

PLAN YEAR - 2017-2018

SUBGROUP - CENTERVEST JDC MANAGEMENT

EMPLOYEE INFORMATION:

Name:		SSN:	
Job Title: & SALARY		Sex:	
Address:	City & State:	Zip Code:	Birth Date:
Date of Hire:			

LIFE INSURANCE BENEFICIARY (use back of form for contingent beneficiary or split primary beneficiary)

Name:
Contact Information:

MY BENEFIT ELECTION (CHECK YOUR CHOICE(S) :

Benefit Plan	Payroll deduction			
	Single	Employee /Spouse	Employee + Children	Employee + Family
Blue Cross Blue Shield - Medical	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$286.12	<input type="checkbox"/> \$198.08	<input type="checkbox"/> \$396.17
MetLife - Dental	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$38.24	<input type="checkbox"/> \$38.24	<input type="checkbox"/> \$38.24
MetLife - Vision	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$3.10	<input type="checkbox"/> \$2.16	<input type="checkbox"/> \$5.56
MetLife Long Term Disability	Accept coverage <input type="checkbox"/> (100% employer paid)			
MetLife Life (1x Salary)	Accept coverage <input type="checkbox"/> (100% employer paid)			

MY VOLUNTARY BENEFIT ELECTION (CHECK YOUR CHOICE(S) :

MetLife Voluntary Life Ins.	Accept coverage <input type="checkbox"/> Amount.	SEE MENU FOR COST/List Amount requesting
MetLife Short Term Disability	Accept coverage <input type="checkbox"/> (100% employee paid)	SEE ATTACHED FOR COST

Signature Authorizing Payroll Deductions for the above elected benefits: I authorize the cost of the benefits selected above to be deducted from my pay. I understand that if any deduction changes are required I will receive advance notice from Clarke & Company Benefits LLC or my benefits administrator. I also understand that if I decline coverage at my initial enrollment period, I maybe subject to a late penalty, have to fill out medical questions, or may have a pre-existing clause. Please see your plan summary for a complete legal description on your benefits.

EMPLOYEE SIGNATURE _____

DATE SIGNED _____

REFUSAL:

I am familiar with the group insurance benefits available to me. I understand that to participate, it is necessary for me to authorize deductions from my Pay. I DO NOT GRANT SUCH AUTHORIZATION.

EMPLOYEE SIGNATURE _____

DATE SIGNED _____

Covered Dependents

Name	Relationship	Sex	Birth Date	SS Number	Medical/Dental/Vision



2018

Employee Benefits



CLARKE & COMPANY
BENEFITS L.L.C.

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The plan documents will govern all plans covered in this Guide. The Guide is not a contract or a guarantee of your eligibility or benefit. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your firm administrator. If you sign up for coverage that requires evidence of insurability, even though deductions may start, you are not considered enrolled in the plans until confirmed by the carrier. If declined, you will be reimbursed. You can access benefit information at the following link:

http://clarkebenefits.com/JDC_Management-employee-benefit-information/

NOW IS THE OPPORTUNITY TO CHOOSE THE BENEFITS THAT ARE BEST FOR YOU AND YOUR PLACE IN LIFE. THIS BENEFITS GUIDE HIGHLIGHTS THE BENEFITS AVAILABLE TO YOU, THESE WILL BE EFFECTIVE DECEMBER 1, 2017. THIS GUIDE HAS BEEN PREPARED WITH ALL THE INFORMATION YOU NEED TO CHOOSE YOUR BENEFITS FOR YOUR NEW PLAN YEAR.

WHO IS ELIGIBLE

If you are a JDC Management full time employee you are eligible for benefits the first of the month after 60 days from our hire date. Employees who work over 30 hours a week and are not temporary are considered full time employees. You are also eligible to cover your family members in the medical, dental, vision, and voluntary life insurance through JDC Management employer sponsored benefit plans.

HOW TO ENROLL

If you are currently enrolled and do not need to make any changes you do not need to do anything. If changes need

to be made please log into our enrollment portal

www.hrconnection.com

Username: last name last 4 of social

Password: OE2017

NO changes will be accepted after 11/17/2017.

WHEN TO ENROLL

November 10th- November 17rd.

After open enrollment, which concludes on 11/17/2017, to make any changes you will have to have a qualifying change in status.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in

child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer, commencement or termination of adoption proceedings, or change in spouse's employment status

CONTRIBUTION

JDC Management pays 100% toward medical, dental, & vision coverage, and provides employees Basic Life & Long Term Disability at no charge to you. You can also enroll in voluntary short term disability and voluntary life insurance.

2017/2018 COSTS OF COVERAGE

Medical Benefits	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Traditional Plan	\$0.00	\$286.12	\$198.08	\$396.17

*see enrollment website

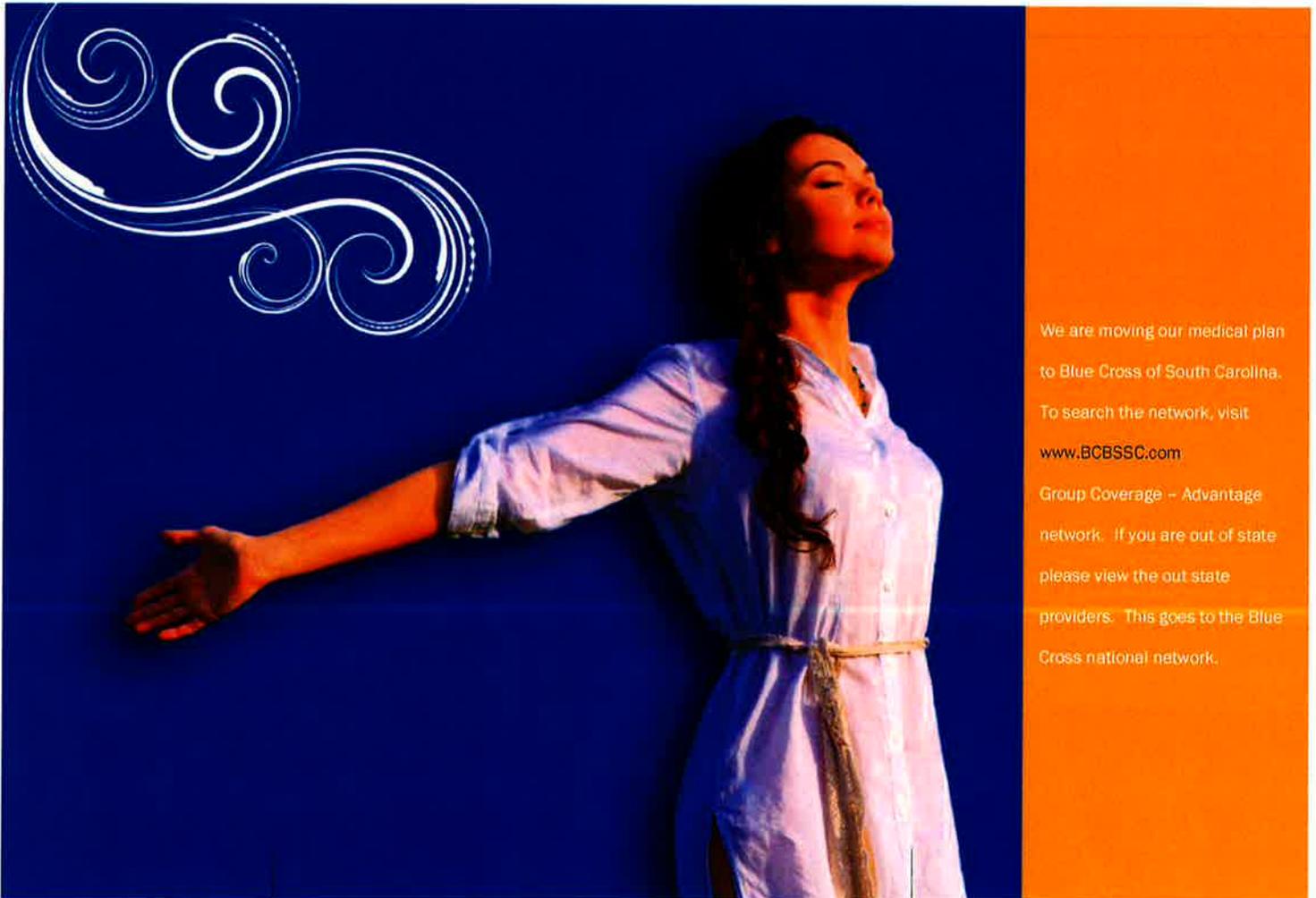
Blue Cross Blue Shield	Traditional Plan	
	In Network Benefits	
	Point of Service Benefits	
Primary Care Physician	\$20 co-pay	
Specialist Physician	\$40 co-pay	
Blue CareOn Demand	\$10 co-pay	
Preventive Screenings (healthcare.gov)	\$0 co-pay	
Preventive Maximum	Unlimited	
Urgent Care	Depends if it is filed as primary or specialist	
Emergency Room	\$300 copay then deductible and coinsurance (waved if admittted)	
Prescription Copays	\$10/40/100/250	
Major Medical Benefits		
Deductible	\$1000 (2x per family)	
Max. Out of pocket	\$3,500 (2x per family)	
Coinsurance	80%/20% employee	
Hospital In and Out-Patient	Deductible & Coinsurance	
Lifetime Maximum	Unlimited	
Out of Network Benefits		
Deductible	\$2000 (2x family)	
Max. Out of pocket	\$7000 (2x family)	
Coinsurance	60%/40% employee	
Lifetime maximum	Unlimited	

To find a list of your in-network providers please visit: www.bcbssc.com

Medical insurance is an important part of your benefit package. Medical costs continue to rise at double-digit rates, and we must work together to control costs. You can help control costs by taking responsibility of your health by:

- Living a healthy lifestyle, exercise, eat a healthy diet, and take part in our health screenings and have an annual physical
- Identify health risks by taking the Personal Health Assessment (PHA)
- Be a wise health care consumer, take generic drugs when possible
- Take advantage of our wellness offerings
- Use preventive care services as much as possible

The PPO option is a traditional plan with co-pays, deductibles, coinsurance, and out of pocket maximums.



We are moving our medical plan to Blue Cross of South Carolina. To search the network, visit www.BCBSSC.com Group Coverage – Advantage network. If you are out of state please view the out state providers. This goes to the Blue Cross national network.

Employee Bi-Weekly Deductions

Dental Benefits

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
	\$0.00	\$38.24	\$38.24	\$38.24

MetLife

In and Out of Network

Plan Benefits

Preventive	Pays 100% of costs (UCR)
Basic Services	80%
Major Services	50%
Deductible	\$50/individual \$150/family
Annual Maximum/Insured	\$1,000

Dental * Cards are not mailed out but they can be downloaded from the Metlife website.

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by Metlife this year. Our plan includes coverage for preventive, basic, and major dental services (see certificate for full coverage details). You may visit the dental provider of your choice but we also have a network available. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to <https://www.metlife.com/> and on the right column select find a dentist and select the PDP Plus network. You do not have to be on the medical plan to have dental coverage.

Vision

We offer employees and their families a comprehensive vision plan. Our vision plan is administered by MetLife. Our plan includes a \$10 annual eye exam, \$25 material co-pays for lenses (every 12 months) and frames (every 24 months), and contacts up to \$130 of benefit. Costs of using a network provider are lower than a non-network provider. You can access the provider network by going to See certificate on your benefits website for the full overview.

Employee Bi-Weekly Deductions

Vision Benefits

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
	\$0.00	\$3.10	\$2.16	\$5.56
		6		

DISABILITY

JDC Management provides its employee with a Long Term Disability Plan at no cost. This plan covers you up to 60% of your income to a maximum of \$5000 per month. There is a 90 day elimination period before your Long Term Disability benefit begins. The plans benefit period continues until you reach your social security normal retirement age (see certificate).

Long Term Disability	MetLife Plan Benefits
Monthly Benefit	Up to \$5000
Income Replaced	60%
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	To SSNRA*
Cost of Coverage	Provided at no cost by JDC Management and its Subsidiaries

*Social Security normal retirement age

Executives - Own Occupation through Social Security

All other employees- 24 month own occupation

JDC Management also provides a vountary short term disability plan. This plan covers you up to 60% of your income to a maximum of \$1000 per week. There is a 7 day elimination period before your short term benefit begins. This plan is voluntary meaning it will be paid by your through a payroll deduction. Your deduction is listed on the enrollment tool. If you have this benefit currently and want to increase the benefit please let Jennifer Holly know jholly@clarkebenefits.com.

Short Term Disability	MetLife Plan Benefits
Weekly Benefit	Up to \$1000
Income Replaced	60%
Elimination Period	7 days Accident or Sickness
Partial Disability Paid	Yes
Benefit Payable	12 weeks (Up To)
Cost of Coverage	See application

Life Insurance & Voluntary Life Insurance Metlife

Employees are provided with Group Basic Term Life in the amount of 1x your annual salary at no cost to you. Our coverage includes accidental death & dismemberment coverage. For accidental death our plan pays 100% of the life benefit (See the certificate of coverage for dismemberment benefits). Our coverage is convertible to you if you meet certain requirements*. You have 31 days from the date of termination to contact MetLife to convert your coverage. We also offer the ability to purchase additional amounts of coverage through payroll deductions. You can purchase coverage on yourself up to \$50,000 guarantee issue (max 5X Salary), your spouse at \$25,000 guarantee issue (max 100K) and your dependents at \$10,000. This coverage is guarantee issue (no health questions asked) at initial enrollment. If you wish to pick up coverage at a later date you will be subject to evidence of insurability (required to fill out a health questionnaire).

Employee Bi-Weekly Deductions

Voluntary Life Insurance

Age	10k	20k	30k	40k	50k	60k	70k	100k	150k	200k
<30	0.36	0.71	1.07	1.42	1.78	2.13	2.49	3.55	5.33	7.11
30-34	0.45	0.90	1.34	1.79	2.24	2.69	3.13	4.48	6.72	8.95
35-39	0.49	0.99	1.48	1.98	2.47	2.96	3.46	4.94	7.41	9.88
40-44	0.64	1.28	1.92	2.57	3.21	3.85	4.49	6.42	9.62	12.83
45-49	0.96	1.92	2.88	3.84	4.80	5.76	6.72	9.60	14.40	19.20
50-54	1.46	2.93	4.39	5.85	7.32	8.78	10.24	14.63	21.95	29.26
55-59	2.20	4.40	6.60	8.81	11.01	13.21	15.41	22.02	33.02	44.03
60-64	3.12	6.25	9.37	12.50	15.62	18.75	21.87	31.25	46.87	62.49
65-69	5.94	11.88	17.82	23.76	29.70	35.64	41.58	59.40	89.10	118.80

Coverage

Per Pay Period

Voluntary Dependent Life Insurance

6 months to 19/25 (FT Student) years of age	5K	\$0.67
6 months to 19/25 (FT Student) years of age	10k	\$1.34

Clarke & Company Benefits Contact Information

1-888-540-9403

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