000 (2x family)	\$4000 (2x family)
Max. Out of pocket	\$10,000 (2x family)	\$8000 (2x family)
Coinsurance	50% BCBS/50% Employee	50% BCBS/50% 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 v 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 BlueCross BlueShield of SC plan has co-pays, deductibles, coinsurance, and out of pocket maximums. The traditional PPO plans allows you to see any participating physician. BlueCross BlueShield of SC 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 password: cc01



Clarke and Company Benefits LLC

		Employee We	ekly Deductions	
Dental Benefits	Employee Only	Employee & Spouse	Employee & Children	Family
Dental Plan	\$1.15	\$10.59	\$7.78	\$17.29

DENTAL

C&C offers employees and their families a comprehensive dental plan. Our dental plan is administered by Met Life. 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 <u>www.metlife.com</u> and enter your zip code or your dentist's name. You do not have to be the medical plan to have dental coverage. There are 4 tiers of coverage for you to choose from.

Met 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/Insured	\$1,500	
Orthodontia	Child Only (up to 19)	
Orthodontia Services	50%	
Lifetime Ortho Maximum	\$1,500	

For your convenience, MetLife's dental coverage and claim information is provided in a "card" format that can be cut out, folded and kept in your wallet.

Please note, the ID number for all insureds is the employee's Identification Number.

MeetLife® To verify dental coverage, call 1-800-275-4638. Please review important information on reverse side. A Group Policy Number is not required to file a claim. The IDP for all insureds is the employee's identification Number. Send Dental Claim Sto: MetLife Dental P.O. Box 9811282 El Paso, TX 79998-1282	WHEN YOU CHOOSE TO RECEIVE CARE FROM A PREFERRED DENTIST PARTICIPATION IN THE METLE PREFERRED DENTIST PROGRAM (PDP), YOUR OUT-OF-POCKET EXPENSE WILL GENERALLY BE LOWER THAN WHEN YOU VISIT A NON-PARTICIPATING DENTIST. TO OSTINA A LISTING OF POP DENTISTS IN YOUR LOCAL AREA, CALL 1400-174-7371 OR YOST WWW.METLIFE.COMDENTAL. THIS CARD IS THE PROPERTY OF METLEF FRANDULENT USE LMM RESULT IN TERMINATION OF BENEFITS. POSSESSION OF THIS CARD IN TISELF COMFERN NO INGENT OB BENEFITS. POSSESSION OF THIS CARD IN TISELF COMFERN NO. RIGHT TO BENEFITS OF QUARANTEE OF COVERAGE. PERSONS MUST BE CURRENTLY ENROLLED. PROMPTLY NOTIFY US IF CARD IS LOST OR STOLEN.
Member Signature	Metropolitan Life Insurance Company Printed in U.S.A. New York, NY 10166 PCANUTS © United Feature Syndicate, Inc., www.snospy.com 02122120

When printing, please make sure your page scaling is adjusted to "None."

6

Clarke and Company Benefits LLC

		Employee Weekly Deductions Employee & Employee & Family			
Vision Benefits	Employee Only	nployee Only Employee & Spouse		Family	
Vision Plan	\$0.94	\$1.82	\$1.92	\$2.82	
EyeMed	In	In Network Benefits		Out of Network Benefits	
Frames	Amoun	t over \$110 allowance	Up to	o \$55 reimbursement	
Contact Lenses	Amoun	Amount over \$110 allowance		o \$88 reimbursement	
Allowance Frequency: Eye Exan Lenses, Contact Lenses, Frame		Annually	Annually		
Standard Lenses		\$0		o \$55 reimbursement	
Material Copay	Va	Varies by Lens Type		Not applicable	
Other Lens Options	Copays	range from \$15 to \$65		Not Covered	
Exam co-pay		\$15	Up te	o \$35 reimbursement	
Network		www.eyemedvisioncare.com You will be using the Choice network			

VISION

We are now offering employees and their families a comprehensive vision plan. Our vision plan is administered by EyeMed. Our plan includes an annual eye exam, \$110 of material allowance, material co-pays and other discounts. You may visit the vision provider of your choice but we also have a network available consisting of retail stores such as Sears, Target, 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 <u>www.eyemedvisioncare.com</u> and entering your zip code in the provider search. Please choose the Choice plan when searching for a provider. You do not have to be on the medical plan to have vision coverage. There are 4 tiers of coverage for you to choose from. The additional information including an ID card will be on the last two pages of this enrollment guide.



LIFE INSURANCE & VOLUNTARY LIFE INSURANCE

AUL

Employees are provided with Group Basic Term Life in the amount of \$25,000 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 is convertible to you if you meet certain requirements*.

You have 31 days from the date of termination to contact AUL to convert or port your coverage (see Human Resources 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 \$20,000 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).

Age	25k	50k	75K	100K
<34	.75	1.50	2.25	3.00
35-39	.92	1.84	2.76	3.68
40-44	1.15	2.30	3.45	4.60
45-49	1.73	3.46	5.19	6.92
50-54	2.71	5.42	8.13	10.84
55-59	4.62	9.23	13.85	18.46
60-64	6.35	12.70	19.05	25.40
65-69	10.44	20.88	31.32	41.76

Voluntary Life Insurance

Voluntary Spouse & Dependent Life Insurance

Employee weekly Deductions

Employee Weekly Deductions

Option 1			Option 2		Option 3	
	Coverage	Per Pay Period	Coverage	Per Pay Period	Coverage	Per Pay Period
Spouse	\$5000	.51	\$10,000	1.02	\$20,000	2.05
Child(ren)	\$2500	.20	\$5000	.39	\$10,000	.79
Family	See Above	.71	See Above	1.42	See Above	2.84
Minimum Employee Life	\$25,000	See Age Bands	\$25,000	See Age Bands	\$50,000	See Age Bands



Unum Supplemental Insurance

Unum offers Supplemental Coverage to all employees. The supplemental policies that can be purchased are:

- Accident Insurance (which concludes a hospital confinement rider)
- Critical illness with cancer insurance.
 This does include a health screening benefit.
- Whole Life Insurance is also available.
 Dependent coverage is also available to be purchased.
- You have two options to enroll, there will be a link on the EmpowHR website to direct you to the Unum enrollment platform or you can call 1-800-416-3851 starting January 12th-23rd during the hours of 8AM-8PM.

DISABILITY INSURANCE

C&C provides employees the opportunity to purchase Long Term and Short Term Disability plans. Your Long Term plan covers you up to 60% of your income to a maximum of \$5,000 per month. The Long Term plan could cover you to Social Security Normal Retirement Age. Your Short Term plan covers you up to 60% of your income to a maximum of \$1000 per week with a 11 week benefit. period..

	AUL	
Long-Term Disability	Plan Benefits	
Monthly Benefit Max	\$5000	
Income Replaced	60%	
Elimination Period	90 days	
Partial Disability Paid	Yes	
Benefit Payable	To SSNRA*	

	AUL	
Short-Term Disability	Plan Benefits	
Weekly Benefit Max	\$1000	
Income Replaced	60%	
Elimination Period	15 day accident/15 days sickness	
Partial Disability Paid	Yes	
Benefit Payable	11 weeks	



CONTACT INFORMATION AND RESOURCES

Clarke and Company Benefits Contact Information

Charleston: 843-881-7636 Columbia: 803-253-6997 Dave Kay, Client Manager: <u>davekay@southern-benefits.com</u> Jordan Archer, Client Manager: <u>jarcher@clarkebenefits.com</u> Laura Howell, Account Manager: <u>howell@clarkebenefits.com</u> Amy Colgate, Account Manager: <u>acolgate@clarkebenefits.com</u> Elizabeth Sharpe, Customer Service Rep: <u>esharpe@clarkebenefits.com</u>

Clarke and Company Benefits Resources:

C&C University: http://clarkebenefits.com/nchlstn

BlueCross BlueShield of SC:

Website: <u>www.southcarolinablues.com</u> Here you can find an in-network provider, manage claims, take your health risk assessment and much more.

Met Life:

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

EyeMed:

Website: <u>www.eyemedvisioncare.com</u>

-Click "Find a provider" on the top left side of the home page. Choose Choice as your network option, and then enter your desired zip code.

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

