



2018

**EMPLOYEE BENEFITS
GUIDE**

The Basics



WELCOME TO YOUR 2018 BENEFITS GUIDE

City of Spartanburg is pleased to present your Employee Benefits for 2018. This Benefits Guide will help you better understand your benefit options and make great decisions regarding your coverage.

The benefit elections you make during Open Enrollment will be effective **January 1, 2018** and will last until **December 31, 2018**. Be sure you plan accordingly! If you do not enroll within your specified time period, you forfeit benefits until the next plan year, unless you have a qualifying life event. Be sure you make wise decisions - if you have any questions along the way, don't hesitate to reach out to your

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Plan Year: January 1 through December 31, 2018

Medicare Part D—Prescription Drug Information: If you are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

The Basics

WHO IS ELIGIBLE

If you are an active, full-time employee working at least 30 hours per week and classified as benefit eligible, you are eligible to enroll in the City of Spartanburg's benefit program on the first day of the month following full-time employment. If you enroll, you may cover eligible dependents, including your legal spouse; your dependent child(ren) until the date on which he or she turns age 26, under the medical and dental plans; natural and legally adopted children, children placed with you for adoption, or any other children for whom you or your spouse is named legal guardian, according to a letter of guardianship; Mentally or physically handicapped children dependent on you for support regardless of age; and Biological or legally adopted children for whom the plan is obligated under a Qualified Medical Child Support Order (QMCSO) to provide medical coverage. If your spouse has coverage available through their employer they will be excluded from the City's medical plans.

HOW TO ENROLL

The first step to enrolling in your benefits is to review this Benefits Guide. Once you have a thorough understanding of your options, complete the Enrollment Form. Once you make your selections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. You will need to have Name, Social Security Number, and Date of Birth for anyone you wish to enroll.

WHEN TO ENROLL

The benefits you elect during Open Enrollment will be effective from January 1, 2018 through December 31, 2018. New Hires must enroll by the end of the month following your date of hire.

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

If you have a qualifying event, contact your Human Resources representative. Any

Helpful Definitions:

In Network - Providers that have contracted with a network to provide covered services at a negotiated rate (ie - hospitals, doctors, pharmacies, durable medical equipment suppliers, etc).

Out of Network - Providers that have not contracted for reimbursement at a negotiated rate.

Copayment - A specified amount of money you pay each time certain covered services are preformed (ie - office visit, prescription, inpatient treatment, etc).

Coinsurance - A specified percentage share in which you and the plan pay toward the cost of covered services. Usually, you have to meet your deductible before coinsurance would apply.

Deductible - Each year you must meet a plan year deductible. This means you must pay a certain amount of money towards covered expenses before the coinsurance would apply.

Out of Pocket Maximum - Once you meet the out of pocket limit (by paying your part of the coinsurance), the plan pays 100% of any further covered medical expenses that you incur for the remainder of the plan year.

BENEFITS WEBSITE

City of Spartanburg offers a benefit website to aid you and your dependents with questions and access to forms. This site gives you access 24 hours a day to information about your benefits, from work or from home. It also makes it easy for you to obtain frequently used forms so you can keep your payroll and benefits information up to date.

For example:

- Medical and Dental Plans: Click on the Medical or Dental Plan links for plan details
- Flexible Benefits Accounts: Health Care Reimbursement or Dependent Care Reimbursement funds
- Forms: Medical Claim Forms, Dental Claim Forms, Disability Claim Forms, Evidence of Insurability Forms
- Look up Network Providers
- Wellness Initiatives

Take a minute to explore the site at <http://cos.ajgportal.com>.

SOUTH CAROLINA PRICEPOINT

South Carolina hospitals support consumer-driven health care and want to provide the public the accurate hospital information consumers need to make the best decisions regarding their care. That's why in 2007 the South Carolina Hospital Association (SCHA) partnered with the Wisconsin Hospital Association (WHA) to launch a My SC Hospital website (www.myschospital.org) that shares reliable information about the quality and safety of care provided by South Carolina hospitals.

SCHA has once again partnered with WHA to produce South Carolina PricePoint, a consumer-friendly database of hospital charges, utilization and payer mix information. PricePoint offers accurate and timely information about charges and services provided by the state's hospitals. The information is from the SC Office of Revenue and Fiscal Affairs, a state government agency charged with collecting this data from hospitals.

Visit South Carolina PricePoint today at www.scpricepoint.org!

PLANSOURCE LOGIN

Benefit elections must be done online for the 2018 Benefit Year.

Before you begin online enrollment, be sure you have the SSN and Date of Birth for all dependents you wish to enroll or list as beneficiaries.

1. Login to the Benefits Enrollment site at <https://benefits.plansource.com>. You will be prompted to enter your username and password. *(If you do not remember your password you set up last year, click on forgot password. You will receive an email from Plansource with instructions on changing it.)*
 - First time users will use their birthday for the password and will be prompted to change it upon signing in.
 - Username: First initial of first name, up to the first 6 characters of your last name, and last 4 of your SSN. *Example: Jane Anderson would be janders1234*
 - Password: For **new** users it will be your birthdate in YYYYMMDD format. *Example: August 14, 1962 is 19620814*
2. Once in the system, you will be able to update personal information, make your benefit selections for 2018, and add beneficiaries you might not have listed before.
 - *Please be sure to select "Decline" if you will not be enrolling in a particular coverage.*
 - ***You will have to re-enroll in the Flexible Spending Account should you wish to continue it in 2018. Type in the Annual Amount you would like to contribute. Click Continue.***
3. Proceed through each enrollment page by using the Continue button. Pressing Continue will save your selections and enroll you in the plan that you selected. You can logout and return to finish your enrollment at a later time.
4. Once you have started enrollment, you will be able to Review and Edit your Dependent Information. If you need to add a dependent, click Add Dependent, enter their information, and choose appropriate relationship. When you are finished adding or removing dependents, click Continue.
5. After completing all of your benefit elections for 2018, you will be able to print a Confirmation Statement, then Confirm Enrollment. Please read your confirmation page carefully and verify that all of the information listed is correct.

MEDICAL COVERAGE

City of Spartanburg offers two medical plans from which to choose: **Healthy Living Plan** and **Standard Plan**. Keep in mind that both of the options encourage you to seek care through our Preferred Provider Organizations (PPO). If you choose our PPO network for your treatment, then you will receive a higher level of benefit. Your PPO acts as a contract between you and your healthcare providers. The PPO network and your plan benefits will ensure you get the best possible price. You may choose to utilize providers outside the network. However, you have no “contract” protection and will receive a lower level of benefit.

	Healthy Living Plan	Standard Plan	
Bi-Weekly Contributions*	Employee Only	\$11.00	\$13.00
	Employee + Spouse	\$121.00	\$143.00
	Employee + Child(ren)	\$84.00	\$99.00
	Employee + Family	\$172.00	\$203.00

HEALTHY LIVING PLAN

The Healthy Living Plan (HLP) focuses on wellness and prevention. This plan is a health care plan that rewards people who commit to making better health choices. When enrolled in the HLP you have access to an enhanced benefit level. Enhanced benefits have a lower deductible and lower copayments, so you save money! To receive enhanced benefits, you and your covered spouse must choose to meet the requirements below. If you choose not to meet the requirements, you and your coverage dependents will have the Standard Plan benefits, with higher out of pocket cost. If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward(s) under this program, call Human Resources and we will work with you to develop another way to qualify for the reward.

Who needs to meet the requirements?

You and/or your covered spouse must meet the requirements for enhanced benefits or you will be moved to the Standard Plan.

Even if you or your covered spouse is covered by another medical plan, you still need to meet the requirements.

A new spouse added your Plan after the start of the plan year will need to meet the requirement for HLP by October 31st of the Plan Year.

REQUIREMENTS - you and your covered spouse have to:

1. Complete an Age/Gender appropriate annual checkup, which includes a health risk assessment and a biometric screening by October 31st of the Plan year.

Examples include routine check-ups, complete blood count, lipid panel, blood sugar, PSA (males), Pap smear (females), Mammogram (females), and colorectal cancer screenings.

2. Participate in health coaching if referred or invited.

HEALTHY LIVING PLAN

BENEFIT LEVELS:	TIER 1: EHN NETWORK PROVIDERS	TIER 2: PARTICIPATING IN-NETWORK PROVIDERS	TIER 3: OUT-OF-NETWORK PROVIDERS
Calendar Year Deductible*	\$600 per person \$1,500 per family	\$600 per person \$1,500 per family	\$1,000 per person \$2,000 per family
Deductible Carryover Provision:	NO		
Reimbursement Percentage ("Coinsurance")	70% of the Contracted Rate (after Deductible; unless otherwise stated) until the Out-of-Pocket Maximum has been reached, then 100% thereafter for the balance of the Calendar Year (unless otherwise stated)	60% of the Contracted Rate (after Deductible; unless otherwise stated) until the Out-of-Pocket Maximum has been reached, then 100% thereafter for the balance of the Calendar Year (unless otherwise stated)	50% of the Allowed Amount (after Deductible; unless otherwise stated) until the Out-of-Pocket Maximum has been reached, then 100% thereafter for the balance of the Calendar Year (unless otherwise stated)
Out-of-Pocket Maximums* (Including all applicable Co-payments, Coinsurance and the Calendar Year Deductible, including those for prescription drugs)	\$2,600 per person \$4,500 per family	\$3,600 per person \$6,500 per family	\$5,000 per person \$8,000 per family
Pharmacy Out of Pocket Maximum	\$3,550 per person \$7,800 per family		
Inpatient Hospital Co-payment:	NONE	NONE	NONE
Co-payment Maximums:	NONE	NONE	NONE
Outpatient Hospital Surgery Co-payments and Co-payment Maximums:	NONE	NONE	NONE
Primary Care Physician Co-pay:	\$25	\$52	NONE
Specialty Care Physician Co-pay:	\$40	\$77	NONE
Note for Customer Service: Co-payments which accumulate toward the OOP Max will cap at the OOP Max or before the OOP Max is reached if a lower Copayment Maximum is indicated. Once the OOP Max is reached, Co-payments will not be charged for the remainder of the year.			
Retail Card Program – You Pay (Up to a 30-day supply)	\$15 Co-payment per generic drug; \$40 Co-payment per preferred brand name drug; \$70 Co-payment per non-preferred brand name drug; \$60 Co-payment per specialty drug		
Mail Order Pharmacy – You Pay (Up to a 90-day supply)	\$37 Co-payment per generic drug; \$87 Co-payment per preferred brand name drug; \$150 Co-payment per non-preferred brand name drug.		
Note: Prescription drug Co-payment amounts accumulate toward the Out-of-Pocket Maximum (shown below). Once the Out-of-Pocket Maximum has been met, prescription drugs will be covered at 100% for the balance of the Calendar Year.			
If brand is purchased when generic is available, you pay Co-payment and cost difference between generic and brand prescription even if prescription is written as "Dispense as Written."			

HEALTHY LIVING PLAN (CONT)

Preventive Care	TIER 1: EHN NETWORK PROVIDERS	TIER 2: PARTICIPATING IN-NETWORK PROVIDERS	TIER 3: OUT-OF-NETWORK PROVIDERS
The preventive care services marked below with ** are provided according to the terms prescribed by the regulations issued under the Patient Protection and Affordable Care Act of 2010, as may be amended from time to time.			
**Routine Physical Exams, Routine Well Child Care, Routine OB/GYN Care, Routine Pap Smears, Routine Mammograms, Routine Immunizations, Routine X-rays and Clinical Tests	100% (Deductible waived)	100% (Deductible waived)	Not Covered
Eyewear for Special Conditions	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Allergy Testing	\$25 or \$40 Co-payment per visit, then 100% (Deductible waived)	\$52 or \$77 Co-payment per visit, then 100% (Deductible waived)	50% (after Deductible)
Allergy Treatment	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Anesthesia (Inpatient/Outpatient)	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Chiropractic Services	Not Covered	Not Covered	Not Covered
Maternity (Includes delivery, prenatal and postpartum care, including planned home births)	100% (Deductible waived)	100% (Deductible waived)	50% (after Deductible)
Physician Hospital Visits	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Physician Office Visits (Includes all related charges billed at time of visit)	\$25 or \$40 Co-payment per visit, then 100% (Deductible waived)	\$52 or \$77 Co-payment per visit, then 100% (Deductible waived)	50% (after Deductible)
Second Surgical Opinion	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Surgery (Inpatient)	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Surgery (Outpatient)	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Surgery (Physician's office)	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Emergency Room Expenses (Includes Facility, Lab, X-ray & Physician services) (Note: Co-payment is waived if admitted for observation or on an inpatient basis to a Hospital)	\$150 Co-payment per visit, then 70% (after Deductible)	\$150 Co-payment per visit, then 70% (after Tier 1 Deductible)	\$150 Co-payment per visit, then 70% (after Tier 1 Deductible)
Outpatient Surgery in Hospital, Ambulatory Surgical Center, etc.	70% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Urgent Care Facility/Walk-In Clinic	\$25 Co-payment per visit, then 100% (Deductible waived)	\$52 Co-payment per visit, then 100% (Deductible waived)	50% (after Deductible)

STANDARD PLAN

BENEFIT LEVELS:	TIER 1: EHN NETWORK PROVIDERS	TIER 2: PARTICIPATING IN-NETWORK PROVIDERS	TIER 3: OUT-OF-NETWORK PROVIDERS
Calendar Year Deductible*	\$1,000 per person \$3,000 per family <i>*\$1,200 per person/\$3,600 per family w/o biometric screening</i>	\$1,000 per person \$3,000 per family <i>*\$1,200 per person/\$3,600 per family w/o biometric screening</i>	\$1,600 per person \$3,200 per family <i>*\$1,800 per person/\$5,400 per family w/o biometric screening</i>
Deductible Carryover Provision:	NO		
Reimbursement Percentage (“Coinsurance”)	65% of the Contracted Rate (after Deductible; unless otherwise stated) until the Out-of-Pocket Maximum has been reached, then 100% thereafter for the balance of the Calendar Year (unless otherwise stated)	60% of the Contracted Rate (after Deductible; unless otherwise stated) until the Out-of-Pocket Maximum has been reached, then 100% thereafter for the balance of the Calendar Year (unless otherwise stated)	50% of the Allowed Amount (after Deductible; unless otherwise stated) until the Out-of-Pocket Maximum has been reached, then 100% thereafter for the balance of the Calendar Year (unless otherwise stated)
Out-of-Pocket Maximums* (Including all applicable Co-payments, Coinsurance and the Calendar Year Deductible, including those for prescription drugs)	\$4,000 per person \$7,500 per family	\$5,000 per person \$9,500 per family	\$7,000 per person \$12,000 per family
Pharmacy Out of Pocket Maximums	\$2,150 per person or \$4,800 per family with Biometric screening \$1,950 per person or \$4,200 per family without Biometric screening		
Inpatient Hospital Co-payment:	NONE	NONE	NONE
Co-payment Maximums:	NONE	NONE	NONE
Outpatient Hospital Surgery Co-payments and Co-payment Maximums:	NONE	NONE	NONE
Primary Care Physician Co-pay:	\$40	\$67	NONE
Specialty Care Physician Co-pay:	\$55	\$88	NONE
Note for Customer Service: Co-payments which accumulate toward the OOP Max will cap at the OOP Max or before the OOP Max is reached if a lower Copayment Maximum is indicated. Once the OOP Max is reached, Co-payments will not be charged for the remainder of the year.			
Retail Card Program – You Pay (Up to a 30-day supply)	\$20 Co-payment per generic drug; \$45 Co-payment per preferred brand name drug; \$75 Co-payment per non-preferred brand name drug; \$65 Co-payment per specialty drug		
Mail Order Pharmacy – You Pay (Up to a 90-day supply)	\$48 Co-payment per generic drug; \$96 Co-payment per preferred brand name drug; \$156 Co-payment per non-preferred brand name drug.		
Note: Prescription drug Co-payment amounts accumulate toward the Out-of-Pocket Maximum (shown below). Once the Out-of-Pocket Maximum has been met, prescription drugs will be covered at 100% for the balance of the Calendar Year.			
If brand is purchased when generic is available, you pay Co-payment and cost difference between generic and brand prescription even if prescription is written as “Dispense as Written.”			

STANDARD PLAN (CONT)

Preventive Care	TIER 1: EHN NETWORK PROVIDERS	TIER 2: PARTICIPATING IN-NETWORK PROVIDERS	TIER 3: OUT-OF-NETWORK PROVIDERS
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Eyewear for Special Conditions	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Allergy Testing	\$40 or \$55 Co-payment per visit, then 100% (Deductible waived)	\$67 or \$88 Co-payment per visit, then 100% (Deductible waived)	50% (after Deductible)
Allergy Treatment	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Anesthesia (Inpatient/Outpatient)	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Chiropractic Services	Not Covered	Not Covered	Not Covered
Maternity (Includes delivery, prenatal and postpartum care, including planned home births)	100% (Deductible waived)	100% (Deductible waived)	50% (after Deductible)
Physician Hospital Visits	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Physician Office Visits (Includes all related charges billed at time of visit)	\$40 or \$55 Co-payment per visit, then 100% (Deductible waived)	\$67 or \$88 Co-payment per visit, then 100% (Deductible waived)	50% (after Deductible)
Second Surgical Opinion	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Surgery (Inpatient)	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Surgery (Outpatient)	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Surgery (Physician's office)	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Emergency Room Expenses (Includes Facility, Lab, X-ray & Physician services) (Note: Co-payment is waived if admitted for observation or on an inpatient basis to a Hospital)	\$150 Co-payment per visit, then 65% (after Deductible)	\$150 Co-payment per visit, then 65% (after Tier 1 Deductible)	\$150 Co-payment per visit, then 65% (after Tier 1 Deductible)
Outpatient Surgery in Hospital, Ambulatory Surgical Center, etc.	65% (after Deductible)	60% (after Deductible)	50% (after Deductible)
Urgent Care Facility/Walk-In Clinic	\$40 Co-payment per visit, then 100% (Deductible waived)	\$67 Co-payment per visit, then 100% (Deductible waived)	50% (after Deductible)

DIABETES MANAGEMENT

The City of Spartanburg offers a Diabetes Management Program to help individuals manager their diabetes:

- *No copayments when you go to the doctor for your diabetes*
- *No cost to you for lab tests in your doctor's office and diabetic education classes*
- *No copayments for preferred of generic diabetic medications and supplies*

To receive this special benefit, you need to do the following:

- *If you have not done so already, complete a health assessment with our onsite Nurse Practitioner. You can schedule an appointment by calling Human Resources at 864-596-2063 or Ingrid Crawford at 864-596-2794*
- *Complete at least one health coaching session with the onsite nurse every three months*
- *Visit your primary doctor once a year to manage your diabetes*
- *Get a lipid (cholesterol) and A1C test once a year from our onsite nurse*

If you have any questions about this program, please call Ingrid Crawford, HR Generalist.

Please visit <http://cos.ajportal.com> for a copy of the Diabetes Face to Face Management Program Form.



DENTAL

There is dental insurance available at City of Spartanburg. Please review the following information regarding the covered procedures in each dental category so you will have an understanding of your benefits.

Classes Of Expenses	% To Pay	Deductible Yes or No
Class I— Diagnostic and Preventive Dental Benefits	100%	No
Class II— Basic Dental, Oral Surgery and Periodontic Services	80%	Yes
Class III— Prosthodontic Services	50%	Yes
Class IV— Orthodontic Benefits	50%	Yes
Lifetime Maximum per participant for Orthodontic Benefits		\$1,000
Maximum per participant per benefit year for Classes I-III:		\$2,000
Per Benefit Year Dental Deductible:		
Per Participant		\$50
Per Family		\$150

4 Ways to Win Back your
Teeth and Gums
Put a halt to tooth decay and gum
disease with these steps:

1. Brush at least twice a day, and
floss at least once a day.
2. Avoid tobacco in any form.
3. Visit your dentist for regular
checkups and cleanings.
4. Eat a healthy diet and limit foods
high in sugar.

QUESTION

I have medical and dental insurance. Which one will cover the extraction of wisdom teeth?

If the teeth are fully impacted, then the extraction will be covered under the medical plan subject to the deductible. If partially impacted, then it will be covered under the dental plan under the Basic Services.

Cost per Pay Period	Employee Portion	
	Employee Only	\$4.00
Employee & Spouse	\$13.00	
Employee + Children	\$15.00	
Employee + Family	\$16.00	

Special Provision - Benefits for dentures, bridgework, crowns, inlays, gold fillings or orthodontic treatment are excluded for a new employee until he or she is covered for Dental Benefits under the Group Policy for twelve consecutive months.

VISION

City of Spartanburg offers vision coverage through EyeMed. You can visit any doctor under this plan, but you can save money by visiting a provider in their network. To find out who is in network, visit www.eyemed.com

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Exam w/ Dilation as Necessary	\$10 co pay	Up to \$30
Contact Lenses Fit and Follow Up	Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed	
Standard Contact Lens Fit & Follow Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow Up	10% Off Retail	N/A
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$130 Allowance; 80% Charge over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens	\$90; 80% Charge less \$120 Allowance	Up to \$40
Lenticular	\$25 copay	Up to \$60
Lens Options	Paid by the member and added to the base price of the lens	
UV Treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate—Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% Off Retail Price	N/A
Other Add-ons and Services	20% Off Retail Price	N/A

VISION

City of Spartanburg offers vision coverage through EyeMed. You can visit any doctor under this plan, but you can save money by visiting a provider in their network. To find out who is in network, visit www.eyemed.com

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Contact Lenses		
Conventional	\$0 copay; \$130 Allowance, 15% off Retail Price over \$130	Up to \$104
Disposable	\$0 copay; \$130 Allowance, plus balance over \$130	Up to \$104
Medically Necessary	\$0 copay, Paid in full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off the Promotional price	N/A
Frequency		
Examination	Once Every 12 months	
Lenses or Contact Lenses	Once Every 12 months	
Frame	Once Every 24 months	



Cost per Pay Period	Employee Portion	
	Employee Only	\$1.00
Employee & Spouse	\$2.00	
Employee + Children	\$2.50	
Employee + Family	\$5.00	

FLEXIBLE SPENDING ACCOUNT

What is a Flexible Spending Account (FSA)?

A benefit provided by City of Spartanburg that allows you to set aside pretax funds by having a specified amount deducted from your paycheck each pay period. Because you will be using pretax money to fund your FSA, you will pay fewer taxes.

When can I enroll in the FSA?

You are eligible to enroll and make changes **during open enrollment** with an effective date of January 1st.

How does it work?

Once you set up your account(s), you will receive an FSA debit card that you can use for qualified medical expense to avoid paying cash out of pocket. Here's how it works:

- First, you estimate how much you will need to cover your expenses.
- Then, the amount you choose is deducted from each paycheck. If you decide to set aside \$650 for the entire calendar year, then you will have to have \$25.00 (26 pay periods) deducted from each paycheck.
- When you have an eligible expense, use your debit card or submit a claim and an itemized receipt to BCBS.
- You will have a three-month grace period following the end of the year to submit claims for expenses incurred the prior year.

Be careful when planning for your estimated medical care expenses. The IRS established a "use it or lose it" rule. Under this strict rule, you must use all the money in your FSA for qualifying medical expenses by the end of the Plan year. Use the worksheet on next page to help!

Please Note:

IRS regulations require that the FSA limit be reduced to \$2,500/year as of 2014. This is part of the Patient Protection Affordable Care Act of 2011 (PPACA). This applies to employee contributions only.

What happens if I have a claim at the end of the year and don't submit it by December 31st? You have time after the end of the year to file claims for eligible expenses that you incurred during this year. The deadline for submitting claims is March 31st of the following year.

What are my options at City of Spartanburg?

Health Care Spending Account

You can deposit up to \$2,600 per year in your Health Care Spending Account. You can use the tax-free money in your account to reimburse yourself for eligible expenses not paid by your medical and dental coverage, and out-of-pocket expenses, such as deductibles and copayments.

The list below gives examples of eligible and ineligible expenses. For a complete list of eligible expenses, you can review IRS Publication 502, which is available from your local Internal Revenue Service Office or by downloading a copy from www.irs.gov.

Eligible Expenses	Ineligible Expenses
Deductibles and copayments not paid by other medical, dental or vision insurance.	Elective cosmetic surgery, such as liposuction, hair transplants, electrolysis and face-lifts
Hearing aids and batteries	Custodial care in an institution
Contact solutions	Automobile insurance premiums
Smoking cessation aides	Health club dues, YMCA dues, steam baths, etc.

NOTE: Over the counter medication is NO LONGER an eligible expense UNLESS the purchase is accompanied by a prescription from your physician.

FLEXIBLE SPENDING ACCOUNT (CONT)

Dependent Care Spending Account

You can deposit up to \$5,000 (or \$2,500 if you and your spouse file separate income tax returns) in your Dependent Care Spending Account. This account lets you set aside pre-tax dollars to pay dependent care expenses that are necessary in order for you (and your spouse, if you're married) to work or attend school full-time. You can find examples of eligible and ineligible expenses below.

The Dependent Care Spending Account may be right for you if you have day care expenses for an eligible dependent while you are at work.

Use It, Don't Lose It!

If you do not file for reimbursement by March 31st, the money you set aside in your account(s) will not transfer to the next year's account(s). Due to IRS rules, you must forfeit any funds in your spending account(s) that you haven't used by the end of the year. *Under dependent day care you have through 12/31/2017 to incur expenses and through 3/31/2018 to submit claims.*

Eligible Expenses	Ineligible Expenses
Home or day care for dependent children under age 13	Expenses for days you are not working
Payments made to a licensed nursery day care or day care center for preschool children	Child care services provided by another of your dependent children
Home or day care for dependents of any age who are mentally or physically disabled and are unable to care for themselves	Care for dependents who have an annual income of \$1
	Expenses you already claimed as deductions or credits on a federal or state income tax return



IRS Requirements for the Dependent Care Spending Account Reimbursements:

- If you're married, both you and your spouse must be working. Spouses who don't work must be full-time students or incapable of caring for themselves.
- If you're married, the total annual amount you deposit can't be more than the lower of your income or your spouse's income.
- If you're single, your dependent day care expenses must be necessary for you to work. You may change your dependent care contribution during the plan year only if you have a change in family status.

Flexible Spending Account Worksheet

When determining how much you would like to contribute to your Flexible Spending Account, you should keep in mind the following:

In most cases, an employee may not make a mid-year change in the amount he or she has elected to contribute to a Flexible Spending Account.

Money remaining in a Flexible Spending Account at the end of the plan year must be forfeited. Over-the-counter medicines and drugs (other than insulin) are only reimbursable if accompanied by a prescription.

This worksheet can be used to estimate how much you should elect to contribute to your Flexible Spending Accounts.

Health Flexible Spending Account	
Expenses not covered by insurance may include:	
Deductibles, coinsurance or copayments	\$
Dental care (exams, fillings, crowns)	\$
Hearing care (exams, hearing aids and batteries)	\$
Infertility treatment	\$
Insulin and diabetic supplies	\$
Prescription drugs (e. g. birth control pills)	\$
Transportation expenses (to receive medical care)	\$
Vision care (exams, contacts, eyeglasses, laser surgery)	\$
Weight loss program (done at doctor's direction to treat an existing disease)	\$
Wheelchairs	\$
Annual Health Flexible Spending Account Election	\$

Examples of how you can save: Sample employee makes \$2,000 per month. This example shows employee's next pay per month with and without the FSA :

Paycheck without the plan	
Salary	\$2,000
Insurance Premium	-\$100
Adjusted Earnings	\$1,900
FICA, Federal, and State Taxes	-\$500
Health and Daycare Expenses	-\$300
Net Pay Without the Plan	\$1,100

Paycheck with the plan	
Salary	\$2,000
Insurance Premium	-\$100
Health and Daycare Expenses	-\$300
Adjusted Earnings	\$1,600
FICA, Federal, and State Taxes	-\$400
Net Pay With the Plan	\$1,200

SHORT TERM DISABILITY

What is Short Term Disability (STD)?

Short Term Disability, sometimes called salary continuation, is a type of insurance that pays a percentage of an employee's salary for a specified amount of time, if they are ill or injured off the job, and cannot perform the duties of their job.

Why would I want STD Coverage?

Short term disability insurance provides a welcome financial cushion, a safety net, in the event of an employee's short term disability.

Benefits Begin	If your disability is a result of an injury or sickness the elimination period is 14 calendar days.
Weekly Benefit	<p>If you are disabled and unable to generate current earnings greater than 20% of your weekly earnings, the weekly benefit while disabled is the lesser of:</p> <ul style="list-style-type: none">• 60% of your weekly earnings, less other income benefits: or• The maximum weekly benefit (\$1,000 less any other income benefits) <p>If you are disabled and unable to generate current earnings that equal between 20% and 99% of your weekly earnings, the weekly benefit will be the weekly benefit payable while disabled, unless the sum of:</p> <ul style="list-style-type: none">• The gross weekly benefit while you are disabled; plus• Other income benefits you receive or are eligible to receive; plus• Current earnings while you are disabled; <p>Exceeds 100% of your weekly earnings. If this sum exceeds 100% of your weekly earnings, the weekly benefit will be reduced by that excess amount.</p>
Maximum Benefit	<ul style="list-style-type: none">• The maximum benefit period is 11 continuous weeks, or until benefits become payable under long term eligibility plan, whichever comes first.

What am I offered at City of Spartanburg?

STD Coverage is paid for by City of Spartanburg.

LONG TERM DISABILITY

What is Long Term Disability (LTD)?

Long Term Disability is an insurance policy that protects an employee from loss of income in the event that he or she is unable to work due to illness, injury, or accident for a long period of time.

Why would I want LTD Coverage?

Some estimates state that the average employee on LTD coverage misses 2.5 years of work. LTD ensures that an employee will still receive a percentage of their income while they are out of work.

Benefits Begin	<p>The elimination period is the later of:</p> <ul style="list-style-type: none"> • 90 calendar days; or • The date your short term disability benefits end. <p>For accumulating days of disability to satisfy the elimination period, the following will apply:</p> <ul style="list-style-type: none"> • A period of disability will be treated as continuous during the elimination period unless a disability stops for more than 90 accumulated days during the elimination period; and • Days you are disabled will not be used to satisfy the elimination period 																				
Monthly Benefit	<p>If you are disabled and earning less than 20% of your basic monthly earning, the monthly benefit while disabled is the lesser of:</p> <ul style="list-style-type: none"> • 60% of your basic monthly earnings, less other income benefits; or • The maximum monthly benefit. The maximum monthly benefit is \$6,000, less any other income benefits. <p>You may work for wage or profit while disabled. As a work incentive, you will receive the monthly benefit, unless the sum of:</p> <ul style="list-style-type: none"> • The gross monthly benefit while you are disabled; plus • Current earnings; <p>Exceeds 100% of your basic monthly earnings. If this sum exceeds 100% of your basic monthly earnings, the monthly benefit will be reduced by that excess amount.</p>																				
Maximum Benefit Period	<p>If you are disabled because of injury or sickness, benefits will be paid as follows: However, benefits for Disabilities resulting from a Mental Disorder or Alcohol or Drug Abuse and/or Substance Abuse will be paid in accordance with any Mental Disorder Limitation or Alcohol and Drug Abuse and/or Substance Abuse Limitation.</p> <table border="1" data-bbox="371 1367 1385 1848"> <thead> <tr> <th>Age at Disability</th> <th>Maximum Benefit Period</th> </tr> </thead> <tbody> <tr> <td>61 or less</td> <td>To age 65 or to your Social Security Normal Retirement Age, or 3 years and 6 mths, whichever is longer</td> </tr> <tr> <td>62</td> <td>To your Social Security Normal Retirement Age, or 3 years and 6 mths, whichever is longer</td> </tr> <tr> <td>63</td> <td>To your Social Security Normal Retirement Age, or 3 years, whichever is longer</td> </tr> <tr> <td>64</td> <td>To your Social Security Normal Retirement Age, or 2 years and 6 mths, whichever is longer</td> </tr> <tr> <td>65</td> <td>2 years</td> </tr> <tr> <td>66</td> <td>1 year and 9 months</td> </tr> <tr> <td>67</td> <td>1 year and 6 months</td> </tr> <tr> <td>68</td> <td>1 year and 3 months</td> </tr> <tr> <td>69 or older</td> <td>1 year</td> </tr> </tbody> </table>	Age at Disability	Maximum Benefit Period	61 or less	To age 65 or to your Social Security Normal Retirement Age, or 3 years and 6 mths, whichever is longer	62	To your Social Security Normal Retirement Age, or 3 years and 6 mths, whichever is longer	63	To your Social Security Normal Retirement Age, or 3 years, whichever is longer	64	To your Social Security Normal Retirement Age, or 2 years and 6 mths, whichever is longer	65	2 years	66	1 year and 9 months	67	1 year and 6 months	68	1 year and 3 months	69 or older	1 year
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BASIC LIFE, AD&D, VOLUNTARY LIFE

To help you protect your family, City of Spartanburg offers basic life and accident death and dismemberment (AD&D) for you equal to **1x your annual salary, plus \$2,000** at no cost to you! In addition, you may purchase \$2,500 Basic Life for your spouse, and/or \$2,500 child(ren) for \$0.30 per pay period. The carrier for this coverage is Mutual of Omaha.

You may also purchase Voluntary Life insurance on your own life. If you purchase Voluntary Life coverage, on yourself you may also purchase voluntary life coverage for your spouse and your dependents. The carrier for this coverage is Dearborn National.

Voluntary Life Insurance:

As a City of Spartanburg employee, you may purchase up to \$500,000 in Voluntary Life in \$10,000 increments. If you are applying for the first time as a "late entrant", you will need to complete an Evidence of Insurability (EOI). Please contact HR or go online to print this form.

Employee Benefit: \$10,000 - \$500,000 in \$10,000 increments

You may purchase coverage on your spouse in \$10,000 increments up to \$500,000. If you elect over \$20,000 on your spouse, and EOI must also be completed.

Spouse Benefit: \$10,000 - \$500,000 in \$10,000 increments

**Spouse benefit amount not to exceed employee's benefit amount*

Guarantee Issue*	Under Age 60	Age 60-69	Age 70+
Employee	\$150,000	\$20,000	Medically Underwritten
Spouse	\$20,000	\$20,000	Medically Underwritten

NOTE:

Evidence of Insurability (EOI) is required for employees electing over \$150,000 (age 60-69 \$20,000) in coverage, or spouse coverage of over \$20,000.

Child Coverage

Live Birth to 6 months:	\$100
Age 6 months to age 26:	\$5,000 or \$10,000

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.28	\$0.28	\$0.28	\$0.37	\$0.42	\$0.46	\$0.69	\$1.06	\$1.98	\$3.05	\$5.86	\$9.51
\$20,000	\$0.55	\$0.55	\$0.55	\$0.74	\$0.83	\$0.92	\$1.38	\$2.12	\$3.97	\$6.09	\$11.72	\$19.02
\$30,000	\$0.83	\$0.83	\$0.83	\$1.11	\$1.25	\$1.38	\$2.08	\$3.18	\$5.95	\$9.14	\$17.58	\$28.52
\$40,000	\$1.11	\$1.11	\$1.11	\$1.48	\$1.66	\$1.85	\$2.77	\$4.25	\$7.94	\$12.18	\$23.45	\$38.03
\$50,000	\$1.38	\$1.38	\$1.38	\$1.85	\$2.08	\$2.31	\$3.46	\$5.31	\$9.92	\$15.23	\$29.31	\$47.54
\$60,000	\$1.66	\$1.66	\$1.66	\$2.22	\$2.49	\$2.77	\$4.15	\$6.37	\$11.91	\$18.28	\$35.17	\$57.05
\$70,000	\$1.94	\$1.94	\$1.94	\$2.58	\$2.91	\$3.23	\$4.85	\$7.43	\$13.89	\$21.32	\$41.03	\$66.55
\$80,000	\$2.22	\$2.22	\$2.22	\$2.95	\$3.32	\$3.69	\$5.54	\$8.49	\$15.88	\$24.37	\$46.89	\$76.06
\$90,000	\$2.49	\$2.49	\$2.49	\$3.32	\$3.74	\$4.15	\$6.23	\$9.55	\$17.86	\$27.42	\$52.75	\$85.57
\$100,000	\$2.77	\$2.77	\$2.77	\$3.69	\$4.15	\$4.62	\$6.92	\$10.62	\$19.85	\$30.46	\$58.62	\$95.08
\$110,000	\$3.05	\$3.05	\$3.05	\$4.06	\$4.57	\$5.08	\$7.62	\$11.68	\$21.83	\$33.51	\$64.48	\$104.58
\$120,000	\$3.32	\$3.32	\$3.32	\$4.43	\$4.98	\$5.54	\$8.31	\$12.74	\$23.82	\$36.55	\$70.34	\$114.09
\$130,000	\$3.60	\$3.60	\$3.60	\$4.80	\$5.40	\$6.00	\$9.00	\$13.80	\$25.80	\$39.60	\$76.20	\$123.60
\$140,000	\$3.88	\$3.88	\$3.88	\$5.17	\$5.82	\$6.46	\$9.69	\$14.86	\$27.78	\$42.65	\$82.06	\$133.11
\$150,000	\$4.15	\$4.15	\$4.15	\$5.54	\$6.23	\$6.92	\$10.38	\$15.92	\$29.77	\$45.69	\$87.92	\$142.62
\$200,000	\$5.54	\$5.54	\$5.54	\$7.38	\$8.31	\$9.23	\$13.85	\$21.23	\$39.69	\$60.92	\$117.23	\$190.15
\$250,000	\$6.92	\$6.92	\$6.92	\$9.23	\$10.38	\$11.54	\$17.31	\$26.54	\$49.62	\$76.15	\$146.54	\$237.69
\$300,000	\$8.31	\$8.31	\$8.31	\$11.08	\$12.46	\$13.85	\$20.77	\$31.85	\$59.54	\$91.38	\$175.85	\$285.23
\$350,000	\$9.69	\$9.69	\$9.69	\$12.92	\$14.54	\$16.15	\$24.23	\$37.15	\$69.46	\$106.62	\$205.15	\$332.77
\$400,000	\$11.08	\$11.08	\$11.08	\$14.77	\$16.62	\$18.46	\$27.69	\$42.46	\$79.38	\$121.85	\$234.46	\$380.31
\$450,000	\$12.46	\$12.46	\$12.46	\$16.62	\$18.69	\$20.77	\$31.15	\$47.77	\$89.31	\$137.08	\$263.77	\$427.85
\$500,000	\$13.85	\$13.85	\$13.85	\$18.46	\$20.77	\$23.08	\$34.62	\$53.08	\$99.23	\$152.31	\$293.08	\$475.38

EMPLOYEE ASSISTANCE

City of Spartanburg offers an Employee Assistance Plan through Upstate EAP. This is a program that City of Spartanburg offers at no cost to their employees as an added incentive. Upstate EAP can assist you in dealing with any personal issues that you may have. For more details on your EAP Plan call 1-866-219-2464 or visit www.upstateeap.com.

How Can Upstate EAP Help You?

- Individual, Couple, and Family Issues
- Parenting Issues
- Separation and Divorce Issues
- Aging Parent Issues
- Home and Workplace Stress
- Addictions
- Anger Management
- Depression and Anxiety
- Grief
- Job and Career Issues
- Basic Budgeting



Pathway to Healthy Living



START THE YEAR OFF RIGHT!

Check the Employee Portal for the Recommended Age/Gender Test for the Healthy Living Plan!



RECEIVE

Once all the steps are completed, you may then be eligible for the Healthy Living Plan discount premiums.



QUESTIONS

Contact Michelle Clyburn at 864-596-2795



COBRA

What is COBRA?

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act (COBRA). The law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated.

What does that mean for me?

COBRA gives certain former employees, retirees, spouses former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events. Other coverage may be available to you through the Health Insurance Marketplace. For more information about the Health Insurance Options available through a Health Insurance Marketplace, visit www.healthcare.gov.

How does a person become eligible for COBRA continuation coverage?

To be eligible for COBRA coverage, you must have been enrolled in your employer's health plan when you worked and the health plan must continue to be in effect for active employees. COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage.

How long after a qualifying event do I have to elect COBRA coverage?

Qualified beneficiaries must be given an election period during which each qualified beneficiary may choose whether to elect COBRA coverage. Each qualified beneficiary may independently elect COBRA coverage. A covered employee or the covered employee's spouse may elect COBRA coverage on behalf of all other qualified beneficiaries. A parent or legal guardian may elect on behalf of a minor child. Qualified beneficiaries must be given at least 60 days for the election. This period is measured from the later of the coverage loss date or the date the COBRA election notice is provided by the employer or plan administrator. The election notice must be provided in person or by first class mail within 14 days after the plan administrator receives notice that a qualifying event has occurred.

When does COBRA coverage begin?

COBRA coverage begins on the date that health care coverage would otherwise have been lost by reason of a qualifying event.

How long does COBRA coverage last?

COBRA establishes required periods of coverage for continuation health benefits. A plan, however, may provide longer periods of coverage beyond those required by COBRA. COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Qualifying Events for Employees:

Voluntary or involuntary termination of employment for reasons other than gross misconduct.

Reduction in the number of hours of employment.

MEDICARE 101

If you're nearing retirement age, or are over 65 and still working, you may have questions about Medicare. Read on for the information you need to know.

What is Medicare?

Medicare is health insurance for people age 65 or older, under 65 with certain disabilities or any age with End-Stage Renal Disease (permanent kidney failure).

Types of Medicare

There are four types of Medicare - 2 parts are from the government (A & B) , 2 are private (C & D):

- *Medicare Part A* helps cover inpatient care in hospitals, skilled nursing facilities, and hospice and home health care. Generally there is no monthly premium if you qualify and paid Medicare taxes while working.
- *Medicare Part B* helps cover medical services like doctors' services, outpatient care and other medically necessary services that Part A doesn't cover. You need to enroll in Medicare Part B and pay a monthly premium determined by your income.
- A *Medicare Advantage Plan* (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, *sometimes called "Part C" or "MA Plans"*, are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. In all types of Medicare Advantage Plans, you're always covered for emergency and urgent care. Medicare Advantage Plans must cover all of the service that Original Medicare covers except hospice care. Original Medicare covers hospice care even if you're in a Medicare Advantage Plan. Medicare Advantage Plans aren't supplemental coverage. Medicare Advantage Plans typically include Part D prescription drug coverage.
- *Medicare Part D* is prescription drug coverage, and is available to everyone with Medicare. It is a separate plan provided by private Medicare-approved companies, and you must pay a monthly premium.

Many people also purchase a supplemental insurance policy, such as a Medigap policy to help cover the gaps not covered by Medicare. Medigap policies, aka Medicare Supplemental Policies, are sold by private insurance companies.

Getting Started

Medicare sends you a questionnaire about three months before you're entitled to Medicare coverage. Your answers to these questions, including whether you have group health insurance through an employer or family member, help Medicare set up your file and make sure your claims are paid correctly.

If your health insurance or coverage changes at any time after submitting the questionnaire, call the Medicare Coordination of Benefits Contractor at 800-999-1118 to update your file.

Coordination of Coverage

If you have Medicare and another type of insurance, the question of who should pay or who should pay first can be tricky. For example, generally a group health plan would pay before Medicare, but there are several exceptions. Contact the number above for specific answers for your situation, or visit www.medicare.gov for additional information.

HEALTH CARE REFORM

Congress passed the ACA, a significant health care reform law, in March 2010. The ACA is a far-reaching law that affects all aspects of the health care system. Consumers, health care providers, insurance companies and employers are all impacted. The parts of the law that most affect you are described below.

Individual Mandate

In 2014, the ACA required most individuals to obtain acceptable health insurance coverage for themselves and their family members or pay a penalty. If you are covered under a health plan offered by your employer, or if you are currently covered by a government program such as Medicare, you can continue to be covered under those programs. There is a graduated tax penalty, or fee, for individuals who do not obtain health insurance by the time they file their taxes. While at first the penalty was fairly modest, it substantially increased over the following two years. In addition to the penalty, people without health insurance will still be responsible for 100 percent of the cost of their medical care. The fee schedule is as follows:

2016 and
Beyond

- \$695 per adult and \$347.50 for each child (up to \$2,085 for families), or 2.5 percent of income, whichever is greater

There are a very limited number of exceptions to the insurance mandate, mainly affecting non-citizens, American Indians, incarcerated individuals, religious objectors and people suffering from poverty or hardship. Exceptions are also available for people with short gaps in coverage of less than three months and for those eligible for an employer-provided plan that operates on a non-calendar year basis.

Health Insurance Marketplaces

The ACA calls for the creation of health insurance marketplaces, also known as Affordable Health Insurance Exchanges, for individuals and small businesses to purchase private health insurance. The Exchanges will allow for direct comparisons of private health insurance options on the basis of price, quality and other factors, and will coordinate eligibility for premium tax credits and other affordability programs. The ACA required the Exchanges to become operational in 2014. If you can purchase coverage through your employer, you may not need to use the Exchanges. However, uninsured people who want to comply with the individual mandate will be able to use the Exchanges to fulfill their requirement. More information on the health care reform law and the Marketplaces is available at www.healthcare.gov.

Annual Limits and Pre-existing Conditions

Annual dollar limits cannot be placed on coverage for essential health benefits beginning of Plan Year in 2014. Additionally, the ACA compels insurers to cover individuals with pre-existing conditions. Insurance companies cannot turn you down or charge you more because of your condition, nor can they refuse to cover treatment for pre-existing conditions.

HOLIDAY SCHEDULE & PAID TIME OFF

IMPORTANT REMINDERS:

General Leave: 1.5 Days Per Month Accrued

Exempt Comp Time: 8 Hours Per Quarter

Holidays: 11 Holidays Per Year

Retirement: Employees contribute 8.66% of gross pay; City contributes 11.41% of salary to SC General Retirement plan. PORS: 9.24% of gross pay; City contributes 14.24%.



Holidays:

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday following Thanksgiving Day
- Christmas Day, and the Work Day before or after as designated by the City
- *Floating Holiday

**Must be scheduled with the supervisor and taken during the calendar year no later than December 25th*

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CONTACT INFORMATION

How to Read your EOB and Summary Plan Descriptions for the benefit plans are available by accessing the benefit website at <http://cos.argusbenefitsonline.com>.

Username: cos / Password: cos14

COVERAGE	CARRIER NAME	CONTACT INFORMATION
Insurance Broker	Gallagher Benefit Services, Inc.	888-527-2695: Toll Free Teresa Stoecker: 864-315-3870 Mike Hawkins: 864-315-3855 www.ajg.com
Medical Insurance	HPI	855-855-7455 www.healthplansinc.com/cos
Dental Insurance	HPI	855-855-7455 www.healthplansinc.com/cos
Vision	EyeMed	866-299-1358 www.eyemed.com
Short Term Disability, Long Term Disability, and Basic Life Insurance	Mutual of Omaha	800-290-7097 www.mutualofomaha.com
Voluntary Employee, Spouse and Child Life	Dearborn National	800-348-4512 www.dearbornnational.com
Employee Assistance Program	Upstate EAP	866-219-2464 www.upstateeap.com
Pharmacy	Southern Scripts	800-710-9341





Arthur J. Gallagher & Co.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.