

BISHOP GADSDEN



PART-TIME EMPLOYEE **BENEFITS** GUIDE 2020-2021



A quick benefits resource....

Contact Information - Dedicated Service Team

Southeast Insurance Group has a full account management team that is here to help you. We have partnered with Humana to offer employees and dependents of Bishop Gadsden access to an expanded service team. If you have a question regarding your plan benefits, claims, prescriptions or need assistance in researching plan costs, please feel free to contact us.

ACCOUNT MANAGEMENT TEAM

Account Manager	Stephen Parrish	803-419-4730
	stephen@seinsurancegroup.com	

Management Team	Faith Shehane	803-419-4730
	faith@seinsurancegroup.com	

Bishop Gadsden	Tara Barrera	843.406.2489
	Tara.Barrera@bishoppadsden.org	

BENEFIT PROVIDERS:

DENTAL/VISION

Humana

www.Humana.com

1-800-448-6262

The information contained on the following pages is meant as a resource guide for your convenience. It is a brief, non-legal summary of your benefit plans. The plans do include other benefits, limitations and exclusions that are detailed in the certificates of coverage (contract) provided by your insurance carriers. In the event of a discrepancy between this document and your contract, the contract will always prevail.

Part -Time Eligibility

Who Is Eligible for Part Time Benefits?

Employees who are "Part-Time status" are eligible to participate on the 1st of the month following 60 days employment.* You also have the option to enroll your eligible dependents in some of these plans. Eligible dependents may include your children and spouse.



When Can I Make Changes? You can make benefit changes in two situations:

Qualifying Life Event

For most benefits you may only make changes to your elections during the year if you have a change due to a qualifying life event. Life events include: Marriage or divorce; Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit; Changes in your spouse's employment affecting benefit eligibility; Changes in your spouse's benefit coverage with another employer that affects benefit eligibility; or Changes in employee work status.

The change to your benefit elections must be consistent with the life event.

You have 30 days from the date of the life event to submit an enrollment change form and documentation of the event to Human Resources.

If no qualifying life event took place or if you did not notify Human Resources in a timely manner of the life event, you must wait until the next annual open enrollment period to make a change to your elections.

Open Enrollment

Open enrollment is the period each year to review your current benefit elections and make changes for the coming plan year. You can change plans as well as add or drop coverage provided to your dependents. Any changes made during open enrollment will be effective on September 1st and will remain in effect through the benefit year unless you experience a qualifying life event.

Bishop Gadsden's eligible benefit plans are set up to allow you to pay certain benefit premiums before any taxes are deducted from your pay; therefore you pay fewer taxes.

All qualifying premiums will automatically default to pre-tax status unless waived during open enrollment.



Bi-Weekly Premium Deductions

	Employee Cost	Bishop Gadsden Cost
Employee	\$2.82	\$11.46
Employee/Spouse	\$11.93	\$21.67
Employee Children	\$13.17	\$32.99
Family	\$19.45	\$43.64

Humana Dental

For a list of In-Network dentists please visit Humana.com

	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible	\$50 Ind/\$150 Fam	\$50 Ind/\$150 Fam
Annual Maximum	\$1,500 + 30% Extended Max	\$1,500 + 30% Extended Max
Preventive Services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% No Deductible	100% No Deductible
Basic Services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	80% Deductible Applies	80% Deductible Applies
Major Services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years) • Denture repair and adjustments • Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) 	50% Deductible Applies	50% Deductible Applies
Child Orthodontia (up to age 18)	Pays 50% Up to \$1,000 Lifetime Max	



Bi Weekly Premium

	Employee Cost
Employee	\$3.24
Employee/Spouse	\$6.48
Employee Children	\$6.16
Family	\$9.67

Humana Vision 160

For a list of In-Network dentists please visit Humana.com

	<u>In-Network</u>	<u>Out-of-Network</u>
Eye Exam	\$10 Copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
Contact lens exam	\$0 - Standard fitting \$55 allowance - Premium	Up to \$30
Frames	\$160 allowance <i>20% off balance over \$160</i>	\$80 allowance
Standard Lenses	\$10 Copay Single/Bifocal/Trifocal/ Lenticular	Up to \$100
Covered Lens Options	UV Coating—\$15 Tint—\$15 Scratch Resistant—\$15 Polycarbonate—\$40 Standard Anti-Reflective Coating—\$10 Standard Progressive—\$10	Not covered or Limited
Frequencies	Exam every 12 months Lens every 12 months Frames every 12 months	Exam every 12 months Lens every 12 months Frames every 12 months
Contact Lenses	\$160 allowance <i>15% off balance over \$160</i>	\$128 allowance
Diabetic Eye Care Exam, Retinal Imaging, Extended Ophthalmoscopy, Gonioscopy, Scanning Laser	\$0 Copay	Up to \$77

For a list of In-Network Vision providers please visit Humana.com and click on “Find a Doctor”.

Your network is the Humana Insight Network which includes EyeMed providers.

ELIGIBILITY

You are eligible to participate when you have attained age 18 and completed 6 month(s) of service, and have a minimum of 500 hours.

AUTOMATIC ENROLLMENT

If you are a new employee, you will be automatically enrolled in the Bishop Gadsden Savings and Retirement Plan on the plan entry date. Each pay period, 3% will be deducted from your pay and placed in the plan before taxes.

The amount you contribute to the plan will increase by 1 % until you reach 6% of pay. Year 1 and 2, the Automatic Deferral Percentage will be 3%, year 3 it will increase to 4%1 year 4 it will increase to 5% and year 5 and thereafter it will be 6%. The increase will occur annually on the first day of the plan year.



EMPLOYER CONTRIBUTIONS

Your employer will make safe harbor matching contributions of 100% of your pre-tax or Roth contributions that do not exceed 2% of pay, plus 50% of your contributions that exceed 2% of pay, but do not exceed 6% of pay. Other limitations may apply.

Your employer may also make profit-sharing contributions in its discretion which will be allocated among all eligible employees, whether or not you make contributions. The profit-sharing contributions will be integrated with Social Security. See your Summary Plan Description for further details.

The employer profit-sharing contributions benefit only those eligible employees who are actively employed on the last day of the plan year and worked 1000 hour(s) during the plan year.

Your Summary Plan Description provides more information describing how these employer contributions are computed.

PLAN CONTACT

Contact Bishop Gadsden Episcopal Retirement Community, Tara Barrera, One Bishop Gadsden Way, Charleston, SC 29412, Phone: 843-406-2489 to request additional information about the plan.

SUMMARY PLAN DESCRIPTION

The above plan highlights provide only a brief overview of the plan's features and is not a legally binding document. A more detailed Summary Plan Description will be given to you. Additionally, your employer may amend the plan at any time to change its terms. If there is a disagreement between this document and the plan, the plan's terms govern. Please read it carefully and contact your plan administrator if you have any further questions.

BISHOP GADSDEN

A decorative flourish consisting of a central swirl with two horizontal lines extending outwards from its base.

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.