



OPTOMI™



2015-16 BENEFITS GUIDE
consultants

WELCOME



Optomi believes in making an impact not only within our industry, but also with our employees. Above all, we want our employees to make an impact in the communities where they work, live, and play.

With that in mind, the Optomi Benefits Plan is designed to recognize the diverse needs of our workforce. Our plan continues to:

- Provide competitive and comprehensive benefits options that allow you to design your plan based on your individual needs
- Maintain a program that considers individual needs
- Provide long-term financial security for you and your family

The following benefits are available (some require employee contribution):

- MEDICAL
- DENTAL
- VISION
- VITALITY WELLNESS PROGRAM
- ACCIDENT COVERAGE
- CRITICAL ILLNESS
- EMPLOYEE ASSISTANCE PROGRAM

Please review this Benefits Guide as well as all of the materials included in your Enrollment Kit. You are eligible for the benefits described on the first of the month after 30 days of full-time employment. Full-time employees are required to work 30 hours per week.

It is very important to make your benefits elections before the date in which your coverage is effective.

Optomi provides a “paperless enrollment”... enrollment selections are made using EmployDrive’s Self Service Portal

ABOUT THIS BOOKLET

This booklet will answer some of the basic questions you may have about your benefits. Of course, a brief summary such as this one cannot include all of the details of any particular program. Please refer to your plan brochures and supporting literature found in the EmployDrive Self Service Portal for complete information and more detailed explanations as to coverage, limitations and exclusions. Take time to review all brochures and related materials, as

it is important that you know and understand your benefit options. If there is any conflict between the wording of this booklet and the wording of the official plan documents, the plan documents will always govern. Should you have any questions or concerns regarding the pages to follow, please do not hesitate to contact the Optomi Human Resources Department.

ELIGIBILITY

ABOUT OPEN ENROLLMENT

Annual open enrollment is the one time of the year when you can evaluate your current benefit elections and make changes. It is during this time that you can add/drop coverage and add/delete dependents from coverages. Coverage changes or elections made during an annual open enrollment period will be fixed for the entire plan year, (December 1 — September 30) and cannot be changed — unless you experience a Qualifying Event.

QUALIFYING EVENTS

Following are examples of Qualifying Events which will allow you the opportunity to make enrollment changes during the plan year:

- Marriage, divorce, legal separation
- Birth, adoption, or change in custody
- Death of spouse or child
- Dependent employers' Open Enrollment
- HIPAA special enrollment
- FMLA special requirements
- Involuntary loss of your spouse/children's other group benefit coverage
- Spouse relocating from outside US on a Visa or Citizenship

If you have a Qualifying Event during the plan year, you must notify Human Resources, and update your coverage selection using the EmployDrive Self Service Portal. You may be asked to provide documentation to support the Qualifying Event change.

WHO'S ELIGIBLE?

Active employees working 30 or more hours per week are eligible to participate in the Optomi Benefits Program.

You may also enroll your eligible dependents for coverage under the same plans you choose for yourself.

Eligible dependents include:

- Legal Spouse
- Natural, adopted, or stepchildren up to age 26

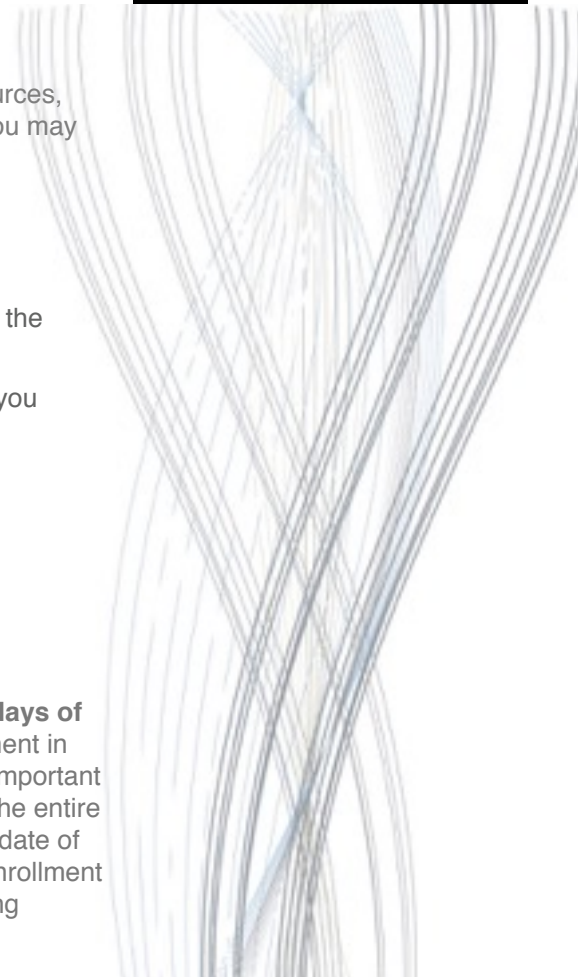
WHEN COVERAGES BEGIN

You are eligible for the benefits described on the first of the month after 30 days of full-time employment. You must complete your Medical, Dental & Vision enrollment in the EmployDrive Self Service Portal before you become eligible for the plan. It is important to choose your benefits carefully, because the choices you make will be fixed for the entire plan year, December 1 - November 30 (or portion thereof based on your effective date of coverage). Your benefit elections cannot be changed until the next annual open enrollment period, usually held in November of each year—unless you experience a Qualifying Event (see above).

Enrollment Checklist
Read All Materials

Ask Any Questions
before You Complete
Materials

Complete Your Enrollment
in the EmployDrive Self
Service Portal



MEDICAL BENEFITS

Optomi employees are offered medical plans administered through Humana. You have the choice of two Point of Service (POS) plans. Both plans feature National provider networks and Open Access. No referrals are necessary. Participating providers can be found at humana.com: search under "National POS - Open Access" for Please see the plan review on the following pages for a snapshot and the full plan designs in the EmployDrive Self Service Portal for details.



Medical Plans	Humana 3000 NPOS	Humana 1000 NPOS
NPOS	*In-Network	*In-Network
Lifetime Maximum	Unlimited	Unlimited
PCP Office Copay	\$25 copay	\$25 copay
Specialist Office Copay	\$55 copay	\$55 copay
Preventive Care (well-child & adult preventive)	100% (copay and deductible waived)	100% (copay and deductible waived)
Calendar year deductible	\$3,000 (ind) \$6,000 (fam)	\$1,000 (ind) \$2,000 (fam)
Coinsurance	100% / 0%	80% / 20%
Out of Pocket (excludes deductible)	None	\$3,000 (ind) \$6,000 (fam)
Prescription Drugs (30 day) RX Deductible Level 1 Level 2 Level 3 Level 4	\$250 (ded applies to tier 2,3,4) \$10 copay \$45 copay \$70 copay 25%	N/A \$10 copay \$40 copay \$65 copay 25%
Emergency Room Copay	\$250 copay	\$250 copay
Urgent Care Copay	\$75 copay	\$75 copay
	*Make sure to review your benefit summaries for out-of-network benefits	

Looking for help with a claim or
have a benefit question?

Phone - 855.288.2261

Fax - 404.963.0665

Email - admin@synergybenefits.com



Humana Vitality[®]

Want to save 10% on your medical premiums and earn points towards over 300,000 items?

HumanaVitality is a leading wellness and rewards program that inspires people to live healthier lives. To get engaged enroll as a member at www.humanavitality.com.

For more information, watch this video:
<https://www.humana.com/vitality/>

Ready, set, earn

Simple steps to a healthier you

- ✓ Get on track to make a healthy change
- ✓ Establish goals based on your personal health
- ✓ Get out, get active, and achieve your goals
- ✓ Turn completed goals into great rewards
- ✓ Earn up to 10% savings, for use on a future purchase at Walmart[®], when you buy Great For You^{™†} healthier foods at Walmart and with your Vitality HealthyFood[™] Shopping Card

DENTAL & VISION BENEFITS



DENTAL BENEFITS

Optomi employees are offered a dental plan administered by Humana. Participating Dentists can be found at humana.com, by searching using the PPO network. If you choose NOT to enroll in our dental plan when you are first eligible, then you may be considered a late entrant unless you have prior dental coverage. Late entrants have penalties on some services. See your benefit summary for more details.

Dental Plan	Humana National PPO	
	In-Network	Out-of-Network
Calendar Year Deductible	\$50 (ind) \$150 (fam)	
Calendar Year Maximum	\$1,000 per covered member	
Preventive & Diagnostic Care	100%, deductible waived	100%, deductible waived
Basic Treatment	80% after deductible	80% after deductible
Major Treatment	50% after deductible	50% after deductible
Orthodontia	not covered	not covered



VISION BENEFITS

Optomi employees are offered a vision plan administered by Humana. Members have access to the largest network of both large chain stores, as well as independent providers. Vision providers can be found at humana.com by using the Vision Care Plan network. See your benefit summary for more details.

Vision Plan	Humana Nation Vision
	Network Benefits
Exam (every 12 months)	\$10 copay
Frames (every 24 months)	\$125 retail / \$50 wholesale allowance
Lenses (every 12 months)	\$110 allowance
Contacts (every 12 months) Conventional/ Disposable	\$110 allowance (contacts are in lieu of glasses)
	*Make sure to review your benefit summaries for out-of-network benefits



ACCIDENT BENEFITS

Why do I need accident coverage?

Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.

Accident plan:

- Covers off-the-job accidents
- Can cover you, your spouse and your children
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated
- Has no limit to the number of accidents covered in a specified timeframe

ACCIDENT	DESCRIPTION	LOW OPTION	HIGH OPTION
Accident medical expenses	<ul style="list-style-type: none"> • Pays actual charges, up to the amount selected • Pays for doctor's treatment or treatment in an emergency room 	\$1,000	\$2,000
Ambulance	<ul style="list-style-type: none"> • Pays actual charges, up to the amount selected • Covers ground/air 	\$150/\$300	\$300/\$600
Hospital Confinement	<ul style="list-style-type: none"> • Pays a daily benefit • Payable for up to 30 days per accident 	\$150/day	\$300/day
First Hospitalization	<ul style="list-style-type: none"> • Pays upon initial hospitalization • Payable once per calendar year 	\$500	\$1,000
Bone fracture and dislocation	<ul style="list-style-type: none"> • Pays a percentage of the benefit according to schedule 	\$1,500	\$3,000
Accidental Death & Dismemberment	<ul style="list-style-type: none"> • Pays a benefit due to an accidental death • Pays a percentage of the benefit according to schedule for dismemberment or loss of sight 	\$50,000	\$75,000

CRITICAL ILLNESS BENEFITS

Why do I need critical illness and cancer coverage?

U.S. men have a 1 in 2 risk of developing cancer; for women, the risk is 1 in 3.

– American Cancer Society

A critical illness and cancer plan:

- Pays a lump sum benefit directly to you, unless otherwise designated
- Provides a benefit that can be used as you wish
- Pays in addition to any other coverage you may have
- Can cover you, your spouse and your children

Critical Illness		YOUR BENEFIT AMOUNT OF \$10,000 OR \$15,000 IS PAYABLE WITHIN EACH CATEGORY	
VASCULAR	OTHER CRITICAL ILLNESS	CANCER	
<p>Pays 100% of benefit amount for:</p> <ul style="list-style-type: none"> • Stroke • Heart attack • Transplant as a result of heart failure <p>Pays 25% of benefit amount upon completion of bypass surgery as a result of coronary artery disease</p>	<p>Pays 100% of benefit amount for:</p> <ul style="list-style-type: none"> • Transplant, other than heart • Severe burns • End stage renal failure • Coma • Loss of sight, speech or hearing • Occupational HIV • Permanent paralysis due to an accident 	<p>Pays 100% of benefit amount for internal cancer or malignant melanoma</p> <p>Pays 25% of benefit amount for diagnosis of carcinoma in situ</p>	

CONTACT INFORMATION

Important plan information for your Optomi Benefits Program

Plan	Administrator	Website or Email	Phone Number
Optomi Benefits Center	Synergy Benefits	Website: www.synergybenefits.com Email: administrator@synergybenefits.com	855-288-2261
Optomi Human Resources	Optomi	www.optomi.com	678-250-0820
Medical Benefits	Humana	www.humana.com	866-427-7478
Dental Benefits	Humana	www.humana.com	866-427-7478
Vision Benefits	Humana	www.humana.com	866-427-7478
Accident Benefits	Humana	www.humanavoluntarybenefits.com	800-327-9728
Critical Illness Benefits	Humana	www.humanavoluntarybenefits.com	800-327-9728
Employee Assistance Program	Humana	www.humana.com/eap	866-440-6556

2015-16 - YOUR BENEFITS COSTS

Below are the payroll deductions for your Optomi Benefit Plans. After you enroll you will only be able to make changes to your benefits if you have a qualifying event (see page 3). You must notify HR and update the EmployDrive Self Service Portal with changes.

Medical		
Semi Monthly Deductions	Humana 3000 NPOS	Humana 1000 NPOS
Employee	\$161.25	\$182.22
Employee + Spouse	\$322.54	\$364.44
Employee + Child(ren)	\$306.42	\$346.22
Employee + Family	\$499.94	\$564.89
Dental		
Semi Monthly Deductions	Dental PPO	
Employee	\$19.24	
Employee + Spouse	\$43.44	
Employee + Child(ren)	\$37.05	
Employee + Family	\$61.96	
Vision		
Semi Monthly Deductions	PPO	
Employee	\$3.12	
Employee + Spouse	\$6.29	
Employee + Child(ren)	\$5.98	
Employee + Family	\$9.39	
Accident and Critical Illness		
	Deductions based on plan selection and ages	

Employees cannot change the benefit election until the next plan year (October 1, 2016), unless there is a change in family status (Please see page 3 for Qualifying Events description)

Prior to October 1st next year you will be offered the opportunity to change your benefit elections for the following plan year. Your pre-tax pay reduction will continue in the amount of the required contribution for these benefit options and will automatically be adjusted to reflect that increase or decrease.

Payroll deductions for medical & dental are made on a pre-tax basis under a Section 125 plan. If you do not wish to participate in our Section 125 plan please notify Human Resources.



ADDITIONAL BENEFIT INFORMATION - NOTICES

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits 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
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following a mastectomy is a matter to be determined by the patient and her physician.

Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements. If you would like more information about WHCRA required coverage, you can contact a Optomi HR staff member at 500 Colonial Center PKWY, STE 140 Roswell, GA 30076; 678-250-0820.

Medicare Part D

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Humana 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: 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.

Humana has determined that the prescription drug coverage offered by Optomi's POS/PPO 1 and POS/PPO 2 is, on average for all plan participants, expected to pay out as much as 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 penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. 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.

If you decide to join a Medicare drug plan, your current Optomi coverage will not be affected. However, the Optomi Prescription Drug Plan will not coordinate with Medicare Part D.

ADDITIONAL BENEFIT INFORMATION - NOTICES

If you do decide to join a Medicare drug plan and drop your current Optomi prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back until the next annual enrollment.

You should also know that if you drop or lose your current coverage with Optomi 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 a Optomi HR staff member at 500 Colonial Center PKWY, STE 140 Roswell, GA 30076; 678-250-0820. 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 Optomi 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
- 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 Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

HIPAA 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 or 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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, adoption, or placement for adoption.



ADDITIONAL BENEFIT INFORMATION - NOTICES

Effective April 1, 2009 special enrollment rights also exist in the following circumstances:

If you or your dependents experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or

If you or your dependents become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium.

Note: In the two above listed circumstances only, you or your dependents will have sixty (60) days to request special enrollment in the group health plan coverage. An individual must request this special enrollment within sixty (60) days of the loss of coverage described at bullet one, and within sixty (60) days of when eligibility is determined as described at bullet two.

To request special enrollment or obtain more information, contact a Optomi HR staff member at 500 Colonial Center PKWY, STE 140 Roswell, GA 30076; 678-250-0820.

Notice of Availability

Optomi Instrument Employee Health Benefit Plan
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

The Optomi Instrument Employee Health Benefit Plan (the "Plan") provides health benefits to eligible employees of Optomi (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI.

To receive a copy of the Plan's Notice of Privacy Practices you should contact the Optomi Plan Administrator, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at: Optomi HR Department, 500 Colonial Center PKWY, STE 140 Roswell, GA 30076; 678-250-0820.