



2020 EMPLOYEE BENEFITS GUIDE

THE BASICS

WELCOME TO YOUR 2020 BENEFITS GUIDE!



SHARE is pleased to present your Employee Benefits for 2020. The success of SHARE is possible because of the efforts and loyalty of the employees. SHARE is committed to providing an affordable and comprehensive benefits package to our employees and their families.

This Benefits Guide will help you to better understand the benefit options and make great decisions regarding your coverage. The benefit elections you make during Open Enrollment are effective **January 1, 2020** and will last until **December 31, 2020**. Be sure you plan accordingly! If you don't enroll within your specified time period, you forfeit benefits until the next plan year, unless you have a qualifying life event. If you have any questions, don't hesitate to reach out to the Human Resources department or our broker of insurance, GBS at 864.239.0544 - they are happy to help!

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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. Please see pages 18 and 19 for more details.

WHO IS ELIGIBLE

If you are an active, full-time employee working at least 30 hours per week and have completed the waiting period, you are eligible to enroll in the SHARE benefit program.

Your eligible dependents include:

- *Spouse - must not be legally separated or divorced. Qualified Domestic Relations Orders are accepted to continue coverage under COBRA.*
- *Dependent spouses employed by another company where a medical plan is offered must participate in that company's plan to be eligible for participation in SHARE's medical plan. SHARE will pay secondary.*
- *Natural or legally adopted child or step-child, until the end of the month in which he or she reaches age 26 or any children who are incapable of self-support due to physical or mental disability.*

WHEN TO ENROLL

The benefits you elected during Open Enrollment will be effective from January 1, 2020 through December 31, 2020.

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to your benefits 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, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Changes must be made within 30 days of the event.

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 kicks in.

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 kicks in.

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 AT A GLANCE ■ ■ ■

MEDICAL INSURANCE - PAI

Using in network providers offers doctor's office visits at \$35 copay for primary, and \$50 copay for specialist. Deductible is \$3,000 with a \$6,850 maximum out of pocket for single coverage and \$6,000 deductible with a \$13,700 maximum out of pocket for family coverage.

VOLUNTARY DENTAL INSURANCE - SUNLIFE

This plan provides 100% preventive and diagnostic care; 80% for basic restorative care and 50% for major care. The annual plan maximum is \$1,000.

VOLUNTARY VISION INSURANCE - SUNLIFE

This plan provides a \$10 exam copay, a \$25 copay for lenses, and a \$130 allowance towards frames.

BASIC LIFE AND AD&D INSURANCE - SUNLIFE FINANCIAL

SHARE provides 2 times the Employee's Basic Annual Earnings of basic group term life and AD&D insurance to all eligible full-time employees at no cost. SHARE also provides \$5,000 for spouse and children who are covered by SHARE's medical plan.

SHORT TERM DISABILITY (STD) - PAI

The STD plan covers 70% of your weekly salary up to \$1,000 per week for a maximum of 20 weeks. 45 day elimination period for accident and sickness.

VOLUNTARY LONG TERM DISABILITY - SUNLIFE FINANCIAL

The LTD plan covers 50% of your earnings up to a \$3,000 maximum per month, after a 180 day waiting period to Social Security normal retirement age.

FLEXIBLE SPENDING ACCOUNT

FSAs help you save money by providing a way to pay for certain types of health care and dependent care expenses on a pre-tax basis. You can enroll in health care or dependent care during open enrollment each year.

EMPLOYEE RETIREMENT PLAN - AXA EQUITABLE

Your retirement plan is an individual 403(b) tax sheltered annuity (TSA) sponsored by SHARE through AXA Equitable. Minimum participation is 3% of your bi-weekly salary. SHARE matches contributions up to 6% of your bi-weekly pay. Contributions are withheld on a pre-tax basis (tax deferred).

VOLUNTARY BENEFITS - ALLSTATE, COLONIAL LIFE

You have the opportunity to enroll in Allstate and Colonial Life benefits through payroll deductions during open enrollment each year.

OTHER OPTIONAL BENEFITS

You have the opportunity to enroll in LegalShield and Greenville Federal Credit Union through payroll deductions during open enrollment each year.

MEDICAL COVERAGE ■ ■ ■ ■

PLANNED ADMINISTRATORS (PAI)

SHARE offers a medical plan through PAI. Please see the following pages for the medical plan overview.

DECLINING COVERAGE

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, then you may in the future be able to enroll yourself or your dependents in this plan. Please note your coverage may be waived at that time for up to 18 months (late entry into the plan) unless you have qualifying circumstances. You would need to request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, then you may be able to enroll yourself and your dependents. You would need to request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

	Employee Pays	SHARE Pays
Medical Monthly Rates		



MEDICAL COVERAGE ■ ■ ■

MEDICAL PLAN

Planned Administrators (PAI)

Benefits Highlights	In Network	Out of Network
Deductible	Individual - \$3,000 Family - \$6,000	Individual - \$10,000 Family - \$20,000
Out of Pocket Maximum	Individual - \$6,850 Family - \$13,700	No maximum No maximum
Coinsurance	70%	50%
Doctor's Office Visit	\$35 copay, then 100%	Deductible, then 50%
Specialist Office Visit	\$50 copay, then 100%	Deductible, then 50%
Inpatient Hospital Services <i>Pre Authorization Required</i>		Deductible, then 50%
Outpatient Hospital Services <i>Pre Authorization Required for Mental Health</i>	Deductible, then 70%	Deductible, then 50%
Mental Health/Substance Abuse		
Chiropractic Services (\$500/BY)	Deductible, then 70%	
Emergency Room Services	\$300 copay, 70%	Deductible, then 50%
Prescription Drug Benefits	<p>(Retail) Member pays: Generic - \$20 copay Preferred Brand - 30% of cost Non-preferred Brand - Max \$150 Out of network covered only at Participating Pharmacy</p> <p>(Mail Order) Member pays: Generic - \$60 copay Preferred Brand - 30% of cost Non-preferred Brand - Max \$450 Out of network covered only at Participating Pharmacy</p>	

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.

FLEXIBLE SPENDING ACCT

FLEXIBLE SPENDING ACCOUNT

Rosenfeld Einstein

SHARE offers employees a Health Care Spending Account and a Dependent Care Account (FSA).

HOW THE ACCOUNT WORKS

You can contribute a minimum of \$130 up to \$2,750 for Health Care Account or \$5,000 for Dependent Care Account (If you are married and filing separately, your limit is \$2,500) via payroll deductions into your FSA on an annual basis. Once you have made an election, you cannot make a mid-year change to the election unless there is a qualifying life event. Examples of qualifying life event are marriage, divorce, or the birth of a child. **Please note that funds cannot be transferred between the Health Care or Dependent Care accounts.**

CONTRIBUTION LIMITS

For 2020, the maximum is **\$2,750 for Health Care Account and \$5,000 for the Dependent Day Care Account.**

USING YOUR FSA FUNDS

As you incur medical expenses that are not fully covered by your insurance, you may submit your expenses for claims transactions using one of the following options:

1. Explanation of Benefits form from your insurance carrier after a claim has been paid;
2. Detail claim from the provider of services (ex: physician/dentist) on the provider of services form with all information related to the service and expenses;
3. A prescription form that you receive from the Pharmacy with the information on each prescription you are submitting;
4. A computer form from a pharmacy for prescriptions filled at that pharmacy with all detail information related to the prescriptions/dates/costs. You may submit any one of the above to evidence claim payment to Rosenfeld Einstein.
5. These expenses must be incurred during the plan year and must not be eligible for reimbursement from insurance policies or any other source. Also, expenses can only be incurred by you, your spouse, or any dependent (if you furnished over one half of the dependent's support during the plan year).

Be sure to estimate your yearly expenses carefully. Once you have estimated the total amount, divide it by the number of pay periods you have - this will be deducted from your paycheck. If you do not use the full amount of funds in your FSA, the remaining balance (up to \$500) can be carried into the next plan year as long as you continue to participate in the FSA plan.

Once you have made an election for the plan year, you cannot change it until the next annual Open Enrollment period unless you have a qualifying life event. If you do have a qualifying life event and you want to change your FSA, it is your responsibility to do so within 31 days of the life event. Please call Rosenfeld Einstein at 864-255-4517.

The Health Care Spending Account may be right for you if you and your eligible dependents typically have predictable out-of-pocket medical or dental expenses during the year. 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.

FLEXIBLE SPENDING ACCT

ELIGIBLE AND INELIGIBLE EXPENSES

Health Care Spending Account Expenses	
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.

Dependent Care Account Expenses	
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



WELLNESS

JOIN INCENTFIT AND GET ACTIVE!

SHARE offers employees the opportunity to participate in group challenges with other employees and centers. Simply download the IncentFit app on your smart phone, link your tracking device, and start competing today!

Each quarter a winner will be selected and win \$200!



DENTAL



New carrier and lower rates!

SunLife

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

	In Network

Monthly Rates		Employee Pays
	Employee	\$28.06



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VISION



New carrier!

SunLife

There is voluntary vision insurance available at SHARE. Please review the following information below so you will have an understanding of your benefits.

	In Network
Exam Copay	\$10
Retinal Imaging	Up to \$39 copay
Lenses Copay	
Single Vision	\$25
Lined Bifocal	\$25
Lined Trifocal	\$25
Lenticular	\$25
Frame Allowance (anywhere except Costco)	\$130, plus an additional 20% off balance
Costco Allowance	\$70
Contact Lens Allowance	\$60 contact lens exam \$130
Contact Lens Fitting and Exam Copay	\$60
Frequency	
Exam	1 per 12 months
Lenses	1 per 12 months
Frames	1 per 24 months
Contact Lenses	1 per 12 months

Monthly Rates		Employee Pays
	Employee	\$7.46



This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.

LIFE & DISABILITY ■ ■ ■ ■ ■

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE AND DEPENDENT LIFE INSURANCE

Sun Life

Employee Benefit

Employee Basic Life and AD&D Amount - Two (2) times the Employee's Basic Annual Earnings up to \$200,000.

Dependent Basic Life Amount - \$5,000 available to spouse and children covered by SHARE medical plan

Employee Basic Life and AD&D—The cost of this benefit is paid for entirely by SHARE. *The AD&D benefit is payable for the following losses if such loss is the result of an accident: loss of life, loss of one eye, one limb, speech and/or hearing, thumb and index finger of same hand, quadriplegia.*

You will be required to choose a beneficiary for this benefit. A beneficiary is an individual or entity that would receive the death benefit if the participant passes away. You may elect a primary beneficiary and contingent beneficiary if you choose. If you do not list a beneficiary the life insurance will automatically go to your estate. This means these funds can be held up until the probate court decides how to handle your estate.



LIFE & DISABILITY

VOLUNTARY LONG TERM DISABILITY

Sun Life - SHARE provides employees the opportunity to purchase a Voluntary Long Term Disability Plan which provides financial protection for employees by promising to pay a percentage of monthly earnings in the event of a covered disability.

What Voluntary Long Term Disability benefits am I offered at SHARE?

Benefits Begin	After 180 days
Benefit Amount	50% of salary not to exceed a Maximum Monthly Benefit of \$3,000 per month
Maximum Benefit Period	To age 65 or Normal Social Security Retirement Age
Cost	Cost is based on employee age range and covered salary

SHORT TERM DISABILITY

PAI - SHARE provides a Basic Short Term Disability Plan which can replace a portion of income during the initial weeks of a disabling accident or illness. This STD Plan is available to all full-time employees enrolled in SHARE's medical plan after one year of employment and working at least 30 hours per week. This benefit is included as part of SHARE's health insurance at no cost to the employee.



What Short Term Disability benefits am I offered at SHARE?

Benefits Begin	After 45 days of disability, or the day all accrued sick leave and annual leave expires, whichever is first
Benefit Amount	70% of basic weekly earnings, not to exceed a Maximum Weekly Benefit of \$1,000
Maximum Benefit Period	Max benefit period is 20 weeks
Note	<ul style="list-style-type: none">• Dependents are not eligible for this coverage• Completion of the Evidence of Insurability Form is required to apply for this coverage if you do not enroll during your initial enrollment

RETIREMENT



AXA Equitable

SHARE has partnered with AXA Equitable to offer a great way for you to save for your retirement! Participating in the 401(k) plan gives you the opportunity to save and invest a piece of your paycheck for the future.

OUR 401(K) PLAN

It allows each eligible employee to make tax-deferred contributions to his/her retirement plan account. When you make contributions, the company may also make “matching” contributions based on what you contribute.

CONTRIBUTIONS

Minimum participation is 3% of your bi-weekly salary. SHARE matches contributions up to 6% of your bi-weekly pay. Contributions are held on a pre-tax basis (tax-deferred).

You may contribute up to \$19,000 pre-taxed for age 49 and under and \$24,000 for age 50 and over for the 2020 tax year. Roth Deferral available (after-tax).

Contact the office of Human Resources at SHARE for information on eligibility and forms for loans, withdrawals, surrenders, or to change contribution amounts. Contribution rates may be changed once per calendar year.

CONTACT INFORMATION

For information on your retirement benefits, please contact:

Jack W. Lemons, CLU, ChFC
1 Chick Springs Road, Suite 201A
Greenville, SC 29609
Phone: 864-232-2752
Fax: 864-2323574

HOW TO ENROLL



ADDITIONAL BENEFITS ■ ■ ■

VOLUNTARY CANCER INSURANCE PLAN BENEFITS

Allstate

SHARE offers employees a voluntary cancer plan through Allstate to help protect you and your family from the financial burdens that you might experience when the unexpected happens.

Benefits	Low	High
Hospital Confinement	\$100/day	\$300/day
Surgery	Up to \$1,500	Up to \$4,500
Radiation/Chemotherapy for Cancer	\$5,000 each 12 months	\$10,000 each 12 months
Anti-Nausea Benefit	\$200/year	\$200/year
Inpatient Drugs and Medicine	\$25 each day	\$25 each day
Anesthesia	Up to 25% of surgery benefit	Up to 25% of surgery benefit
Blood, Plasma, and Platelets	\$5,000 per 12 months	\$10,000 per 12 months
Physician's Attendance	\$50/day	\$50/day
At Home Nursing	\$100/day	\$300/day
Ambulance	Up to \$100	Up to \$100
Extended Care Facility	\$100/day	\$300/day
Outpatient Lodging	\$50/day, \$2,000 max per 12 months	\$50/day, \$2,000 max per 12 months
Cancer Initial Diagnosis (First Occurrence)	\$2,000	\$5,000
Hospital Intensive Care Unit Confinement	\$200/day max 45 days	\$700/day max 45 days
Wellness Screening	\$100/year	\$100/year

Employee Paid Cancer Insurance Rates		
	Low Option	High Option
Employee Only	\$13.04	\$29.82
Employee & Family	\$22.32	\$51.66

PLEASE VISIT THE EMPLOYEE PORTAL FOR MORE INFORMATION ON WHAT THIS BENEFIT PROVIDES.

www.share.ajgportal.com

Username: employee

Password: share

ADDITIONAL BENEFITS ■ ■ ■

LEGALSHIELD

SHARE offers employees the opportunity to purchase voluntary coverage through LegalShield. This includes a Life Events Legal Plan and Identity Theft Shield. Premiums are deducted on a pre-tax basis. Coverage may be added or changed at any time.

Please contact Karen Mosley with any questions at 864-787-3354 or karenmosley1@bellsouth.net.

GREENVILLE FEDERAL CREDIT UNION

Credit Union membership is available to all SHARE employees. Enrollment may be done through SHARE's office of Human Resources, at one of SHARE's Benefit Fairs, or at any branch of Greenville Federal Credit Union.

For more information, please visit www.greenvillefcu.com.

VOLUNTARY SUPPLEMENTAL INSURANCE - COLONIAL LIFE

SHARE offers employees the opportunity to purchase the following supplemental insurance from Colonial Life:

- Supplemental Accident Care
- Supplemental Short Term Disability
- Supplement Universal Life Insurance

Premiums are deducted on an after-tax basis. Coverage may be added or changed at any time. Please contact Donna Nash or Colonial Life Customer Service with any questions.

Donna Nash
Phone: 803-608-4044
Fax: 866-611-5503
Email: insuranceldy56@yahoo.com

Colonial Life Customer Service
Phone: 800-325-4368
Website: www.coloniallife.com

LEGAL UPDATES ■ ■ ■ ■ ■ ■

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.

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.

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

LEGAL UPDATES ■ ■ ■ ■ ■ ■

Important Notice from SHARE 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 SHARE 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:

1. 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.
2. SHARE has determined that the prescription drug coverage offered by the SHARE Medical Benefits Plan is, 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.

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 to 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.

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 **SHARE** coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current **SHARE** coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the SHARE Medical Benefits Plan.

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 **SHARE** 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.

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. **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 **SHARE** 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 2019
Name of Entity/Sender: SHARE
Contact--Position/Office: Human Resources
Address: 254 S Pleasantburg Drive, Greenville, SC 29607
Phone Number: 864-269-0700

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).

LEGAL UPDATES



The Women's Health and Cancer Rights Act

The Women's Health and Cancer Right Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirement; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and co-pays consistent with other coverage provided by the Plan. If you have any questions about the current plan coverage, please contact Human Resources.

Know Your COBRA Notification Responsibilities

It is your responsibility to notify Human Resources when a dependent becomes eligible or ceases to be eligible for coverage under our benefit plans. All eligibility changes should be reported within 30 days of the event. Failure to report changes in a timely manner can impact your ability to add newly eligible dependents or discontinue pre-tax premium contributions on ineligible dependents.

In addition, failure to report a loss of eligibility due to legal separation or divorce or a dependent that has otherwise ceased to be eligible, such as a child reaching the maximum dependent child age limit, can impact your dependent's rights for group health plan coverage under the federal law known as COBRA. If you fail to report the loss of eligibility within 60 days of the event, your dependents may be left with no continuation coverage under our plan. Please see your COBRA notice or your group health plan summary plan description for additional information.

You may receive a copy of the Notice of Privacy Practices by contacting Corporate Human Resources.

Protecting Your Health Information Privacy Rights

SHARE is committed to the privacy of your health information. The administrators of the SHARE Health Care Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting human resources.

Initial Notice of your HIPAA Special Enrollment Rights

Loss of Other Coverage - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption - If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption.

Medicaid Coverage - The SHARE group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. Termination of Medicaid or CHIP Coverage - If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. Eligibility for Premium Assistance Under Medicaid or CHIP - If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact Corporate Human Resources.

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.

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PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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)**.

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, 2016. Contact your State for more information on eligibility –

ALABAMA Medicaid	GEORGIA Medicaid
ALASKA Medicaid	INDIANA Medicaid
COLORADO Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	IOWA Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA Medicaid Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268	KANSAS Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884

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

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

To see if any other states have added a Premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 2-28-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Janice Jackson.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name SHARE		4. Employer Identification Number (EIN) 62-0395665	
5. Employer address 254 S. Pleasantburg Drive		6. Employer phone number 864-269-0700	
7. City Greenville	8. State SC	9. ZIP code 29607	
10. Who can we contact about employee health coverage at this job? Janice Jackson			
11. Phone number (if different from above)		12. Email address jjackson@sharesc.org	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

All full-time employees working more than 30 hours per week on average for 48 or more weeks per year once they have met their appropriate waiting period.

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

Any legally married spouses that do not have access to other employment-based coverage and any legal children until the age of 26.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

CONTACT

This packet is intended to provide an easy-to-read overview of the benefits available in the Human Resources Department. Should there be any conflict between the explanations in this booklet and the actual terms of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits because of a misstatement or omission in this booklet. Summary Plan Descriptions for these benefit plans are available upon enrollment. None of this information should be interpreted as a guarantee of employment. The company reserves the right to amend, modify, suspend or terminate any benefit at any time.

For information on employee benefits, please contact Human Resources Department:

- Janice Jackson at 864-220-7254
- Lynn Lowery at 864-220-7265
- Daphne Freeman at 864-220-7231

You may also visit the Employee Portal for more information: www.share.ajgportal.com

COVERAGE	CARRIER NAME	CONTACT INFORMATION
Medical & Short Term Disability	Planned Administrators, Inc.	800-768-4375 www.paisc.com
Pharmacy Benefits	Southern Scripts	800-710-9341 www.southernscripts.net/ members.php
Voluntary Dental & Vision	SunLife	800-786-5433 www.sunlife.com/us
Life Insurance, Accidental Death & Dismemberment, Voluntary Long Term Disability	SunLife	800-247-6875 www.sunlife.com
401(k)	AXA Equitable (Jack Lemons)	864-232-2752
Flexible Spending Account (FSA)	Rosenfeld Einstein	864-255-4517
Voluntary Cancer	Allstate	800-521-3535
Voluntary Supplemental Insurance	Colonial Life	Donna Nash: 803-608-4044 Customer Service: 800-325-4368
Insurance Broker	Gallagher Benefit Services, Inc.	864-239-0544 www.ajg.com



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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.