



EMPLOYEE BENEFITS

Prepared For: [generic logo company](#)



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.

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 2017, 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:

- 1) 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.
- 2) **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 2018 benefit coverages.



WHEN TO ENROLL

Open Enrollment begins January 12th through January 23rd, 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 1/23/2018, 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.

WHO IS ELIGIBLE

If you are a regular full time employee, you are eligible for benefits. Employees who work 30 or more hours a week and are not temporary are considered full time employees. You are also eligible to cover your family members in the medical and dental, through your 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 2018. New Coverage begins on February 1st, 2018. Our carriers will continue to be BlueCross BlueShield of SC, Met Life, AUL, and EyeMed.

MEDICAL

Blue Cross
Blue Shield

In Network Benefits			
	Core PPO Plan	Basic PPO Plan	Enhanced PPO Plan

Point of Service Benefits

Primary Care Physician	\$20 co-pay	Deductible then 100%	\$25
Specialist Physician	\$40 co-pay	Deductible then 100%	\$35
Preventive Screenings	\$0 co-pay	\$0 co-pay	\$25/35 to a max of \$500
Preventive Maximum	\$300	\$300	annually
Urgent Care	\$20p/\$40s	Deductible then 100%	\$25
Office Surgery	100% after copay	100% after copay	100% after copay
Emergency Room	Deductible & Coinsurance	Deductible then 100%	Deductible & Coinsurance
Prescription Copays	\$10 Generic \$35 Preferred \$55Non Preferred Specialty Rx \$100	\$10 Generic \$35 Preferred \$55Non Preferred Specialty Rx \$100	\$10 Generic \$35 Preferred \$55Non Preferred Specialty Rx \$100

Major Medical Benefits

Deductible	\$1,000 (3x per family)	\$2,600 (2x per family)	\$500 (2x family)
Max. Out of pocket	\$1,500 (2x family)	N/A	\$3000 (2x family)
Coinsurance	60% BCBS/40% employee	100% Blue Cross	80% BCBS/20% Employee
Hospital / In and Out-Patient	IP: Deductible/Coins OP: Deductible/Coins	IP: Deductible/Coins OP: Deductible/Coins	IP: Deductible/Coins OP: Deductible/Coins
Lifetime Maximum	Unlimited	Unlimited	Unlimited

Out of Network Benefits

Deductible	\$1,000 (3x family)	\$2,600 (3x family)	\$1000 (2x family)
Max. Out of pocket	\$3,000 (2x family)	\$5,200 (2x family)	\$6000 (2x family)
Coinsurance	40% BC/60% employee	60% BC/40% employee	50% BCBS/ 50% Employee
Lifetime maximum	Unlimited	Unlimited	Unlimited



	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Family
Core PPO Plan	\$4.98	\$108.86	\$77.40	\$181.26
Basic PPO Plan	\$20.60	\$139.32	\$103.09	\$222.91
Enhanced Plan	\$52.27	\$208.18	\$161.14	\$317.04

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

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

DENTAL

Employee Bi-Weekly Deductions				
Employee Only	Employee & Spouse	Employee & Children	Employee & Family	
Dental Plan	\$19.99	\$41.88	\$44.80	\$71.00

Guardian Dental

In and Out of Network Benefits

Plan Benefits

Preventive	Pays 100% of costs (UCR)
Basic Services	100%
Major Services	60%
Deductible	\$50/individual \$150/family
Annual Maximum/Insured	\$1,000
Orthodontia	Child Only (up to 19)
Orthodontia Services	50%
Lifetime Ortho Maximum	\$1,000

We 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 www.metlife.com 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.



VISION

	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Vision Plan	\$4.95	\$9.85	\$10.45	\$15.90

EyeMed

	In Network	Out of Network
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Plan Benefits

Frames	\$15 every year	Up to \$55 reimbursement
Contact Lenses	\$225, per person	Up to \$88 reimbursement
Allowance	Annually	Annually
Material Copy	Varies by Lens Type	Not applicable
Standard Lenses	\$0	Up to \$55 reimbursement
Other Lens Options	Copays range from \$15 to \$65	Not Covered
Exam co-pay	\$15	Up to \$35 reimbursement
Network	www.eyemedvisioncare.com You will be using Choice network	

****Access Network Providers: www.physicianseyecareplan.com, "Locate a Provider", SunGate Medical Group, Eye Care One, Optical Solutions, & Pearle Vision are a few of the local providers****

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 www.eyemedvisioncare.com 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.



SHORT & LONG TERM DISABILITY

(100% paid by employer- after 1 year anniversary)

Guardian Life

Short-Term Disability

Plan Benefits

Weekly Benefit	Up to \$1000 per week
Income Replaced	60%
Elimination Period	14 days
Partial Disability Paid	Yes
Benefit Payable	26 weeks

Long-Term Disability

Plan Benefits

Weekly Benefit	Up to \$6,000 per month
Income Replaced	60%
Elimination Period	180 days
Partial Disability Paid	Yes
Benefit Payable	To Age 65/ADEA

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..



LIFE INSURANCE

(100% paid by employer)

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).



Voluntary Life Insurance

Age	10k	20k	30k	40k	50k	60k	70k	80k	90k	100k
<30	.46	.92	1.38	1.85	2.31	2.77	3.23	3.69	4.15	4.62
30-34	.46	.92	1.38	1.85	2.31	2.77	3.23	3.69	4.15	4.62
35-39	.54	1.11	1.66	2.22	2.77	3.32	3.88	4.43	4.98	5.54
40-44	.74	1.48	2.22	2.95	3.69	4.43	5.17	5.91	6.65	7.38
45-49	1.06	2.12	3.18	4.25	5.31	6.37	7.43	8.49	9.55	10.62
50-54	1.66	3.32	4.98	6.65	8.31	9.97	11.63	13.29	14.95	16.62
55-59	2.86	5.72	8.58	11.45	14.31	17.17	20.03	22.89	25.75	28.62
60-64	3.92	7.85	11.77	15.69	19.62	23.54	27.46	31.38	35.31	39.23
65-69	6.46	12.92	19.38	25.85	32.31	38.77	45.23	51.69	58.15	64.62



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All other locations

(888) 540-9403

HAS Questions/Information

www.clarkebenefits.com/hsa

HR Connection

www.hrconnection.com

Blue Cross

Blue Cross Health Plan

www.bcbssc.com

(888)-410-2227

EyeMed Vision

EyeMed Vision Plan

www.eyemedvisioncare.com

(866)-939-3633

Guardian

<http://guardiananytime.com>

(800)-541-7846



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