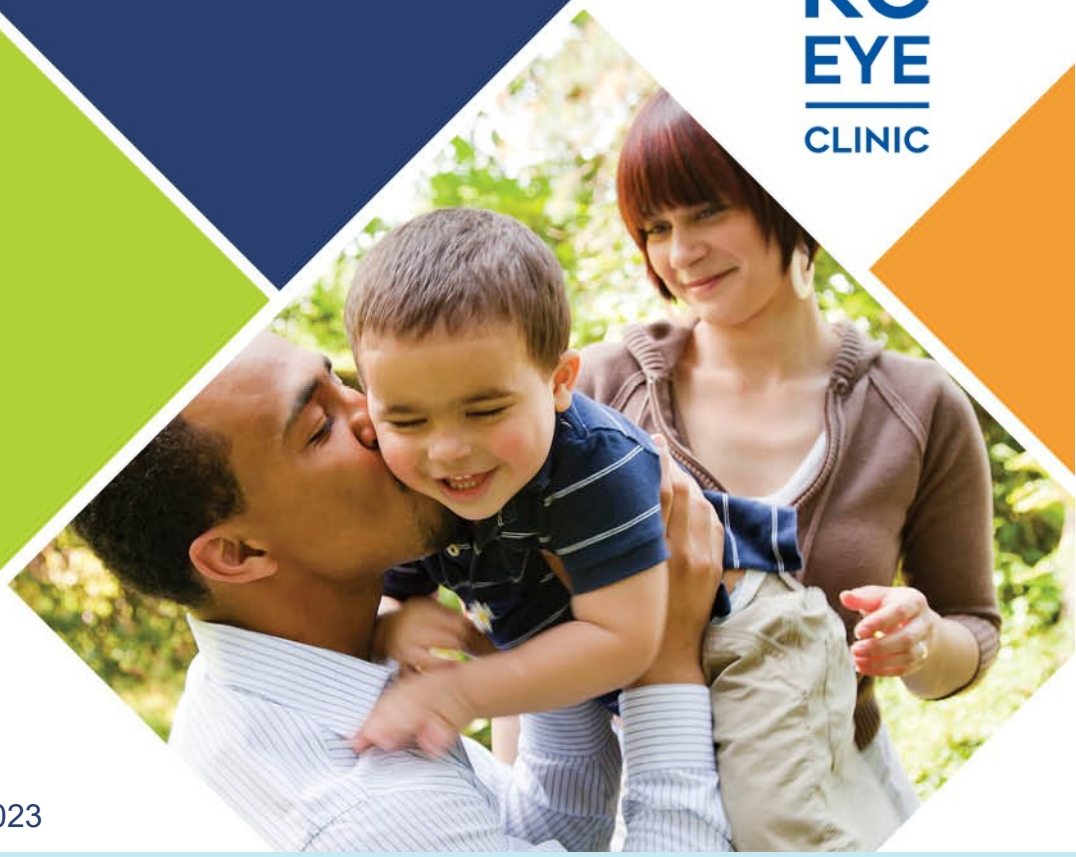
KC EYE CLINIC

HEALTH

WELLNESS

FINANCIAL



2023

BENEFITS GUIDE

January 1, 2023—December 31, 2023

WELCOME **Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.**

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days from your date of hire.

  If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2023—December 31, 2023.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—*When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

Medical Plans

Kansas City Eye Clinic is proud to offer you a choice between three different medical plans with Blue Cross Blue Shield KC

Key Medical Benefits	PCB PPO $3000	PCB Blue Saver HSA $4000	BSP Spira Care EPO $3,500
	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)			
Individual / Family	$3,000 / $6,000	$4,000 / $8,000	$3,500 / $7,000
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	$5,000 / $10,000	$5,500 / $11,000	$3,500 / $7,000
Covered Services			
Office Visits (physician/specialist)	$40 / $40 copay	Ded. + 20%	$0 Copay at Spira Care / Deductible
Routine Preventive Care	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	Ded. + 20%	Ded. + 20%	$0 Copay at Spira Care
Complex Imaging	Ded. + 20%	Ded. + 20%	Deductible
Chiropractic	Ded. + 20%	Ded. + 20%	Deductible
Ambulance	Ded. + 20%	Ded. + 20%	Deductible
Emergency Room	$100 copay + Ded. + 20%*	Ded. + 20%	Deductible
Urgent Care Facility	$40 copay	Ded. + 20%	Deductible
Inpatient Hospital Stay	Ded. + 20%	Ded. + 20%	Deductible
Outpatient Surgery	Ded. + 20%	Ded. + 20%	Deductible
Prescription Drugs (Tiers)			
Retail Pharmacy (30-day supply)	$15 / $70 / $110 / $200	Ded. + 20%	$15 / $50 / Deductible
Mail Order (90-day supply)	$37.50 / $175 / $275	Ded. + 20%	$15 / $125 / Deductible

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**
- **HSA through Optum Bank**

Important: Your contributions may not exceed the annual IRS limits listed below. Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans[2], retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

HSA Contributions	2023 Limit
Employee Only	$3,850
Family (employee + 1 or more)	$7,750
Catch-up (age 55+)	$1,000

[1] Tax free under federal tax law; state taxation rules may apply
[2] You must be enrolled in a qualified health plan to contribute to an HSA.

Dental Insurance

Guardian: This plan offers you the freedom and flexibility to use the dentist of your choice within the Guardian network.. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Guardian Dental Guard Preferred network. Following is a high-level overview of the coverage available.

Key Dental Benefits	Guardian	
	In Network	Out-of-Network
Deductible (per calendar year)		
Individual / Family	$50 / $150	
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	$1,000 + Rollover (Threshold: $500 / Rollover Amount: $250 / Rollover Bonus: $350 / Account Limit: $1,000	
Covered Services		
Preventive Services *Oral exams/cleanings/x-rays/fluoride for 14 yrs and under*	No charge	No charge
Basic Services *Fillings*	10%	20%
Major Services *Bridges/Periodontics/Endodontics/Dentures/Root Canals*	40%	50%

Depending on the plan's annual maximum, an individual's claims dollars for the year must not exceed a certain amount called the "threshold". If the threshold is not exceeded, an individual can rollover the set Maximum Rollover Amount that is pre-determined based on the annual maximum. To encourage in-network care, more money is rolled over if in-network dentists are used exclusively during the benefit year. The Maximum Rollover Limit is the most money that can be kept in the Maximum Rollover Account.

Consider the following example: if a plan's annual maximum is $1,500, up to $500 of unused annual maximum could be rolled over to the next year as long as in-network dentists are used exclusively and annual claims do not exceed $700. In this case, the Maximum Rollover Account Limit would be $1,250.

Flexible Spending

Kansas City Eye Clinic provides you with an opportunity to participate in two different Flexible Spending Accounts (FSAs) administered through TASC. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income tax, Social Security tax, and Medicare tax.

Health Care FSA

For 2023, you may contribute up to $2,500 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2023, you may contribute up to $5,000 (per family) to cover eligible dependent care expenses ($2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds up to $500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over $500 will NOT be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through March 15, 2024 and must file claims by March 31, 2024

Contacts

Your contributions toward the cost of benefits are automatically deducted from your pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Coverage	Carrier	Phone #	Website/Email
Medical	BCBSKC	(800) -448-6262	www.mybluekc.com
Dental	Guardian	(800)-441-6455	www.guardiananytime.com
Flexible Spending Accounts (FSAs)	TASC	See HR	See HR
Health Savings Account	UMB	(866) 520-4472	www.hsa.umb.com

Questions?

If you have additional questions, you may also contact:

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