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INSURANCE
MANAGEMENT
GROUP



Employee Benefits Guide

June 2013

Welcome to Your Benefit Guide for

Southern Mutual offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

The insurance benefits become effective on your full time date of hire, with the exception of vision, which becomes effective on the first day of the month following your full time date of hire.

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Who is 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 approximately 30% savings.



How do I enroll?

Medical:

You must complete an enrollment form, electing or waiving coverage. Please be sure to provide a beneficiary for the small life benefit required by UHC.

Dental:

You must complete an enrollment form, electing or waiving coverage.

Vision:

You must complete an enrollment form, electing or waiving 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:

You must elect or waive coverage on the Group Term Life Insurance enrollment form.



When may I make changes?

Unless you have a qualified change in status, you cannot 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. Employee's have an open enrollment period during the month of May to make changes to the dental and supplemental life benefits.



Your Medical Benefits at a Glance for 2013



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.

<u>COVERAGE LEVEL</u> (rates valid 6/1/13 to 5/31/14)	<u>Medical Plan</u> UHC & Premium Saver TOTAL MONTHLY COST:	<u>Medical Plan</u> SMCI Pays 100% of EE Cost AND 45% of Dependent Cost <u>Semi-Monthly</u> Contributions SMIC Pays on Your Behalf:	<u>Medical Plan</u> Employee Pays ONLY 55% of their Dependent Cost! <u>Semi-Monthly</u> Payroll Deductions (Pre-taxed resulting in approx. 30% savings)
EMPLOYEE	\$533.19	\$266.60	\$0.00
EMPLOYEE & SPOUSE	\$1,162.65	\$408.23	\$173.10
EMPLOYEE & CHILD(REN)	\$1,005.74	\$372.92	\$129.95
EMPLOYEE & FAMILY	\$1,638.39	\$515.27	\$303.93



*****YOU MUST USE YOUR UHC & PREMIUM SAVER 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 - \$5,000 per Individual Use Both Cards
Family Deductible (Limit is 2x the Individual):	In-Network:	UHC \$20,000 EE Pays - \$10,000 per Family Use Both Cards
Calendar or Benefit Year Deductible?		Calendar Year
Coinsurance %:	In-Network:	EE 20% and PS 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 \$6,000 and PS Pays \$4,000
(Deductible + Coinsurance Out of Pocket)	Family (In-Network): **	UHC \$20,000 EE Pays \$12,000 and PS Pays \$8,000
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 Ded \$10 / \$35 / \$60
Specialty Medication:		n/a
Mail Order (up to 90 day supply):		\$100 Rx Ded then \$25 / \$88 / \$150
Preventive Care: In Network Benefits		
	Annual Physicals:	Plan Pays 100% No Limit & No Copay
	Gyn Exams & Prostate Screenings:	
	Preventive Mammograms:	
Vision Benefit		w/ PEP
Maximum Annual Benefit (in/out of network):		\$5,000,000
Maximum Lifetime Benefit (in/out of network):		Unlimited

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

*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

Premium Saver 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 - **\$5,000 Single** and **\$10,000 Family**
- Co-Insurance - **20% to \$1,000 Single** and **\$2,000 Family** Out of Pocket
- Maximum Annual Exposure - **\$6,000 Single** and **\$12,000 Family** (Deductible + Co-insurance)

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 Premium Saver 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: **\$4,000 Single** and **\$8,000 Family**

Premium Saver 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!

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

1/1/2013 — 12/31/2013

Flexible Benefits Program Health Care Reimbursement

Questions and answers about how a Flexible Spending Account works

1. WHAT IS A MEDICAL EXPENSES FLEXIBLE SPENDING ACCOUNT?

A Health Care 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.

2. WHAT ARE QUALIFIED EXPENSES?

Visit www.shdr.com and log-in for a complete list.

3. WHY SHOULD I PARTICIPATE IN A MEDICAL EXPENSES FLEXIBLE SPENDING ACCOUNT?

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 both FICA and Federal Withholding taxes. For example, if you and your family incur \$1,000 in qualified medical, dental and vision out-of-pocket expenses, you will save about \$256 in taxes by using the medical expenses Flexible Spending Account (Federal Income Tax 20% + Medicare and Social Security 5.65%).

4. HOW DO I PARTICIPATE?

A) Determine regular medical, dental and vision expenses you and your dependent(s) will incur during this plan year (1/1 to 12/31). The worksheet on this page can help you calculate your expenses. B) Enter the amount you want to set aside before taxes on the Election Form. Each pay period, Chicora Affiliated Companies will deduct this amount from your paycheck and deposit the funds directly into your Flexible Spending Account.

5. 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.

6. WHAT IS THE "USE IT OR LOSE IT" PROVISION?

You may submit a request for reimbursement for expenses *incurred* through December 31, 2013. You will have a 90-day grace period to submit the Reimbursement Request Form for expenses incurred during that time. IRS regulations stipulate that any unused or unclaimed balances remaining in your account, are forfeited.

7. WHEN DO 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 annual contribution limit for Healthcare Reimbursement is \$2,500.

8. ARE THERE ANY NEGATIVES?

You must use all the funds for eligible expenses between 1/1/13 and 12/31/13. Unused funds are forfeited.

9. WHAT EXPENSES ARE NOT ELIGIBLE?

- Expenses reimbursed by other sources or insurance
- Expenses *not incurred* during the Plan Year
- Non-qualifying expenses per IRS Code Section 213D

10. WHAT HAPPENS IF MY REQUEST FOR HEALTH CARE REIMBURSEMENT IS GREATER THAN THE AMOUNT OF MONEY IN MY ACCOUNT?

The annual amount is available to you from the beginning of the 1/1/13 plan year.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKSHEET

Estimate expenses for yourself, spouse and dependents
between (1/1/13 to 12/31/13).

MEDICAL	Estimated Amount
Deductibles	_____
Copayments	_____
Prescriptions	_____
Other (misc.)	_____
DENTAL	
Copayments	_____
Crowns, bridges	_____
Other (misc.)	_____
VISION	
Exams	_____
Lenses, frames	_____
Contact lenses	_____
Total Health Care Expenses	_____
Your Tax Bracket (15% to 35%)	x _____
(Income tax plus 5.65% FICA)	_____
Your Estimated Savings	_____

Your Ancillary Benefits at a Glance for **2013**



MetLife Dental Plan Info Policy #TBA

- Southern Mutual pays 100% of the employee only dental premium. Employees are responsible for any dependent costs, which will be payroll deducted on a pre-tax basis, resulting in approximately 30% savings.
- Members are free to choose any dentist, but can avoid balance billing and receive better discounts if a MetLife participation provider is used. Search for providers at www.metlife.com/dental. On the side of the web page under "Find a Dentist", click "Advanced Search". Under Network Type, click "PDP Plus", enter your search criteria and click "Search" at the bottom.
- Children are covered to age 26 regardless of student status.

MetLife[®]

Physicians
Eyecare Plan

Customer Service: 1-800-275-4638

Website: www.metlife.com/dental

PEP Vision Plan Info Policy #TBA

- The Vision Plan is voluntary. Employees pay 100% of the premium, which will be pre-taxed thru payroll deductions, resulting in approximately 30% savings.
- Members **must** use an In-Network Provider to take full advantage of their benefits. Search for Vision providers by visiting www.physicianseyecareplan.com.
- Children are covered to age 26 regardless of student status.



Welcome to MetLife! We are pleased to offer Dental benefits for you and your family. **GRP# TBA**

<u>PREVENTIVE SERVICES</u> <i>No Waiting Period</i>	<u>BASIC SERVICES</u> <i>Waiting Period</i> <i>6 Month - Fillings</i> <i>12 Month - All Other Services</i>	<u>MAJOR SERVICES</u> <i>24 Month Waiting Period</i>
Zero Deductible 100% Coverage	\$50 Calendar Year Deductible 80% Coverage	\$50 Calendar Year Deductible 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 60 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>(<14: 1 per 12 months)</i>	Labs	Repair & Maintenance of Crowns, Bridges & Dentures
	Sealants & Space Maintainers <i>(age & frequency limits apply)</i>	Implants
	Oral Cancer Screening	

**Calendar Year Annual
Maximum:**

\$1,500 per member

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

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

DENTAL INSURANCE COSTS:

<u>COVERAGE LEVEL</u> <i>(rates valid 6/1/13 to 5/31/14)</i>	<u>Dental Plan</u>	<u>Dental Plan</u> SMCI Pays 100% of the EE Cost	<u>Dental Plan</u> Employee Pays Dependent Cost Only!
	TOTAL MONTHLY COST	<u>Semi-Monthly</u> Contributions on Your Behalf	<u>Semi-Monthly</u> Payroll Deductions <i>(Pre-taxed resulting in approx. 30% savings)</i>
EMPLOYEE	\$29.08	\$14.54	\$0.00
EMPLOYEE & SPOUSE	\$59.84	\$14.54	\$15.38
EMPLOYEE & CHILD(REN)	\$62.07	\$14.54	\$16.50
EMPLOYEE & FAMILY	\$98.94	\$14.54	\$34.93



Welcome to Physicians Eyecare Plan! We are pleased to offer Vision benefits for you and your family. **GRP# TBA**

IN NETWORK BENEFITS

- Comprehensive eye exam every 12 months with a \$15 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 20% discount on glasses and a 15% discount on contact lens at most providers**.
- Discounts of 10%-15% on refractive surgery including LASIK at participating providers.
- \$49 standard contact lens fitting fee or 15% 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.

**Certain providers such as JC Penney Optical, Pearle Vision, Sears Optical, and Target Optical do not offer discounts on disposable contact lens. Participating Walmart Vision Centers do not offer discounts on glasses, contacts, or contact lens fitting fees. Not all Walmart Vision Centers provide eye exam services

*** Spherical daily wear, extended wear and disposable contact lens are considered standard contact lens; any other contact lens types are considered non-standard.

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: \$55 less exam copay
 - Materials: 65% of the material allowance that was used, less material copay

Please submit a claim form (available at www.physicianseyecareplan.com) along with your itemized receipts to: Physicians Eyecare Plan, Attn: Claims Department, 48 Courtenay Dr., Charleston, SC 29403.

IMPORTANT INFORMATION:

- You will be mailed a membership card.
- To find an in-network provider near you, go to www.physicianseyecareplan.com or call 1-800-368-9609.
- Please visit www.physicianseyecareplan.com for participating refractive surgery providers and discounts.
- To make an appointment, call an in-network provider and let them know that you are a PEP 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.
- Members will not be able to terminate coverage during their 12 month plan except for a termination resulting from a change in employment or family status.
- Dependent children are covered to age 26 regardless of student status.

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

VISION INSURANCE COSTS:

COVERAGE LEVEL (rates valid 6/1/2013 to 5/31/2014)	Employee Pays Total Cost Semi-Monthly Payroll Deductions (Pre-taxed resulting in approx. 30% savings)
EMPLOYEE	\$3.90
EMPLOYEE & SPOUSE	\$7.40
EMPLOYEE & CHILD(REN)	\$7.65
EMPLOYEE & FAMILY	\$11.70



EMPLOYER PAID SHORT-TERM DISABILITY **GROUP#612074**

- 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 **GROUP#612074**

- 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.

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

Employee Assistance Program (EAP): One America (AUL) will provide assistance for all members and their dependents, for a variety of personal and professional matters, including: stress, resiliency, depression, addictive behavior, parenting, financial issues, life changes, mental health, grief, etc. Services are available 24 hours a day, 7 days a week. Call an EAP Professional at 1-800-869-0276. Members can also visit www.eapconsultants.com and use the password "OneAmerica".



EMPLOYER PAID BASIC LIFE INSURANCE **GRP#52925**

- Class I—Officers & Managers / Class II—All Other Employees
- Class I—\$100,000 Life and Accidental Death & Dismemberment Insurance
- Class II—\$50,000 Life and Accidental Death & Dismemberment Insurance
- Southern Mutual pays 100% of the premium.

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE **GRP#52925**

- 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. Guarantee Issue = \$10,000.

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE RATES

Age Bracket	Employee	Spouse	Sample Employee	Sample Employee
	Cost Per \$1,000	Cost Per \$1,000	Per-Pay-Period	Per-Pay-Period
	Cost Per \$1,000	Cost Per \$1,000	Cost for \$20,000	Cost for \$100,000
0-29	\$0.09	\$0.09	\$0.90	\$4.50
30-34	\$0.10	\$0.10	\$0.98	\$4.90
35-39	\$0.12	\$0.12	\$1.22	\$6.10
40-44	\$0.16	\$0.16	\$1.62	\$8.10
45-49	\$0.24	\$0.24	\$2.42	\$12.10
50-54	\$0.39	\$0.39	\$3.94	\$19.70
55-59	\$0.66	\$0.66	\$6.64	\$33.20
60-64	\$1.05	\$1.05	\$10.46	\$52.30
65-69	\$1.72	\$1.72	\$17.24	\$86.20
70-74	\$3.01	\$3.01	\$30.06	\$150.30
75-79	\$5.04	\$5.04	\$50.38	\$251.90

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

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.

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