



Benefit Basics: Important Information on SCI Companies 2010 Annual Enrollment

Welcome to SCI Companies' (SCI) 2010 Annual Enrollment

- SCI's annual enrollment period begins **Monday, September 13, 2010 and ends at midnight on Sunday, September 26, 2010**. Please take advantage of this opportunity to review or change your benefit elections.
- SCI encourages all eligible members to participate in annual enrollment even if you are not making changes. If you elect not to participate, you will automatically be enrolled in your current benefit elections.

What's New and What's Changed for October 1, 2010

- **Healthcare Reform – General Overview of Mandated Changes**
 - **Dependent Adult Children** are eligible for coverage until age 26. *Note: SCI's plan already covered this.*
 - **No lifetime limits** on essential benefits (e.g., emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder, prescription drugs, laboratory services, preventive and wellness services)
 - **No pre-existing condition limits** on dependent children under age 19
 - **No recessions**
 - No reimbursement for **Over-the Counter (OTC) medicine or drugs** without a prescription for expenses incurred after December 31, 2010 for FSA, HRA, HAS and Archer MSA
 - Beginning with **tax year ending 12.31.11**, employers are required to report the value of the total health care premium on Form W-2.
- If you are not enrolled in any of the **Lincoln Financial Group (LFG) Disability plans (STD/LTD)**, now is your opportunity to enroll without going through the Evidence of Insurability (EOI) process. You must enroll no later than 09.26.10 to avoid the EOI process. Premiums are calculated on your salary and age as of 10.01.10. You can only enroll in one LFG STD plan. Refer to page 9 of the Help Simplify Your Life Booklet.
- If you are *not enrolled* in the **LFG Supplemental Life plan (Employee Life)**, now is your opportunity to enroll without going through the Evidence of Insurability (EOI) process. Maximum volume of life insurance is \$20,000. You must enroll no later than 09.26.10 to avoid the EOI process. Premiums are calculated on your salary and age as of 10.01.10.
- If you *are enrolled* in the **LFG Supplemental Life plan (Employee Life)**, you may elect to increase your coverage by \$20,000 without going through the EOI process providing you stay within the plan limitations. Refer to page 8 of the Help Simplify Your Life Booklet for more details.
- If you are enrolling in the **Humana Dental DMO (FL and GA)** you must assign yourself and dependents a primary care dentist for the coverage to be effective. Visit www.humanadental.com for a list of providers.

Enroll Early and Make Enrollment Stress-Free. There are Two Methods for Enrolling in Benefits:

1. **Employee Self-Service (ESS): Available 24/7** from Monday, 09.13.10 through midnight on Sunday, 09.26.10.
 - This is the preferred method of enrollment via the web at www.scionessource.com. This method is easy, fast, reliable and available 24/7. For members who may not have a home computer, you may check with your public library or work location for computer accessibility.
 - Should you encounter any problems, please call your assigned SCI Professional, Monday through Friday between 8:00am and 5:00pm (EST).
 - **To access SCI Companies Employee Self-Service (ESS) site go to: www.scionessource.com.**
 1. Enter your **User name** and **Password**. * BE SURE to **change your password** from the default at your first login in order to protect your access information and your privacy.
 2. Click **Benefits** → **Benefits Enrollment** → Upon entering the Benefits Enrollment screen you will be offered the opportunity to review an online, self-directed module that will help you learn more about your benefit options.
 3. Once you complete the educational module, follow the **Prompts** on your screen to make your elections.
 4. Print the **Confirmation of Enrollment** to verify your elections and maintain in your personal files.

Note: Your **User name is "s" + the first letter of your first name + your last name + the last 4 digits of your Social Security Number. For example, John Smith with a Social Security Number 023-45-6789 would have a user name of **jsmith6789**. Your **Password** is your 8-digit date of birth without the slashes. For example, if John Smith's birth date was September 7, 1972 his password would be **09071972**.*
2. **Live Telephone Enrollment:** Call your assigned Service Professional at your designated location/Operations Center **to enroll via telephone**, Monday through Friday, between 8:00am and 5:00pm (EST), during the enrollment period (e.g., Monday, 09.13 to Friday, 09.17 and Monday, 09.20 to Friday, 09.24).

Atlanta	Chicago	Dothan	Orlando	Tampa
800.444.6211	800.750.1932	800.755.6722	866.370.4211	800.962.7823

Benefits Frequently Asked Questions (FAQ)

1. What is the difference between an Open Access (OA) HMO & POS health plan?

- Health Maintenance Organizations (HMOs) are generally lower in cost because you agree that whenever you need medical care, you will see a doctor who is in the HMO network. If you go to a doctor or hospital that is not in the network, your expenses will not be covered unless it is a medical emergency.
- A Point of Service (POS) plan is different because it offers you the flexibility of using in and out-of-network doctors. However, you receive better benefits and have lower out-of-pocket costs if you see doctors in the POS network. Please see Page 5 of the Benefits Guidebook for additional definitions and key terms.

2. When does coverage begin and when will I receive my Humana ID cards?

- Coverage for the upcoming year is October 1, 2010 to September 30, 2011. You can expect to receive your ID cards by late October only if you make changes to your plan selection or covered dependents.

3. If I elect *single medical coverage*, can I still elect *family dental coverage or vice versa*?

- Absolutely! You do not have to maintain the same coverage level in your benefit plan elections.

4. If I enroll in the OA HMO, can I change to the POS medical plan during the year or vice versa?

- No. Once you have made your benefit elections, you can only change your benefits choices during the annual benefits enrollment period. However, under IRS Section 125 regulations, you can change your benefits choices mid-year if you have a qualifying event/family status change. These changes include marriage, divorce, newborn, adoption, death of a dependent or change in residence. In these cases, you can change your coverage option level, but you cannot change from one plan to another, therefore make your choices wisely. Refer to Page 3 of the Benefits Guidebook for more details.

5. Please explain how the Mail Order Prescription Plan works.

- Humana RightSource is the Mail Order Prescription plan offered through Humana. With 90 day pricing, generic alternatives and convenient home delivery, RightSource offers you the opportunities that might reduce your prescription drug costs. Most maintenance drugs are two times the monthly cost for a 90 day supply. Once your doctor has written the prescription, visit www.humana.com to ensure the drug is covered or needs prior authorization. Note: If the drug needs prior authorization, contact your doctor for assistance. Complete the registration form and mail it with your prescription(s) and payment. Allow two weeks from the date your order form is submitted. RightSource registration and prescription order forms are available at www.humana.com.

6. How much will be deducted for my benefit elections?

- Your paycheck deductions depend on your elections and whether or not your employer makes contributions to your benefits. This information is available when you access your account in ESS.

7. What is the difference between co-pays and annual deductible?

- Co-pays: A fixed amount the member is expected to pay for medical expenses at the time of the visit, under the member's health benefit policy. For example, a member might pay \$15 for each visit to a physician, with the health coverage policy paying the remaining cost.
- Annual Deductible: The portion of the covered member's health care expenses that must be paid out-of-pocket before the member's plan begins paying its share. Note: The deductible runs calendar year, January to December, regardless of if you change plans during annual enrollment.

8. Which plan should I choose?

- SCI cannot advise anyone regarding their benefit plan elections. SCI offers a variety of options. When choosing a plan, you may want to take a snapshot of your health expenses for the previous benefit year. After carefully reviewing each plan option, only you can decide which plan is best for you.

9. If I have specific questions regarding my benefits, who should I call?

- For questions about your deductions and covered benefits, please feel free to contact the Humana Annual Enrollment Line at 888.393.6765. Due to HIPAA regulations, any claim issue or other questions regarding your covered dependents must be directed to Humana. Refer to the last page of the Benefits Guidebook for phone numbers and websites for all SCI benefit offerings.

10. How can I get a copy of my health (or dental) insurance Certificate of Coverage?

- Login to www.myhumana.com. Choose Plan Information → Review my Benefit Information. Click on Details Icon on Plan Type Medical (or Dental). Under Coverage Details, Click on Download PDF.