



SCANA Corporation  
Health and Welfare Plan

# Employee Assistance Program

Summary Plan Description  
January 1, 2015



**SCANA CORPORATION**  
**EMPLOYEE ASSISTANCE PROGRAM**

Part of the  
SCANA Corporation  
Health and Welfare Plan

This Summary Plan Description is Restated effective January 1, 2015

## Introduction

This booklet describes SCANA's Employee Assistance Plan which is part of the SCANA Corporation Health and Welfare Plan. This booklet is the summary plan description (SPD) for the Employee Assistance Program (EAP). The operation of this SPD is governed by the official plan document for the SCANA Corporation Health and Welfare Plan. If there is any inconsistency between the official plan document and any oral representation or other written communication (such as this one), the official plan document will always govern.

SCANA offers an EAP to all SCANA employees and their household family members through Companion Benefit Alternatives ("CBA" or "Claims Administrator"). The EAP is designed to give employees free, confidential assistance with many of the issues of everyday life.

Sometimes balancing work and personal activities creates stress that's hard to handle on your own. Those stressful situations impact your home life, health and work productivity. To help you through those difficult times, you and your household family members can receive counseling and referrals through the EAP at no cost to you. Your benefit includes up to three face-to-face sessions per employee and household family member per year.

### **Important Numbers and Contact Information**

You can call your EAP at 1-800-790-5770 at any time, 24 hours a day, seven days a week. You may prefer to go online to [cba.personaladvantage.com](http://cba.personaladvantage.com) (company code: SCANA) and review the list of resources.

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## EAP Services at a Glance

Your EAP plan is there to help you get through life's challenges. From help with domestic issues like parenting and child care to legal assistance with documents like wills, your EAP is there to help 24 hours a day, seven days a week – even on holidays and weekends.

The EAP is a confidential counseling and referral service that can help you and your household family members deal successfully with life's challenges.

Participants can access the Plan by calling the EAP hotline at 1-800-790-5770. A clinician will confidentially provide consultation over the telephone and help find solutions and resources. The EAP may refer a participant to one of its network providers for up to three face-to-face sessions per employee and household family member per year.

Brief therapy and assessment sessions will be delivered by a licensed mental health professional. If needed, the clinician will provide referrals to support groups, community services, or health care providers for ongoing mental health service not covered by the EAP benefit. SCANA's medical plan may cover certain mental health services not covered by the EAP for employees and their dependents who participate in the medical plan.

## Description of Benefits

The EAP has been designed to assist you and your family members in dealing with personal and/or job-related problems. The EAP is available to you and your household family members, and is intended to provide confidential, professional assistance to help resolve problems that affect personal life, job performance, or mental or emotional well-being.

EAP benefits are provided in accordance with policies and procedures that are established by the EAP Administrator in its sole discretion and incorporated herein by reference. Where any such policies and procedures conflict with the general description of benefits in this section, such policies and procedures will control to the extent that they are consistent with applicable laws and do not result in any additional cost to the Company. In all other cases, the terms and conditions of this Summary Plan Description shall control.

Confidential short-term counseling is available to you and your household family members who desire professional assistance in identifying and resolving problems that affect his/her personal life, job performance or mental or emotional well-being. Counseling may include assistance with problems related to stress at home or on the job, depression and anxiety, marriage and family issues, financial and legal issues, alcohol and drug abuse, or other concerns.

For each Plan Year, up to three counseling sessions will be provided at no cost with a professional behavioral health counselor. Counseling sessions are credited to the Plan Year in which the sessions were approved. If the problems continue to exist after the three sessions are completed, a referral may be provided for additional assistance from an appropriate professional. Participants are responsible for counseling costs in excess of the three visits and/or if CBA is unable to locate a suitable counselor for the problem; but any such costs may be covered, in whole or in part, by another plan or program sponsored by the Company, provided that a participant shall not be entitled to double recovery for any treatment.

Participation in the EAP does not exempt an employee from any drug or alcohol screening to which that employee is subject under the Company's Substance Abuse Policy, or Department of Transportation federal drug and alcohol testing requirements or Nuclear Energy Regulatory Commission substance abuse or fitness for duty testing.



The list below outlines the issues your EAP helps individuals with every day, and which are available to you:

### **Parenting and Child Care**

Counseling, education and support on topics such as:

- Becoming a parent
- Exploring adoption, including legal and financial information
- Parenting skills
- Child care options and referrals for providers in your area
- Strategies for working parents

### **Education**

Research/Education counselors provide information and resources on the following:

- Private vs. public school selection
- College searches/applications/scholarships
- Tutoring
- School performance
- Special needs

### **Work Issues**

Counseling services for topics such as:

- Co-worker relationships
- Job burnout
- Career planning
- Performance concerns

### **Legal Assistance**

Referrals to attorneys in your area for:

- Divorce
- Landlord/tenant conflicts
- Wills
- Consumer issues
- Referrals to legal specialists

### **Money Management**

Counseling services for the following:

- Debt management
- Budgeting
- Dealing with delinquent payments
- Referrals to community resources, like consumer credit counseling

## **Emotional Well-Being**

Counseling services for the following:

- Stress
- Depression
- Family matters
- Domestic violence
- Grief and loss

## **Substance Abuse and Recovery**

Counseling resources available for the following:

- Alcohol abuse
- Drug abuse
- Eating disorders
- Support groups
- Community services

## **Senior Care**

As the aging population grows and life expectancy increases, the need for adult care services becomes crucial. We now have the first generation of people living into their 80s and 90s, and many of them require assistance from a caregiver. But knowing when to take on the role of caregiver to a loved one can be a difficult decision – one that requires careful thought and planning. Your EAP counselors understand that managing the care of an adult loved one can be draining – emotionally, physically, and financially.

Your EAP senior care program not only helps individuals make well-informed decisions regarding their adult loved ones, but helps individuals plan for their own futures by providing resources and referrals on:

- Home health agencies
- Nursing homes
- Assisted living facilities
- Chore or companion services
- Volunteer programs
- Support groups
- Continuing care retirement communities
- Social and recreational programs
- Long-distance caregiving
- Backup care
- Respite care
- Hospice care
- Assessment and care management services
- Independent/senior housing
- Subsidized housing
- Senior centers
- Adult day care
- Transportation services
- Home-delivered meal programs
- Medicare and Medicaid
- Long-term care insurance
- Supplemental insurance
- Financial and legal issues



- Power of Attorney
- Coping with illness
- Aging and caregiving issues
- Alzheimer's disease
- Retirement and estate planning
- Home safety
- Working nontraditional hours
- Relocating an older loved one
- Community support services
- Advocacy
- The aging process
- Government programs
- Health and nutrition
- Elder legal issues
- Osteoporosis
- Stroke
- Who's who in health care
- Caring for an elder in your home

### **Pet Care**

There are more pets per family in the United States than anywhere else in the world, and more than 60 percent of American households include at least one pet. As a result, there has been an explosion of services in the pet industry in recent years. Many people consider their pets an integral part of the family. Your EAP can help you and your family members find the pet care services you need. Information and referrals for pet care include:

- Veterinarians
- Insurance
- Pet-sitting resources
- Obedience training
- Pet store and pet supply
- Catalogs
- Breeders
- Membership associations
- Pet bereavement services
- Animal welfare
- Groomers
- Pet boarding facilities
- Nutrition hotlines
- Emergency animal clinics

## **How to Access Your EAP**

You can access your EAP by calling 1-800-790-5770 at any time, 24 hours a day, seven days a week – even on holidays and weekends. You may prefer to go online to [cba.personaladvantage.com](http://cba.personaladvantage.com) (company code: SCANA) and review the list of resources available to you prior to your call. You and your family members are encouraged to use the EAP as early as possible for problem assessment and consultation.

When you require a face-to-face appointment with a provider, CBA will schedule the appointment at a time that is convenient for you. Most routine appointments are scheduled within 48 hours. For urgent services, CBA will arrange a face-to-face provider more quickly.

If you are experiencing a non-life-threatening emergency, one of CBA's licensed clinicians will speak to you over the telephone and immediately connect you with emergency intervention. For a life-threatening emergency, seek direct emergency care as soon as possible.

## Confidentiality

Except as provided in this section, the EAP is confidential in nature. Information concerning an individual's involvement in the EAP will not become part of the employee's personnel file.

All individual information related to counseling is strictly confidential. Information shared with a counselor may only be disclosed in the following circumstances:

- When required by law;
- In situations where there is concern for the physical safety of the patient, employee, family member or third party;
- With signed consent of the patient; or
- To the extent consistent with state and federal privacy laws and the EAP's written privacy policies and procedures (see Notice of Privacy Practices below).

### Health Care Information Privacy

The Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA) is a federal law that requires certain plans to protect the privacy and security of your protected health information. Pursuant to HIPAA, the Plan will not use or disclose your protected health information without your authorization, except for purposes of treatment, payment, healthcare operations, program administration or as required or permitted by law. A description of the EAP's uses and disclosures of your protected health information and your rights and protections under HIPAA is set forth in the Notice of Privacy Practices, which has been provided to you. You can receive another copy on *The Edge* or by contacting the HIPAA Privacy Officer at 803-217-8634.

## Eligibility and Termination Provisions

As an active employee, you and your household family members are eligible to use the EAP beginning on your first day of active employment—regardless of whether you are enrolled in SCANA's medical plan. Active employment means you are regularly working for SCANA or any of its affiliates and you are on SCANA's payroll. Coverage under this EAP will continue during periods of approved leave of absence.

Enrollment is automatic and no contribution will be required from you. SCANA pays the cost of providing EAP benefits. All employees and household family members are eligible for EAP benefits. Eligibility for this program ends for all family members when you leave the company. Eligibility for all family members also may be modified or terminated when the Plan is amended or terminated. Eligibility for your family members also ends when the family member no longer lives with you or is no longer a spouse or dependent child.

You have the right to continuation of coverage for the health care related benefits provided under this plan similar to what is offered through your company-sponsored medical plan. Coverage may be continued temporarily under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) if you or your dependent elect coverage after a qualifying event. See the section titled "COBRA Continuation Coverage" below for more details.

## Program Cost and Funding

The program is free to you and to your household family members. SCANA pays the full cost of the plan, and no contributions will be required from you.

If you are referred to a provider for a face-to-face session, the cost of the first three visits per person, per year will be covered by the EAP at no cost to you. However, you will be responsible for the costs of any additional visits. The cost of visits outside the EAP may be covered in whole or in part by your medical plan or by a healthcare spending or health savings account when one has been established. You should check with your medical plan's Plan Administrator for more information.

The program is fully insured. Any refund, rebate, dividend, experience adjustment, or other similar payment under the group insurance contract entered into between SCANA Corporation or one of its affiliates and CBA shall be allocated, consistent with fiduciary obligations imposed by ERISA, to reimburse SCANA Corporation for premiums it has paid.

## Plan Administration

The EAP is administered by SCANA's designated Plan Administrator for all purposes, except deciding benefit claims. The Plan Administrator shall have the full power to control and manage all aspects of the Plan in accordance with its terms and applicable laws. The Plan Administrator may delegate his or her responsibilities for administration of the Plan to others and employ others to carry out or give advice with respect to his responsibilities under the Plan. SCANA Corporation has agreed to indemnify the Plan Administrator for any liability that he or she incurs as a result of acting as Plan Administrator, unless such liability is due to his or her gross negligence or misconduct. The Plan Administrator and CBA share responsibility for administering the plan, as discussed below.

### Discretionary Authority

The Plan Administrator has discretionary authority to determine eligibility for participation in the Plan and to construe and interpret the terms of the Plan. Such authority has been delegated to CBA as set forth below. Any judicial review of a decision by the Plan Administrator or its designee, shall be conducted under the arbitrary and capricious standard of review with deference given to the Plan Administrator's decision.

## Power and Authority of CBA

This EAP is fully insured. Benefits are provided under a contract entered into between SCANA Corporation and CBA. CBA, not the Plan Administrator, is responsible for paying claims, so all claims for benefits are sent to CBA. CBA is the named fiduciary for benefit claims and is responsible for:

- Determining eligibility for and the amount of any benefits payable under the Plan; and
- Providing the claims forms to be used by eligible individuals pursuant to the Plan.

CBA also has the authority to require eligible individuals to furnish it with such information as it determines is necessary for the proper administration of the benefit claims.

## Claims Procedures

CBA is responsible for determining eligibility and evaluating all benefit claims under the EAP. CBA will decide claims in accordance with these claims procedures, as required by ERISA to the extent applicable to the group health benefits provided under the EAP. You may access EAP benefits by contacting CBA directly at 1-800-790-5770 or online at [cba.personaladvantage.com](http://cba.personaladvantage.com). (company code: SCANA). You are not required to file a claim for EAP services. If you are unhappy with the service that you receive or you are unable to obtain service, you may contact CBA.

### Making a Claim for EAP Services

CBA will generally make a determination on your request for EAP services or eligibility and inform you of its determination in your initial telephone call to request services. If CBA cannot decide while on the initial call, CBA will decide within five calendar days

of your request for eligibility, services, or of notice to CBA of a circumstance that affects the availability of further EAP services. CBA will inform you by telephone of its determination within one business day after it decides.

If you are receiving an ongoing course of EAP counseling, CBA will notify you in advance if it intends to terminate or reduce the number of EAP sessions that can be provided so that you will have an opportunity to appeal the decision before the termination or reduction takes effect.

### **What is a Claim?**

A Claim is a request to determine eligibility or for benefits made in accordance with the Plan's procedures. A Claim may be either a request for EAP services or a request for reimbursement of the cost of EAP counseling.

### **What is Urgent Care?**

Urgent care means care needed to avoid serious jeopardy to your life or health or to regain maximum function (or required to avoid severe pain), as determined by CBA or your treating physician. Because CBA pays all EAP providers directly, you should not make any payment to a provider for EAP services. In the event that you mistakenly pay a provider for EAP services, CBA will make a determination on your request for reimbursement within 15 calendar days after receipt of the Claim (if EAP services have not yet been received) or within 30 calendar days after receipt of the Claim (if the EAP services have already been received).

### **Who is your Authorized Representative?**

An Authorized Representative is a person you authorize, in writing, to act on your behalf, or a person given authority by court order to request treatment or submit claims on your behalf.

### **Appeal of Adverse Determinations of Eligibility**

If you believe that your Claim for EAP eligibility was denied in error, you may appeal the decision. Your appeal must be provided to the Plan Administrator in writing within 60 calendar days following your receipt of denial notification and should state the reasons eligibility should be granted. The Plan Administrator will respond to your appeal within 30 calendar days following receipt of your appeal.

### **Appeals of Adverse Determinations of Claims for EAP Benefits**

If you believe that your Claim for EAP benefits was denied in error, you may appeal the decision. Your appeal must be submitted in writing to CBA within 180 calendar days following your receipt of a denial notice.

Your appeal should state the reasons why you feel your Claim for EAP benefits is valid and include any additional documentation that you feel supports your Claim for EAP benefits. You can also include any additional questions or comments. You may submit written comments, documents, records and other information relating to your appeal, whether or not the comments, documents, records or information were submitted in connection with the initial Claim for EAP benefits. On your request, CBA will make relevant documents available to you.

The review of the initial decision will consider all new information, whether or not it was presented or available for the initial decision. The person who reviews and decides the appeal will be different from the person(s) who originally denied your Claim for EAP benefits and will not report directly to the original decision maker or prior reviewer.

You or your Authorized Representative will be notified of the appeal decision within the following time frames:

- (a) Within 15 calendar days of CBA's receipt of the request for appeal, if the case involves an adverse determination on a request for EAP services or a pre-service adverse determination relating to reimbursement;
- (b) Within 30 calendar days of CBA's receipt of the request for appeal, if the case involves a post-service adverse determination relating to reimbursement.

### **Appeal Decisions for EAP Benefits**

CBA will give you or your Authorized Representative the decision on the appeal in writing. If the denial is upheld on the appeal, the notice will include the following information:

- The specific reason or reasons for the denial decision
- Identification of Plan provisions on which the decision is based
- Notice of your right to receive, free of charge, upon your request, any internal rule, guidelines, protocol or similar criterion relied on in making the decision;

### **Important Appeal Deadlines**

With respect to group health-related claims, if the individual does not appeal on time, then he or she will lose the right to file suit in a state or federal court, because he or she will not have exhausted internal administrative appeal rights (which generally is a condition for bringing suit in court).

### **Limitation of Action**

You cannot bring any legal action against the Company, the Plan, Plan Administrator, or the Claims Administrator until you have exhausted the claims procedures described in this document. Any legal action against the Company, Plan, Plan Administrator, or Claims Administrator must be brought, if at all, within one year of exhausting the claims procedures.

## **COBRA Continuation Coverage**

COBRA refers to a federal law that ensures that employees and other “Qualified Beneficiaries” have the opportunity to continue health care coverage upon the occurrence of a “Qualifying Event” (e.g. termination of employment, loss of dependent status, etc.) that would otherwise result in such person losing coverage under a group health plan. “COBRA continuation coverage” means your right, or your spouse’s and dependents’ rights, to continue to be covered under the group health benefits offered under the EAP. Notice of your rights to COBRA continuation coverage will be provided to you if you experience a Qualifying Event that results in a loss of coverage under the EAP. You may also obtain a copy of the written COBRA procedures from the Plan Administrator, free of charge.

## **Compliance with Federal Laws**

To the extent applicable with respect to the group health-related benefits offered under the EAP, the terms of this Plan will be construed and administered to meet the minimum requirements of applicable federal laws, including but not limited to the Employee Retirement Income Security Act of 1974 (“ERISA”), the Americans with Disabilities Act of 1990 (“ADA”), the Family and Medical Leave Act of 1993 (“FMLA”), the Uniformed Services Employment and Reemployment Rights Act of 1994 (“USERRA”), and the Health Insurance Portability and Accountability Act (“HIPAA”). To the extent a Plan provision is contrary to or fails to address the minimum requirements of an applicable federal law, this Plan shall provide the coverage or benefit necessary to comply with such minimum requirements.

## **Amendment and Termination**

SCANA Corporation reserves the right to amend or terminate any and all provisions of this Plan at any time by proper action of the Employee Plans Committee.

## **Your Rights Under ERISA**

As a Participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”) with respect to the group health benefits provided under this Plan. ERISA provides that all Plan participants are entitled to:

### **Receive Information About Your Plan and Benefits**

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, such as work sites, all documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500 series)

filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, copies of the latest annual report (Form 5500 series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

### **Continue Group Health Plan Coverage**

You may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of an employee benefit plan. The people who operate your Plan, called "plan fiduciaries," have a duty to do so prudently and in the best interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

### **Enforce Your Rights**

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may request the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court after you exhaust your administrative remedies.

In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in Federal court after you exhaust your administrative remedies.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

### **Assistance With Your Questions**

If you have any questions about Your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

## Plan Information

### Employee Assistance Program

<b>Plan Name</b>	SCANA Corporation Health and Welfare Plan
<b>Plan Sponsor / Employer</b>	SCANA Corporation 220 Operation Way Cayce, SC 29033 803-217-4444
<b>Employer ID Number</b>	57-0784499
<b>Type of Plan</b>	Fully insured employee assistance program
<b>Plan Number</b>	520
<b>Plan Fiscal Year</b>	January 1 - December 31
<b>Plan Effective Date</b>	This summary plan description is effective January 1, 2015
<b>Plan Administrator and Named Fiduciary</b>	Vice President of Human Resources SCANA Corporation Mail Code C121 220 Operation Way Cayce, SC 29033 803-217-4444  The plan administrator shall have the full discretionary authority and power to control and manage all aspects of the Plan and determine eligibility for benefits under the Plan in accordance with its terms and all applicable laws. The plan administrator may allocate or delegate its responsibilities for the administration of the Plan to others and employ others to carry out or give advice with respect to its responsibilities under the Plan. The plan administrator has delegated various aspects of the Plan administration to Companion Benefits Alternatives.
<b>Claims Fiduciary</b>	Companion Benefit Alternatives PO Box 100185 Columbia, SC 29202
<b>Agent for Service of Process</b>	Corporation Service Company 1703 Laurel Street Columbia, SC 29201
<b>Plan Trustee</b>	None
<b>Plan Funding</b>	The Plan is fully insured through: Companion Benefit Alternatives
<b>Reservation of Rights</b>	Although SCANA currently intends to continue the Plan indefinitely, SCANA reserves the right to modify, amend or terminate any and all provisions of the Plan at any time. No employee has any vested right to any benefit or coverage under the Plan. SCANA intends that any changes to the Plan will apply to all participants receiving benefits under the Plan on the effective date of the change.

