2019
Employee Benefits

SCS Southside Christian School

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, 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 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. You can access benefit information at the following link: http://clarkebenefits.com/southside-christian/

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 2019 ELECTIONS.

WHO IS ELIGIBLE

If you are a Southside Christian School regular full-time employee, you are eligible for benefits. Employees who average 30 hours per 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 Southside Christian School 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. Our benefits will remain with our current carriers. You can enroll at: https://performancehcm.myisolved.com/UserLogin.aspx?ReturnURL=%2f to log into iSolved. Once in iSolved, click on "open enrollment" on the left side of the screen. Click "next" on the blue ribbon to continue the process. Please contact HR with any questions.

WHEN TO ENROLL

If you are a Southside Christian School regular full time employee, you are eligible for benefits. Now is the time to make your open enrollment changes. If you do not wish to make any changes, you must have a qualifying event to change your coverage throughout the year. Please see below for an overview. 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, termination of adoption proceedings, or change in spouse's employment status.

CONTRIBUTION

Southside Christian School contributes toward medical and dental coverage and provides employees with Basic Life Insurance and Long Term Disability. You have the option of purchasing more life coverage, and new for this year accident and critical illness through a payroll deduction.

2019 COSTS OF COVERAGE

Medical Cost	Employee Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Traditional Health Plan	$112.27	$591.85	$477.00	$835.34
HDHP Health Plan 1	$87.01	$484.75	$394.83	$739.11
HDHP Health Plan 2	$50.43	$411.99	$342.63	$653.45

Blue Cross Blue Shield Health Plan	Traditional Plan	HDHP Plan
	Point of Service Benefits	
Primary Care Physician	$25 co-pay	Deductible
Specialist Physician	$40 co-pay	Deductible
Preventive Screenings (HCR A&B) Preventive Maximum	$0 co-pay	$0 co-pay
Urgent Care	$25/$40 (depends on how they file)	Deductible
Chiropractic	Discount and applied to the deductible	Deductible
Emergency Room Facility	Deductible/Coinsurance	Deductible
Prescription Drugs	$20 Generic, $40 Preferred, $70 Non-preferred	Deductible
	Major Medical Benefits	
Deductible	$2000 (2x per family)*	OPT 1$3500 (2x fam)/OPT 2 $6250 (2x fam)*
Max Coinsurance OOP	$2000 (2x per family)	NA
Coinsurance	60% BCBS/40% employee	100%
Max OOP with Copays	$7350 (2x family)	
Hospital In and Out-Patient	Deductible & Coinsurance	Deductible
	Out of Network Benefits	
Benefits are available to you out of network but you will be responsible for more of the cost. Use in-network providers for most cost effective care.		

*On all plans – you can earn up to 2 credits valued at $250 (PPO Plan), $375 (HDHP Plan 1), or $625 (HDHP Plan 2) each. You can earn these credits by doing two of the following: annual physical, filling out a health assessment, having a preventive dental appointment, or signing up for challenges on RALLY

**DEPENDENTS are eligible to be covered until their 26th birthday, but dependent MATERNITY is not covered.

***Please let my office know if COBRA is something we need to discuss for your dependents as they age off.

Dental Cost	Employee Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
BCBS Dental Plan	$20.38	$62.68	$62.68	$62.68
SCS Cost	$20.38	$62.68	$62.68	$62.68

DENTAL

Blue Cross Blue Shield	In and Out of Network
	Plan Benefits
Preventive	Pays 100% of costs (UCR) OR 90% Out of Network
Basic Services	80% OR 60% Out of network
Major Services	50% OR 40% Out of network
Deductible	$50/individual $150/family (DOES NOT apply to any in-network benefits)
Annual Maximum Per Insured	$1250
Orthodontia	Child only (up to 19) – Covered at 50%
Lifetime Orthodontia Maximum	$1250

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by BCBS and 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.bcbssc.com and entering your zip code to find a dentist near you.

Vision Cost	Employee Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PEP Base Vision Plan	$4.25	$8.50	$8.25	$13.95
PEP Buy Up Vision Plan	$10.90	$21.80	$21.20	$34.90

VISION

Physicians EyeCare Plan	In and Out of Network	
	Plan Benefits	
	Base Plan	Buy Up Plan
Eye Exam	Annual	Annual
Material Allowance	NA	$200
Plan Length	12 Months	12 Months
Material Copay	No Copay - Discount Only	$25
Exam Copay	$15	$15

We offer employees and their families two valuable vision options. Our vision plan is administered by Physicians Eye Care Plan. The two options allow us to fit most of your vision needs (see certificate for full coverage details). For a list of network providers please see the link below.

http://physicianseyecareplan.com/members/

Use network tool to the right of this page or find a provider link in the middle of the page.

LIFE INSURANCE & VOLUNTARY LIFE INSURANCE

Mutual of Omaha

Regular full-time employees working 30 hours per week 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 (See the certificate of coverage for dismemberment benefits). We 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. Please see the chart below for the cost of voluntary term life insurance for yourself. Coverage can be purchased for the employees in $10,000 increments and the spouses in $5,000 increments. Guarantee issue at **initial enrollment** is up to $100,000 (employee), but the employees can buy up to 5x salary or a max of $500,000 with evidence of insurability filled out (located on the empowHR website). Guarantee issue for spouse at **initial enrollment** is $50,000 with max benefit of $100,000. A spouse's benefit cannot exceed 50% of what the employee elects. All premiums are based on the employee's age. Child(ren) can be insured with a minimum of $2,000 and max of $10,000.
If you did not elect voluntary life at your initial enrollment you will need to be approved and Evidence of Insurability will need to be completed.

	EMPLOYEE MONTHLY DEDUCTIONS									
Age	10k	20k	30k	40k	50k	60k	70k	80k	90k	100k
<30	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
30-34	0.90	1.80	2.70	3.60	4.50	5.40	6.30	7.20	8.10	9.00
35-39	1.11	2.20	3.30	4.40	5.50	6.60	7.70	8.80	9.90	11.00
40-44	1.70	3.40	5.10	6.80	8.50	10.20	11.90	13.60	15.30	17.00
45-49	2.90	5.80	8.70	11.60	14.50	17.40	20.30	23.20	26.10	29.00
50-54	4.70	9.40	14.10	18.80	23.50	28.20	32.90	37.60	42.30	47.00
55-59	7.40	14.80	22.20	29.60	37.00	44.40	51.80	59.20	66.60	74.00
60-64	11.50	23.00	34.50	46.00	57.50	69.00	80.50	92.00	103.50	115.00
65-69	20.70	41.40	62.10	82.80	103.50	124.20	144.90	165.60	186.30	207.00

LONG TERM DISABILITY

Southside also pays 100% of your long term disability plan with Mutual of Omaha. These benefits are taxable in the event of a disability.

Mutual of Omaha	LTD
	Plan 1 Benefits
Monthly Benefit	Up to a max. of $5000 per month
Income Replaced	66 2/3%
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	SSNRA*
Cost of Coverage	Paid for By Southside Christian School

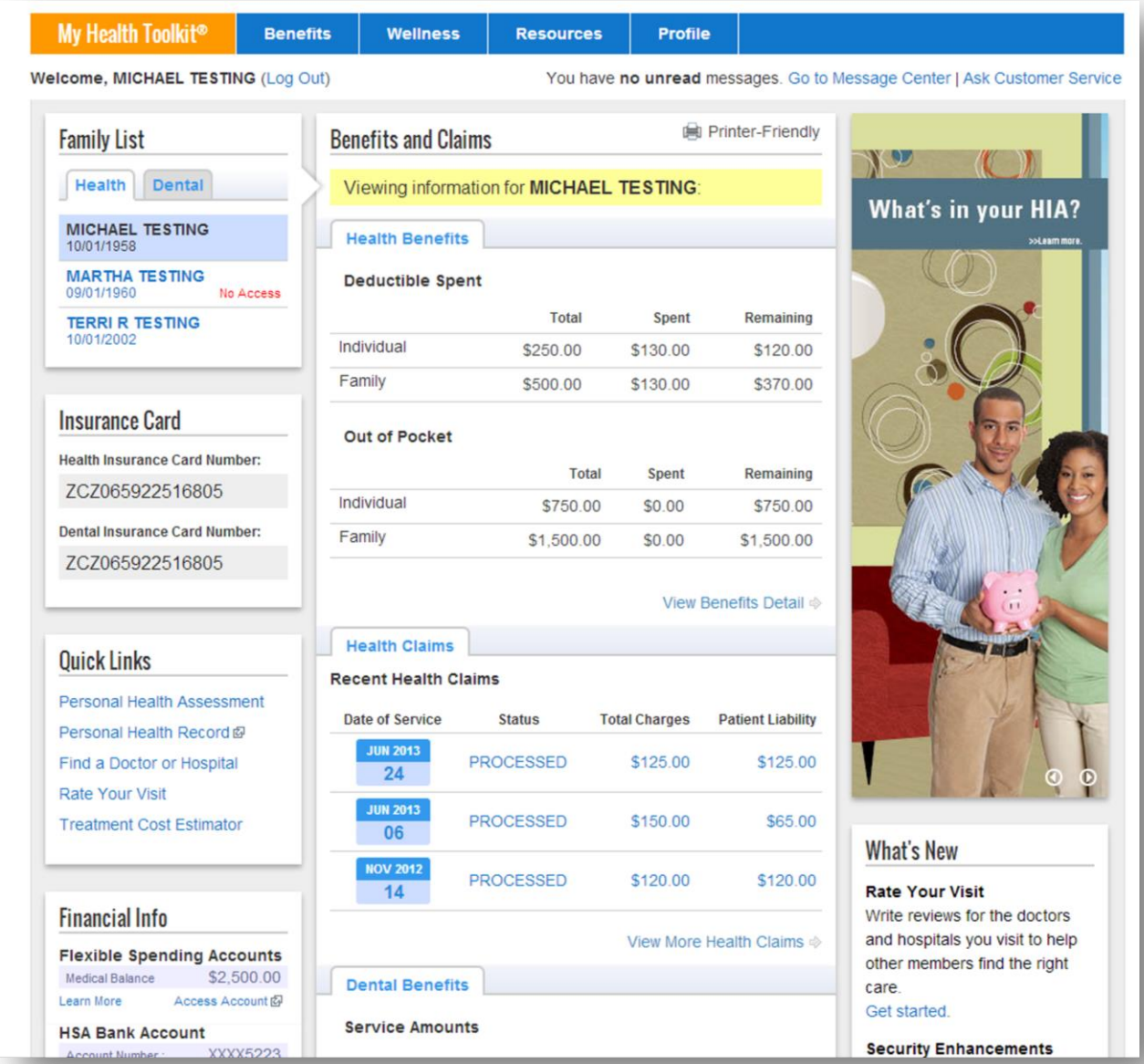
Want to get healthy. Go to the C&C University on the Clarke & Company website and learn more about living a healthy lifestyle.

MY MEETING NOTES IMPORTANT TO ME

Reach out to Jennifer Holly or Laura Howell with Clarke and Company Benefits throughout the year.
Laura Howell for billing/claims questions – 888-540-9403. lhowell@clarkebenefits.com

MY HEALTH TOOKIT

Blue Cross Blue Shield has a great online resource called "My Health Toolkit". On this site, you can view your explanation of benefits, do a treatment cost estimator, view the estimated cost of a prescription and so much more. You can also do your Health Risk Assessment (under the Rally tab). If you are on the PPO plan (traditional plan) you will receive $250 per credit or $375/$625 on the HDHP Plans. The credits will automatically be applied to your deductible, and you can do two per year. If you have never logged on to "My Health Toolkit" you will need your member number and will need to create a profile. The link for my health toolkit is below.



https://member.southcarolinablues.com/wps/portal/scm/member/home

FLEXIBLE SPENDING

Southside Christian School provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Account. The maximum you can contribute for 2019 is $2700. You can also contribute through the plan for dependent care expenses. The maximum you can contribute for 2019 is $5,000 if you are a single employee or married filing jointly, or $2,500 if you are married and filing separately.

HEALTH SAVINGS ACCOUNT

The Health Savings Account (HSA) is still an option for those enrolled in the High Deductible Health Plan. The 2019 limits are $3500 or those covered on the plan as single and $7000 for those covered as family (or employee/spouse and employee/child.) If you are over 55 there is a $1000 catch up allowed? Accounts are held at Southern First. Individuals 65 or older that are enrolled in Medicare A or B cannot contribute to a HSA.

BENEFIT WEBPAGE

We have created a webpage for Southside Christian School. This webpage houses all of your benefit summaries for medical, dental, vision, disability, and life. Also found on this webpage will be all of the required documents for HealthCare Reform. The CHIPRA notice, Summary of Benefits and Coverage, Women's Health Notice, and many more. We want to make it easier for you to manage your benefits; on this webpage we also have your Blue Cross preferred drug list, quantity management list for prescriptions and prior authorization drug list. The link to this site: http://clarkebenefits.com/southside-christian/

PHYSICIAN NETWORK INFORMATION

Blue Cross Blue Shield Card
Website: http://www.bcbssc.com/members/findaprovider.aspx
Doctor and Hospital finder
Enter in doctor's name or specialty and your zip code.

DENTAL NETWORK INFORMATION

BCBS Dental
Website: http://www.bcbssc.com/members/findaprovider.aspx

VISION NETWORK INFORMATION

Physicians EyeCare Plan
Website: http://physicianseyecareplan.com/
Members on the top tool bar
On the right side of the page fill in zip code or doctors name to locate of doctor.

CONTACT INFORMATION & RESOURCES – CLARKE AND COMPANY BENEFITS

Greenville: 864-232-6723 Columbia (Laura): 888-540-9403

Jennifer Holly, Client Manager: jholly@clarkebenefits.com

Laura Howell, Account Manager: lhowell@clarkebenefits.com

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

Employee Model Notices and contracts: http://clarkebenefits.com/southside-christian/

ISOLVE (PERFORMANCE PAYROLL) LOGIN INFORMATION:

HTTPS://PERFORMANCEHMC.MYISOLVED.COM/USERLOGIN.ASPX?RETURNURL=%2F