



2019

Employee Benefits



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 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/carolina-health-centers/>

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 Carolina Health Centers 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 the Carolina Health Center's employer sponsored benefit plans. Full-Time employees are eligible for benefits beginning on the first of the month after an initial 60 day waiting period.

HOW TO ENROLL

The first step is to review your current benefit elections on EmpowHR. Your current coverage's renew on January 1,

2019. We are staying with Blue Cross Blue Shield, Delta Dental, & Physicians Eyecare for 2019. If you would like to make a change at this time, you can do so on your online enrollment page.

WHEN TO ENROLL

If you are on the current Carolina Health Centers health plan, you have already been enrolled for 2019 with your current coverage election. If you would like to make any changes, you can during this time by making a change online. After open enrollment, which concludes on 11/16/2018, 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

CONTRIBUTION

Carolina Health Centers contributes towards the costs of medical, dental, and vision coverage. They also provide all employees with 100% employer paid basic life insurance, short-term disability insurance, and long-term disability insurance.

2019 COSTS OF COVERAGE

MEDICAL BENEFITS	Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Family
Basic Plan	\$11.26	\$146.07	\$111.25	\$241.22
Enhanced Plan	\$30.37	\$183.61	\$143.86	\$292.31

BLUECROSS BLUESHIELD OF SC	Basic Plan	Enhanced Plan
	In Network Benefits	
Primary Care Physician	\$25 co-pay	\$25 co-pay
Specialist Physician	\$35 co-pay	\$35 co-pay
Office Lab & Xrays	Deductible/100%	Deductible/100%
Office Surgery	Deductible/100%	Deductible/100%
Preventive Screenings (Consult Policy)	\$0 co-pay Unlimited	\$0 co-pay Unlimited
Preventive Maximum		
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
	\$8 generic	\$8 generic
	\$20 preferred	\$20 preferred
Prescription Drugs	\$45 non-preferred \$125 specialty	\$45 non-preferred \$125 specialty

Major Medical Benefits		
Deductible	\$2,500 (3x per family)	\$1,500 (3x per family)
Coinsurance Maximum	\$2,500 (2x family)	\$2,000 (2x family)
Max Out of Pocket	\$7,350 (2x per family)	\$7,350 (2x per family)
Coinsurance	80% BCBS/20% employee	80% BCBS/20% employee
Hospital In and Out-Patient	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime Maximum	Unlimited	Unlimited

Out of Network Benefits		
Deductible	\$2,500 (3x family)	\$1,500 (3x family)
Max. Out of pocket	\$7,500 Individual / \$17,500 Family	\$7,500 Individual / \$16,500 Family
Coinsurance	60% BCBS/40% employee (\$5,000 2x family)	60% BCBS/40% employee (\$6,000 2x family)
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 Prescription Drug plan utilizes Carolina Health Centers In-House Pharmacy. You have prescription drug co-pays of \$8, \$20, & \$45. For Specialty drugs you will use your BCBS benefit card and have a \$125 co-pay. For Generic drugs you can receive up to a 90 day supply, for Non-established Generics you can receive up to a 30 day supply, for Name Brands up to a 30 day supply, and Specialty drugs up to a 30 day supply.



We have two medical options to choose from. Our plan options include an Enhanced and Basic option. Both plans have co-pays, deductibles, and out-of-pocket maximums which must be met.



DENTAL BENEFITS	Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Family
Delta Dental of SC	\$3.43	\$22.27	\$31.01	\$49.84

DENTAL

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by Delta Dental. 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.deltadentalsc.com>. You do not have to be on the medical plan to have dental coverage. There are 4 tiers of coverage for you to choose from.

DELTA DENTAL	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	\$2,000	
Orthodontia	Child Only (up to 19)	
Orthodontia Services	50%	
Lifetime Ortho Maximum	\$1,000	

VISION

We offer employees and their families a comprehensive vision plan. Our vision plan is administered by Physicians Eyecare Plan. You may visit the vision 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.physicianseyecareplan.com and enter your zip code in the provider search. There are 4 tiers of coverage for you to choose from (Single, Employee/Spouse, Employee/Children, or Family). See above for pricing.

VISION BENEFITS	Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Family
PEP	\$0.94	\$5.42	\$6.11	\$11.23

PHYSICIANS EYECARE PLAN	Plan Benefits	
	In Network Benefits	
Eye Exam Frequency	Annually	
Material Allowance	\$200	
Material Co-pay	\$25 one time co-pay	
Allowance Frequency	Annually	
Exam Co-pay	\$10	
Additional Discounts	20% discounts on glasses and 15% discounts on contacts after material allowance. There are also discounts on contact lens fitting exams and an average 15% discount on LASIK	
Network	www.physicianseyecareplan.com	

DISABILITY INSURANCE

Carolina Health Centers provides employees with Long-Term and Short-Term Disability Insurance at no cost to the employee. Both plans cover you up to 60% of your income to a maximum of either \$10,000 or \$6,000 per month for Long-Term and \$500 per week for Short-Term. There is a 90 day elimination period before your Long-Term Disability benefit begins and an 8 day elimination period before your Short-Term begins. The Long-Term plan benefit period continues until you reach your Social Security Normal Retirement Age (see certificate), and the Short-Term plan can last up to 83 days.

LONG-TERM DISABILITY (COMPANY PAID)	THE STANDARD	
	Plan Benefits	
	MGMT, Providers, Pharmacists	All Other Employees
Monthly Benefit Max	\$10,000	\$6,000
Income Replaced	60%	60%
Elimination Period	90 days	90 days
Partial Disability Paid	Yes	Yes
Benefit Payable	Social Security Normal Retirement Age	Social Security Normal Retirement Age

SHORT-TERM DISABILITY (COMPANY PAID)	THE STANDARD	
	Plan Benefits	
	Weekly Benefit Max	\$500
Income Replaced	60%	
Elimination Period	8 days accident/8 days sickness	
Partial Disability Paid	Yes	
Benefit Payable	Up to 83 days	

Life Insurance

The Standard

Employees are provided with Group Basic Term Life in the amount of 1 times your salary to a max of \$50,000 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 details). Our coverage is convertible to you if you meet certain requirements*. You have 31 days from your date of termination to contact The Standard to convert 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 \$160,000 guarantee issue, your spouse at \$30,000 guarantee issue and your dependents at \$10,000. **This coverage is guarantee issue (No Evidence of Insurability Required) 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.

*see certificate of coverage for details



EMPLOYEE COVERAGE

Voluntary Life Insurance

EMPLOYEE BI-WEEKLY DEDUCTIONS

Age	10k	20k	30k	40k	50k	60k	70k	80k	90k	100k
<30	.31	.62	.93	1.24	1.55	1.86	2.16	2.47	2.78	3.09
30-34	.41	.82	1.23	1.64	2.05	2.46	2.88	3.29	3.69	4.12
35-39	.54	1.08	1.62	2.16	2.70	3.24	3.78	4.32	4.86	5.40
40-44	.80	1.60	2.40	3.19	3.99	4.79	5.59	6.39	7.19	7.98
45-49	1.19	2.38	3.57	4.76	5.95	7.14	8.34	9.53	10.72	11.91
50-54	1.70	3.40	5.10	6.79	8.49	10.19	11.89	13.59	15.29	16.98
55-59	2.67	5.34	8.00	10.67	13.34	16.01	18.67	21.34	24.01	26.68
60-64	4.06	8.12	12.18	16.25	20.31	24.37	28.43	32.49	36.55	40.62
65-69	6.59	13.18	19.77	26.36	32.95	39.54	46.14	52.73	59.32	65.91

SPOUSE COVERAGE

Voluntary Dependent Life Insurance

EMPLOYEE BI-WEEKLY DEDUCTIONS

Age	5k	10k	15k	20k	25k
<30	.15	.31	.46	.62	.77
30-34	.21	.41	.62	.82	1.03
35-39	.27	.54	.81	1.08	1.35
40-44	.40	.80	1.20	1.60	2.00
45-49	.60	1.19	1.79	2.38	2.98
50-54	.84	1.70	2.53	3.40	4.22
55-59	1.33	2.67	3.99	5.34	6.65
60-64	2.03	4.06	6.08	8.12	10.13
65-69	3.28	6.59	9.83	13.18	16.38

Voluntary Dependent Life Insurance

Coverage

Per Pay Period

14 days to 26 years of age

\$10k

\$1.11

You can go to the Clarke & Company Website for information on wellness, health conditions, webinar information, and the latest from our blog. Sign up for our weekly wellness email, "The Buzz"

www.clarkebenefits.com



FSA AND DEPENDENT CARE



Carolina Health Centers 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. You must enroll in the plan to participate for the plan year January 1, 2019-December 31, 2019. You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

A health care 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.



Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay Federal Income tax, Social Security taxes, or state/local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed to the FSA it will not be refunded to you and you can only carry over up to a maximum of \$500 from year to year.



The maximum that you can contribute to the Health Care Flexible Spending account is \$2,700 per year.

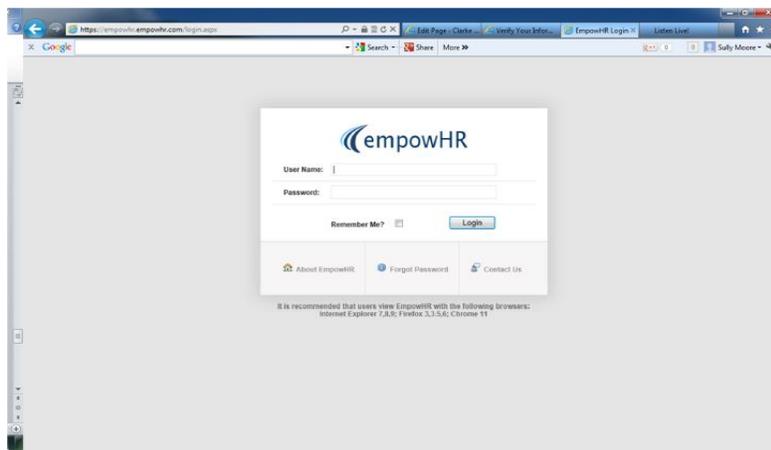


The maximum that you can contribute to the dependent care account is \$5,000 if you are married and file your taxes jointly, or if you file as single/head of household. If you are single, or married and file your taxes separately then the max is \$2,500.

EmpowHR ONLINE ENROLLMENT

All benefits (medical, dental, life insurance, vision, short term disability, long term disability, flex spending & dependent care) will be enrolled through the empowHR online election portal. Your log in is <https://empowhr.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. **Please remember that elections must be made by 11/16/18.** You can find out more information online at the <http://clarkebenefits.com/carolina-health-centers/>. If you have any questions on the enrollment process please contact Laura Howell at Clarke & Company Benefits at 888-540-9403 or 803-253-6997 or by email at lhowell@clarkebenefits.com or review on the web at:

<http://clarkebenefits.com/carolina-health-centers/>



CONTACT INFORMATION AND RESOURCES

CLARKE AND COMPANY BENEFITS CONTACT INFORMATION

Columbia: 803-253-6997

All Other Locations: 888-540-9403

Michael Wolfe, Client Manager: mwolfe@clarkebenefits.com

Edwin Croft, Client Manager: ecroft@clarkebenefits.com

Laura Howell, Account Manager: lhowell@clarkebenefits.com

Clarke and Company Benefits Resources:

Employee Model Notices: <http://clarkebenefits.com/carolina-health-centers/>

C&C University: <http://clarkebenefits.com/cc-university-2/>

BlueCross BlueShield:

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

Delta Dental:

Website:

www.deltadentalsc.com

Find a provider near you

Physicians Eyecare:

Website:

www.physicianseyecareplan.com

Find a provider near you.

