



EMPLOYEE BENEFITS GUIDE

Effective

December 1, 2016 - November 30, 2017

Welcome!

Southern Mutual provides a very comprehensive benefits offering to you and your family members. Most of your insurance benefits become effective on your full time date of hire; however, if you elect to purchase optional vision benefits, this coverage becomes effective on the **first day of the month following your date of hire.**

Am I eligible?

If you are a Southern Mutual full-time W2 employee, working 30 or more hours per week, you are eligible to enroll in the benefits described in this guide. Your spouse and eligible dependents may enroll for medical, dental, vision and supplemental life insurance.

Premiums for all plans are paid thru pre-tax payroll deductions, resulting in 25 - 30% tax savings.



What do I have to do?

Medical: You must complete an enrollment form when you are first eligible, electing or waiving coverage.

Dental: You must complete an enrollment form when you are first eligible, electing or waiving coverage.

Vision (Optional): You must complete an enrollment form to elect coverage.

Long Term & Short Term Disability: You are automatically enrolled in this employer paid benefit.

Group Term Life Insurance: You are automatically enrolled in this employer paid benefit. You must complete an enrollment form to select a beneficiary.

Supplemental Life / Dependent Life Insurance (Optional): You must complete an enrollment form to elect coverage. To increase coverage, an evidence of insurability form must be submitted for consideration.



When can I make changes?

You are able to make changes during the month of November during our Open Enrollment Period. After November, you must have a qualified change in status in order to make changes to the benefits you elect during the plan year.

Qualified changes in status include: marriage, divorce, legal separation, birth, adoption of a child, change in child's dependent status, death of spouse or child. Involuntary loss of other coverage due to a change in spouse employment or loss of Medicaid eligibility would also apply. Employees have an open enrollment period during the month of November to make changes to the medical, dental, vision and supplemental life benefits.



All Savers Medical Benefits

The Benefits Shown are In-Network Benefits Out-of-Network Benefits are paid at a lower rate and members can be balance-billed	United HealthCare Copoly Plan P30003060 Covered Insured Pays:
Individual Deductible:	\$3,000
Family Deductible:	\$6,000
Aggregate or Embedded Deductible:	Embedded
Coinsurance Amount:	0%
Individual Coinsurance Limit:	N/A
Family Coinsurance Limit:	N/A
Individual Total Out-of-Pocket Maximum:	\$5,500
Family Total Out-of-Pocket Maximum:	\$11,000
In & Out Patient Hospital Services:	Subject to Deductible
In & Out Patient Testing:	Subject to Deductible
Primary Care Office Visit Copay:	\$30
Specialist Office Visit Copay:	\$60
Preventive Care Office Visit (In-Network Only):	Covered at 100%
Urgent Care:	\$100
Emergency Care:	\$300
Prescription Benefits:	\$15 / \$35 / \$75 / \$250
Mail Order Prescription Benefits:	\$37.50 / \$87.50 / \$187.50 / \$625
Maximum Lifetime Benefit:	Unlimited

Note: The out-of-network deductible is \$6,000, coinsurance 50%, maximum out-of-pocket \$10,000, based on reasonable & customary charges.

COVERAGE LEVEL	UHC All Savers TOTAL MONTHLY COST	SMCI Pays 100% of EE Cost and 45% of Dependent Cost	Employee Pays 55% of the Dependent Cost
		Semi Monthly contributions SMCI pays on your behalf	Your Semi Monthly Deduction
EMPLOYEE ONLY	\$459.49	\$229.75	\$0.00
EMPLOYEE & SPOUSE	\$1,010.87	\$353.81	\$151.63
EMPLOYEE & CHILD(REN)	\$873.03	\$322.80	\$113.72
EMPLOYEE & FAMILY	\$1,424.42	\$446.86	\$265.36

This is intended as a brief overview of the benefits. Refer to the full Certificate of Coverage for all binding contractual provisions.

Getting Started

Visit: myallsaversmember.com

Registration is quick and simple.

- ◆ Click on **Register Now**. You'll need your health plan ID card, or coverage materials.
 - ◆ Follow the step-by-step instructions.
- ⇒ Track Claims and expenses for your family
 - ⇒ Plan ahead for tests and treatments
 - ⇒ Stay on top of your medical history
 - ⇒ Receive tips for improving your health
 - ⇒ Find a doctor

Stay Well

Trio Motion

F I T

Trio Device & FIT Rewards

Use a free wearable to track steps, reach goals and earn rewards.

Visit: TrioMotionFit.com

Be Well

RALLY

Rally Wellness

Health survey, missions, challenges, and rewards.

Visit: rally-support.com/customer

Get Well

Healthiest You

Doctor Connect & Mobile APP

Connect with doctors 24x7, shop and price prescriptions and so much more.

Download the app, fill in the fields, start using or call 866-703-1259

Visit: member.healthiestyou.com

What you need to know about your Health Flexible Savings Account through TASC: 800-422-4661

What is a Flexible Spending Account? A Medical Flexible Spending Account (FSA) is an account to which you contribute part of your pay before FICA, State and Federal Income (withholding) Tax to pay for qualified medical, dental and certain vision expenses for yourself, your spouse, and/or your dependents.

What are qualified expenses? Any IRS Section 213 (D) expenses are eligible to be reimbursed through your Medical FSA. These expenses include most medical, Rx, dental & vision related services.

Why should I participate in a Medical Reimbursement FSA? Normally, you would receive an income tax deduction for qualifying medical, dental and vision expenses that exceed 10% of your adjusted gross family income. (Few taxpayers ever meet that qualification or receive a tax deduction.)

How can I participate? First determine regular medical, dental and vision expenses you and your dependent(s) will incur during this plan year (1/1/2017 to 12/31/2017). Enter the amount you want to set aside before taxes on the Election Form. Each pay period, SMCI will deduct this amount from your paycheck and deposit the funds directly into your Flexible Spending Account.

Can I revoke my annual election amount? Generally, no. However, if you have a qualified change in status (marriage, divorce, birth, adoption, unpaid leave of absence, change in employment status of you or your spouse from full-time to part-time or vice-versa) you can revoke your annual elected amount and make a new election for the remainder of the plan year.

Do I have a "Use It Or Lose It" rule? You may submit a request for reimbursement for expenses *incurred* through December 31, 2017. You will have a 60-day timeframe to submit the Reimbursement Request Form for expenses incurred during that time. SMCI allows up to \$500 of unused funds to be rolled over to the next calendar year.

When can I elect to participate, and how much may I contribute? Each year, during the Open Enrollment period and prior to the Plan renewal date, you must complete a new Election Form for the upcoming plan year if you are making a change. The 2017 annual contribution limit for Healthcare Reimbursement is \$2,600.

What expenses are not eligible? Over-the-counter medicines cannot be purchased with FSA money without a prescription. Cosmetic procedures are also not eligible.

What happens if my request for Medical Care Reimbursement is greater than the amount of money in my account? The annual amount is available to you from the beginning of the 1/1/2017 plan year, and if you request more than the annual elected amount, only the elected amount will be available to you.

On-line access: <https://tascparticipant.lh1ondemand.com>

Mobile App: MyTASC

MEDICAL FSA ELIGIBLE EXPENSES

- Artificial limbs or teeth
- Birth control pills, contraceptive devices & sterilization procedures
- Childbirth classes
- Co-pays, co-insurance, & deductibles
- Durable medical equipment
- Dental exams, cleanings & other qualified services
- Hearing devices
- Hospital bills
- Insulin, diabetic supplies, and test kits
- Medical tests and other services
- Orthodontia
- Some over the counter items when accompanied by a prescription from a medical provider



Welcome to Delta Dental! We are pleased to offer Dental benefits for you and your family.

<u>PREVENTIVE SERVICES</u> <i>No Waiting Period</i>	<u>BASIC SERVICES</u> <i>No Waiting Period</i>	<u>MAJOR SERVICES</u> <i>No Waiting Period</i>
Zero Deductible	\$50 Calendar Year Deductible	\$50 Calendar Year Deductible
100% Coverage	80% Coverage	50% Coverage
Oral Exams / Cleanings <i>(1 per 6 months)</i>	Fillings	Inlays, Onlays, Crowns
Oral Exams / Problem Focused <i>(Combined w/ Exam Limit)</i>	Full Mouth X-rays <i>(1 per 36 months)</i>	Oral Surgery & General Anesthesia
Bitewing x-rays <i>(<14: 1 per 12 months)</i> <i>(19+: 1 per 12 months)</i>	Endodontics & Periodontics <i>(root canals)</i>	Bridges and Dentures
Fluoride Treatment <i>(<16: 1 per 12 months)</i>	Simple Extractions	Repair & Maintenance of Crowns, Bridges & Dentures
	Sealants & Space Maintainers <i>(age & frequency limits apply)</i>	Implants

Calendar Year Annual Maximum: \$1,500 per member

ORTHODONTICS - \$1,000 Lifetime Maximum per member (dependents to age 19 only)

www.deltadental.com

DENTAL INSURANCE COSTS

<u>COVERAGE LEVEL</u>	TOTAL MONTHLY COST	SMCI Pays	Employee Pays
		100% of the EE Cost	Dependent Cost Only!
		<u>Semi-Monthly</u>	<u>Semi-Monthly</u>
		Contributions on Your Behalf	Payroll Deductions
EMPLOYEE	\$35.70	\$17.85	\$0.00
EMPLOYEE & SPOUSE	\$73.46	\$17.85	\$18.88
EMPLOYEE & CHILD(REN)	\$81.54	\$17.85	\$22.92
EMPLOYEE & FAMILY	\$127.53	\$17.85	\$45.92



Welcome to EyeMed! We are pleased to offer Vision benefits for you and your family.

IN NETWORK BENEFITS

- Comprehensive eye exam every 12 months with a \$10 copay.
- \$150 material allowance every 12 months towards glasses and/or contact lens* with a one-time \$25 copay.
- After your material allowance has been used, receive a 15% discount on glasses contact lens at most providers**.
- Discounts of 10%-15% on refractive surgery including LASIK at participating providers.
- Standard contact lens fitting fee of no more than \$55 or 10% discount off the usual and customary fitting for non-standard contact lens*** at most providers*.
- No claims or paperwork to file.

**Material allowance does not cover non-prescription lenses, non-prescription or cosmetic contact lenses, or non-prescription sunglasses.*

OUT OF NETWORK BENEFITS

- If you choose to use an out-of-network provider, you will be reimbursed the following amounts:
 - Exam including contact lens fitting: \$40 reimbursement
 - Materials: \$105 reimbursement

IMPORTANT INFORMATION:

- You will be mailed a membership card.
- To find an in-network provider near you, go to www.eyemed.com or call 1.866.939.3633
- Please visit www.eyemed.com for participating refractive surgery providers and discounts.
- To make an appointment, call an in-network provider and let them know that you are an EyeMed member
- You are responsible for payment to the in-network provider of any amount exceeding the material allowance, any copays and any contact lens fitting fees.
- This is a routine vision program. Medical and surgical treatments of the eyes are not covered benefits.
- Dependent children are covered to age 26 regardless of student status.

VISION INSURANCE COSTS:

<u>TYPE OF COVERAGE</u>	Employee Pays Total Cost Semi-Monthly Payroll Deductions
EMPLOYEE	\$4.30
EMPLOYEE & SPOUSE	\$8.60
EMPLOYEE & CHILD(REN)	\$8.15
EMPLOYEE & FAMILY	\$12.63



Mutual of Omaha

EMPLOYER PAID SHORT-TERM DISABILITY

- **Benefit is 60% of your weekly pre-disability earnings, to a maximum of \$1,500 per week.**
- **Payable on the 31st day of an accident or the 31st day for an illness.**
- **9 Week benefit duration.**
- **Your benefit will be taxable, as Southern Mutual pays 100% of your monthly premiums.**

EMPLOYER PAID LONG-TERM DISABILITY

- **Benefit is 60% of your monthly pre-disability earnings, to a maximum of \$7,500 per month.**
- **Payable after 90 days of a total or partial disability.**
- **Own Occupation Period is 24 months.**
- **Maximum duration of benefits is to Social Security Normal Retirement Age (SSNRA).**
- **If you remain actively at work beyond your normal retirement age, your benefit will never be paid for less than 12 months, as long as you remain disabled.**
- **Unlimited Return to Work Incentive.**
- **3 months survivor benefit.**
- **Your benefit will be taxable, as Southern Mutual pays 100% of your monthly premiums.**



Group Number G000AY4G

Customer Service: (800) 228-7104

Website: www.mutualofomaha.com



Mutual of Omaha

EMPLOYER PAID BASIC LIFE INSURANCE

- **\$50,000 Life and Accidental Death & Dismemberment Insurance**
- **Southern Mutual pays 100% of the premium**

VOLUNTARY LIFE INSURANCE

- **Employee Max Benefit - Lesser of 5x annual earnings or \$100,000 in increments of \$10,000, rounded to the next higher \$1,000
Guarantee Issue for New Hires = \$100,000**
- **Spouse Max Benefit - 50% of employee amount, up to \$20,000
Guarantee Issue for Spouses of New Hires = \$20,000.**
- **Child Max Benefit - \$10,000, in increments of \$2,000
Guarantee Issue for Children of New Hires = \$10,000**

VOLUNTARY LIFE INSURANCE RATES

Age Bracket	Employee	Spouse	Sample Employee	Sample Employee
	Monthly Cost Per	Monthly Cost Per	Per-Pay-Period	Per-Pay-Period
	\$10,000	\$10,000	Cost for \$20,000	Cost for \$100,000
0-24	\$1.12	\$1.12	\$1.12	\$5.60
25-29	\$1.25	\$1.25	\$1.25	\$6.25
30-34	\$1.33	\$1.33	\$1.33	\$6.65
35-39	\$1.56	\$1.56	\$1.56	\$7.80
40-44	\$1.95	\$1.95	\$1.95	\$9.75
45-49	\$2.72	\$2.72	\$2.72	\$13.60
50-54	\$4.18	\$4.18	\$4.18	\$20.90
55-59	\$6.77	\$6.77	\$6.77	\$33.85
60-64	\$10.42	\$10.42	\$10.42	\$52.10
65-69	\$16.88	\$16.88	\$16.88	\$84.40
70-74	\$29.18	\$29.18	\$29.18	\$145.90
75-79	\$48.80	\$48.80	\$48.80	\$244.00

Child Term Life Rate for \$10,000: \$1.30

Group Number G000AY4G

Customer Service: (800) 228-7104

Website: www.mutualofomaha.com

We at Southern Mutual Church Insurance appreciate our employees,
and we hope you agree that our benefits package reflects this.



CONTACT INFORMATION



**Assurance Benefits Group, LLC
1898 Calhoun Street #6
Columbia, SC 29201**

**Tammie J. King, RHU, REBC
Office (803) 227-8639, x102
Cell (803) 738-6858
Fax (803) 227-8659
Tammie@ABG-LLC.com**

**Carol Iverson
Office (803) 227-8639, x103
Fax (803) 227-8659
Carol@ABG-LLC.com**

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents. In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.