



# 2020 EMPLOYEE BENEFITS OVERVIEW



Compiled by Stephens Insurance, LLC



## Hourly Employee Benefits



# WELCOME & ENROLLMENT

## Table of Contents

Welcome & Enrollment .....	2
Medical & Pharmacy Benefits .....	4
Flexible Spending Account (FSA) .....	6
Dental Coverage .....	7
Vision Coverage .....	8
Long Term Disability .....	9
Basic Life/AD&D Insurance.....	10
Employee Assistance Program (EAP) .....	11
401 (k) .....	12
COBRA.....	14
Legal Notices .....	15
Benefits Resources .....	22

## Welcome to your 2020 Delta Apparel, Inc. Benefits!

Delta Apparel, Inc. offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



### Who is Eligible?

If you are a full-time employee, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for coverage:

- Legally married Spouse
- Dependent Children up to age 26



### How to Enroll

If you are newly eligible, you will be given the appropriate instructions from Human Resources when you have completed your eligibility period. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period, unless you have a qualified change in status.



### How to Make Changes...

Unless you have a qualified change in status, you cannot make changes to the benefits you elect 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 spouse, child or other qualified dependent, or change in residence due to an employment transfer for you.

**Remember, Human Resources must be notified within 30 days or you will need to wait until open enrollment.** No exceptions can be made.



# MEDICAL & PHARMACY BENEFITS

Delta Apparel, Inc. is pleased to offer you a fully-insured medical plan through Blue Cross Blue Shield of South Carolina. The plan is designed to give you three options of coverage. The Gold Plan, Silver Plan, and Bronze Plan have two benefit levels, Preferred Provider Organization (PPO) In-Network and Out-of-Network. You will pay fewer out-of-pocket expenses if you use PPO In-Network Providers.

**While you don't need referrals or authorizations for most services, you receive the highest level of benefits when you use In-Network Providers. To find out which providers are In-Network visit [www.southcarolinablues.com](http://www.southcarolinablues.com).**



YOUR COST PER PAY PERIOD	Gold Plan	Silver Plan	Bronze Plan
Employee Only	\$152.31	\$99.00	\$60.61
Employee + Spouse	\$398.08	\$360.92	\$313.15
Employee + Child(ren)	\$281.31	\$252.12	\$217.62
Employee + Family	\$477.69	\$437.88	\$384.81

## Retail Pharmacy Network

You must use network pharmacies to receive benefits from your plan. For a complete listing of pharmacies, visit [www.southcarolinablues.com](http://www.southcarolinablues.com) or call 1-888-963-7290. Most major and many smaller pharmacies are included in the Caremark network of pharmacies.

## Retail Drug Program – 30 Day Supply

Medical Plan participants have a “3-tiered” drug program through Blue Cross Blue Shield, meaning that you pay lower copayments when you use generic drugs, or have to use brand name drugs when no generic is available. The highest-level copayment is for brand name drugs that have a generic equivalent.

## Mail-Order Drug Program – 90 Day Supply

If you use drugs on a maintenance basis, you can save money by using the mail-order program. You pay one copayment for a 90-day supply of maintenance medications.

**Generic**—These drugs have the lowest copayment. This tier will contain low cost or preferred medications. This tier may include generic, single source brand drugs, or multi-source drugs.

**Preferred**—These drugs will have a higher copayment than tier 1 drugs. This tier will contain preferred medications that generally are moderate in cost. This tier may include generic, single source, or multi-source brand drugs.

**Non-Preferred**—These drugs will have a higher copayment than tier 2 drugs. This tier will contain non-preferred or high cost medications. This tier may include generic, single source, or multi-source brand drugs.

**Specialty**—Tier 4 Prescription Drugs will have a higher Coinsurance or Copayment than those in tier 3. This tier will contain Specialty drugs.

For a complete listing of “Tier” prescription drugs, log onto [www.southcarolinablues.com](http://www.southcarolinablues.com) and click on Prescription Drug Information.

Benefits	Gold	Silver	Bronze
<b>Deductible</b>			
Individual	\$500	\$1,000	\$4,000
Family	\$1,000	\$2,000	\$8,000
<b>Coinsurance</b>	80%	70%	60%
<b>Out-of-Pocket Maximum</b>			
Individual	\$7,900	\$7,900	\$7,900
Family	\$15,800	\$15,800	\$15,800
<b>Office Visits</b>			
Primary Care	\$20 copay	\$30 copay	\$40 copay
Specialist	\$35 copay	\$50 copay	\$55 copay
Urgent Care	\$35 copay	\$50 copay	\$55 copay
<b>Preventive Services</b>	Deductible then 80%	Deductible then 70%	Deductible then 60%
<b>Emergency Room Visit</b>	Deductible then 80%	Deductible then 70%	Deductible then 60%
<b>Inpatient Services</b>	Deductible then 80%	Deductible then 70%	Deductible then 60%
<b>Outpatient Surgical</b>	Deductible then 80%	Deductible then 70%	Deductible then 60%
<b>Prescription Drug Copays</b>			
Tier 1	\$15	\$15	\$15
Tier 2	\$40	\$40	\$40
Tier 3	\$70	\$70	\$70
Tier 4	\$125	\$125	\$125

### My Health Toolkit App

With the My Health Toolkit mobile app, your benefits information goes with you wherever you go.

- View and print your ID card
- Find a doctor or provider
- Check claims status
- See how close you are to meeting your deductible or out of pocket



### Affordable Care Act (Healthcare Reform)

As part of the Affordable Care Act (Healthcare Reform), employers are required to offer medical plans that meet minimum qualifications and that are considered to be affordable. The \$3,000 Plan meets the requirements of an affordable and qualified medical plan.

# FLEXIBLE SPENDING ACCOUNT

A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars. Each pay period, you decide how much money you would like to contribute to one or both accounts.

**Health Care FSA** is used to reimburse out-of-pocket medical, dental, and vision expenses that you and your dependents incur during the plan year.

**Dependent Care FSA** is used to reimburse expense related to the care of eligible dependents while you and your spouse work.



Any money remaining in your Health Care FSA and any amount in your Dependent Care FSA as of the end of the year will be forfeited. This is known as the “use it or lose it” rule and it is governed by IRS regulations.

## Flexible Spending Account

### IRS Contribution Limits

Health Care FSA: \$2,750/year maximum

Dependent Care FSA: Single or married, filing jointly: \$5,000/year maximum.  
Married, filing separate, \$2,500 per year maximum

### “Use it or lose it” rule apply?

Yes

### Unused funds carry over?

Health Care FSA: No

Dependent Care FSA: No

### What expenses are eligible?

See [www.irs.gov](http://www.irs.gov) Publication 502

## Using Your Dependent Care FSA

### Qualified Dependents:

- A dependent who is 12 years old or younger, and lives with the employee
- A spouse or other IRS-recognized dependent who is physically or mentally unable to provide self-care

### Use Your DCAP to Pay for the Following:

- Daycare, Pre-School, or Pre-Kindergarten
- Before and After School Care
- Summer Day Camps (overnight camp does not qualify)
- Adult/Elderly Care Programs
- Babysitting during work and/or college hours
- Sick Child Care
- Deposits for child care

# DENTAL BENEFITS



Taking good care of your teeth and gums may be a key factor in your health. More than 120 signs and symptoms of non-dental diseases can be detected through a routine oral exam. With Delta Apparel, Inc.'s dental benefits, you are not limited to any particular network. Dental charges are the Usual and Reasonable Charges made by a dentist or other physician for necessary care.

For treatment costs \$200 or greater, your dentist should ask for a pre-determination of benefits. This is not necessary for treatment costing less than \$200 or for emergency care, routine examinations and x-rays.



Services		In Network
<b>Deductible</b>		
Individual		\$50
Family		\$150
<b>Preventive Services: Not subject to deductible</b>		100%
Exams, Cleanings, X-rays		
Fluoride treatments—under age 19, once every 6 months		
Space maintainers—under age 19		
<b>Basic Services:</b> Fillings, Simple Extractions, Root Canals		80%
Oral surgery, General Anesthesia		
<b>Major Services:</b> Dentures, Bridges, Crowns		50%
<b>Annual Individual Maximum</b>		\$1,500
<b>Child Orthodontics</b>		50% with \$1,000 lifetime maximum
Your Cost Per Pay Period	If enrolled in Medical	If NOT enrolled in Medical
Employee Only	\$6.00	\$12.00
Employee + Spouse	\$12.00	\$24.00
Employee + Child(ren)	\$12.00	\$24.00
Employee + Family	\$20.00	\$40.00



# VISION BENEFITS



It's estimated that more than half of all Americans need vision correction. Delta Apparel, Inc.'s plan through Eye Med is a smart, affordable way to keep an eye on your vision—and your health!

For a complete list of in-network providers near you, visit [www.eyemed.com](http://www.eyemed.com) and select the INSIGHT network or call 866-804-0982.



## Services

## In Network

### Copayments

Eye Exam (Every 12 months)	\$10
Prescription Lenses (Every 12 months)	\$15
Frames (Every 24 months)	\$0 copay, \$130 allowance with 20% discount off balance over \$130

### Standard Lenses

Single Vision	
Bifocal	
Trifocal	
Lenticular	Covered at 100% after copay

### Contact Lenses (in lieu of glasses)

Elective	\$130 allowance
Medically Necessary	Covered in full with prior authorization

## Your Cost Per Pay Period

Employee Only	\$3.00	Employee + Child(ren)	\$6.13
Employee + Spouse	\$5.87	Employee + Family	\$9.45



# DISABILITY INSURANCE



Delta Apparel offers both Long-Term Disability (LTD) and Short Term Disability (STD) plans. Disability insurance helps safeguard your financial security by replacing a portion of your income while you are unable to work. LTD benefits are intended to protect your income for a long duration after you have depleted short-term disability.

Disability costs are a function of your salary. At open enrollment each year, your plan cost may increase with prior year salary changes.



	Short Term Disability	Long Term Disability
<b>Benefit Amount</b>	60% of weekly salary, limited to \$300 per week	60% of monthly salary, limited to \$1,000 per month
<b>Elimination Period</b>	14 days	180 days
<b>Coverage period for your occupation</b>	24 weeks	24 months
<b>Maximum coverage period</b>	24 weeks	Up to age 65 or Social Security Retirement Age

## Short Term Disability—Premium Calculation

$$\begin{aligned} & \$ \text{_____} \text{ (weekly salary)} \\ & \quad \times 0.04920 \\ & = \text{_____} \text{ monthly premium} \end{aligned}$$

If your weekly salary exceeds \$500,  
multiply \$500 by 0.04920

## Long Term Disability—Premium Calculation

$$\begin{aligned} & \$ \text{_____} \text{ (monthly salary)} \\ & \quad \times 0.00840 \\ & = \text{_____} \text{ monthly premium} \end{aligned}$$

If your monthly salary exceeds \$1,667,  
multiply \$1,667 by 0.00840

## NOTE:

If you do not enroll in either disability plan within 31 days of your eligibility date, then you will be required to complete an Evidence of Insurability form (EOI). The insurance company has the right to deny coverage. Please see HR for the EOI form.

# BASIC LIFE AND AD&D INSURANCE

Delta Apparel, Inc.'s Life and Accidental Death & Dismemberment insurance provides important financial protection for you and your survivors. You may purchase supplemental insurance on your own life and for your spouse and your dependents.

In addition, you have the option to purchase Accidental Death & Dismemberment coverage—either employee only or family coverage.

Rates and available coverage amounts are shown in the table below.

Coverage amounts decrease at certain ages. Refer to the plan summary for full details on age reductions.



## Basic Life and AD&D Coverage

Employee		Dependent Spouse and Child(ren)	
Coverage Amount	Monthly Premiums	Coverage Amount	Monthly Premiums
\$30,000	\$8.70	\$5,000 / \$2,500	\$1.00
\$50,000	\$14.50	\$10,000 / \$5,000	\$2.00

## Accidental Death & Dismemberment Coverage

Employee Only Coverage		Family Coverage*
Coverage Amount	Monthly Premium	Monthly Premium
\$10,000	\$0.34	\$0.68
\$30,000	\$1.02	\$2.04
\$60,000	\$2.04	\$4.08
\$90,000	\$3.06	\$6.12
\$120,000	\$4.08	\$8.16
\$150,000	\$5.10	\$10.20

**Spouse coverage** = 60% of Employee coverage amount

**Child coverage** = 15% of the Employee coverage amount

*To qualify for coverage you must be an active employee. Dependents cannot be confined to a health care facility or unable to perform typical age appropriate activities.*

# EMPLOYEE ASSISTANCE PROGRAM



## The resources you need to meet life's challenges.

*EmployeeConnect offers professional, confidential services to help you and your loved ones improve your quality of life.*



### In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings



### Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning



### Online resources

*EmployeeConnect* offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit [GuidanceResources.com](https://www.guidanceresources.com) or download the *GuidanceNow* mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

## EmployeeConnect

### EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members.

## Visit [GuidanceResources.com](https://www.guidanceresources.com)

Username: LFGSupport | Password: LFGSupport1

## Download the *GuidanceNow* mobile app

**Call 888-628-4824**



# 401(K) SAVINGS & INVESTMENT PLAN

The 401(k) plan is designed to encourage you to participate in a regular program of saving and investing for retirement. The plan offers significant tax advantages that help your savings grow at a faster rate. The amount you contribute is completely up to you. You are eligible to participate in the plan after you complete 90 days of service and attain age 18. The plan is administered by Swerdlin & Company. For enrollment forms or to make changes to your contribution contact your Human Resources representative. You can access your account online at [www.daypak.net](http://www.daypak.net) or by calling 1-866-687-4015.

## Contributions

**Elective Contributions** - You may make pre-tax contributions and/or after-tax Roth contributions in 1% increments up to 100% of your pay. However, your contribution for the year may not exceed the maximum dollar amount allowed by the IRS. It is adjusted each year for cost-of-living increases.

**Catch-Up Contributions** - If you reach age 50 at any time during the year and you defer the maximum allowable under other plan limits, you may make catch-up contributions to the plan. For 2020 the maximum catch-up contribution is \$6,500. It is adjusted each year for cost-of-living increases.

**Safe Harbor Matching Contributions** - Your employer will make a safe harbor matching contribution each year according to the schedule below. In applying the matching percentage, only elective contributions up to 5% of your compensation will be considered. You will be eligible to share in the match if you contributed anytime during the Plan Year. The Company reserves the right to amend the Plan mid-year to reduce or suspend safe harbor Qualified Matching Contributions. If this occurs, a supplemental notice will be provided to you and the reduction or suspension will not apply until at least 30 days after the supplemental notice is provided.

The employer match is 100% of the first 3% and 50% over 3% up to 5% of your elective contribution.

## Investments

You can choose from a variety of investment options.

## Vesting

The amount of your Elective Contributions, catch-up contributions, rollover contributions, and Safe Harbor Qualified Matching Contributions made to your account will always be 100% vested. You will become vested in any discretionary Matching Contributions and/or Profit Sharing Contributions (and their earnings) in accordance with the schedule below.

Years of Service	% Vested
1	20%
2	40%
3	60%
4	80%
5	100%



# 401(K) SAVINGS & INVESTMENT PLAN

## Distributions During Employment

There are certain circumstances when you may receive a distribution from a portion of your account before you terminate employment.

## Hardship Withdrawals

- Purchase of principal residence
- Prevention of eviction from principal residence
- Medical expenses incurred by you, your spouse, or dependent
- College tuition for you or your dependent
- Burial or funeral expenses for deceased parent, spouse, children, or dependents
- Expenses for repair of damage to principal that would qualify as deductible casualty expenses

To receive a hardship withdrawal from the Plan, you must also first exhaust all other resources, including receiving a plan loan. Your elective contributions will be suspended for 6 months after you receive a hardship withdrawal.

## In-Service Withdrawals

Upon attaining age 59 ½, you are eligible to take a withdrawal of all or a portion of your vested account balance. However, you may only receive a withdrawal from your Roth elective contributions at age 59 1/2, if the withdrawal is also considered a “qualified” distribution.

## Loans

You may borrow a minimum of \$500 from your account in the Plan. You may borrow no more than the lesser of 50% of your elective contributions and rollover account balances or \$50,000. You may only have one outstanding loan at a time. When you **borrow from** your 401(k) you lose out on tax efficiency, too. The **loan** amount is considered a distribution, if not repaid, and is subject to a 10% income tax penalty if you are under age 59 1/2.

## Termination Distributions

You may receive your vested account balance as soon as possible upon request.

If your vested account balance is more than \$1,000, you may elect to receive your vested account balance as a Lump Sum payment. You may also elect to defer payment of your distribution.

If your vested account balance is \$1,000 or less, the Plan will distribute your total vested account balance as soon as administratively practical.

## Scholarship Program

This program is eligible to all employees after 2 years of service. Up to \$1,000 for four scholarships per year are granted to assist children of employees attending college. Contact your HR Representative for more information.



# COBRA

## **What is COBRA?**

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act (COBRA). The law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated.

## **What does that mean for me?**

COBRA gives certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events.

## **How does a person become eligible for COBRA continuation coverage?**

To be eligible for COBRA coverage, you must have been enrolled in your employer's health plan when you worked and the health plan must continue to be in effect for active employees. COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage.

## **How long after a qualifying event do I have to elect COBRA coverage?**

Qualified beneficiaries must be given an election period during which each qualified beneficiary may choose whether to elect COBRA coverage. Each

qualified beneficiary may independently elect COBRA coverage. A covered employee or the covered employee's spouse may elect COBRA coverage on behalf of all other qualified beneficiaries. A parent or legal guardian may elect on behalf of a minor child. Qualified beneficiaries must be given at least 60 days for the election. This period is measured from the later of the coverage loss date or the date the COBRA election notice is provided by the employer or plan administrator. The election notice must be provided in person or by first class mail within 14 days after the plan administrator receives notice that a qualifying event has occurred.

## **When does COBRA coverage begin?**

COBRA coverage begins on the date that health care coverage would otherwise have been lost by reason of a qualifying event.

## **How long does COBRA coverage last?**

COBRA establishes required periods of coverage for continuation health benefits. A plan, however, may provide longer periods of coverage beyond those required by COBRA. COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

### **Qualifying Events for Employees**

- Voluntary or involuntary termination of employment for reasons other than gross misconduct
- Reduction in the number of hours of employment



# LEGAL NOTICES

## **HIPAA Notice of Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and 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 dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan.

However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

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

## **Important Notice from Delta Apparel, Inc. 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 Delta Apparel, Inc. 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. Delta Apparel, Inc. has determined that the prescription drug coverage offered by the Delta Apparel, Inc. Health Plan is, on average for all plan participants, expected to pay out as much as the 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

# LEGAL NOTICES *continued*

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 Delta Apparel, Inc. coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Delta Apparel, Inc. coverage, be aware that you and your dependents may not be able to get this coverage back.

## **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 Delta Apparel, Inc. 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 November

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 Delta Apparel, Inc. 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](http://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

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 NOTICES *continued*

Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

## **Notification of Rights under the Women's Health & Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

If you would like more information on WHCRA benefits, contact Human Resources.

## **Newborn's and Mother's Health Protection Act Notice**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the

mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **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](http://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](http://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.

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

## LEGAL NOTICES *continued*

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](http://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 January 31, 2018. Contact your state for more information

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

### GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>

- Click on Health Insurance Premium Payment (HIPP)

Phone: 404-656-4507

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <https://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>

Phone 1-800-403-0864

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### IOWA – Medicaid

Website:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

Phone: 1-888-346-9562

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado

Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+: [Colorado.gov/HCPF/Child-Health-Plan-Plus](http://Colorado.gov/HCPF/Child-Health-Plan-Plus) CHP+

Customer Service: 1-800-359-1991/

State R2e8lay 711

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/> Phone: 1-785-296-3512

### FLORIDA – Medicaid

Website: <http://flmedicaidtprecovery.com/hipp/> Phone: 1-877-357-3268

### KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm> Phone: 1-800-635-2570

# LEGAL NOTICES *continued*

## LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331> Phone: 1-888-695-2447

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov> Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

## MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003 TTY: Maine relay 711

## NEVADA – Medicaid

Medicaid Website: <https://dwss.nv.gov/Medicaid> Phone: 1-800-992-0900

## MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/mashealth/> Phone: 1-800-862-4840

## NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf> Phone: 603-271-5218

## MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

Phone: 1-800-657-3739

## 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

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> Phone: 573-751-2005

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/) Phone: 1-800-541-2831

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP> Phone: 1-800-694-3084

## NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/> Phone: 919-855-4100

# LEGAL NOTICES *continued*

## **NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/> Phone: 1-844-854-4825

## **OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## **OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

## **PENNSYLVANIA – Medicaid**

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
Phone: 1-800-692-7462

## **RHODE ISLAND – Medicaid**

Website: <http://www.eohhs.ri.gov/> Phone: 855-697-4347

## **SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## **SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov> Phone: 1-888-828-0059

## **TEXAS – Medicaid**

Website: <http://gethiptexas.com/> Phone: 1-800-440-0493

## **UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/> CHIP Website: <http://health.utah.gov/chip> Phone: 1-877-543-7669

## **VERMONT– Medicaid**

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

## **VIRGINIA – Medicaid and CHIP**

Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) Medicaid Phone: 1-800-432-5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) CHIP Phone: 1-855-242-8282

## **WASHINGTON – Medicaid**

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
Phone: 1-800-562-3022 ext. 15473

## **WEST VIRGINIA – Medicaid**

Website: <http://mywvhpp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## **WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

## **WYOMING – Medicaid**

Website: <https://wyequalitycare.acs-inc.com/> Phone: 307-777-7531



## LEGAL NOTICES *continued*

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

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

## NOTES

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# RESOURCES

Plan	Carrier	Phone	Website
Medical	Blue Cross Blue Shield SC	800-922-1185	<a href="http://www.southcarolinablues.com">www.southcarolinablues.com</a>
FSA	BSI Companies	888-298-6828	<a href="http://www.bsicompanies.com">www.bsicompanies.com</a>
Dental	BSI Companies	888-298-6828	<a href="http://www.bsicompanies.com">www.bsicompanies.com</a>
Vision	EyeMed	866-804-0982	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Long Term Disability	Lincoln Financial	800-423-2765	<a href="http://www.lincoln4benefits.com">www.lincoln4benefits.com</a>
Basic Life and AD&D	Lincoln Financial	800-423-2765	<a href="http://www.lincoln4benefits.com">www.lincoln4benefits.com</a>
AD&D Insurance	Lincoln Financial	800-423-2765	<a href="http://www.lincoln4benefits.com">www.lincoln4benefits.com</a>
Employee Assistance Program	Lincoln Financial	888-628-4824	<a href="http://www.lincoln4benefits.com">www.lincoln4benefits.com</a>
401(k)	Swerdlin & Company	888-329-7252	<a href="http://www.daypak.net">www.daypak.net</a>

If you have any questions regarding your insurance benefits, have claims issues, or need assistance enrolling, please contact:

Angela Hope, Benefits Analyst  
Angela.Hope@deltaapparel.com  
Ph: 864-232-5200 ext 6609

Additional plan details, rates and enrollment information  
can be found at <https://www.explainmybenefits.com/delta/>



**Stephens**  
Stephens Insurance, LLC

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. This is not a guarantee of coverage. The text contained in this Summary was taken from various summary plan descriptions and benefit information. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.