



2016 Employee Benefits Enrollment Guide





TABLE OF CONTENTS

Page 3 Eligibility & Enrollment

Page 4 Medical Costs & Medical Plan Information

Page 5 Medical Management Information

Page 6 Dental & Vision Costs & Plan Information

Page 7 Disability Information

Page 8 Life Insurance Information

Page 9 Voluntary Life Insurance Information & Price Chart

Page 10 Online Enrollment Information

Page 11-13 Colonial Supplemental Information

Page 14 Contact Information and Important web links

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, discrepencies, or errors are always possible. In case of discrepencies 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 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.

IS THE OPPORTUNITY TO CHOOSE NOW BENEFITS THAT ARE BEST FOR YOU AND YOUR LIFESTYLE. THIS BENEFIT ENROLLMENT PERIOD IS YOUR **CHANCE** TO REVIEW YOUR **CURRENT** ELECTIONS AND MAKE ANY CHANGES FOR YOU **THIS** YOUR FAMILY. **GUIDE** HAS PREPARED WITH ALL THE INFORMATION TO CHOOSE YOUR BENEFITS FOR UPCOMING PLAN YEAR.

WHO IS ELIGIBLE

If you are a SYSTEMTEC regular full-time employee, you may be eligible for benefits. Employees who work 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 voluntary life insurance plans. Basic life, short and long term disability are provided by SYSTEMTEC.

HOW TO ENROLL

The enrollment process will be completed online through EmpowHR: http://empowhr.empowhr.com. Further instructions are located on page 10 of this Enrollment Guide.

WHEN TO ENROLL

Online enrollment will open June 16th and will close June 30th. YOU MUST GO ONLINE TO EMPOWHR TO MAKE OPEN ENROLLMENT CHANGES. If no changes are made, your current enrollments will be rolled over for the next plan year (with the exception of your Dependent Care and Flex Spending Accounts, these must be reelected annually). Now is the only time to make changes during the year unless you have a qualified 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

SYSTEMTEC contributes a large portion of salaried employees' medical and dental premiums. Short & Long Term Disability and Life insurance are also provided at no cost to you.

2016 COSTS OF COVERAGE

Medical Benefits	Employee Biweekly Deductions						
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family			
BlueChoice POS Plan	\$55.00	\$242.00	\$210.00	\$335.00			
BlueChoice -		Traditional Poin	t of Service (POS)				
	In Net	work	Out of Network				
Primary Care Physician	\$30 c	opay	Deductible, then 50%				
Specialist Physician	\$50 c	opay	Deductible	e, then 50%			
Preventive Screenings	100	0%	Not Covered				
(See <u>www.healthcare.gov</u>)	*Based on Health Car	re Reform Guidelines					
Urgent Care	\$50 Participating	g providers only	Deductible	e, then 50%			
Outpatient Hospital							
Xrays plan pays 100% no							
deductible. Deductible	ФОБО Остан/Dad	. atilala (thana 200)	\$250 Copay/Deductible/then 50%				
will apply to MRI, MRA,	\$250 Copay/Dedu	uctible/then 30%					
PET, CT scan and Nuclear							
Medicine							
Inpatient Hospital	\$250 Copay/Dedu	uctible/then 30%	\$250 Copay/Deductible/then 50%				
Emergency Room	\$250 Copay/Dedu	uctible/then 30%	Same as	In Network			
Prescription Drugs							
(You will pay more if a non	T: 4 40 /T: 0 40	= (T' O DAF (T' 4					
generic drug is selected instead	Tier 1: \$8/Tier 2: \$25/Tier 3: \$45/Tier 4:		Covered only at a Participating Pharmacy				
of a less expensive covered	\$70/Tier 5: \$12	5/11er 6: \$175					
generic)							
Mail Order Prescription							
Drugs	2.5 times copayment for 90 day supply		Not Applicable				
	Major Medical Benefits						
Deductible	\$1,500 (2x per family)		\$3,000 (2x per family)				
Max. Out of pocket							
Includes deductible,	**===						
coinsurance, and all	\$4,500 (2x per family)		\$9,000 (2x per family)				
copays							
Coinsurance	70% BlueChoice	/30% employee	50% BlueChoice /50% employee				
Lifetime Maximum	Unlim	nited	Unlir	mited			

Your Insurance.

Anywhere.

Company ID: Systemtec



Download the free Clarke & Company Benefits app and gain 24/7 access to all of insurance needs. You can save all of your insurance cards in one place, look up doctors, and even find out what your plans are. Let Clarke & Company Benefits customize the app to your company and bring your employees all of their benefits on the go, anywhere, anytime!





DENTAL AND VISION

Dental & Vision	Employee Biweekly Deductions						
Benefits	Employee Only	Employee/Spouse	Employee/Child(ren)	Employee & Family			
Guardian Dental	\$13.00	\$33.50	\$33.00	\$39.00			
Guardian VSP Vision	\$3.62	\$6.10	\$6.22	\$9.84			

Overellere —	Plan Benefits				
Guardian	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	Same as in network			
Annual Maximum/Insured	\$1,000	Same as in network			
Orthodontia	Child Only (up to 19)	Same as in network			
Orthodontia Services	50%	Same as in network			
Lifetime Ortho Maximum	\$1,000	Same as in network			
Access Network Providers	www.guardianlife.com , "Locate a Provider"				

	Plan Benefits			
Guardian	In Network	Out of Network \$20 every year		
Eye Exam	\$20 every year			
Material Allowance	\$120, per person	Guardian will pay max of \$47		
Allowance	Annually Annually			
Material Copy	\$20	\$20		
ccess Network Providers	www.guardianlife.com , "Locate a Provider"			

Long Term Disability	Guardian		
	Plan Benefits		
Monthly Benefit Max	\$5,000		
Income Replaced	60%		
Elimination Period	90 days		
Partial Disability Paid	Yes		
Benefit Payable	To SSNRA*		

Short Term Disability	Guardian		
	Plan Benefits		
Bi Weekly Benefit Max	\$1,000		
Income Replaced	60%		
Elimination Period	1 day accident/8 days sickness		
Partial Disability Paid	Yes		
Benefit Payable	13 weeks		

^{*}Social security normal retirement age. Preexisting conditions include any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted a physician, received treatment, or took prescribed drugs. The preexisting condition is a 3 month look back for the next 12 month period. Please see your policy certificate for details.

LONG- TERM & SHORT- TERM DISABILITY

SYSTEMTEC provides salaried employees Long and Short Term Disability coverage at no cost. Your Long Term plan covers up to 60% of your income to a maximum of \$5,000 per month. Your Short Term plan covers up to 60% of your income to a maximum of \$1,000 per week with a 13 week benefit period. Disability plans include a partial disability benefit. Contact Human Resources with questions regarding enrollment.

BASIC LIFE INSURANCE

Guardian

SYSTEMTEC provides 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 2 x's the benefit (See the certificate of coverage for dismemberment benefits). Our coverage is convertible to whole life if you leave employment or portable for term life insurance. You have 31 days from the date of termination to convert/port your coverage (see HR for details). You must request conversion or portability paperwork from human resources. You must submit the required paperwork directly to Guardian. 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



VOLUNTARY LIFE INSURANCE

SYSTEMTEC offers the ability to purchase additional amounts of coverage through a convenient payroll deduction. 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. At that time, you may elect up to \$150K on yourself, \$50K on your spouse, and \$10K on your children at your initial enrollment. If you wish to pick up coverage at a later date or during open enrollment you will be subject to evidence of insurability (required to fill out a health questionnaire). You must elect voluntary life insurance for yourself to be eligible to cover your family members. Your dependent life insurance amount cannot exceed 50% of the employee voluntary life insurance benefit amount.

Volunta	ry Life In	surance			EMPLO'	YEE BIWEE	KLY DEDI	JCTIONS		
Age	10K	20K	30K	40K	50K	60K	70K	80K	90K	100K
< 30	.42	.83	1.25	1.66	2.08	2.49	2.91	3.32	3.74	4.15
30-34	.42	.83	1.25	1.66	2.08	2.49	2.91	3.32	3.74	4.15
35-39	.51	1.02	1.52	2.03	2.54	3.05	3.55	4.06	4.57	5.08
40-44	.78	1.57	2.35	3.14	3.92	4.71	5.49	6.28	7.06	7.85
45-49	1.15	2.31	3.46	4.62	5.77	6.92	8.08	9.23	10.38	11.54
50-54	1.66	3.32	4.98	6.65	8.31	9.97	11.63	13.29	14.95	16.62
55-59	2.63	5.26	7.89	10.52	13.15	15.78	18.42	21.05	23.68	26.31
60-64	4.29	8.58	12.88	17.17	21.46	25.75	30.05	34.34	38.63	42.92
65-69	6.78	13.57	20.35	27.14	33.92	40.71	47.49	54.28	61.06	67.85

^{**}Your dependent life coverage cannot exceed more than 50% of your voluntary life coverage.

Voluntary Dependent Life Insurance	DEPENDENT COVERAGE			
Spouse	Guarantee Issue up to \$50,000.	See above for coverage requirements		
Dependent(s)	\$5000= .46 per pay period	\$10,000= .92 per pay period		

Flexible Spending Accounts

SYSTEMTEC 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. A healthcare 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. To participate for the new plan year July 1, 2016 – June 30, 2017, you must enroll on EmpowHR, regardless of your participation status of the last plan year. Your enrollment will not automatically roll over. You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA. For 2016, you will be able to elect up to \$1500 for your medical FSA and/or \$5000 for your Dependent care plan. New Flex Spending participants that wish to receive their reimbursements via direct deposit will need to submit a voided check. Our administrator for the plan year will be ProBenefits. You can find Claim forms for FSA and Dependent Care accounts at www.probenefits.com. Their contact number is 1-888-722-8382. You may also contact Laura Howell at Clarke & Company for further information.

EmpowHR ONLINE ENROLLMENT

Benefit elections/open enrollment changes may be made through the EmpowHR Online Portal. Online elections begin on June 16th and close on June 30th. Your login is https://empowhr.com/login.aspx. Your empowHR username will be the first letter of your first name, then your last name, plus the last four digits of your social security number. For example, John Doe's username will be jdoe1234. Your EmpowHR password will default to your social security number. Upon your first login, you will be prompted to change your password prior to enrollment. The EmpowHR login screen is below. You can find more information online at http://clarkebenefits.com/systemtec-2. If you have any questions on the enrollment process you may contact Laura Howell at Clarke & Company Benefits at 888-540-9403 or 803-253-6997 or by email at lhowell@clarkebenefits.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:

C&C University: http://clarkebenefits.com/systemtec/ Password: systemtec1. 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 topics.

Employee Model Notices: http://clarkebenefits.com/systemtec-2 Visit this website to find Summary Plan Descriptions, policy certificates, SBCs, and other insurance forms.

BlueChoice Health Plan:

Website: www.bluechoicesc.com

-Here you can find network providers and more!

Guardian VSP Dental & Vision Plan:

Website: www.guardianlife.com

Here you can find network providers. Please click the VSP option on the vision link, when searching for providers.



