



2019

Employee Benefits



CLARKE & COMPANY
BENEFITS LLC



WHEN TO ENROLL

Open Enrollment begins March 18th and ends March 26th. During this open enrollment period you must complete the enrollment elections via our online web portal, HR Connection. If you do not complete enrollment elections you could have an interruption in insurance coverage. After open enrollment, which concludes on 3/26/2019, 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, dental and vision coverages through your employer sponsored benefit plans.

HOW TO ENROLL

The first step is to review your current benefit elections by reviewing your pay stubs and logging in to HR Connection. Your current coverages end on March 31st, 2019. New coverage begins on April 1st, 2019. Our carriers will be BlueCross BlueShield of SC, Delta Dental of SC, Mutual of Omaha and Physicians Eyecare Plan.

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.

MEDICAL

Blue Cross Blue Shield of SC

In Network Benefits

Enhanced PPO

Basic PPO

Chamber Preferred 3

Chamber Preferred 19

Point of Service Benefits

Primary Care Physician	\$20 co-pay	\$25 co-pay
Specialist Physician	\$40 co-pay	\$35 co-pay
Preventive Screenings	\$0 co-pay	\$0 co-pay
Sustained Health Benefit	\$500	\$500
Urgent Care	\$40 co-pay	\$35 co-pay
Office Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Copays	\$8 Generic \$30 Preferred \$60 Non Preferred 10% to \$200 Specialty	\$8 Generic \$30 Preferred \$60 Non Preferred 10% to \$200 Specialty

Major Medical Benefits

Deductible	\$1,500 (3x family)	\$3,500 (3x family)
Max. Out of pocket	\$4,500 (2x family)	\$6,850 (2x family)
Coinsurance	80% BCBS/20% employee	70% BCBS/30% employee
Hospital / In and Out-Patient	IP: Deductible/Coins OP: Deductible/Coins	IP: Deductible/Coins OP: Deductible/Coins
Lifetime Maximum	Unlimited	Unlimited

Out of Network Benefits

Deductible	\$3,000 (3x family)	\$7,000 (3x family)
Max. Out of pocket	\$9,000 (2x family)	\$13,700 (2x family)
Coinsurance	50% BC/50% employee	50% BC/50% employee
Lifetime maximum	Unlimited	Unlimited



	Employee Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Family
Basic Plan – Preferred 19	\$ 0.00	\$age rated	\$age rated	\$age rated
Enhanced Plan – Preferred 3	\$age rated	\$age rated	\$age rated	\$age rated

Taylor Data Systems, Inc. contributes 100% of Employee only premiums and 50% towards family of the Basic Option.

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

LIFE INSURANCE - Mutual of Omaha

Employees are provided Group Basic Term Life in the amount \$25,000. 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). 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).

DENTAL

Employee Weekly Deductions		
Employee Only	Employee Plus 1	Employee & Family

Dental Plan	\$ 0.00	\$ 4.89	\$ 12.36
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Taylor Data Systems contributes 100% of Employee only premiums and 50% towards family coverage.

Delta Dental of SC

In Network Benefits	Out of Network Benefits
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Plan Benefits	PPO or Premier	
Preventive	Pays 100% of costs (fee schedule)	Pays 100% of costs (UCR)
Basic Services	80%	80%
Major Services	50%	50%
Deductible	\$50/individual \$150/family	\$50/individual \$150/family
Annual Maximum/Insured	\$2,000	\$2,000
Orthodontia	Child Only (up to 19)	Child Only (up to 19)
Orthodontia Services	50%	50%
Lifetime Ortho Maximum	\$1,000	\$1,000
Dependent Age Limit	20/26	20/26

Taylor Data Systems, Inc. offers employees and their families a comprehensive dental plan and pays 100% of employee only coverage. Our dental plan is administered by Delta Dental of SC. 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.deltadentalsc.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 Semi-Monthly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Vision Plan	\$0.00	\$ 0.89	\$ 0.97	\$ 1.97

Physicians Eyecare Plan

In Network

Plan Benefits

Frames	\$150 Allowance
Contact Lenses	\$150 Allowance
Allowance	Annually
Material Copy	\$10 copay
Standard Lenses	\$150 Allowance
Other Lens Options	Copays range from \$15 to \$65
Exam co-pay	\$10
Network	www.physicianseyecareplan.com

****Access Network Providers: www.physicianseyecareplan.com, "Locate a Provider", Eyecare of Florence, Harrington Vision, Russell Eye, & Stokes Eyecare 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 Physicians Eyecare Plan. Our plan includes an annual eye exam, \$150 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 Walmart & 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.physicianseyecareplan.com and entering your zip code in the provider search. 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.



DISABILITY

(Short Term - 100% paid by employer)

Mutual of Omaha

Short-Term Disability

Plan Benefits

Weekly Benefit	Up to \$750 per week
Income Replaced	60%
Elimination Period	0 days Accident/7 days Sickness
Partial Disability Paid	Yes
Benefit Payable	26 weeks

Long-Term Disability

Plan Benefits

Monthly Benefit Max	Up to \$6,000 per month
Income Replaced	60%
Elimination Period	180 days
Partial Disability Paid	Yes
Own Occ Definition	24 months
Pre-Existing Condition	3/12
Benefit Payable	To Age 65/ADEA



CONTACT INFORMATION

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Employee Benefit Portal
www.clarkebenefits.com/taylordata

Benefits 101
www.clarkebenefits.com/benefits-101



CLARKE & COMPANY
BENEFITS LLC

Blue Cross Blue Shield

Health Plan
www.southcarolinablues.com
(800)-868-2500

Physicians Eyecare Plan

Vision Plan
www.physicianseyecareplan.com
(800)-368-9609

Delta Dental of SC

Dental Plan
<http://deltadentalsc.com>
(803)-731-2495

Mutual of Omaha

Disability and Life Plan
www.mutualofomaha.com
(855)-216-3174

