



EMPLOYEE BENEFITS GUIDE

Effective
December 1, 2015 - November 30, 2016

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. Please be sure to provide a beneficiary for the life benefit provided by UHC.

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.



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.

Your UHC Benefits at a Glance for 12.01.2015 - 11.30.2016

Medical & Life Insurance

United Healthcare Policy #0489680

- Southern Mutual offers a Traditional Copay Plan with Office Visit and Rx Copays Included.
- Southern Mutual pays 100% of the employee only medical plan premium and 45% of any dependent costs. Employees are responsible for any remaining dependent cost which will be payroll deducted on a pre-tax basis resulting in approximately 30% savings.
- Southern Mutual offers \$15,000 of Life and Accidental Death & Dismemberment Insurance to each employee. Premiums are paid by Southern Mutual.
- **Care 24 Services** offers you access to a wide range of health and well-being information—seven days a week, 24 hours a day. Call 1-888-887-4114 to speak with a registered nurse and/or master’s-level counselor who can help with almost any problem ranging from medical and family matters to personal, legal, financial and emotional needs.
- **Health Discount Program** - even if you already have medical, dental and vision coverage, as an enrollment health plan member, you can save even more by using the health discount program for things such as teeth whitening, laser eye surgery, alternative medical care (i.e. chiropractics, acupuncture, etc.), infertility, etc. In addition, you can save on many wellness resources like weight management programs (i.e. Jenny Craig, NutriSystem, etc.), fitness clubs, smoking cessation programs and more. To find out more visit www.myuhc.com and select “Extra Programs and Discounts”.
- Children are covered to age 26 regardless of student or marital status.

COVERAGE LEVEL	UHC & AmFirst 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	\$575.47	\$287.74	\$0.00
EMPLOYEE & SPOUSE	\$1,253.84	\$440.38	\$186.55
EMPLOYEE & CHILD (REN)	\$1,084.82	\$402.35	\$140.07
EMPLOYEE & FAMILY	\$1,767.25	\$555.89	\$327.74

Customer Service: 1-800-357-0978
Website: www.myuhc.com



*****YOU MUST USE YOUR UHC & AMFIRST FOR ALL SERVICES UNTIL THE MEMBER'S MAX ANNUAL EXPOSURE IS MET!!**

Medical Benefits		Copay Plan
Individual Deductible:	In-Network:	UHC \$10,000 EE Pays - \$3,000 per Individual Use Both Cards
Family Deductible (Limit is 2x the Individual):	In-Network:	UHC \$20,000 EE Pays - \$6,000 per Family Use Both Cards
Calendar or Benefit Year Deductible?		Calendar Year
Coinsurance %:	In-Network:	EE 20%, AmFirst 80%, then UHC 100%
Co-insurance Out of Pocket:	In-Network:	EE Pays \$1000 Use Both Cards
Co-insurance Limit Per Family:	In-Network:	EE Pays \$2000 per Family Use Both Cards
Maximum Annual Exposure ***		
(Deductible + Coinsurance Out of Pocket)	Single (In-Network): **	UHC \$10,000 EE Pays \$4,000 & AmFirst Pays \$6,000
(Deductible + Coinsurance Out of Pocket)	Family (In-Network): **	UHC \$20,000 EE Pays \$8,000 & AmFirst Pays \$12,000
PCP / Specialist:		\$25 / \$50
Office Visit Copay Covers:		Consultation
	Diagnostic Labs & X-Rays?*	Yes
	High Tech Radiology?	Deductible + Coinsurance
	In Office Surgery?	Deductible + Coinsurance
Outpatient Preferred Labs (covered @ 100%):		Any In-Network Lab
PCP Referral Required?		No
Urgent Care (Doctors Care):		\$75
Emergency Room:		\$150
Network:		UHC
Drug Card (generic/preferred/nonpreferred):		\$100 Rx Deductible \$10 / \$35 / \$60
Specialty Medication:		N/A
Mail Order (up to 90 day supply):		\$100 Rx Deductible then \$25 / \$88 / \$150
Preventive Care: In Network Benefits		
	Annual Physicals:	Plan Pays 100%
	Gyn Exams & Prostate Screenings:	No Limit & No Copay
	Preventive Mammograms:	
Vision Benefit		Exam covered w/copay every 24 months
Maximum Annual Benefit (in/out of network):		Unlimited
Maximum Lifetime Benefit (in/out of network):		Unlimited

*Labs & X-Rays must be performed at an in-network physicians office on the same date, billed by the same physician and filed as an office visit.
**Plus Copays.

Customer Service: 1-800-357-0978

Website: www.myuhc.com

Note: This is a brief summary, so please see your actual Insurance Policies for contractual benefits.

AmFirst Gap Plan For Southern Mutual

Group Supplemental Coverage

- Health Insurance designed exclusively for those covered under a comprehensive major medical plan.
- This plan picks up where your major medical plan leaves off - on Hospital and Medical Expenses that you incur when you are in the Hospital.

This plan is designed to help fill the gap between what your current plan pays and what you owe on the covered expenses from:

**The hospital and doctor as the result of an in-patient hospital confinement.
Additional benefits for outpatient expenses.**

Supplemental Deductible and Co-Insurance

- Annual Deductible - **\$3,000 per Individual**
- Co-Insurance - **20% to \$1,000 per Individual** Out of Pocket Maximum
- Maximum Annual Exposure - **\$4,000 per Individual**

This plan will then pay the benefits described below for each insured, after the deductible for this plan has been satisfied, as provided in the policy until the AmFirst Plan payments under all benefits reach the Maximum Total Benefit Amount.

A. Supplemental Benefits for Covered Hospital Confinement

For medically necessary expenses incurred while you are confined in the hospital this plan pays:

Deductible and Co-insurance

Pays the amount applied to your Deductible and Co-insurance by your major medical health plan for covered charges incurred during the covered hospital confinement not paid by your major medical plan.

B. Supplemental Benefits for Covered Outpatient Expenses

For medically necessary expenses incurred **on an outpatient basis** this plan pays:

Deductible and Co-insurance Pays the amount applied to your Deductible and Co-insurance by your major medical plan.

Charges for the professional fees of a physician in a doctor's office or medical clinic and outpatient prescription drugs are not covered.

Maximum Total Benefit Amount Premium Saver Pays: \$6,000 Single and \$12,000 Family

AmFirst pays the same benefit regardless of whether Members go in-network or out-of-network. It is in the best interest of the Member to ALWAYS seek out in-network providers to receive discounted services, maximize their benefits and minimize their cost!

Policy #14966



Customer Service: 1-888-859-3795

Claims Assistance: 1-888-888-2519

How to register on myuhc.com

By registering on myuhc.com, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online.

Registration is quick and simple:

- 1.) Go to **myuhc.com**
- 2.) Click the **Register Now** button
- 3.) Enter ID card information or your Social Security number and date of birth
- 4.) Enter or confirm your e-mail address or sign up for a free e-mail account
- 5.) Check to receive informational e-mails and confirm enrollment for electronic documents
- 6.) Create a username and password—then start using myuhc.com

On myuhc.com you can:

- ~ Check past and current statements and claims status
- ~ Review eligibility and look up benefits
- ~ Find a hospital or doctor
- ~ Print a temporary ID card or request a replacement card
- ~ Estimate health care costs - compare hospitals in quality and cost at the procedure level
- ~ "Chat" with a nurse online in real-time
- ~ Take a health assessment and participate in online health coaching programs
- ~ Learn about health conditions, symptoms and the latest treatment options
- ~ Use the Personal Health Record to organize health data and receive condition-specific information to organize your overall health
- ~ Track your medical expenses, manage prescriptions and organize your claims

Online Health Assessment on myuhc.com

Take your first step towards a healthier lifestyle by taking a free, personalized health assessment at myuhc.com. You can identify your personal health needs, learn healthy habits and compare your "lifestyle score" to others of the same age and gender. Based upon your score, an interactive Health Coach may recommend up to three health improvement goals to help you achieve your personal health goals such as:

- ~ **Weight Management**
- ~ **Nutrition**
- ~ **Stress Management**
- ~ **Diabetes Lifestyle**
- ~ **Exercise**
- ~ **Tobacco Cessation**
- ~ **Heart Health Lifestyle**

To access the Health Assessment, log onto myuhc.com and click on the "Health Assessment" tab on the right side of the home page.

Personal Health Record on myuhc.com

It's your health history, a medical library and a customizable organizer rolled into one secure and easy-to-use tool. With the Personal Health Record you can

- ~ Review medical and pharmacy claims information, as well as lab results
- ~ Record allergies, immunizations, your family health history and personal contacts
- ~ Utilize Health Trackers to track progress such as blood pressure, cholesterol and weight
- ~ Print or download Personal Health History using historical claims data

What you need to know about Health Flexible Savings Accounts

What is a Flexible Spending Account? A Medical Flexible Spending Account (FSA) is an account to which you contribute part of your pay before Social Security, Medicare 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.) With the medical expenses Flexible Spending Account, every dollar contributed to your account escapes FICA, State and Federal Withholding taxes.

How can I participate? First determine regular medical, dental and vision expenses you and your dependent(s) will incur during this plan year (1/1/2016 to 12/31/2016). 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, 2016. 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. The 2015 annual contribution limit for Healthcare Reimbursement is \$2,550.

What expenses are not eligible? You must use all the funds for eligible expenses between 1/1/2016 and 12/31/2016. SMCI allows up to \$500 of unused funds to be rolled over to the next calendar year.

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 1/1/2016 plan year, and if you request more than the annual elected amount, only the elected amount will be available to you.

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
- Eye exams and vision correction surgery
- Eyeglasses, contact lenses and solution
- 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
- Physical exams and medical screenings
- X-rays, MRI's and other screenings
- ...hundreds more



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

PREVENTIVE SERVICES
No Waiting Period

BASIC SERVICES
No Waiting Period

MAJOR SERVICES
No Waiting Period

Zero Deductible
100% Coverage

\$50 Calendar Year Deductible
80% Coverage

\$50 Calendar Year Deductible
50% Coverage

Oral Exams / Cleanings
(1 per 6 months)

Fillings

Inlays, Onlays, Crowns

Full Mouth X-rays
(1 per 36 months)

Oral Surgery & General Anesthesia

Oral Exams / Problem Focused
(Combined w/ Exam Limit)

Endodontics & Periodontics
(root canals)

Bridges and Dentures

Bitewing x-rays
(<14: 1 per 12 months)
(19+: 1 per 12 months)

Simple Extractions

Repair & Maintenance of Crowns,
Bridges & Dentures

Fluoride Treatment
(<16: 1 per 12 months)

Sealants & Space Maintainers
(age & frequency limits apply)

Implants

**Calendar Year Annual
Maximum:**

\$1,500 per member

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

DENTAL INSURANCE COSTS

<u>COVERAGE LEVEL</u>	TOTAL MONTHLY COST	SMCI Pays 100% of the EE Cost	Employee Pays Dependent Cost Only!
		<u>Semi-Monthly</u> Contributions on Your Behalf	<u>Semi-Monthly</u> Payroll Deductions
EMPLOYEE	\$33.03	\$16.52	\$0.00
EMPLOYEE & SPOUSE	\$67.97	\$16.52	\$17.47
EMPLOYEE & CHILD(REN)	\$75.44	\$16.52	\$21.21
EMPLOYEE & FAMILY	\$118.00	\$16.52	\$42.49

**Customer Service:
Website: www.deltadentalsc.com**



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	\$8.17
EMPLOYEE & CHILD(REN)	\$8.60
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).**
- **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 = \$100,000
- **Spouse Max Benefit - 50% of employee amount, up to \$20,000**
Guarantee Issue = \$20,000.
- **Child Max Benefit - \$10,000, in increments of \$2,000**
Guarantee Issue = \$10,000

VOLUNTARY LIFE INSURANCE RATES

Age Bracket	Employee	Spouse	Sample Employee	Sample Employee
	Monthly Cost Per \$10,000	Monthly Cost Per \$10,000	Per-Pay-Period Cost for \$20,000	Per-Pay-Period 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



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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.