



# OPTOMI™

## BENEFITS OPEN ENROLLMENT 2021

CONSULTANTS



# ▶ WELCOME TO OPTOMI'S 2021 OPEN ENROLLMENT!

## Open enrollment refers to your opportunity to:

- Change plans
- Enroll in benefits
- Cancel benefits
- Add or remove dependents to your benefits  
> eligible dependents are your legal spouse and dependent children

Any changes that you make during Open Enrollment will go into effect on January 1st, 2021.

## Eligibility

Full-time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in Optomi benefits. Benefits are effective the first of the month following 30 days of employment.

## Mid-year benefits changes

Outside of your annual Open Enrollment period, you may be eligible to make certain benefits changes during the middle of the year. Please refer to your Summary Plan Description (SPD) for specifics, but examples of when you might be able to make mid-year changes are:

- Marriage or Divorce
- Birth, Death, or Adoption
- Change in Eligibility Status

## What's changing for 2021?

You will also have the opportunity to enroll in a Health Savings Account to save money, pre-tax, to pay for your medical expenses. Additionally, you can invest these funds once you reach the required minimum balance.



This booklet is intended as a convenient summary of all major points of your benefits plan. This booklet does not cover all provisions, limitations, and exclusions. The official plan documents, policies, and certificates of insurance govern in all cases and are available for your inspection at any time.



## Need Help?

Contact your Client Advocate! **Amber McKnight at OneDigital** is on call to assist you with any of your benefits and claims questions or concerns.

- Need help understanding your benefits?
- Have questions regarding a claim or bill?

Call or email **Amber McKnight** for swift and confidential assistance.

**Phone: 1.404.846.4852**

**Toll-Free: 1.800.304.6157**

**Email: [amcknight@onedigital.com](mailto:amcknight@onedigital.com)**



Medical, Dental, Vision, & Mail  
Order Pharmacy  
Anthem

Medical Tel.: 1.855.397.9269

Dental Tel.: 1.877.604.2158

Vision Tel.: 1.866.723.0515

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[www.anthem.com](http://www.anthem.com)



Life

Anthem Life

Tel.: 1.800.851.8544

[www.anthem.com](http://www.anthem.com)



Employee Assistance Program

Anthem Life

Tel.: 1.888.209.7840

[www.ResourceAdvisor.anthem.com](http://www.ResourceAdvisor.anthem.com)



Travel Assistance

Anthem Life

Tel.(U.S./Canada): 1.866.295.4890

Tel.(other locations): 1.202.296.7482

[www.anthem.com](http://www.anthem.com)

## ▶ CHOOSE YOUR MEDICAL PLAN!

Your medical plans will be offered through Anthem for the 2021 plan year. Please review your plan summaries or SBCs for out-of-network coverage information and full plan details.

Medical   Anthem	HSA OAP8 5,000/20%/6,900 (In-Network)	Buy-Up 1 - OAP5 3,000/0%/5,750 AE (In-Network)	Buy-Up 2 - OAP5 1,000/20%/4,000 AE (In-Network)
Free Preventive Care	You pay \$0	You pay \$0	You pay \$0
For the <b>HSA Plan</b> , you pay Out-of-Pocket for Office Visits until you reach your Deductible. Then you pay 20% Coinsurance.	<b>PCP Visit:</b> 20% after Deductible <b>Specialist Visit:</b> 20% after Deductible <b>Telehealth Visit:</b> \$59 <b>Urgent Care Visit:</b> 20% after Deductible <b>Emergency Room Visit:</b> 20% after Deductible	<b>PCP Visit:</b> \$25 <b>Specialist Visit:</b> \$50 <b>Telehealth Visit:</b> 12 Free Live Health Online visits <b>Urgent Care Visit:</b> \$75 <b>Emergency Room Visit:</b> \$250 Copay	<b>PCP Visit:</b> \$25 <b>Specialist Visit:</b> \$50 <b>Telehealth Visit:</b> 12 Free Live Health Online visits <b>Urgent Care Visit:</b> \$75 <b>Emergency Room Visit:</b> \$250 Copay
For the <b>Buy-Up Plans</b> , first you are subject to a Copay for Office Visits.			
Should you receive any <b>Inpatient or Outpatient Care</b> (surgeries, x-rays, lab tests), you are subject to the Individual <b>Deductible</b> .	<b>Individual Deductible:</b> \$5,000 <b>Family Deductible:</b> \$10,000	<b>Individual Deductible:</b> \$3,000 <b>Family Deductible:</b> \$6,000	<b>Individual Deductible:</b> \$1,000 <b>Family Deductible:</b> \$2,000
Then, you are subject to the member <b>Coinsurance</b> for any further additional expenses.	<b>Member Coinsurance:</b> You pay 20% of any additional inpatient or outpatient expenses	<b>Member Coinsurance:</b> You pay 0% of any additional inpatient or outpatient expenses	<b>Member Coinsurance:</b> You pay 20% of any additional inpatient or outpatient expenses
If your total expenses (Copays + Deductible + Coinsurance) accumulate to the <b>Out-of-Pocket Maximum</b> , you are then covered 100% for the rest of the year.	<b>Individual Out-of-Pocket Maximum:</b> \$6,900 <b>Family Out-of-Pocket Maximum:</b> \$13,800	<b>Individual Out-of-Pocket Maximum:</b> \$4,000 <b>Family Out-of-Pocket Maximum:</b> \$8,000	<b>Individual Out-of-Pocket Maximum:</b> \$3,000 <b>Family Out-of-Pocket Maximum:</b> \$6,000
Prescriptions   Anthem	HSA OAP8 5,000/20%/6,900 (In-Network)	Buy-Up 1 - OAP5 3,000/0%/5,750 AE (In-Network)	Buy-Up 2 - OAP5 1,000/20%/4,000 AE (In-Network)
For the <b>HSA Plan</b> once you meet your Deductible, you pay 20% Coinsurance.	Tier 1 – 20% after Deductible Tier 2 – 20% after Deductible Tier 3 – 20% after Deductible	Tier 1 – \$10 Tier 2 – \$45 Tier 3 – \$90	Tier 1 – \$10 Tier 2 – \$40 Tier 3 – \$70
For the <b>Buy-Up Plans</b> , you pay a Prescription Copay.	Tier 4 – 20% after Deductible	Tier 4 – 25% Up to \$500 Maximum	Tier 4 – 25% Up to \$500 Maximum
<b>If your total plan expenses (Copays + Deductible + Coinsurance) accumulate to the Out-of-Pocket Maximum, you are then covered 100% for the rest of the year.</b>			
Medical Rates (Semi-Monthly Contributions)	HSA OAP8 5,000/20%/6,900 (In-Network)	Buy-Up 1 - OAP5 3,000/0%/5,750 AE (In-Network)	Buy-Up 2 - OAP5 1,000/20%/4,000 AE (In-Network)
Employee Only	\$226.92	\$316.65	\$329.40
Employee + Spouse	\$453.85	\$633.31	\$658.79
Employee + Child(ren)	\$431.16	\$601.64	\$625.85
Family	\$703.46	\$981.62	\$1,021.12

## ▶ HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified health care expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. The funds can be taken out via payroll deductions and are deposited into the account for future use. In order to contribute to an HSA, you must be enrolled in Optomi's High Deductible Health Plan.

## ▶ TRAVEL ASSISTANCE COVERAGE

Optomi offers employees a worldwide travel assistance program which provides services 24 hours a day, 7 days a week, when traveling 100 or more miles away from home. This emergency service can arrange and facilitate medical care, medical referrals, emergency medical evacuation, help refill lost, stolen or depleted prescription drugs, assist with lost/delayed luggage and much more. This benefit is offered through Anthem Life.

## ▶ EMPLOYEE ASSISTANCE PROGRAM

Optomi provides a confidential Employee Assistance Program (EAP) to you and members of your household. Examples of services provided by the EAP include financial counseling, professional help with drug/alcohol dependence and grief counseling. Services provided are completely confidential and available 24 hours a day, 7 days a week. This benefit is offered through Anthem Life.

## ▶ ACCESSORIZE WITH DENTAL & VISION BENEFITS

Your dental and vision coverages are offered through Anthem for the 2021 plan year. Please review your plan summaries or policy for full plan details.

Dental   Anthem	Base Plan In/Out-of-Network	Buy-Up Plan In/Out-of-Network
<b>Annual Deductible</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Coinsurance</b>		
Preventive	100%	100%
Basic	20%	20%
Major	50%	50%
<b>Orthodontia (Up to age 19)</b>	N/A	50%
<b>Orthodontia Lifetime Maximum</b>	N/A	\$1,000
<b>Annual Plan Maximum</b>	\$1,000	\$1,500
Dental Rates (Per Pay Period)	Base Plan	Buy-Up Plan
Employee Only	\$16.33	\$19.95
Employee + Spouse	\$32.81	\$40.07
Employee + Child(ren)	\$39.45	\$48.35
Family	\$55.93	\$68.42

Vision   Anthem	In-Network	Out-of-Network Reimbursement
<b>Eye Exam</b>	\$10 Copay	\$30 Allowance
<b>Lenses</b>		
Single Vision	\$10 Copay	\$25 Allowance
Bifocal	\$10 Copay	\$40 Allowance
Trifocal	\$10 Copay	\$55 Allowance
<b>Frames</b>	\$130 Allowance	\$45 Allowance
<b>Contact Lenses</b>		
Disposable	\$130 Allowance	\$105 Allowance
Conventional	\$130 Allowance	\$105 Allowance
Medically Necessary	Covered 100%	\$210 Allowance
Vision Rates (Per Pay Period)		
Employee Only		\$2.84
Employee + Spouse		\$5.73
Employee + Child(ren)		\$5.44
Family		\$8.55

## ▶ PROTECT YOURSELF WITH LIFE BENEFITS

### Life Benefits

Life and AD&D coverage helps provide financial protection to your loved ones in the event of your death. Your designated beneficiaries will receive a cash payment from the insurance provider.

### Voluntary Life and Accidental Death & Dismemberment (AD&D)

- Employees can elect Voluntary Life and AD&D for the employee, spouse, and dependent children.
- The cost is based on the amount you purchase and your age at the time of purchase. You can calculate your cost while enrolling in the Optomi's Employdrive employee portal.

Employee Coverage	Spouse Coverage	Child Coverage
Increments of \$10,000 up to a maximum of \$500,000, not to exceed 5x your earnings	Increments of \$5,000 up to \$250,000, not to exceed 50% of the employee election	Increments of \$5,000, up to \$10,000, not to exceed 50% of the employee election
<b>Guarantee Issue:</b> \$100,000	<b>Guarantee Issue:</b> \$25,000	<b>Guarantee Issue:</b> \$10,000

Please be advised that should you reach age 65, your coverage will reduce by 35%. Should you reach age 70, your coverage will reduce by 50%.

100% Employee Paid

