# 2017
# Benefits Enrollment Guide

CWC
office furnishings since 1929

*Your wellness is our focus.*

## Welcome to your 2017 Employee Benefits Guide

**Carithers-Wallace-Courtney, LLC is a recognized leader in our industry with a first class approach in all that we do. Our Total Rewards package – a combination of pay and benefit programs – is designed to attract and retain the best talent. We believe people are our greatest asset so we provide a comprehensive set of options, designed to promote health and wellness, while giving you choices about the types and levels of protection that you want to help you live life well.**

The benefit plan options described in this booklet give you the flexibility to select the benefits you and your family really need. Each year, you have the opportunity to review your benefit options and make choices that best fit you and your family.

For additional detail on your benefits such as Benefit Summaries, Summary of Benefits and Coverage (SBCs) and Summary Plan Descriptions (SPDs), visit the Human Resources information section on the CWC intranet. The site is available to you 24/7/365 and contains the most up-to-date benefit plan information. Paper copies are also available upon request and free of charge in the Human Resources office.

For personal advocacy assistance, during normal business hours, you may email Traci Blake with CBIZ Benefits & Insurance at TBlake@cbiz.com or call 770-858-4511.

| Benefit | Who Pays for Coverage? |
|---|---|
| Medical Insurance | CWC and You |
| Health Reimbursement Account (HRA) | CWC |
| Dental Insurance | CWC and You |
| Vision Insurance | You |
| Flexible Spending Accounts (FSA) | You |
| Basic Life Insurance | CWC |
| Basic Accidental Death & Dismemberment Insurance | CWC |
| Supplemental Employee and Dependent Life Insurance | You |
| Short-Term Disability Insurance (STD) | CWC |
| Long-Term Disability Insurance (LTD) | CWC |
| Health Advocacy | CWC |

# WHO TO ENROLL AND WHEN?

## Employee Eligibility

All active, part-time and full-time employees regularly scheduled to work 30 hours or more per week are eligible to participate in CWC benefit plans.

All other employees, including but not limited to temporary or seasonal workers and contract employees not meeting the 30 hour average, are not eligible to participate in CWC-sponsored benefit plans.

## Dependent Eligibility

You must enroll yourself in order to enroll your spouse or any dependents. Upon your enrollment, you must enter your dependent's information (name, date of birth, Social Security number, relationship, gender and address) in order to enroll them and you may be asked to provide verification for your dependent(s) such as a birth or marriage certificate. Your dependents can include the following:

- Your legal spouse (not legally separated, divorced or common-law)
- Your children to age 26 including biological children, legally adopted children and step children - coverage extends to the end of the month in which your child turns 26
- Your unmarried children of any age who are dependent upon you for support and incapable of supporting themselves due to disability or illness

## Healthcare Reform

You may have heard about the new health insurance marketplaces. Individuals who are not offered qualified healthcare coverage through their employer may be eligible for government subsidies to help pay for health insurance premiums for plans purchased in these marketplaces (based on income level and number of dependents).

To find out more about the new insurance marketplaces, visit healthcare.gov.

## Coverage Effective Date and Election Changes

If you are a new hire, your benefits are generally effective on your 91st day of employment. Enrolled dependents are effective on the same day you become effective. Enrollment outside your initial eligibility date may result in a delay in your effective date or ineligibility until the next plan year. CWC's plan year is January 1 through December 31 with an annual enrollment period that typically falls in November.

According to IRS guidelines, the benefit coverage you elect to pay for on a pre-tax basis - such as medical, dental and vision coverage - must stay in effect for the entire plan year. However, you may be able to change your benefits during the year if you experience a qualified life event. Qualified life events include, but are not limited to:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of a dependent
- Change in your spouse's or child's employment status that affects eligibility for benefits
- Dependent reaching the age of ineligibility for coverage under your plan (age 26)

If you experience a qualifying event and wish to enroll or make a change in benefits, you must request the enrollment or change no later than 30 days after the event occurs in order to qualify. All election changes must be consistent with the qualifying event. For example, if you give birth to a child during the year, you may add your child to the medical plan but you could not cancel your vision coverage for yourself.

To request special enrollment, or obtain additional information, see Human Resources.

Unless you experience a qualifying event, Open Enrollment may be your only opportunity to make benefit elections for the year.

# UNDERSTANDING
# YOUR MEDICAL PLANS

## Medical Insurance – Blue Cross Blue Shield of Georgia (BCBS)

CWC offers **four** medical plan options through Blue Cross Blue Shield of Georgia. One plan is a Health Reimbursement Account (HRA), one is a Health Maintenance Organization (HMO), one is a Traditional PPO (PPO), and one is an Open Access Point of Service (POS).

## Features of all medical options:

- Preventive health care services from a network provider are covered at 100% and are not subject to a deductible or copay.
- For each covered person, the deductible is limited to the plan "Individual" deductible. If you elect to cover yourself and at least one more family member, your total deductible expenses for all family members will not exceed the "Family" deductible. Any combination of covered family members can meet the family deductible. The HMO and PPO plans have a shared "Individual" deductible for all covered children.
- Any licensed provider can provide services; however, you will receive a much greater benefit by going to a network provider with a negotiated relationship with BCBS. The HMO covers services received from network providers only.

## Features of the HRA Plan:

- Includes an integrated Health Reimbursement Account administered by Blue Cross Blue Shield and funded by CWC to help cover eligible expenses, in effect, reducing the deductible amount.
- All non-preventive health care expenses are subject to the calendar year deductible before the insurance company pays any portion of the expense. Once you meet the deductible, you pay only a percentage of the covered expense (your coinsurance) and no more than the out-of-pocket maximum. If you reach the out-of-pocket limit, the insurance company covers 100% of any covered expense for you and/or your family members for the rest of the plan year.
- Contributions CWC makes towards your Health Reimbursement Account can be used towards your deductible and the out-of-pocket maximum, which includes the plan deductible. All covered pharmacy expenses count towards your deductible and out-of-pocket limits as well.

## Features of the HMO Plan:

- Offers coverage only when care is received from a BCBS network provider or contracted pharmacy.
- Care from a BCBS network Primary Care Physician or Specialist is offered at a copay.
- Prescriptions filled at a BCBS network pharmacy are covered at a copay based upon drug tier/category.
- Non-preventive health care expenses, not covered by a copay, are subject to the calendar year deductible. Once you meet the deductible, under the HMO, you pay nothing additional because the plan pays 100% (you have a 0% coinsurance) and you have satisfied the out-of-pocket maximum. The insurance company covers 100% of any covered expense for you and/or your family members for the rest of the plan year.

## Features of the OA POS and PPO Plans:

- Care from a BCBS network Primary Care Physician or Specialist is offered at a copay. The Healthy Support POS Plan offers a copay for up to four office visits per year, after which the deductible applies.
- Prescriptions filled at a BCBS network pharmacy are covered at a copay based upon drug tier/category. The POS requires a separate prescription drug deductible per member before copays are available.
- All non-preventive health care expenses, not covered by a copay, are subject to the calendar year deductible before the insurance company pays any portion of the expense. Once you meet the deductible, you pay only a percentage of the covered expense (your coinsurance) and no more than the out-of-pocket maximum. If you reach the out-of-pocket limit, the insurance company covers 100% of any covered expense for you and/or your family members for the rest of the plan year.

**To find BCBS medical providers:**
Go to bcbsga.com
Click *Menu* then Find a Doctor
You can search as a Guest or login as Member to focus your search on your enrolled plan
Select the appropriate network
- Healthy Support Open Access (POS)
- Blue Open Access HMO (HMO)
- BlueChoice PPO (PPO)
- Blue Open Access POS (HRA)

Enter your search criteria (Name, Type of Doctor, Hospital, etc.)
Click Search— **You're ready to go!**

# UNDERSTANDING
## YOUR MEDICAL PLANS—HMO, OPEN ACCESS POS, PPO

| PLAN NAME | HMO | HEALTHY SUPPORT OPEN ACCESS POS | | PPO | |
|---|---|---|---|---|---|
| **Benefits** | In-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Individual Deductible** *(per calendar year)* | $1,500 | $1,500 | $3,000 | $2,500 | $5,000 |
| **Family Deductible** *(per calendar year)* | $4,500 | $4,500 | $9,000 | $7,500 | $15,000 |
| **Coinsurance** | Plan pays 100% | Plan pays 80% | Plan pays 60% | Plan pays 80% | Plan pays 60% |
| **Individual Out of Pocket Maximum** *(Includes deductible and rx expenses)* | $1,500 | $6,600 | $19,800 | $4,200 | $9,000 |
| **Family Out of Pocket Maximum** *(Includes deductible and rx expenses)* | $4,500 | $13,200 | $39,600 | $12,600 | $27,000 |
| **Lifetime Maximum** | Unlimited | Unlimited | | Unlimited | |
| **Preventive Office Visits** | $0; Plan pays 100% | 0%; Deductible waived | 30%* | 0%; Deductible waived | 30%* |
| **Primary Care Office Visit** | $40 | $35 for 1st 4 visits; 20%* thereafter | 40%* | $25 | 40%* |
| **Specialist Office Visit** | $50 | | | | |
| **Inpatient Hospital** | 0%* | $500/admission; + 20%* | $500/admission; + 40%* | 20%* | 40%* |
| **Outpatient Surgery** | $100/occurrence; + 0%* for physician services | $250/occurrence; + 20%* | $250/occurrence; + 40%* | | |
| **Emergency Room** | $100/occurrence; waived if admitted | $250/occurrence + 20%; waived if admitted | | $150/occurrence; waived if admitted | |
| **Ambulance** | 0%; Plan pays 100% | 20%* | | 0%; Deductible waived | |
| **Urgent Care Visit** | $60 | $75 | 40%* | $60 | $60 + 30%* |
| **Retail Prescription Drugs** *(30-day supply)* | | | | | |
| **Prescription Drug Deductible (Retail/Mail)** | n/a | $250 per member; Deductible waived for Tier 1 drugs | | n/a | |
| **Tier 1 - Generic** | $15 | $15 | | $15 | |
| **Tier 2 - Preferred Brand** | $30 | $40^ | | $30 | |
| **Tier 3 - Non-Preferred Brand/Specialty** | $60 | 20%^ up to $350 maximum/script | | $60 | |
| **Mail Order Prescription Drugs** *(90-day supply)* | | | | | |
| **Tier 1 - Generic** | $60 | $30 | | $30 | |
| **Tier 2 - Preferred Brand** | $60 | $80^ | | $60 | |
| **Tier 3 - Non-Preferred Brand/Specialty** | Not covered | 20%^ up to $350 maximum/script | | Not covered | |
| **Bi-weekly Employee Contributions** | | | | | |
| **Employee Only** | $132.08 | $44.28 | | $244.62 | |
| **Employee + Spouse** | $272.49 | $184.74 | | $504.33 | |
| **Employee + Child(ren)** | $264.74 | $182.32 | | $485.57 | |
| **Employee + Family** | $424.50 | $287.11 | | $776.54 | |

*Coinsurance applies after Deductible is met; ^Copay applies after Prescription Deductible is met

# UNDERSTANDING
## YOUR MEDICAL PLANS—HRA with Health Fund

| PLAN NAME | HRA | |
|---|---|---|
| **Annual Contribution** | **Annual HRA Contribution**<br>CWC deposit made upon enrollment | |
| **CWC contribution - Individual** | $750 | |
| **CWC contribution - Family** | $1,500 | |
| **Rollover maximum** | up to 3X annual contribution | |
| **Benefits** | In-Network | Out-of-Network |
| **Individual Deductible** *(per calendar year)* | $2,500 | |
| **Family Deductible** *(per calendar year)* | $5,000 | |
| **Coinsurance** | Plan pays 100% | Plan pays 70% |
| **Individual Out of Pocket Maximum** *(Includes deductible and rx expenses)* | $3,500 | $5,000 |
| **Family Out of Pocket Maximum** *(Includes deductible and rx expenses)* | $7,000 | $10,000 |
| **Lifetime Maximum** | Unlimited | |
| **Preventive Office Visits** | 0%; Deductible waived | 30%* |
| **Primary Care Office Visit** | 0%* | |
| **Specialist Office Visit** | | |
| **Inpatient Hospital** | 0%* | 30%* |
| **Outpatient Surgery** | | |
| **Emergency Room** | 0%* | |
| **Ambulance** | 0%* | 30%* |
| **Urgent Care Visit** | | |
| **Retail Prescription Drugs** *(30-day supply)* | | |
| **Prescription Drug Deductible (Retail/Mail)** | n/a | |
| **Tier 1 - Generic** | $15* | |
| **Tier 2 - Preferred Brand** | $30* | |
| **Tier 3 - Non-Preferred Brand/Specialty** | $60* | |
| **Mail Order Prescription Drugs** *(90-day supply)* | | |
| **Tier 1 - Generic** | $15* | |
| **Tier 2 - Preferred Brand** | $60* | |
| **Tier 3 - Non-Preferred Brand/Specialty** | $180* | |
| **Bi-weekly Employee Contributions** | | |
| **Employee Only** | $127.01 | |
| **Employee + Spouse** | $263.93 | |
| **Employee + Child(ren)** | $260.46 | |
| **Employee + Family** | $410.16 | |

*Coinsurance applies after Deductible is met

### Health Reimbursement Account (HRA): What is it?

A Health Reimbursement Account (HRA) is an integrated account that is used to pay for eligible health care expenses that apply towards your medical deductible and covered prescription drug expenses. BCBS processes all claims automatically through the fund until the fund is exhausted. When the fund is exhausted, you pay the remaining deductible and then medical benefits apply (coinsurance, copays, etc.).

### How does your HRA work with your medical plan?

1. Funds are deposited into your HRA. The CWC contribution is available immediately.
2. You or an eligible family member seeks medical or other qualified healthcare services.
3. Claims are processed and paid by BCBS per the plan design (subject to your deductible).
4. The HRA funds are automatically applied to your deductible until the HRA fund balance is exhausted. You would then pay the remainder of your deductible for any expenses not paid by BCBS when the claim was processed.

**You must be enrolled in the CWC HRA Medical Plan option to be eligible for the Health Reimbursement Account.**

# UNDERSTANDING
## YOUR MEDICAL PLANS—COST COMPARISON

### How do I know which medical plan is right for me?

Unsure which medical plan option is the best fit for your needs? Take a moment to review the utilization scenarios below. The top scenario represents a low to average utilizer with employee only coverage. The bottom scenario represents a high utilizer also with employee only coverage. While the example below represents an employee with single coverage, the impact would be similar at other tiers of coverage (employee + spouse, employee + child(ren) or family). The charts below illustrate projected total annual cost under each plan option.

| Employee Only | HMO | HS OA POS | PPO | HRA |
|---|---|---|---|---|
| **Claim Activity** | **Your Cost** | **Your Cost** | **Your Cost** | **Your Cost** |
| 6 Regular Office Visits (estimated $70 each) | $240 | $140 + $140 ded | $150 | $0 |
| Preventive Office Visits | $0 | $0 | $0 | $0 |
| 1 Specialty Office Visits (estimated $100 cost) | $50 | $100 ded | $25 | $0 |
| 4 Mail Order Prescriptions (estimated $125 each-Tier 2) | $240 | $410 | $240 | $270 |
| 1 Urgent Care Visit (estimated $300) | $60 | $75 | $60 | $300 |
| **TOTALS** | **$590** | **$865** | **$475** | **$570** |
| Employee Annual Contributions | $3,434 | $1,151 | $6,360 | $3,302 |
| | **$4,024** | **$2,016** | **$6,835** | **$3,872** |

| Employee Only | HMO | HS OA POS | PPO | HRA |
|---|---|---|---|---|
| **Claim Activity** | **Your Cost** | **Your Cost** | **Your Cost** | **Your Cost** |
| 6 Regular Office Visits (estimated $70 each) | $240 | $140 + $140 ded | $150 | $0 |
| Preventive Office Visits | $0 | $0 | $0 | $0 |
| 1 Specialty Office Visits (estimated $100 cost) | $50 | $100 ded | $25 | $0 |
| 4 Mail Order Prescriptions (estimated $125 each) | $240 | $410 | $240 | $270 |
| 1 Inpatient Hospitalization (estimated $20,000) | $970 ded / OOP max | $500 + $1,260 ded + $3,748 coins | $2,500 ded + $1,285 coins max | $2,230 ded + $0 coins |
| **TOTALS** | **$1,500** | **$6,298** | **$4,200** | **$2,500** |
| Employee Annual Contributions | $3,434 | $1,151 | $6,360 | $3,302 |
| | **$4,934** | **$7,449** | **$10,560** | **$5,802** |

| Annual Employee Contributions | HMO | HS OA POS | PPO | HRA |
|---|---|---|---|---|
| Employee Only | $3,434 | $1,151 | $6,360 | $3,302 |
| Employee + Spouse | $7,085 | $4,803 | $13,113 | $6,862 |
| Employee + Child(ren) | $6,883 | $4,740 | $12,625 | $6,772 |
| Employee + Family | $11,037 | $7,465 | $20,190 | $10,664 |

# UNDERSTANDING
## YOUR DENTAL PLAN

CWC offers a comprehensive dental plan through Blue Cross Blue Shield of Georgia. You can elect dental coverage even if you don't elect medical coverage through CWC.

The PPO plan permits you to use both in-network and out-of-network providers. Network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, because they are not contracted to accept the negotiated discounted rate, they may charge you for any amount billed in excess of the negotiated discounted rate.

To determine if your dentist is in the network, visit bcbsga.com, click on "Find a Doctor, and choose the "Dentist" button and enter your search criteria (location, name, etc.).

For specific dental services not identified below or for frequency limitations that may apply, please refer to your Summary of Benefits.

| Blue Cross Blue Shield PPO Plan | | |
|---|---|---|
| **Deductible** | Waived for Preventive Care | |
| Individual | $50 | |
| Family Maximum | $150 | |
| **Calendar Year Benefit Maximum** | $1,500 | |
| | | |
| **Dental Service** | **In-Network** | **Out-of-Network** |
| **Preventive Care** (not subject to Calendar Year Max) (oral exams, cleanings, topical application of fluoride, x-rays, space maintainers and sealants) | 100% | 90%* |
| **Basic Restorative Services** (fillings, endodontics, extractions, periodontic services, oral surgery and palliative emergency treatment) | 80% | 70%* |
| **Major Restorative Services** (inlays/onlays, crowns, bridges, dentures and repair of prior major restorative work) | 50% | 40%* |
| **Orthodontic Services** (dependents to age 19) | 50% up to $1,500 | |
| **Employee Bi-weekly contributions** | | |
| **Employee Only** | $13.92 | |
| **Employee + Spouse** | $27.84 | |
| **Employee + Child(ren)** | $27.84 | |
| **Employee + Family** | $51.62 | |

*Out-of-network services are reimbursed at the 90th percentile of Usual, Customary and Reasonable (UCR) charges considering other providers in your geographic area.

# UNDERSTANDING
# YOUR VISION PLAN

CWC offers voluntary vision coverage through EyeMed.

CWC provides you and your eligible family members with the opportunity to save on vision care services and products. The EyeMed vision plan allows you to save on everything from vision exams to contact lenses to eyeglasses. The vision plan gives you two different ways to receive benefits.

- Use the network and pay only a copay for most expenses.
- Go to a provider outside the network and receive a reimbursement for part of the cost of your exams, glasses and contacts when you submit a claim.

| EyeMed PPO Plan | | |
|---|---|---|
| **Benefit Frequency** | | |
| Eye Exam | Once every 12 months | |
| Eyeglass Lenses or Contact Lenses | Once every 12 months | |
| Frames | Once every 24 months | |
| | | |
| **Benefit or Service** | **In-Network** (you pay) | **Out-of-Network** (you are reimbursed) |
| **Eye Exam** | $10 copay | Up to $40 |
| **Eyeglass Lenses** | | |
| Single Vision | $10 copay | Up to $30 |
| Bifocal | | Up to $50 |
| Trifocal | | Up to $70 |
| **Contact Lenses** (in lieu of Eyeglass Lenses/Frames) | | |
| Conventional | $130 allowance | Up to $130 |
| Fitting Fee for Conventional Lenses | $40 copay | Deducted from allowance |
| Medically Necessary (cataracts, eye disease, etc.) | paid in full | Up to $210 |
| **Frames** (in lieu of Contact Lenses) | $130 allowance; then 80% of balance | Up to $91 |
| **Employee Bi-weekly contributions** | | |
| **Employee Only** | $2.91 | |
| **Employee + 1** | $5.54 | |
| **Employee + Family** | $8.13 | |


Visit eyemed.com to access a wealth of information about the importance of eye exams, disease awareness and even how to choose your perfect eyewear.

# UNDERSTANDING
## FLEXIBLE SPENDING ACCOUNTS

**A Flexible Spending Account** is an arrangement that permits you to pay for certain out-of-pocket expenses with funds that you have set aside, by payroll deduction, on a tax-free basis. CWC offers two types of Flexible Spending Accounts: The Health Care Reimbursement Account is for out-of-pocket medical expenses including medical, dental, vision, and prescription drug expenses for you and your dependents. The Dependent Day Care Assistance Account is designed to help you pay for daycare services so that you and your spouse (if married) can work or be a full-time student. Dependents must be claimed on your income tax return and under age 13 or physically or mentally unable to care for themselves regardless of age.

A debit card will be provided for easy access to your Health Care account funds. You may track your balance online and via a Discovery Benefits mobile app as well.

| Account Type | Examples of Eligible Expenses | Contribution Limits | Access to Funds | Pre Tax Benefits |
|---|---|---|---|---|
| **Health Care** | · Medical Plan Deductibles<br>· Most Insurance Co-payments<br>· Prescription Drugs<br>· Some OTC medicines (if prescribed by your doctor)<br>· Vision Exams/Eyeglasses/Contacts<br>· Laser Eye Surgery<br>· Acupuncture<br>· Weight Loss Programs<br>· Dental and Orthodontia (Braces)<br>· Birth Control Pills/Devices/Procedures<br>· Chiropractic | $500 minimum to $2600 maximum | Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made. | Save 20% - 40% on your health care expenses.<br>Save on purchases not covered by insurance.<br>Reduces your taxable income. |
| **Dependent Day Care Assistance** | · Daycare<br>· Day Camp<br>· Eldercare<br>· Before and After School Care | $500 minimum to $5,000 maximum ($2,500 if married and file separately) | You will be able to submit claims up to your year-to-date accumulated amount in your account. | Save 20% - 40% on your dependent care expenses.<br>Reduces your taxable income. |
| **"Use it or Lose it" Rule** | You should plan your contributions carefully. If you have funds left in your health care FSA at the end of the year, you can roll over up to $500 of your unused funds into the following year. According to IRS guidelines, any other unused money in your FSA will be forfeited. | | | |
| **Eligibility** | You may incur claims beginning January 1, 2017 (or coinciding with your plan effective date if later) through December 31, 2017. All claims must be submitted no later than April 30, 2018 (or within 90 days after your employment terminates). The debit card is not an option if you are not an active employee. You MUST re-enroll in the FSA every year--FSA elections will not roll over to the following plan year. | | | |

# UNDERSTANDING
# YOUR WELFARE BENEFITS

## Life and Accidental Death & Dismemberment Insurance - Mutual of Omaha

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams - such as a college education - a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

CWC knows how difficult it can be to provide this peace of mind on your own, which is why we have made it a priority to give you the ability to build a complete life and accidental dismemberment insurance package.

## Basic Life Insurance and Accidental Death & Dismemberment Insurance

Your company-paid life and AD&D insurance provides benefits upon your death and/or following any accidental injury which results in a personal loss that is covered under the Plan. While you are automatically enrolled to receive these benefits, you will need to designate a beneficiary during your benefits enrollment process. Your beneficiary will receive the proceeds of the life insurance and/or AD&D policy in the event of your death. If your death is caused in an accident, both your life policy and your AD&D policy may pay benefits to your beneficiary

Your benefit is as follows:

| Basic Term Life and Accidental Death & Dismemberment (AD&D) | |
|---|---|
| **Eligibility** | All employees who work a minimum of 30 hours a week |
| **Amount** | 1x earnings, rounded to next higher $1,000, not to exceed $450,000<br>(coverage is guaranteed up to $220,000) |

"Earnings" includes base earnings, overtime, bonus, and commissions. Coverage in excess of the guaranteed issue amount requires Evidence of Insurability. See below for additional information.

Note: All life and AD&D benefits are reduced beginning at age 65. Please see your Booklet-Certificate for details.

## Supplemental Life and Dependent Life Insurance – Mutual of Omaha

## How much coverage can you buy?

Employees who want to supplement their group life insurance benefits may purchase additional coverage through Mutual of Omaha. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can only enroll a spouse (based on your age) and/or dependents if you enroll yourself for supplemental life insurance.

When you are first eligible for coverage (within 30 days of your benefits effective date) you are able to elect up to the guaranteed issue amount for yourself and your dependents. If you want to elect coverage for yourself or your dependents after you are first eligible for coverage, you may be considered a "late entrant" and you must provide proof of good health and be approved for coverage by the insurance company.

| Supplemental Life / AD&D | | | |
|---|---|---|---|
| **Life Benefit** | **Employee** | **Spouse** | **Dependent** |
| **Increments** | $10,000 increments not to exceed 5x salary | $5,000 increments not to exceed Employee amount | $2,000 increments |
| **Maximum** | $500,000 | $250,000 | $10,000 |
| **Guaranteed Issue - Life** | Lesser of 5X or $100,000* | $25,000 | $10,000 |
| **Evidence of Insurability (EOI)** | Required for late entrants and certain benefit increases on the Supplemental Life plan. All AD&D is guaranteed. | | |

**Guaranteed issue available for all employees at initial enrollment only**

* Age reduction schedule applies. See your Booklet Certificate for details.

# UNDERSTANDING
# YOUR WELFARE BENEFITS

## Supplemental Accidental Death and Dismemberment (AD&D) Insurance – Mutual of Omaha

### How much coverage can you buy?

Employees who want to supplement their group accident and death insurance benefits may purchase additional coverage through Mutual of Omaha. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can only enroll a spouse and/or dependents if you enroll yourself for supplemental AD&D insurance. However, you don't have to purchase Supplemental Life insurance to purchase Supplemental AD&D. If your death is caused by an accident or you sustain serious injuries including dismemberment, benefits may be payable per the Schedule of Benefits.

| Supplemental Life and AD&D Insurance - Employee and Dependent | | | |
|---|---|---|---|
| **Monthly Rates** | **Age** | **Employee Cost Per $10,000** | **Spouse Rate per $5,000** |
| **Rates based on employee's age as of 1/1/2017:** | <25 | $1.400 | $0.560 |
| | 25-29 | $1.400 | $0.560 |
| | 30-34 | $1.800 | $0.630 |
| | 35-39 | $1.800 | $0.850 |
| | 40-44 | $2.000 | $1.210 |
| | 45-49 | $3.000 | $1.910 |
| | 50-54 | $4.800 | $2.990 |
| | 55-59 | $6.800 | $4.570 |
| | 60-64 | $9.200 | $7.820 |
| | 65-69 | $9.200 | $13.460 |
| | 70+ | $9.200 | n/a |
| | AD&D | $0.014 | $0.024 |
| | | Monthly contribution per $2,000; $10,000 maximum | |
| **Eligible Child(ren)** | 6 months to 19 years of age | Life | $0.760 |
| | | AD&D | $0.078 |

- Deduction per pay period (Employee coverage) = Elected amount in $10,000 increments times illustrated rate by age band. AD&D coverage is additional.
- Deduction per pay period (Spouse coverage) = Elected amount in $5,000 increments times illustrated rate by age band. Rate is based upon Employee's age. Spouse AD&D coverage is additional.
- Deduction per pay period (Child coverage) = Elected amount in $2,000 increments times $0.76. Child AD&D coverage is additional.

### Evidence of Insurability Process

If you elect life coverages that require proof of good health or Evidence of Insurability (EOI) for your coverage to be approved, your request for coverage will prompt Mutual of Omaha to mail you an EOI packet which contains a web address for you to complete and submit your EOI online. Please follow the instructions listed on the CWC portal in order to complete your EOI in a timely manner and avoid any delay in benefit approval. Paper EOI forms are still available for those who would prefer to utilize a paper form. They can be found on the employee portal.

# UNDERSTANDING
# YOUR WELFARE BENEFITS

## Short-Term Disability (STD)

CWC provides Short-Term Disability coverage at no cost to you. CWC administers the plan.

STD insurance can provide income when a disability prohibits your ability to work. If you qualify for benefits, you will receive **50% of your weekly earnings to a maximum of $2,000 per week.** Disability benefit payments **begin on the 8th day of an accident or illness** and continue for the duration of the approved disability but no longer than 26 weeks from the initial date of disability.

During the first seven calendar days of your disability, you will not receive any STD benefit payment. Any benefits you receive will be considered taxable income.

## Long-Term Disability (LTD)

CWC provides employees with Long-Term Disability coverage at no cost to you through Mutual of Omaha.

The benefit payable is **60% of your monthly pre-disability earning up to $10,000 per month**. Disability benefit payments for injuries or illness **begin on the 181st day of an accident or illness** and can continue for the duration of the approved disability up to age 65 or your Social Security Normal Retirement Age. If you become disabled at age 62 or after, your benefits are payable according to the schedule in your Booklet- Certificate.

During the first 180 days of your disability, you will not receive any benefit payment except as approved through the Short-Term Disability plan. Any benefits you receive will be considered taxable income.

# 2017 Annual Health Plan Notices

## Women's Health and Cancer Rights Act of 1998

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema). Please call your plan administrator for more information.

## The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

**Who needs protection from genetic discrimination?**

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

**Why was the law needed?**

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

## Newborn's Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay with connection to childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother and her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

- **HIPAA Notice of Privacy Practices**

This rule required health plans to send participants an initial notice of privacy practices and then reminders must be given once every three years. This memo is a reminder that if you would like to see or obtain another copy of the health plan's HIPAA Privacy Notice, please contact your HR Department.

- **Michelle's Law**

## NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Plan currently permits an employee to continue a child's coverage if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
    - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
    - which is medically necessary
    - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence
- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

**Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | GEORGIA – Medicaid |
|---|---|
| Website: www.myalhipp.com<br>Phone: 1-855-692-5447 | Website: http://dch.georgia.gov/<br>- Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507 |
| **ALASKA – Medicaid** | **INDIANA – Medicaid** |
| Website: http://health.hss.state.ak.us/dpa/programs/medicaid/<br>Phone (Outside of Anchorage): 1-888-318-8890<br>Phone (Anchorage): 907-269-6529 | Website: http://www.in.gov/fssa<br>Phone: 1-800-889-9949 |
| **COLORADO – Medicaid** | **IOWA – Medicaid** |
| Medicaid Website: http://www.colorado.gov/hcpf<br>Medicaid Customer Contact Center: 1-800-221-3943 | Website: www.dhs.state.ia.us/hipp/<br>Phone: 1-888-346-9562 |
| **FLORIDA – Medicaid** | **KANSAS – Medicaid** |
| Website: https://www.flmedicaidtplrecovery.com/<br>Phone: 1-877-357-3268 | Website: http://www.kdheks.gov/hcf/<br>Phone: 1-800-792-4884 |

| KENTUCKY – Medicaid | NEW HAMPSHIRE – Medicaid |
|---|---|
| Website: http://chfs.ky.gov/dms/default.htm<br>Phone: 1-800-635-2570 | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf<br>Phone: 603-271-5218 |
| **LOUISIANA – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>Phone: 1-888-695-2447 | Medicaid Website: http://www.state.nj.us/humanservices/<br>dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **MAINE – Medicaid** | **NEW YORK – Medicaid** |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-977-6740<br>TTY 1-800-977-6741 | Website: http://www.nyhealth.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NORTH CAROLINA – Medicaid** |
| Website: http://www.mass.gov/MassHealth<br>Phone: 1-800-462-1120 | Website: http://www.ncdhhs.gov/dma<br>Phone: 919-855-4100 |
| **MINNESOTA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: http://www.dhs.state.mn.us/id_006254<br>Click on Health Care, then Medical Assistance<br>Phone: 1-800-657-3739 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-800-755-2604 |
| **MISSOURI – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **MONTANA – Medicaid** | **OREGON – Medicaid** |
| Website: http://medicaid.mt.gov/member<br>Phone: 1-800-694-3084 | Website: http://www.oregonhealthykids.gov<br>http://www.hijossaludablesoregon.gov<br>Phone: 1-800-699-9075 |
| **NEBRASKA – Medicaid** | **PENNSYLVANIA – Medicaid** |
| Website: www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633 | Website: http://www.dhs.state.pa.us/hipp<br>Phone: 1-800-692-7462 |
| **NEVADA – Medicaid** | **RHODE ISLAND – Medicaid** |
| Medicaid Website: http://dwss.nv.gov/<br>Medicaid Phone: 1-800-992-0900 | Website: http://www.eohhs.ri.gov/<br>Phone: 401-462-5300 |

| SOUTH CAROLINA – Medicaid | VIRGINIA – Medicaid and CHIP |
|---|---|
| Website: http://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm<br>Medicaid Phone: 1-800-432-5924<br>CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm<br>CHIP Phone: 1-855-242-8282 |
| **SOUTH DAKOTA - Medicaid** | **WASHINGTON – Medicaid** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx<br>Phone: 1-800-562-3022 ext. 15473 |
| **TEXAS – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx<br>Phone: 1-877-598-5820, HMS Third Party Liability |
| **UTAH – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Website:<br>Medicaid: http://health.utah.gov/medicaid<br>CHIP: http://health.utah.gov/chip<br>Phone: 1-866-435-7414 | Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **VERMONT– Medicaid** | **WYOMING – Medicaid** |
| Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/<br>Phone: 307-777-7531 |

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

**www.dol.gov/ebsa**

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

**www.cms.hhs.gov**

## Important Notice from Carithers Wallace Courtenay, LLC About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carithers Wallace Courtenay, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

**Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

**Carithers Wallace Courtenay, LLC has determined that the prescription drug coverage offered by the Group Health Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Carithers Wallace Courtenay, LLC coverage, be aware that you and your dependents may not be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Carithers Wallace Courtenay, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Carithers Wallace Courtenay, LLC coverage may be affected.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information you may call Mimi Amatruda at 770-621-6644. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Carithers Wallace Courtenay, LLC changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

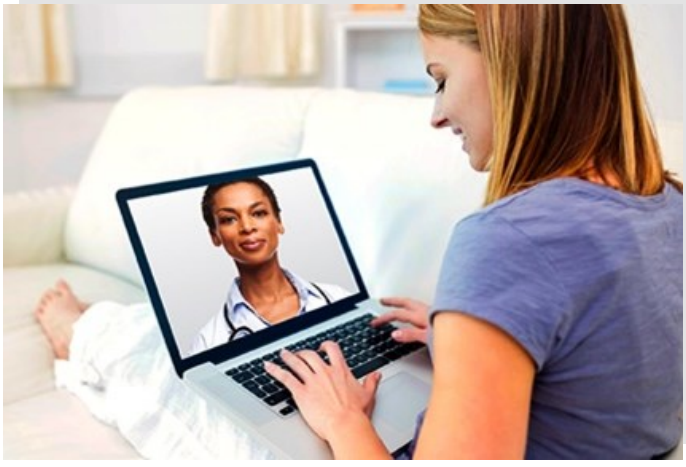
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

| | |
|---|---|
| Date: | November 2017 |
| Name of Entity/Sender: | Carithers Wallace Courtenay, LLC |
| Contact--Position/Office: | Mimi Amatruda |
| Address: | 4343 Northeast Expressway Atlanta, GA 30340 |

# CONTACTS
## YOUR BENEFIT PLANS

| Find policy numbers, customer service phone numbers and website for your benefit providers below. | | | |
|---|---|---|---|
| **BENEFIT** | **CARRIER NAME** | **PHONE NUMBER** | **WEBSITE** |
| **Medical/Prescription Drug** | Blue Cross Blue Shield | HMO - PPO - POS:<br>855.397.9267<br>HRA:<br>877.812.9777 | bcbsga.com |
| **Dental** | Blue Cross Blue Shield | 855.397.9267 | bcbsga.com |
| **Vision** | EyeMed | 866.800.5457 | eyemed.com |
| **Life/AD&D**<br>**Voluntary Life/AD&D**<br>**STD**<br>**LTD** | Mutual of Omaha | Life:<br>800.775.8805<br>Disability:<br>800.877.5176 | n/a |
| **Flexible Spending Accounts**<br>**Dependent Day Care Assistance Account** | Discovery Benefits | 866.451.3399 - Phone<br>866.451.3245 - Fax<br>CustomerService@discoverybenefits.com - Email | discoverybenefits.com |
| **Employee Advocate**<br>(personal assistance with benefit or coverage questions, Explanation of Benefits detail and invoices received from a provider) | CBIZ Advocate Support - Traci Blake | 770.858.4511 - Phone<br>TBlake@cbiz.com - Email | n/a |



# Notes

# Notes


**Disclaimer: This Benefit Guide provides a brief summary of the benefits available under the Carithers Wallace Courtney, LLC Benefit Program. In the event of any discrepancy(ies) between this summary and any Document, Insurance Contract or Certificate, the Insurance Document(s) will prevail. Carithers Wallace Courtney, LLC retains the right to modify or eliminate these benefits at any time and for any reason.**