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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 possbile. In case of discrepency 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 quesitons about your Guide, contact 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 at the following link http://clarkebenefits.com/websterrogers/

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 a WebsterRogers 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, vision, disability and voluntary life insurance, through WebsterRogers employer sponsored benefit plans.

HOW TO ENROLL

Your current coverage's renew on January 1, 2014. Verify your personal information and make any changes if

necessary. If you would like to make a change at this time, you can fill out a change form.

WHEN TO ENROLL

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 December 20th, 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

You may choose to purchase any medical, dental, and/or vision coverage.

2014 COSTS OF COVERAGE

Medical Benefits	Employee Monthly Cost				Employee Monthly Cost		
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family			
Traditional Plan	\$594.59	\$1216.61	\$1106.68	\$1618.65			
High Deductible Health Plan	\$516.22	\$1052.53	\$957.74	\$1399.16			

Blue Cross	Traditional Plan	HDHP Plan		
Health Plan	In Network Benefits Point of Service Benefits			
_				
Primary Care Physician	\$35 co-pay	Deductible then 100%		
Specialist Physician	\$35 co-pay	Deductible then 100%		
Preventive Screenings	\$0 co-pay	\$0 co-pay		
Preventive Maximum	Unlimited	Unlimited		
Urgent Care	\$35	Deductible then 100%		
Emergency Room	\$50 copay/Deductible/Coinsurance	Deductible then 100%		
	\$10 generic			
Prescription Drugs	\$35 preferred,	Deductible then 100%		
	\$55 non-preferred			
	Major Medi	cal Benefits		
Dodustible	\$2,000 (2v nor family)	\$2,700 single/\$5,400 family (Aggregate		
Deductible	\$2,000 (3x per family)	Deductible)		
Max. Out of pocket	\$2,500 (2x per family)	N/A		
Coinsurance	80% BC/20% employee	100% Blue Cross		
Hospital	Deductible & Coinsurance	Deductible then 100%		
In and Out-Patient	Deductible & Coinsurance	Deductible then 100%		
Lifetime Maximum	Unlimited	Unlimited		
	Out of Netw	ork Benefits		
Deductible	\$3,000 per individual	\$2,700 (2x family)		
Max. Out of pocket	\$4,000 (2x family)	\$5,000 (2x family)		
Coinsurance	60% BC/40% employee	60% BC/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, 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/.



Dental Benefits	Employee Monthly Cost			
	Employee	Employee & Spouse	Employee & Children	Employee & Family
	Only			
Dental Plan	\$34.81	\$66.91	\$88.20	\$117.02

Ouevellers -			
Guardian	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		

DENTAL

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by Guardian. 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/home.process. You do not have to be enrolled in the medical plan to have dental coverage. There are 4 tiers of coverage for you to choose from.

Long Term Disability	Mutual of Omaha	
	Plan Benefits	
Monthly Benefit	Up to \$10,000 per month	
Income Replaced	60%	
Elimination Period	90 days	
Partial Disability Paid	Yes	
Benefit Payable	To SSNRA*	
Cost of Coverage	Employer Paid	

^{*}Social security normal retirement age.

LONG TERM DISABILITY

WebsterRogers offers employees a Long Term Disability Plan. This plan covers you up to 60% of your income to a maximum of \$6,000 per month. The plans benefit period continues until you reach your social security normal retirement age (see certificate). Employees have the option of a Short Term Disability Plan. This plan covers you up to 60% of your income, up to a weekly maximum of \$1250 per week. This plan is voluntary and paid by employees through payroll deduction. If you have current coverage this will be noted above. If you wish to elect coverage you will have to fill out evidence of insurability. Ask your benefit representitive for an EOI form if you wish to elect Short Term Disability coverage at this time.

LIFE INSURANCE & VOLUNTARY LIFE INSURANCE

Mutual of Omaha

Partners have the option to buy a Group Basic Term Life in the amount of 3 times their annual salary. Our coverage includes accidental death & dismemberment coverage. For accidental death our plan pays 2 x's the benefit (See the certificate of coverage for dismemberment benefits). Our coverage may be portable and/or convertible to you if you meet certain requirements*. You have 31 days from the date of termination to contact Mutual of Omaha to port or convert your coverage (see HR for details). You also offer the ability to purchase additional amounts of coverage through payroll deductions. You can purchase coverage on yourself, your spouse and dependents. 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



VISION

Our vision plans provides coverage for eye exams, glasses, and contact lenses. Each plan has a co-pay for exams in addition to in and out of network benefits. Our plan pays for glasses and contact lenses up to a certain plan limitation. Coverage is stronger if you use in network providers. To search for an in network provider, please visit http://physicianseyecareplan.com/directory/. There is no cost for exams on any program below.

Vision Benefits	Employee Monthly Cost				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family	
Vision Plan	\$7.50	\$14.30	\$13.10	\$23.30	
Physicians Eyecare	In & Out of Network Benefits				
Plan	Cost for You				
Eye Exams	\$10 co-pay				
Lenses	\$150 material allowance every 24 months towards frames and/or lenses of your choice.				
Other options	The \$150 annual allowance can be used for contact lenses (\$25 copay applies).				
Discounts	After allowance has been used, receive a 20% discount on glasses and 10-15% discount				
Discourts		on contacts at	participating providers.		

The WebsterRogers Vision plan through Physicians
Eyecare Plan offers a network of private practice Ophthalmology, private practice
Optometry, and large retail stores such as Walmart.



Summary of Benefit Costs

Effective January 1, 2014

WebsterRogers offers you the option for any medical, dental, and/or vision below:

Flexible Coverage Options	Monthly Rate	Р	er Pay Period
			(Bi Weekly)
Medical (Blue Cross)	PPO Rate		PPO Rate
Employee	\$594.59		\$274.43
Employee/Spouse	\$1216.61		\$561.51
Employee/Child	\$1106.68		\$510.77
Family	\$1618.65		\$747.07
Medical (Blue Cross)	HSA Rate		HSA Rate
Employee	\$516.59		\$238.25
Employee/Spouse	\$1052.53		\$485.78
Employee/Child	\$957.74		\$442.03
Family	\$1399.16		\$645.76
Dental (Guardian)			
Employee	\$34.81		\$16.07
Employee/Spouse	\$66.91		\$30.88
Employee/Child	\$88.20		\$40.71
Family	\$117.02		\$54.00
Talling	Ψ111.02		Ψ04.00
Vision (Physicians Eyecare Plan)			
Employee	\$7.50		\$ 3.46
Employee/Spouse	\$14.30		\$ 6.60
Employee/Child	\$13.10		\$6.05
Family	\$23.30		\$10.75
Short-Term Disability (Mutual of Omaha)			
Up to \$1,250 per week benefit		\$0.00	
op to \$1,200 per week benefit		40.00	
Employee (\$10,000 to \$300,000 - 150K GI)		See HR for pricing	
Spouse Optional Life (\$10,000 - \$150,000 100K GI)		See HR for pricing	

Healthy Incentive Account- Members enrolled in the HDHP Health Plan

Lower your deductible with the Healthy Incentive Account. Choose up to two wellness activities per year prior to meeting your deductible. Once you have met your deductible you will be unable to get credit. Credit is available for both the employee and spouse. Select two of the following wellness activities:

- Complete your online Personal Health Assessment
- Get a wellness exam. Annual routine physical or gynecological exam will qualify
- Enroll in weight management program (if you qualify)
- Enroll in tobacco cessation program (if you qualify)
- Enroll in maternity care program (if you qualify within 20 weeks of pregnancy)

The Personal Health Risk Assessment (PHA) can be completed by visiting Member.SouthCarolinaBlues.com and log in with your username and password. It is encouraged to take the PHA within the first 90 days of the year and the wellness exam within the first 180 days.



range of providers and services.

BlueCross BlueShield of SC offers comprehensive disease management programs.

Please visit:

www.southcarolinablues.com

CONTACT INFORMATION & RESOURCES

Clarke & Company Benefits Contact Information

Columbia: 803-253-6997 All other locations: 888-540-9403

Edwin Croft, Client Manager: ecroft@clarkebenefits.com

Laura Howell, Account Manager: lhowell@clarkebenefits.com

Clarke & Company Benefits Resources:

HSA Questions/Information: www.clarkebenefits.com/hsa. For more detail on this web tool, see: page 5.

C&C University: http://clarkebenefits.com/cc-university-webster-rogers/ Password: websterrogers01. This web tool will offer you many wellness resources to assist you in living a healthy lifestyle. You will find links to wellness videos on a range of healthy topics.

Employee Model Notices/Forms/Benefit Information: http://clarkebenefits.com/webster-rogers/. Visit this website to find a Summary Plan Description, policy certificates, SBC, and other insurance forms.

Blue Cross Health Plan:

Website: http://southcarolinablues.com -Here you can find an in-network provider, manage claims, take your health risk

assessment, and much more!

Guardian Life

Website: www.guardiananytime.com - Click "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:

http://clarkebenefits.com/webster-rogers/

Find benefit summaries,

network info, certificates of coverage,

and much more.

