

529 college fund

vision

dental

401(k)

flexible spending accounts

prepaid legal

medical

short-term disability



**SCA**

Surgical Care Affiliates

AFLAC • Alliance • American Behavioral • Blue Cross/Blue Shield • Charles Schwab  
Delta Dental • Hyatt Legal • Prudential • Superior Vision • VSP • WHI Rx

**FlexChoice**

Your choice. Your plan.

As we grow at SCA,  
we strive to provide high-quality,  
competitive benefits to our valued  
employees. That includes working  
to balance the rising costs of benefits  
with the growing needs of our employees.

Inspired through our commitment  
to you, we are incorporating SCA's  
**FlexChoice** – the most flexible benefits  
package we have ever offered. This  
booklet includes the relevant information  
you'll need when making the best  
decisions for you and your family.



Surgical Care Affiliates

# FlexChoice

Your choice. Your plan.



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### Eligibility

Generally, the benefit plan eligibility includes full-time employees and part-time employees in the designation of PH32 and PH24. There are certain other plans described herein that other employee designations may elect.

New employees or those just becoming eligible must enroll immediately upon becoming eligible. Changes to the enrollment may be made within the first 31 days. Any enrollments or changes beyond the initial 31 days will not be accepted - if you have not elected coverage, then you will have no coverage for the remainder of the year.

### Eligible Dependents

Your eligible dependents include:

- Legal spouse (of the opposite sex)
- Unmarried children under age 19, or under age 25 if a full-time student permanently residing with you and primarily supported by you

### Qualified Event Changes

Changes to benefit elections during the year are permitted only with a "Qualifying Event." A qualifying event includes:

- Marriage
- Divorce or legal separation
- Addition of newborn
- Death of dependent
- Employee ordered by court
- Dependent Child has lost coverage
- Change in Student status
- Significant change in health coverage offered by employee or spouse by employer
- Spouse commencement or termination of employment
- Change in eligibility of employee or spouse
- Unpaid leave of absence by employee or spouse

A change in coverage based on one of the reasons above must be made within 31 days of the event. The form needed to complete the change is provided on the Benefits homepage.

# HEALTH PLANS

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**At SCA, we know nothing is more important than your family's health.**  
That's why we provide a choice of health plans to allow you to select the coverage that is right for you.



## MEDICAL PLANS

Full-time, PH32 and PH24 employees have two medical plan options and two prescription drug plan options to choose from. Medical and prescription drug plans are separate elections. You must select a medical plan to be eligible to participate in the prescription drug plan.

■ OPTION 1 - CORE IN-NETWORK	
Individual Annual Deductible	\$250
Family Maximum Annual Deductible	\$500
Co-insurance	80%
Out-of-Pocket Maximum - Individual	\$3,000
Out-of-Pocket Maximum - Family	\$6,000
Office Visit	Paid at 80% after deductible
Emergency Room Co-pay	\$150
Hospital Admission	No per admission deductible. Paid at 80% after annual deductible is met.
Preventive Care	100% with no deductible up to an annual maximum of \$500.
<i>Out-of-Network benefits will still be available with a \$500 individual annual deductible and a 50% co-insurance.</i>	
FULL-TIME EMPLOYEE COST PER PAYCHECK	
Employee Only	\$15.46
Employee + Spouse	\$84.50
Employee + Child(ren)	\$80.00
Employee + Family	\$93.39

### ID cards

Blue Cross will mail the ID cards to homes of participants within two weeks of enrollment.

### Enrolling Late or Discontinuing Coverage

- A request to newly enroll, or to drop coverage once in the plan, must be made within 31 days of a documented qualifying event (see the Qualified Event Changes section in the front of this booklet).
- Once enrolled in a medical and prescription drug plan, you may not change the plans you elected for any reason during a plan year. Your next opportunity to make a new plan election will be during the next annual enrollment period.

### Waiting Periods

New enrollees and dependents must serve a 12 month waiting period before benefits are available for pre-existing conditions. Obtaining a Certificate of Credible Coverage from previous insurance carrier(s) may credit time toward the 12 month waiting period, thereby reducing the waiting period for pre-existing conditions. Pregnancy is not a pre-existing condition.

### For More Information

Refer to the Blue Cross/Blue Shield Medical Plan booklet located on the Benefits homepage on the SCA

SCA offers flexibility with four coverage tiers. Employee Only, Employee + Spouse, Employee + Child(ren), or Employee + Family.

■ OPTION 2 - CORE PLUS IN-NETWORK	
Individual Annual Deductible	\$250
Family Maximum Annual Deductible	\$500
Co-insurance	90%
Out-of-Pocket Maximum - Individual	\$2,000
Out-of-Pocket Maximum - Family	\$4,000
Office Visit	\$30 Co-pay
Emergency Room Co-pay	\$150
Hospital Admission	No per admission deductible. Paid at 90% after annual deductible is met.
Preventive Care	100% with no deductible up to an annual maximum of \$500.
<i>Out-of-Network benefits will still be available with a \$500 individual annual deductible and a 50% co-insurance.</i>	
FULL-TIME EMPLOYEE COST PER PAYCHECK	
Employee Only	\$28.00
Employee + Spouse	\$104.50
Employee + Child(ren)	\$100.00
Employee + Family	\$121.00

Intranet for specific benefit coverage, co-payments for both SCA and non-SCA facilities, deductibles and provider networks.

### Next Steps

- New employees or those just becoming eligible must enroll immediately upon becoming eligible. Changes to the enrollment may be made within the first 31 days. Any enrollments or changes beyond the initial 31 days will not be accepted. If you have not elected coverage, then you will have no coverage for the remainder of the year.
- If you elect a pharmacy plan, you must elect a medical plan; the same applies if you elect a medical plan, you must also elect a pharmacy plan.

### Blue Cross/Blue Shield Customer Service

Coverage/Claims: 1-877-366-5890

Provider Network: 1-800-810-2583

Website: [www.bluecares.com](http://www.bluecares.com)

Pre-admission Certification: 1-800-248-2342

SCA offers prescription drug coverage to our medical plan participants through the Walgreens Health Initiatives (WHI) nationwide pharmacy network.

The Prescription Drug coverage through WHI offers two kinds of benefits. You may choose to obtain your medication at any of the 54,000 participating pharmacies, including major chains such as CVS, Eckerd, Publix and Wal-Mart or through WHI mail service pharmacy.

**Retail Pharmacy Program**

Your immediate needs for prescription drugs can be covered through the program, using a prescription drug card that you will receive from WHI. Online services are also available at [www.mywhi.com](http://www.mywhi.com). On this site, you can find a complete list of network pharmacies; search the drug formulary and look up drug information. Once you register as a member on the site, you can also check co-pays and obtain your prescription history.

**Clinical Prior Authorization**

Certain prescriptions require prior clinical authorization or approval. Contact the Walgreens Clinical Call Center at 1-877-665-6609 to find out if your medicine requires prior

authorization. You will need the name of your drug, your physician’s name and phone number. An approved authorization generally lasts one year, but can vary.

**Specialty Medications**

Patients with serious health conditions may require “specialized” drugs. Specialty drugs are typically very expensive, limited in distribution, and may require complex care or special storage and handling. Specialty drugs may require prior authorization or approval (see Clinical Prior Authorization in this section).

**How to Get your Specialty Medications**

The pharmacy benefit plans will cover specialty medications purchased only through a local Walgreens Pharmacy, or through the Walgreens Specialty Pharmacy. Your doctor can call in your prescription to the Specialty Pharmacy Center at 1-888-782-8443 or fax it to 1-866-617-6685. You can have your prescriptions delivered to your home, work, local Walgreens Pharmacy or doctor’s office.

**Mail Order Program**

Your Prescription Drug benefit is pleased to offer you mail order service that enables you to receive up to a 90-day supply of your medication. Through this service, WHI can deliver your medications right to your home or other specified address.

**How the Mail Order Service Works**

- You must register for mail order service by completing and returning the Registration & Prescription Order form in your enrollment packet that you will receive with your ID cards. You may also call the toll-free member service number on your prescription ID card to request a form.

■ OPTION 1 - CORE RX SUMMARY	
Purchased at participating pharmacy:	
Annual Rx Deductible Maximum of 2 Per Family	\$100 (Does not apply to generics)
Generic Drugs	\$7 Co-pay with no deductible
Brand Name Drugs On Preferred List	50% Co-insurance with a \$75 maximum cost
Brand Name Drugs Not On Preferred List	50% Co-insurance with a \$75 maximum cost
Purchased using mail order (90-day supply)	
Annual Rx Deductible	None
Generic Drugs	\$21 Co-pay
Brand Name Drugs On Preferred List	50% Co-insurance with a \$150 maximum cost per 90-day supply
Brand Name Drugs Not On Preferred List	50% Co-insurance with a \$150 maximum cost per 90-day supply
FULL-TIME EMPLOYEE COST PER PAYCHECK	
Employee Only	\$5.00
Employee + Spouse	\$14.50
Employee + Child(ren)	\$13.50
Employee + Family	\$17.00

■ OPTION 2 - CORE PLUS RX SUMMARY	
Purchased at participating pharmacy:	
Annual Rx Deductible Maximum of 2 Per Family	\$50 (Does not apply to generics)
Generic Drugs	\$7 Co-pay with no deductible
Brand Name Drugs On Preferred List	\$30
Brand Name Drugs Not On Preferred List	\$45
Purchased using mail order (90-day supply)	
Annual Rx Deductible	None
Generic Drugs	\$21 Co-pay
Brand Name Drugs On Preferred List	\$90
Brand Name Drugs Not On Preferred List	\$135
FULL-TIME EMPLOYEE COST PER PAYCHECK	
Employee Only	\$8.00
Employee + Spouse	\$20.00
Employee + Child(ren)	\$18.50
Employee + Family	\$25.50

## CORE DENTAL PLAN

SCA's dental benefits are offered to full time, PH32, and PH24 employees and are administered by Delta Dental. The plan includes a core dental plan and several buy-up options.

- Additional \$500 in annual benefits payable (brings total payable to \$1,500 annually)
- Add orthodontic coverage for your children — \$1,500 lifetime maximum benefit
- Or you may add both buy-up options to your Core Dental Plan.

### Orthodontic Coverage

Orthodontic benefits for your children are available to you as a buy-up option. The benefit is 50% of your initial down payment and 50% of each monthly payment, up to a \$1,500 lifetime maximum per child. See the Orthodontic brochure on the Benefits homepage, or call Delta Dental for more information.

### CORE DENTAL SUMMARY

Annual Deductible	\$50 per individual with a \$100 maximum per family
Preventive Care	100% with no deductible
Basic Restorative	80% after annual deductible
Major Restorative	50% after annual deductible
Annual Maximum Benefit	\$1,000

### FULL-TIME EMPLOYEE COST PER PAYCHECK

	Employee	Family
Core Dental Plan	\$2.80	\$14.00
Additional \$500 Benefit	+ \$1.50	+ \$3.15
Child Orthodontics	N/A	+ \$30.00
Total for All Three Plans	N/A	\$47.15

### For More Information

The Delta Dental Plan booklet and summary detailing covered procedures and rates are located on the Benefits homepage on the SCA Intranet.

*Note: This plan does not coordinate benefits with any other dental plan.*

### ID Cards

Delta Dental will mail ID cards to the homes of new participants within two weeks of enrollment.

### Next Steps

- New employees or those just becoming eligible must enroll immediately upon becoming eligible. Changes to the enrollment may be made within the first 31 days. Any enrollments or changes beyond the initial 31 days will not be accepted – if you have not elected coverage, then you will have no coverage for the remainder of the year.

### Enrolling Late or Discontinuing Coverage

- A request to newly enroll, or to drop coverage once in the plan, must be made within 31 days of a documented qualifying event (see the Qualified Event Changes section in the front of this booklet).
- You may not add or drop a buy-up option for any reason during a plan year. Your next opportunity to make this change will be during the next annual enrollment period.

### Delta Dental Contact Information

Customer Service: 1-800-510-9938  
Website: www.deltadentalins.com

- You may go online at [www.mywhi.com](http://www.mywhi.com), click “Mail Service Pharmacy” and “Register Online”, and complete and submit the information.
- You may request up to a 90-day supply of maintenance medication as ordered by your doctor.
- You will have access via a toll-free number, one-on-one pharmacist consultation and multilingual customer care representatives who can answer your questions 24 hours a day, seven days a week.
- You may also purchase over-the-counter medications through the mail service pharmacy.

### How to Refill Using the Mail Order Service

- You may order refills online at [www.mywhi.com](http://www.mywhi.com)
- Return the refill request slip that came with your last order.
- Call the toll-free number on the back of your prescription card, or call 1-888-297-8357.

### Maintenance Medication

Through WHI you can receive up to a 90-day supply of your maintenance medication through either mail service or participating pharmacies (Retail Advantage90™). You can have your medications delivered right to your door or through a quick trip to the local pharmacy.

### ID cards

WHI will mail ID cards to homes of participants within two weeks of enrollment.

### For More Information

Refer to the WHI Pharmacy Program located on the Benefits homepage on the SCA Intranet for specific benefit coverage and provider networks.

### Next Steps

- New employees or those just becoming eligible must enroll immediately upon becoming eligible. Changes to the enrollment may be made within the first 31 days.
- Any enrollments or changes beyond the initial 31 days will not be accepted – if you have not elected coverage, then you will have no coverage for the remainder of the year.
- If you elect a pharmacy plan, you must elect a medical plan; the same applies if you elect a medical plan, you must elect a pharmacy plan.

### Enrolling Late or Discontinuing Coverage

- A request to newly enroll, or to drop coverage once in the plan, must be made within 31 days of a documented qualifying event (see the Qualified Event Changes section in the front of this booklet).
- Once enrolled in a medical and prescription plan option, this election cannot be changed until the next annual enrollment period.

### WHI Customer Service

Coverage/Claims: 1-888-297-8357  
Pharmacy Locator: 1-888-297- 8357 or [www.mywhi.com](http://www.mywhi.com)

# VISION PLANS

SCA offers full, PH32 and PH24 employees a choice of two vision plans - Vision Service Plan (VSP) and Superior Vision Plan.

### For More Information

The VSP and Superior Vision Plan brochures, which detail benefit coverage, frequency of use of benefits, and co-payments, are located on the SCA Intranet on the Benefits homepage.

You may visit each carrier's website to see a listing of the eye care providers in your area. The website address for each plan is listed in the contact section below.

### Next Steps

- New employees or those just becoming eligible must enroll immediately upon becoming eligible. Changes to the enrollment may be made within the first 31 days. Any enrollments or changes beyond the initial 31 days will not be accepted - if you have not elected coverage, then you will have no coverage for the remainder of the plan year.

OPTION 1 - VISION SERVICE PLAN		
Service	Frequency	Co-payment
Eye Exam	Every 12 months	\$5
Frames	Every 24 months	\$10 \$120 Allowance
Lenses	Every 12 months	\$10
Contacts	Every 12 months	\$0 \$120 Allowance
2nd Pair Frames	N/A	20% Discount
PER PAYCHECK COST		
	Employee	Family
Vision Service Plan	\$4.16	\$10.16

### Vision Service Plan

- 24,000+ providers in network nationwide
- Network consists of ophthalmologists and optometrists
- Provider search on website
- No ID cards or claim forms needed — network doctor will verify benefits with VSP

### VSP Contact Information

Customer Service: 1-800-877-7195

Website: [www.vsp.com](http://www.vsp.com)

### How to use your plan

Once enrolled in a vision plan, you may call a provider within the vision plan carrier's network you elected to make your eye appointment. The provider will contact your vision carrier to verify coverage. No paperwork is required by you. At your appointment, pay the provider directly the co-pays and cost of any non-covered items.

### Enrolling Late or Discontinuing Coverage

- A request to newly enroll, or to drop coverage once in the plan, must be made within 31 days of a documented qualifying event (see the Qualified Event Changes section in the front of this booklet).
- You may not change vision providers for any reason during a plan year. Your next opportunity to make this change will be during the next annual enrollment period.

OPTION 2 - SUPERIOR VISION PLAN		
Service	Frequency	Co-payment
Eye Exam	Every 12 months	\$5
Frames	Every 24 months	\$10 \$125 Allowance
Lenses	Every 12 months	\$10
Contacts	Every 12 months	\$0 \$120 Allowance
2nd Pair Frames	N/A	30% Discount
PER PAYCHECK COST		
	Employee	Family
Superior Vision Plan	\$3.56	\$8.94

### Superior Vision Plan

- 27,000+ providers in network nationwide
- Network consists of:
  - Ophthalmologists
  - Optometrists
  - National and regional chains and independent optical companies (i.e. Wal-Mart Vision Centers, Sears Vision Centers, and Pearle Vision)
- Provider search on website
- No ID cards or claim forms needed — network doctor will verify benefits with Superior

### Superior Contact Information

Customer Service: 1-800-507-3800

Website: [www.superiorvision.com](http://www.superiorvision.com)

# FLEXIBLE SPENDING ACCOUNTS

## Flexible Spending Accounts

The Flexible Spending Accounts allow eligible employees to set aside pre-tax deductions to build up cash for eligible expenses (daycare or health care expenses). These plans allow you to reduce your taxable income by the amount of the Spending Account contributions.

## Carefully Plan Your Elections

Money deposited into your Spending Account(s) must be used during the plan year for appropriate expenses. Money left in an account at the end of the year does not carry over to the next year and is not refundable. In other words, you forfeit any money left in your account after all eligible expenses have been reimbursed.

## For More Information

IRS regulations govern the Spending Accounts. Refer to each of the Spending Account plan booklets, located on the Benefits homepage for more information.

## HEALTHCARE SPENDING ACCOUNT

The Healthcare Spending Account allows full time employees to set aside up to \$2,000 in pre-tax payroll deductions to build up cash for eligible health care expenses. The plan allows you to reduce your taxable income by the amount of the Healthcare Spending Account contributions.

The Healthcare Spending Account allows reimbursement for most health, dental and vision care expenses not reimbursed by any other plan. You do not have to participate in the SCA medical plans to participate in this plan.

### HEALTHCARE SPENDING ACCOUNT EXPENSES

#### Examples of Covered Expenses

Co-pays and Deductibles

Orthodontics

Birth Control Pills

Glasses/Contact Lenses

Over-the-Counter-Drugs purchased for treatment of a medical condition (i.e. cold & allergy medicines, pain relievers)

#### Examples of Non-Covered Expenses

Healthcare expenses covered by other plans

Cosmetic Services or Surgery

Insurance Premiums

Over-the-Counter-Drugs purchased for general good health (i.e. vitamins, weight loss pills)

## DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account allows full and part time employees to set aside up to \$5,000 in pre-tax payroll deductions to build up cash for eligible dependent childcare expenses. This plan allows you to reduce your taxable income by the amount of the Dependent Care Spending Account contributions.

The Dependent Care Spending Account allows a family to receive reimbursement for expenses associated with the care of a dependent child under age 13. In addition, reimbursement may be received for a spouse who is physically or mentally incapable of caring for him or herself, while you are at work.

### DEPENDENT CARE SPENDING ACCOUNT EXPENSES

#### Examples of Covered Expenses

Licensed nursery

Day care facilities

After School Day Care Program

Childcare inside or outside of your home

#### Examples of Non-Covered Expenses

Child support payments

School tuition

Food, clothing or entertainment

Overnight camp expenses

## Next Steps

- Make your election by completing the Benefits Enrollment Form provided on the Benefits homepage.
- Indicate the annual amount you would like to contribute to each spending account. You may not cancel or change your election amount during the plan year.
- Re-enrollment into the Spending Account Plan(s) is required each plan year.

## Claims Reimbursement

To receive reimbursement from your account(s), you must complete a Flexible Spending Account Claim form and attach a copy of proof of payment (itemized bill or receipt) and submit this documentation directly to BCBS of Alabama. The reimbursement form is located on the Benefits homepage.

## Enrolling Late or Discontinuing Participation

- Enrollment into one or both of the spending account plans must be made within 31 days of hire, or within 31 days of a documented qualifying event (see the Qualified Event Changes section in the front of this booklet).
- Participation in the HealthCare Spending Account Plan cannot be cancelled, or contributions decreased during the plan year for any reason. An election amount may be increased if requested within 31 days of a qualifying event.
- Participation in the Dependent Care Spending Account plan cannot be cancelled or changed unless requested within 31 days of a documented qualifying event.

## Blue Cross Blue Shield Spending Account Customer Service

Member Services:  
P.O. Box 11586, Birmingham, AL 35202  
1-800-213-7930

# LIFE & DISABILITY INSURANCE PLANS

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SCA provides a variety of life and disability insurance options to help you and your family prepare for the unexpected and make it easier to manage.



## BASIC LIFE INSURANCE

SCA provides Basic Term Life Insurance benefits to full-time employees in an amount equal to one times your annual base pay at no cost to you. Refer to the SCA Basic Life Insurance Booklet for full details of coverage and limitations.

### BASIC LIFE INSURANCE RATE

This benefit is provided free of charge.

## OPTIONAL LIFE - GROUP UNIVERSAL LIFE INSURANCE

### For Employee, Spouse and/or Children

Additional insurance is available to full-time employees. The additional insurance plans are Group Universal Life Insurance (GUL) and Dependent Life Insurance. Refer to the plan booklets for full details of coverage and limitations.

#### Employee Group Universal Life Insurance

You may purchase GUL Insurance on yourself up to five times your base annual pay (rounded to the next higher \$10,000, not to exceed \$1,500,000). Coverage up to two times your annual base pay (maximum of \$500,000) is guaranteed without providing medical evidence of good health, if coverage is elected during the first 31 days of eligibility. You may apply for benefit levels over the guaranteed coverage amount but may need to provide medical evidence of insurability satisfactory to Prudential for underwriting review and approval. The cost for this life insurance is based on your age and the approved coverage amount (see age chart in this section).

#### Spouse Group Universal Life Insurance

You may purchase Group Universal Life Insurance for your spouse (under age 75) in benefit amounts from \$10,000 to \$100,000. The minimum benefit amount of \$10,000 is guaranteed without providing medical evidence of good health, if coverage is elected during the first 31 days of eligibility. Benefit levels over the guaranteed coverage (up to three times your annual base pay) may be purchased for your spouse by providing medical evidence of insurability satisfactory to Prudential. The cost for this life insurance is based on the age of your spouse and the approved coverage amount (see age chart in this section).

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insured.

### EMPLOYEE AND SPOUSE GROUP UNIVERSAL LIFE INSURANCE RATES

Age	Approximate Monthly Cost (per \$1,000 of coverage)
Under 30	\$.060
30 - 34	\$.082
35 - 39	\$.112
40 - 44	\$.142
45 - 49	\$.213
50 - 54	\$.335
55 - 59	\$.540
60 - 64	\$.865
65 - 69	\$1.409
70 - 74	\$2.259

#### Next Steps

- Enrollment is automatic for all full-time employees upon the first day of employment or promotion to an eligible position. Employees are required to name a beneficiary for the Basic Life Insurance benefits. The beneficiary information is to be retained in your personnel file at your local facility. Beneficiary changes can be made at any time by completing the Life Beneficiary Change Form located on the Benefits homepage. Beneficiary changes are to be retained in your personnel file at your local facility.

#### Child Term Life Insurance

You may purchase Term Life Insurance for your dependent child (up to age 19, or 25 if a full-time student) in benefit amounts of \$5,000 or \$10,000, if you elected Group Universal Life Insurance for yourself. The cost for this life insurance is determined by the elected coverage amount (see rate table in this section).

### CHILD TERM LIFE INSURANCE RATES

Coverage Amount	Monthly Cost
\$5,000	\$.65
\$10,000	\$1.30

#### Life Event Changes

If you have a family status change such as marriage or birth (or adoption), you may increase your face amount of insurance by one times your base annual earnings without providing evidence of good health satisfactory to Prudential (maximum limits still apply). You must notify Prudential within 31 days of the qualifying event.

#### Enrolling Late or Discontinuing Coverage

You may request coverage at any time by completing the Prudential Group Universal Life and AD&D enrollment form. You may also cancel existing coverage at any time by calling Prudential Customer Service at 1-800-562-9874.

#### Next Steps

- You may request coverage by completing the Prudential Group Universal Life and AD&D enrollment form. The application is located on the SCA Intranet on the Benefits homepage.
- Prudential will require medical evidence of insurability if you apply for coverage after 31 days from your eligibility date, or if you request more than the guaranteed issue amount.

#### Prudential

Customer Service: 1-800-562-9874

## VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Voluntary Accidental Death and Dismemberment Insurance (AD&D) is available to full-time employees. AD&D insurance provides around-the-clock protection in the event of an accident. Refer to the plan booklet for full details of coverage and limitations.

### Employee Accidental Death and Dismemberment Insurance

You may purchase AD&D insurance in benefit amounts from \$25,000 to \$300,000. Medical evidence of insurability is not required. The cost for this insurance is based on the coverage amount elected (see rate table in this section).

### Spouse Accidental Death and Dismemberment Insurance

You may purchase AD&D insurance on your spouse in benefit amounts from \$25,000 to \$300,000, if you elected coverage for yourself. Coverage for your spouse cannot exceed 100% of your benefit amount. Medical evidence of insurability is not required. The cost for this insurance is based on the coverage amount elected (see rate table in this section).

### Child Accidental Death and Dismemberment Insurance

You may purchase AD&D insurance on a dependent child (if under age 25 and a full-time student) in benefit amounts from \$2,500 to \$30,000, if you elected coverage for yourself. Coverage for your child cannot exceed 10% of your benefit amount. Medical evidence of insurability is not required. The cost for this insurance is based on the coverage amount elected (see rate table in this section).

#### ACCIDENTAL DEATH AND DISMEMBERMENT RATES

Insured	Approximate Monthly Cost (per \$1,000 of coverage)
Employee	\$.022
Spouse	\$.026
Child	\$.065

### Next Steps

You may request coverage by completing Prudential's Group Universal life and AD&D Enrollment Form. The application is located on the SCA Intranet on the Benefits homepage. Or you may request a copy from your local Human Resources Department.

### Discontinuing Coverage

You may cancel existing coverage at any time by calling Prudential Customer Service at 1-800-562-9874.

### Prudential

Customer Service: 1-800-562-9874

## SHORT-

The Short-Term Disability (STD) plans are voluntary plans which provide partial income replacement for full-time employees who are unable to work due to illness, pregnancy or injury. These plans are not offered to employees in states where disability coverage is provided or mandated by the state (CA, HI, NJ, NY, PR or RI). The maximum duration to receive benefits is 26 weeks.

### Pre-Existing Conditions

During the first 12 months of coverage, no short-term disability benefits will be paid for a disability that is due to a pre-existing condition. A pre-existing condition is an injury or sickness (including pregnancy) for which you received medical treatment, consultation or diagnostic measures, prescribed drugs or medications, or for which you followed treatment recommendations during the three months prior to your effective date of coverage. See the plan booklet for additional information on coverage, limitations and exclusions.

### OPTION 1

#### 60% STD Benefit Plan - 14-Day Waiting Period

This plan provides you with a weekly benefit amount equal to 60% of your base weekly earnings up to a maximum of \$500 per week. The benefit waiting period is 14 calendar days and the maximum benefit duration is 26 weeks. Refer to the premium chart on the next page for the approximate monthly cost of this plan.

### OPTION 2

#### 50% STD Benefit Plan - 30-Day Waiting Period

This plan provides you with a weekly benefit amount equal to 50% of your base weekly earnings up to a maximum of \$500 per week. The benefit waiting period is 30 calendar days and the maximum benefit duration is 26 weeks. The premiums are calculated based on your age and base monthly salary. Please refer to the premium chart on the next page for the approximate monthly cost.

### Next Steps

To enroll, complete the Short-Term Disability section of the Benefits Enrollment form within 31 days of your hire date or change of status to full-time. Enrollment into the plan beyond the initial 31 days will not be accepted. The next opportunity to apply for coverage will be during annual enrollment at year end and will require evidence of insurability satisfactory to Prudential.

### Enrolling Late or Discontinuing Coverage

- Enrollment into the Short-Term Disability plans beyond the initial 31 days will not be accepted. The next opportunity to apply for this coverage will be during annual enrollment at year end and will require evidence of insurability satisfactory to Prudential.
- You may cancel existing coverage at any time by completing the Benefits Enrollment/Change Request form located on the Benefits homepage.

# TERM DISABILITY INSURANCE PLANS

## Reporting a Disability Claim

- The benefit waiting or elimination period to receive disability benefits depends on the option you elect. For Option 1, there is a 14 day waiting period, and for Option 2 there is a 30 day waiting period satisfactory to Prudential .
- Call Prudential's Claim Intake Department at 1-800-842-1718 to file a disability claim. For a scheduled or planned disability (due to surgery or pregnancy), you may call up to 2 weeks in advance of your disability. The SCA Control/Group number is 34536.

## MONTHLY PREMIUM RATES Based on Age and Monthly Base Pay

### OPTION 1 - 60% WEEKLY BENEFIT PLAN MONTHLY RATE TABLE (APPROXIMATION)

Monthly Salary Range	Weekly Benefit Amount	Employee Age								
		18 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 & Over
\$541 - \$722	\$100.00	\$8.80	\$7.70	\$6.30	\$6.30	\$7.00	\$8.40	\$10.00	\$12.20	\$14.60
723 - 902	125.00	11.00	9.63	7.88	7.88	8.75	10.50	12.50	15.25	18.25
903 - 1083	150.00	13.20	11.55	9.45	9.45	10.50	12.60	15.00	18.30	21.90
1084 - 1263	175.00	15.40	13.48	11.03	11.03	12.25	14.70	17.50	21.35	25.55
1264 - 1444	200.00	17.60	15.40	12.60	12.60	14.00	16.80	20.00	24.40	29.20
1445 - 1625	225.00	19.80	17.33	14.18	14.18	15.75	18.90	22.50	27.45	32.85
1626 - 1805	250.00	22.00	19.25	15.75	15.75	17.50	21.00	25.00	30.50	36.50
1806 - 1986	275.00	24.20	21.18	17.33	17.33	19.25	23.10	27.50	33.55	40.15
1987 - 2166	300.00	26.40	23.10	18.90	18.90	21.00	25.20	30.00	36.60	43.80
2167 - 2527	350.00	30.80	26.95	22.05	22.05	24.50	29.40	35.00	42.70	51.10
2528 - 2888	400.00	35.20	30.80	25.20	25.20	28.00	33.60	40.00	48.80	58.40
2889 - 3520	450.00	39.60	34.65	28.35	28.35	31.50	37.80	45.00	54.90	65.70
3521 & above	500.00	44.00	38.50	31.50	31.50	35.00	42.00	50.00	61.00	73.00

### OPTION 2 - 50% WEEKLY BENEFIT PLAN MONTHLY RATE TABLE (APPROXIMATION)

Monthly Salary Range	Weekly Benefit Amount	Employee Age								
		18 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 & Over
650-867	\$100.00	\$5.60	\$4.90	\$4.00	\$4.00	\$4.50	\$5.40	\$6.40	\$7.80	\$9.30
868-1083	125.00	7.00	6.13	5.00	5.00	5.63	6.75	8.00	9.75	11.63
1084-1300	150.00	8.40	7.35	6.00	6.00	6.75	8.10	9.60	11.70	13.95
1301-1517	175.00	9.80	8.58	7.00	7.00	7.88	9.45	11.20	13.65	16.28
1518-1733	200.00	11.20	9.80	8.00	8.00	9.00	10.80	12.80	15.60	18.60
1734-1950	225.00	12.60	11.03	9.00	9.00	10.13	12.15	14.40	17.55	20.93
1951-2167	250.00	14.00	12.25	10.00	10.00	11.25	13.50	16.00	19.50	23.25
2168-2383	275.00	15.40	13.48	11.00	11.00	12.38	14.85	17.60	21.45	25.58
2384-2600	300.00	16.80	14.70	12.00	12.00	13.50	16.20	19.20	23.40	27.90
2601-3033	350.00	19.60	17.15	14.00	14.00	15.75	18.90	22.40	27.30	32.55
3034-3467	400.00	22.40	19.60	16.00	16.00	18.00	21.60	25.60	31.20	37.20
3468-3900	450.00	25.20	22.05	18.00	18.00	20.25	24.30	28.80	35.10	41.85
3901 & above	500.00	28.00	24.50	20.00	20.00	22.50	27.00	32.00	39.00	46.50

The premium rate and benefit amounts are approximate figures for illustrative purposes.  
The monthly premium and weekly benefit amount will vary slightly.

# LONG-TERM DISABILITY INSURANCE PLANS

The Long-Term Disability (LTD) plans provide partial income replacement for full-time employees who are unable to work due to illness or injury. Coverage in the Company provided plan is effective the date of your six-month anniversary.

## Pre-Existing Conditions

During the first 12 months of coverage, no long-term disability benefits will be paid for a disability that is due to a pre-existing condition. A pre-existing condition is an injury or illness for which you received medical treatment, consultation or diagnostic measures, prescribed drugs or medications, or for which you followed treatment recommendations during the three months prior to your effective date of coverage. See the plan booklet for additional information on coverage, limitations and exclusions.

## COMPANY PAID BENEFIT

### 50% LTD Benefit Plan - \$5,000 Monthly Max

SCA provides full-time employees, at no cost, long-term disability coverage in the amount of 50% of your base monthly earnings, up to a maximum of \$5,000.

## BUY-UP OPTION

### Additional 10% LTD Benefit Plan - \$10,000 Monthly Max

Full-time employees may purchase an additional 10% of long-term disability coverage up to a maximum of \$10,000 in monthly benefits.

## 60% LONG-TERM DISABILITY BUY UP RATES

Insured	Monthly Cost (per \$100 of your monthly base salary)
Employee	\$.292
<b>EXAMPLE</b>	
Annual Salary	\$40,000
Monthly Salary (\$40,000 ÷ 12 )	\$3,333
Premium per \$100	\$.292
Monthly Cost (\$3,333 ÷ 100 × \$.292)	\$9.73

## Next Steps

- Once eligible, enrollment in the 50% plan is automatic and requires no forms.
- To purchase the additional 10% buy-up plan, select this plan on your Benefits Enrollment Form. The premiums for this plan will not be deducted from your check until you have met the 6-month eligibility waiting period.
- Coverage for either of these plans will become effective the date of your 6-month anniversary, if you have continued to meet the eligibility requirements during this period.

## Enrolling Late or Discontinuing Coverage - Buy-Up Option

Enrollment into the Buy-Up plan beyond the initial 31 days will not be accepted. The next opportunity to apply for this coverage will be during annual enrollment at year end and will require evidence of insurability satisfactory to Prudential. You may cancel existing coverage at any time by completing the Benefits Enrollment/Change Request Form located on the Benefits homepage.

## Reporting a Disability Claim

- The benefit waiting or elimination period to receive disability benefits is approximately 26 weeks or 180 calendar days.
- Call Prudential's Claim Intake Department at 1-800-842-1718 to file a claim. The SCA Control/Group number is 34536.

The life insurance products and disability coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. This description is intended to be a summary of your benefits and does not include all policy provisions, exclusions and limitations. A book-certificate with complete information, including limitations and exclusions, will be provided. If there is a discrepancy between this document and the booklet-certificate issued by Prudential, the terms of the booklet-certificate will govern.

## AFLAC SUPPLEMENTAL INSURANCE

Because special circumstances may arise from time to time, SCA offers AFLAC supplemental insurance plans to full-time and part-time employees. There are five separate plans: a Cancer Care plan, a Hospital Intensive Care plan, a Personal Accident plan, Personal Recovery Plus and Long-Term Care. Each of the plans may be purchased separately and all include a cash benefit payable to the employee if a qualified claim is incurred.

### PLAN SUMMARIES

- **Cancer Care** - this plan will pay you or a covered family member cash benefits for hospital confinement, radiation, chemotherapy and surgery. A "First Occurrence" benefit is paid when participants are first diagnosed with internal cancer.
- **Hospital Intensive Care** - this plan will pay cash benefits to you or a covered family member when confined to a hospital intensive care unit.
- **Long-Term Care** - this plan pays daily cash benefits for nursing home care, assisted living and home health. There are multiple coverage levels available (from three years to lifetime benefits). Coverage for your spouse is also available.
- **Personal Accident Indemnity Plan** - this plan will pay benefits to you if you incur a covered accidental injury and seek medical treatment. Cash benefits may be paid to you for emergency room treatment, X-rays, hospital confinement, and physical therapy, among others. The plan pays even if you have other insurance coverage.

- **Personal Recovery Plus** - this plan covers specified health events — heart attack, coma, stroke, paralysis, major organ transplant, coronary artery bypass surgery, third-degree burns, and end-stage renal failure. The plan pays cash benefits for hospital confinement, continuing care, ambulance, lodging and non-commercial travel. Coverage for dependents is also available.

### AFLAC SUPPLEMENTAL RATES

The cost for these plans will be discussed in the AFLAC enrollment meetings. Premiums are deducted from your paycheck on a before-tax basis with the exception of the Long-Term Care plan.

### Next Step

- There are no SCA enrollment forms. See your Human Resources Department or Administrator to schedule a meeting with your local AFLAC representative.

### Enrolling Late or Discontinuing Coverage

- A request to add new coverage, or cancel existing coverage must be made within 31 days of a documented qualifying event (see the Qualified Event Changes section in the front of this booklet).
- Contact AFLAC Customer Service at the number below to request a change.
- If a qualifying event does not exist, your next opportunity to make a change will be during the next enrollment period.

### AFLAC Contact Information

Customer Service: 1-800-99-AFLAC

# FINANCIAL PLANS

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SCA wants to help you spend and save wisely. Over the next few pages, you'll notice exciting opportunities to help you save for your future.



## RETIREMENT INVESTMENT PLAN — 401(k)

Take full advantage of the company matching contribution for your 401(k). SCA's match is 50% of the first 4% of pay contributed to the plan.

The SCA Retirement Investment Plan is a plan qualified by the IRS and operating under Department of Labor regulations. The plan allows employees to contribute up to 100% of their pay on a pre-tax basis into their individual retirement account subject to the normal maximum limits set by the IRS. If you will turn 50 or older, you are eligible to make an additional pre-tax "catch-up contribution".

### Benefit

Employees direct the investment of their contributions and the company matching amounts. Participants receive quarterly statements outlining account activity and balances. Online access is also available for on demand account review and changes using the [www.schwabplan.com](http://www.schwabplan.com) site. The earnings in the plan accumulate tax-deferred until retirement or withdrawal. The SCA plan also features a loan provision, which allows participants to borrow their own money without an IRS penalty and repay themselves through payroll deduction.

### Company Match

A 50% matching contribution is applied to the first 4% of salary deferred into the plan. In other words, you will receive 50 cents on every dollar that you contribute up to 4% of your compensation each payday. Any contributions greater than 4% of an employee's salary are not matched. Any money you contribute into the plan is always 100% vested, but a vesting schedule does apply to the SCA company match. The Vesting Schedule for the SCA company match is as follows:

SIX-YEAR VESTING SCHEDULE (APPLIES TO EMPLOYER MATCH)	
Years of Service with SCA	Vesting Percentage
2	20%
3	40%
4	60%
5	80%
6	100%

### Investment Advice

Free investment guidance is provided by the plan through Guided Choice. Let the investment advisors help you get started saving for retirement; or fine tune your investment selections to meet your retirement goals. You can access the free service by calling Schwab customer service at 1-800-724-7526.

### Who is eligible?

Full- and part-time employees at least 21 years of age.

### Rollovers

The plan accepts rollovers from other qualified plans at any time.

### Next Steps

- There is no eligibility waiting period.
- Eligible employees can enroll into the plan at any time by going to the Charles Schwab website at [www.schwabplan.com](http://www.schwabplan.com) (your ID is your social security number and your pin number is your 4 digit month and birth date), or by calling Schwab customer service at 1-800-724-7526.
- Once enrolled, you may make changes to your salary deferral percentage and investments at any time by contacting Charles Schwab.

### For More Information

Details can be found on the SCA Intranet under the Benefits homepage, or you may visit the Schwab website at [www.schwabplan.com](http://www.schwabplan.com).

### Schwab Customer Service Center

Call Charles Schwab Customer Service at 1-800-724-7526 to enroll, change your salary deferral percentage, change your investment allocations, obtain a loan, process a rollover from another qualified plan or to inquire about account balances.

## COLLEGE SAVINGS (529 PLAN)

The *CollegeBoundfund*, managed by Alliance Capital, is one of America's largest Section 529 college savings plans. The *CollegeBoundfund*<sup>®</sup> enables participants to use after-tax money to fund a college savings account for a child.

### High Contribution Limits and No Income Limits

The college savings fund can grow to a total of \$301,550 for each beneficiary.

### Tax Benefits

Funds invested in these accounts grow free from federal tax. Furthermore, withdrawals are federal income-tax free when used to pay for qualified higher education expenses such as tuition, room and board, books and supplies.

### Changing Beneficiaries

The beneficiary can be changed to another member of the beneficiary's family at any time without penalty.

### Special Gift and Estate Tax Treatment

The *CollegeBoundfund* also allows for a special gift tax exclusion. You may contribute up to \$55,000 per beneficiary in a single year (\$110,000 for married couples) without triggering federal gift tax consequences.

### Withdrawals

Employees can make withdrawals from the account at any time. Withdrawals used for qualified higher learning expenses are not taxable. If the withdrawn funds are not used for qualified expenses, the withdrawal is treated as ordinary income for tax purposes and the IRS applies a 10% penalty.

### Investments

A variety of investment choices are available including five asset allocation portfolios. An age-based and risk-based portfolio is available, as well as a stable value option.

### Next Steps

- For an overview of the plan, visit Alliance Bernstein's *CollegeBoundfund* at [www.collegeboundfund.com](http://www.collegeboundfund.com), or you can contact Alliance Capital directly at 1-888-324-5057.
- To enroll, visit [www.corporate.collegeboundfund.com](http://www.corporate.collegeboundfund.com). Select Company as the ID type SCA as the User Name. The password is COLLEGE SAVE 2006.
- Contributions will be drawn directly from your checking or savings account each month on the day you determine.

### For More Information

For complete information, go to the SCA Intranet on the Benefits homepage to find the link to *Collegeboundfund* plan. You can also visit their website at [www.collegeboundfund.com](http://www.collegeboundfund.com).

## SECTION 125 BENEFIT PLAN

The Section 125 Benefit Plan gives you the opportunity to pay your medical, dental and vision insurance premium deductions on a before-tax basis. By having pre-tax deductions for the cost of these benefits, your taxable income and the amount of Federal, State and FICA taxes you pay each pay check are reduced.

### Effect on Social Security Benefits

Choosing to participate in the Section 125 plan may have a small impact on social security benefits received upon retirement. If you are nearing retirement age, this may not be the best option for you. Please contact your financial advisor to discuss whether your benefit premiums should be deducted before-tax or after-tax.

### Next Steps

- New employees or those just becoming eligible must enroll immediately upon becoming eligible. Changes to the enrollment may be made within the first 31 days. Any enrollments or changes beyond the initial 31 days will not be accepted.
- Once your election is made, it cannot be changed during a plan year for any reason. Your original election will continue each year. Election changes for this plan may be made during the annual enrollment period each year.

## GROUP LEGAL PLAN

SCA offers group legal services through MetLaw, provided by Hyatt Legal Plans, to full- and part-time employees. The plan provides fully covered legal advice and assistance for most personal legal matters (employment- and business-related matters are excluded from coverage).

Everyone needs legal guidance from time to time. From common legal matters such as wills, to estate and financial matters, to defense of civil lawsuits, Hyatt Legal Plans provides comprehensive assistance. With a Hyatt Legal Plan, you can meet anytime with local plan attorneys to take care of legal matters.

Employees select from a nationwide network of attorneys, or any attorney of their own choice. In-network, there are no claim forms required; attorney's fees for covered services are fully covered by the plan. Out-of-network, you submit a claim form to Hyatt and are reimbursed according to a set fee schedule.

Hyatt's Legal Plan is like having an attorney on retainer. There are no waiting periods, co-pays or hour limits, and there are no limits to the number of times per year you can use the plan.

### PRE-PAID LEGAL RATE

This service is \$7.88 per paycheck

#### Services Offered

- General Telephone Advice and Office Consultations
- Document Review - Any personal legal document
- Any Personal Legal Document
- Wills and Estate Planning - Living Wills, Powers of Attorney, Trusts, Wills and Codicils
- Real Estate Matters - Sale, Purchase or Refinancing of Home, Eviction Defense, Tenant Negotiations

- Debt Matters - Debt Collection Defense, Personal Bankruptcy
- Identity Theft Defense
- Consumer Matters - Consumer Protection, Small Claims Assistance
- Traffic Ticket Defense (no DUI), Restoration of Driving Privilege
- Juvenile Court Matters
- Document Preparation - Deeds, Notes, Demand Letters, Affidavits, Mortgages, Immigration Assistance
- Family Law - Adoption, Guardianship, Prenuptial Agreements, Name Changes
- Defense of Civil Lawsuits

#### Next Steps

- For an overview of the plan and to locate an attorney, go to Hyatt Legal Plans website at [www.legalplans.com](http://www.legalplans.com) and select "Thinking About Enrolling". The SCA plan password is 1500288.
- New employees or those just becoming eligible must enroll immediately upon becoming eligible. Changes to the enrollment may be made within the first 31 days. Any enrollments or changes beyond the initial 31 days will not be accepted.
- Once your selection is made, it cannot be changed during a plan year for any reason. Election changes for this plan may be made during the annual enrollment period each year.

#### For More Information

Information on the services provided is available on the SCA Intranet under the Benefits homepage.

#### Hyatt Legal Plan

Customer Service: 1-800-821-6400

Website: [www.legalplans.com](http://www.legalplans.com)

SCA Password: 1500288

## EMPLOYEE ASSISTANCE PROGRAM

SCA offers all employees an Employee Assistance Program (EAP) administered by American Behavioral Benefits Managers. This program provides access to counselors, crisis intervention and community resource referrals at no cost to you.

The Employee Assistance Program (EAP) is an employer-sponsored program designed to provide problem identification, short-term counseling referrals and crisis intervention for you and your family members who experience personal or behavioral problems that impact your work performance.

Employees may voluntarily choose to take advantage of this confidential service to resolve personal problems.

### EMPLOYEE ASSISTANCE PROGRAM RATE

This service is provided free of charge.

#### Services offered

- 24/7 access to EAP counselors
- Assessment and referrals
- Counseling
- Community resource referrals
- Employee education, training and seminars
- Crisis intervention
- Conflict resolution

#### For More Information

Details of benefit coverage and frequency of use of benefits are located on the SCA Intranet on the Benefits homepage.

#### Next Steps

- This plan is provided by SCA at no cost to employees - there is no enrollment form. Coverage is automatic upon hire date for all employees.

#### American Behavioral Benefits Managers, Inc.

Customer Service: 1-800-925-5EAP (5327)



Surgical Care Affiliates

P.O. BOX 382497 • BIRMINGHAM, ALABAMA 35238-2497

**BENEFITS HOTLINE: 1-800-500-3401**

*This booklet is intended to be a summary of the benefit plans. It does not include all provisions, exclusions and limitations of each plan. If there is a discrepancy between this document and the contract or policy issued by the carrier, then the terms of the contract or policy will govern.*