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## Plan Benefit Guide

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Eligibility	Dental and Vision	Supplemental Life	Supplemental AD&D
1.Salaried Employees 2.Full-Time Hourly (*working 30 hours or more)	Eligible after 1 <sup>st</sup> of month following 60 days of employment	Eligible after 1 <sup>st</sup> of month following 60 days of employment	Eligible after 1 <sup>st</sup> of month following 60 days of employment
All Employees working 20 hours or more	Eligible after 1 <sup>st</sup> of month following 60 days of employment	Not Eligible	Eligible after 1 <sup>st</sup> of month following 60 days of employment

\*As determined and measured by employer.

**Please note:** Your employer may not offer the dental, vision, supplemental life and/or AD&D plans above. Please check with your employer or call the Health+ Service Center to see if dental, vision, supplemental life and/or AD&D benefits are available.

### General Information

#### Eligible Dependents for Dental, Vision, Supplemental Life and AD&D Plans

1. The lawful spouse of an eligible employee; or
2. The married or unmarried child of an eligible employee who has not attained their twenty-sixth (26<sup>th</sup>) birthday.

The term "lawful spouse," as used above, means an eligible employee's same or opposite-sex spouse, provided that such individual is legally recognized as the eligible employee's spouse in any jurisdiction (such as a State or foreign country), and even if the individual is not recognized as the eligible employee's spouse in the employee's State of residence.

The word "child," as used above, will include an eligible employee's natural child, a legally adopted child (including a child in the custody of the employee under an interim court order of adoption, whether or not a final adoption order is ever issued), a stepchild, a foster child, or a child for whom legal guardianship has been granted, but excludes a child who is eligible for employee coverage under this Plan.

Should an employee have a child covered under the Plan who reaches the age at which the child would otherwise cease to be a covered person and if such child is then mentally or physically handicapped and incapable of earning his own living, the Plan will continue to consider such child as a dependent beyond such age, while such child remains in such condition, subject to all of the terms of the Plan, provided the employee has, within thirty-one (31) days of the date on which the child attained such age, submitted proof of the child's incapacity, as described above.

### Coverage Levels

Under this health program, you may choose dental, vision, supplemental life and AD&D coverage for:

- Yourself only
- Yourself plus your spouse
- Yourself plus dependent child(ren)
- Yourself plus your entire family (spouse and children)

***This is a general summary of benefits. If there are discrepancies between this information and the plan document, the information in the plan document prevails.***

All employee contributions will be automatically made on a pre-tax basis.

Renewal date of the program will be May 1.

The dental benefits are offered through a self-funded program sponsored by your employer. Participating physician, hospital, prescription drug and dental program information can be obtained via <http://provider.bcbs.com/>.

Vision insurance program offered through United HealthCare. Search for providers by calling 800-839-3242 or visiting [www.myuhcvision.com](http://www.myuhcvision.com).

Life insurance programs offered through CIGNA.

## **Health Plans**

### **Premiums/Enrollments/Changes**

The Health+ Program has established a plan that allows the deductions for health care costs to be made on a pre-tax basis. This is a Flexible Benefits Plan and it effectively decreases your cost of the dental plans, vision plan, and supplemental life and AD&D.

***Please read the Flexible Benefits Plan guidelines below.***

- When you elect to participate in the dental plans, vision plan, and Supplemental Life and AD&D plans you automatically elect to participate in the Flexible Benefits Plan.
- **Enrollment and changes for these plans are allowed at the following times only:**
  - Within 60 days from date of hire or date you moved into an eligible class.
  - During the annual open enrollment period each year.
  - When a change in the family status occurs—changes to insurance must be received by the Health+ Service Center **within 30 days** of change in family status.
- **IRS recognized changes in family status:**
  1. Marriage or divorce.
  2. Death of spouse or dependent.
  3. Birth or adoption of child.
  4. Termination or commencement of spousal health benefits.
  5. Going from part-time status to full time or from full-time status to part time.
  6. You or your spouse takes an unpaid Leave of Absence.

***Any change in coverage that is due to a change in family status must be necessary or appropriate as a result of that change in family status.***

- **When coverage ends**

Medical, dental and vision coverage for you and your covered dependents normally ends on the date following:

  1. Termination of your employment for any reason.
  2. Loss of eligibility for you or your dependents.
  3. Coverage ends at the end of month of your dependent child's 26<sup>th</sup> birthday.
  4. The cessation of your contributions.
  5. Cancellation of coverage by the company.

# Health+ Vision Plan

The Health+ vision plan utilizes the UnitedHealthcare Vision network. Participating physician information can be obtained via myuhcvision.com. United Healthcare Vision has partnered with the Laser Vision Network of America (LVNA) to offer members access to discounted laser correction providers. Call 1-877-28-SIGHT.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>COPAYS</b>		
Comprehensive Exam	\$10 copay	n/a
Materials	\$10 copay	n/a
<b>BENEFITS</b>		
Eye Exam	Covered in full	\$40 allowance
Lenses		
Single Vision	Covered in full	\$40 allowance
Lined Bifocal	Covered in full	\$60 allowance
Lined Trifocal	Covered in full	\$80 allowance
Lenticular	Covered in full	\$80 allowance
Frames		
Frames	Covered in full	\$45 allowance
Retail	\$150 allowance	\$45 allowance
Contact Lenses (in lieu of lenses and frames)		
Covered Selection Contacts	Up to 6 boxes	Up to \$150
Non-Selection Contacts	Up to \$150	Up to \$150
Necessary Contacts	100%	Up to \$210
<b>FREQUENCY</b>		
Eye Exam		12 months
Lenses		12 months
Frames		24 months
Contact Lenses		12 months

# Health+ Dental Plan

BENEFITS	HIGH OPTION	LOW OPTION
	IN-NETWORK	IN-NETWORK
<b>DEDUCTIBLE</b>		
Applies to classes 1, 2 and 3	\$25 individual \$75 family	\$50 individual \$150 family
<b>COINSURANCE</b>		
Class 1: Preventive Services	100%	100%
Class 2: Basic Restorative Services	80%	80%
Class 3: Major Restorative Services	50%	50%
Class 4: Orthodontic Services	50%	50%
<b>PLAN YEAR BENEFIT MAXIMUM</b>		
Per individual. Applies to classes 1, 2 and 3	\$1,500	\$1,000
<b>LIFETIME ORTHODONTIC BENEFIT MAXIMUM</b>		
Covered benefit up to age 19. Maximum is per individual	\$1,500	\$1,500
<b>CLASS 1: PREVENTIVE SERVICES</b>	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).
<b>CLASS 2: BASIC RESTORATIVE SERVICES</b>	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.
<b>CLASS 3: MAJOR RESTORATIVE SERVICES</b>	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.
<b>CLASS 4: ORTHODONTIC SERVICES</b>	Initial exam, charting, appliances, retention.	Initial exam, charting, appliances, retention.

The Health+ dental plans utilize the National BlueCard® PPO Network. All employee contributions should be made on a pre-tax basis. Renewal date of the program will be May 1. Participating physician and hospital information can be obtained via <http://www.cbabluevt.com/dental>.

# Health+ Supplemental Life Insurance

ELIGIBILITY	<p>All Salaried Full-time employees may purchase up to \$100,000</p> <p>All Hourly Full-time employees may purchase up to \$50,000</p> <p>Guaranteed Issue: \$50,000</p> <p>Not offered to part-time employees</p>
DEPENDENT ELIGIBILITY	Employees must participate in voluntary plan for dependents to participate
BENEFIT AMOUNT	Increments of \$10,000 Up to a maximum of \$100,000
MAXIMUM BENEFIT AMOUNT	Salaried Full-time - \$100,000 Hourly Full-time - \$50,000
SPOUSE LIFE BENEFIT	50% of employee-only coverage Increments of \$5,000 Up to a maximum of \$50,000
CHILD LIFE BENEFIT	Coverage begins at age 14 days to six months at \$500 Six months to 25 years in increments of \$5,000 Up to a maximum of \$10,000
GUARANTEED ISSUE	Salaried Full-time - \$50,000 Hourly Full-time - \$50,000
DEPENDENT GUARANTEED ISSUE	Spouse: \$10,000 Child: all guaranteed issue
MEDICAL UNDERWRITING REQUIREMEN	At initial eligibility no medical underwriting is required. If you choose to waive coverage at this time, but at a later date decide to enroll, medical underwriting will be required for any amount of supplemental term life insurance and insurer must approve coverage.
AGE REDUCTION SCHEDULE	Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
SUICIDE EXCLUSION	No death benefits will be paid if insured commits suicide during the first two years of coverage. This two-year suicide exclusion also applies to all later increases in coverage.

# Health+ Supplemental AD&D Insurance

ELIGIBILITY	<p><b>Class 1:</b> All salaried and full-time hourly employees may purchase up to \$100,000</p> <p><b>Class 2:</b> All part-time hourly employees working an average of 20 hours or more per week may purchase up to \$50,000</p>
EMPLOYEE MAXIMUM BENEFIT AMOUNT	Class 1: Increments of \$10,000 up to \$100,000 Class 2: Increments of \$10,000 up to \$50,000
SPOUSE MAXIMUM BENEFIT AMOUNT	Class 1: Increments of \$5,000 up to \$50,000 Class 2: Increments of \$2,000 up to \$10,000
CHILD MAXIMUM BENEFIT AMOUNT	Class 1: Increments of \$5,000 up to \$25,000 Class 2: Increments of \$2,000 up to \$10,000
AGE REDUCTION SCHEDULE	Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
LOSS OF LIFE	100% of the principal sum in the event of accidental loss of life occurring within 365 days of a covered accident
LIVING	Up to 100% of the principal sum for paralysis, dismemberment, loss of eyesight and speech and hearing in both ears
COMA	1% per month for 11 months, then 100% of principal sum after 12 <sup>th</sup> month
DISMEMBERMENT	One member: 50% of principal sum Two members: 100% of principal sum Thumb and Index: 25% of principal sum All four fingers/same: 25% of principal sum All toes: 20% of principal sum
PARALYSIS	One hand or one foot and sight in one eye: 100% of principal sum Total paralysis of upper and lower limbs (quadriplegia): 100% Total paralysis of both lower limbs (paraplegia): 75% Total paralysis of upper and lower limbs on one side of body (hemiplegia): 50% Total paralysis of one upper or one lower limb (uniplegia): 25%
SIGHT IN ONE EYE	50%
SPEECH AND HEARING	100%
SPEECH OR HEARING	50%