



EYE SPECIALISTS OF GEORGIA

Employee Benefits Orientation Guide



Plan Year 2024-2025

Arranged by



This document is a synopsis of plan highlights and does not include complete details. More complete descriptions of benefits including Limitations and exclusions can be found in each plan's certificate booklet, policy and other plan documents available to you from Human Resources upon written request. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. If you have any questions about your Guide, contact Maxum Benefits Group.



Who is Eligible?

All full-time employees (regularly working 30 or more hours per week) of Eye Specialists of Georgia are offered major medical & dental benefits described in this guide. They may also choose to enroll their legal spouse and dependent children



When to Enroll

You must enroll when initially hired. The effective date of coverage will be the 1st of the month following the completion of 1 full month of service. Enrollment elections are due in advance, as deductions will be established to fulfill your cost share by the effective date.

Once your elections are submitted, you will not be able to change them until the next open enrollment period, (currently each December for a February 1 effective date) unless you have a qualified change in status as described below in "How to Make Changes."



How to Enroll

Just complete the form in this packet to enroll and authorize your payroll deductions. Submit it to HR within the first few days after being hired.



How to Make Changes

Unless you have a qualifying event, you cannot make changes to the benefits you elect until the next open enrollment period, usually held each December for a February 1 effective date. Qualifying Events 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, commencement or termination of adoption proceedings, a change in a spouse's or dependent's employer based benefits or employment status, or a gain or loss of other "Essential Health Benefits" as defined in the Affordable Care Act. Changes to certain elections must be made within 30 days of the Qualifying Event and be consistent with the event. Requests for change must be submitted on a specific form available from HR.



Questions

Our benefits advisors from Maxum Benefits Group, are available by phone (866-572-9649) or email: Questions@MaxumBenefits.com to help you with our benefits offerings. Reach out to them for any assistance you need.

MEDICAL BENEFITS

Administered by United HealthCare

Employees may choose between 2 different medical benefit levels. Eye Specialists of Georgia pays a significant portion of the cost towards the BASE PLAN (Option 1) for each eligible employee's individual medical coverage, making these plans affordable for you. You may choose to "buy up" to a richer benefit level (Option 2) and / or enroll your dependents including children to age 26, through convenient payroll deductions. All family members must be enrolled in the same option.



Both plans feature the same PPO network. PLEASE NOTE: There is **no** coverage for services rendered by non-PPO providers, EXCEPT for emergency care.

Find Participating Providers in the Choice Plus PPO network at <https://connect.werally.com/plans/uhc/1>. Search CHOICE network.

This document portrays plan highlights only. More detailed descriptions of benefits, including limitations & exclusions, can be found in official plan documents provided by the insurance carrier. In the event of discrepancy those documents will prevail. You can obtain those documents by registering on the carrier's website. All benefits illustrated assume services rendered by a participating PPO provider. Patient cost share is significantly higher at Non-PPO providers. Children <19 pay \$0 copay for PPO Primary Care Office Visits.

Benefits / Plan	In-Network Cost Share	
	Option 1 Base Plan	Option 2 Buy Up Plan
Physician Services Wellness Check up Annually	Covered at 100%	Covered at 100%
< age 19 & Virtual Visits (Telehealth Network)	Covered at 100%	Covered at 100%
PCP OV	\$25 Copay	\$25 Copay
Spec OV	\$75 Copay	\$75 Copay
Urgent Care	\$50 Copay	\$50 Copay
Diagnostic Lab / Xray	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Medications Tier 1 / Tier 2 / Tier 3 / Tier 4	\$15 / \$50 / \$155 / \$300	\$10 / \$35 / \$75 / \$250
Deductible In Network: Single / Family	\$5,000 / \$10,000	\$3,500 / \$7,000
Coinsurance In Network: Policy / Member	60% / 40%	100% / 0%
Out of Pocket Max In Network: Single / Family	\$8,150 / \$16,300	\$6,000 / \$12,000
Emergency Room Physician	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Facility	\$300 + Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services Physician Services	Deductible & Coinsurance	Deductible & Coinsurance
Facility Fee	Deductible & Coinsurance	Deductible & Coinsurance
Hi-Tech Imaging	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital Services Physician Services	Deductible & Coinsurance	Deductible & Coinsurance
Facility Fee	Deductible & Coinsurance	Deductible & Coinsurance
All Other Covered Services	Deductible & Coinsurance	Deductible & Coinsurance

GROUP BENEFIT OFFERING TERMS AND CONDITIONS

Eligibility and Benefits Offered

All full-time (regularly scheduled to work 30 hours weekly) employees are offered benefits. A change to part-time status (regularly scheduled to work less than 30 hours weekly for multiple pay periods) ends your eligibility for these benefits. You may choose to enroll your legal spouse and / or eligible children (adopted, natural or court appointed) through convenient and affordable payroll deductions. All family members must be enrolled in the same medical option. In addition, optional dental benefits are available through payroll deduction.

The day you become eligible for your employer's medical benefits you are *NOT* eligible for any government subsidy of premiums or benefits, whether or not you choose to enroll in the health insurance plans offered. For some, this means you will lose existing Medicaid (although your children may remain covered). For others it may mean your cost for any healthcare.gov / marketplace / Obamacare health insurance will likely go up and benefits down, significantly.

When to Elect/Enroll

You must indicate to elect or decline each benefit offered on page 1 of this form during your first 3 weeks of employment. If you miss this deadline to properly complete elections /enrollment you will not be able to elect /enroll in any these benefits until the next annual enrollment period which is typically held each January - February for a March 1 effective date UNLESS you enroll within 30 days of a Qualifying Event (as defined in SECTION 125 of the INTERNAL REVENUE CODE).

When Benefits Begin

Benefits become effective on the 1st day of the month following 1 month of qualifying service.

Employee Contribution Requirements & Pre-Tax treatment of Certain Deductions

Any payroll deducted employee contributions required for participation will commence with the 1st scheduled payroll 1 month prior the effective date of coverage and continue each subsequent payroll, unless new elections are properly and timely submitted in accordance with applicable requirements. Employee contributions for medical, dental and vision will be deducted on a pre-tax basis, saving you money in taxes you are not required to pay on earnings used to purchase these benefits.

Missed or inadequate payroll deduction of required employee contributions due to leave or insufficient hours must be made up.

Continuation of benefits during an approved leave may require additional contributions by the employee for amounts the company normally pays while you are actively at work.

By Signing Below You Attest and Understand and Agree that:

You authorize your employer to deduct the indicated premiums from your paycheck, remit these amounts to the respective benefits providers and for those deductions that are eligible for Pre-Tax Treatment, to 1) reduce your salary by these amounts in accordance with Section 125 of the IRS Code, and 2) make future adjustments in the amount of salary reduction in the event that the cost of coverage in any of the selected programs is changed during the plan year.

Eligible deductions for certain benefit that are treated as salary reductions under Section 125 of the IRS Code **are irrevocable during the plan year and must remain in effect, EXCEPT in cases of a qualifying change in status event as defined under Section 125 of the IRS Code (Adoption, Birth, Death, Marriage, Divorce, Change in employment status triggering a loss/gain of eligibility.)** Any change in elections must be consistent with and on account of the qualifying event change in status and completed within 30 days of such event.

These benefit elections, terms and conditions and authorizations, including salary reductions may remain in effect for future plan years, unless during the annual enrollment period or due to a mid-year qualifying event, as permitted by IRS Regulations, a subsequent election form is filed, in accordance with the plan. Otherwise, this authorization shall cease only; a) automatically upon my termination as an employee; or b) upon discontinuance of the deduction and remittance agreements between my employer and any of the respective benefit providers.

Any dependents for whom coverage is elected meet the eligibility criteria described herein

Any coverage for employees or dependents, which an employee elects to waive may exclude that employee or their dependents from the opportunity to participate in this plan at a later time without some or all of the following: a) a qualifying event as defined under Section 125 of the IRS Code, b) until the next new policy or plan year, c) medical evaluation and/or proof of good health furnished at my own expense; and that if enrolled, pre-existing conditions or other late entrant provisions may apply at that time.

Employee Signature _____ Date _____

DENTAL BENEFITS

Administered by Principal

Employees may go to any licensed dentist and receive benefits for covered services. Dentists are reimbursed at a level high enough to cover 9 of 10 dentists in the area. You are responsible for any charges above the allowance in addition to any benefit cost share.



	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum benefit	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Preventive	\$0	\$0	100%	100%	\$1,000	\$1,000
Basic	\$50	\$50	80%	80%	\$1,000	\$1,000
Major	\$50	\$50	50%	50%	\$1,000	\$1,000

Family deductible = 3 x per person deductible.

Combined deductibles: deductibles for basic and major in-network and non-network services are combined.

Combined maximums: calendar year maximums for preventive, basic and major services are combined.

We process claims using Maximum Allowable Cost fees at the 90th percentile.

The maximum accumulation plan was elected. This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

Preventive	<p>Exams (2 per calendar year)</p> <p>Second opinion consultation</p> <p>Cleanings (2 per calendar year)</p> <ul style="list-style-type: none"> Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; 4 per calendar year)</p> <ul style="list-style-type: none"> Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <p>X-rays</p> <ul style="list-style-type: none"> Bitewing (1 per calendar year) Occlusal (2 per calendar year) Periapical (4 per calendar year) Full mouth survey (1 per 60 months) Extraoral (2 per 12 months) <p>Fluoride application (1 per calendar year); covered only for dependent children under age 17</p> <p>Sealants on first and second permanent molars for dependent children under age 17 (1 per 36 months)</p>
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...continued	
	Space maintainers (covered only for dependent children under age 17; repairs not covered)
Basic	<p>Emergency exams (2 per calendar year)</p> <p>Harmful habit appliance (covered only for dependent children under age 17)</p> <p>Fillings</p> <p>Composite fillings on molars</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>General anesthesia/IV sedation</p>
Major	<p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p> <p>Crowns (1 per tooth per 60 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 60 months)</p> <p>Implants (1 per tooth per 60 months)</p> <p>Bridges - initial placement; replacement after 60 months</p> <p>Complete or partial dentures - initial placement; replacement after 60 months</p> <p>Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</p>

Highlights	
Coordination of benefits	As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution - other than student accident policies, governmental program or state law. Total benefits from all sources cannot exceed 100% of covered charges.
Limitations	The insurance does not pay for treatment or services above: unless specifically mentioned above, veneers, anterior ¾ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a covered charge / that exceed maximum allowable cost or prevailing fee charges / unless specifically mentioned above, implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / unless specifically mentioned above, occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis / orthodontic treatment, service, appliance, or bands / temporomandibular joint (TMJ) disorders.

Your Cost

PER PAY PERIOD EMPLOYEE DEDUCTIONS (26)			
	Medical Option 1 Base Plan	Medical Option 2 Buy Up Plan	Dental
Employee Only	\$130.71	\$190.47	\$22.52
Employee & Spouse	\$402.04	\$527.53	\$41.05
Employee & Child(ren)	\$352.71	\$466.24	\$50.66
Employee & Family	\$624.03	\$803.31	\$72.57

For Additional Plan Documents and Important Notices
Go to <https://MaxumBenefits.com/ESOG>

If you have any questions, you may contact our benefits consultants at Maxum Benefits Group by calling 615-348-0079. Ask for Ann or Steve. You may also contact them by email at Questions@MaxumBenefits.com.





**Eye Specialists of Georgia
Employee Benefits Enrollment Form**
Please Use Ink and print legibly or Type

Benefit Effective Date: ___/___/___

Section 1 - Employee Information (Complete for ALL Enrollments)

Employee Last Name	First Name	Middle	Social Security Number	Date of Birth
Street Address		City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Primary Phone	Date of Full-Time Employment	Email Address

Section 2 - Dependent Information (Complete only for each person to be covered)
Consult employer guidelines for Dependent Eligibility. Attach additional pages if necessary to list all dependents to be covered.

Spouse	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
Dependent 1	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
Dependent 2	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
Dependent 3	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
Dependent 4	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
Dependent 5	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
Dependent 6	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth

Section 3 – Benefit Election and Payroll Deduction Authorization
Indicate your benefit election by placing an X beside the appropriate benefit tier and deduction amount. Deduction amounts are per pay period based upon 26 annually.

Medical Election & Deduction			Dental Election & Deduction		
	Base Option 1	Buy Up Option 2			
_____ Employee Only	\$130.71	_____ \$190.74	_____ Employee Only		\$22.52
_____ Employee w Spouse	\$402.04	_____ \$527.53	_____ Employee w Spouse		\$41.05
_____ Employee w Child	\$352.71	_____ \$466.24	_____ Employee w Child		\$50.66
_____ Employee w Family	\$624.03	_____ \$803.31	_____ Employee w Family		\$72.57
_____ WAIVE ALL MEDICAL	\$0.00		_____ WAIVE ALL DENTAL		\$0.00

Section 4 – Complete ONLY for Waiver of Medical

Reason for Waiving Medical <input type="checkbox"/> Covered by Spouse's Employer <input type="checkbox"/> Marketplace Coverage <input type="checkbox"/> Medicare/Retiree Coverage.	<input type="checkbox"/> Medicaid/State <input type="checkbox"/> Other _____	<input type="checkbox"/> NONE	Insurance Company Name
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Employee Signature _____ Date _____