



# Employee **BENEFITS GUIDE** for

..... **ACUITY SURGICAL DEVICES, LLC** .....



October 1, 2017

**IQ**CONSULTING  
BENEFITS • COMPLIANCE • WELLNESS

# EMPLOYEE BENEFITS GUIDE

**Welcome to your Acuity Surgical Benefits Guide.** We take great pride in offering an excellent selection of benefits to all full-time employees. This guide provides quick access to information about your employee benefits program, which is an important part of your total compensation package. Please take a few moments to familiarize yourself with the benefit programs available to you as part of the Acuity Surgical family.

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**DISCLAIMER:** The information provided in this booklet is for summary purposes only, and is not a comprehensive explanation of benefits or legal document. Please refer to the full Summary Plan Description provided by the insurance companies. In the event of a discrepancy between the Summary Plan Description and this document, the carriers' Summary Plan Description will prevail.

## ELIGIBILITY & ENROLLMENT GUIDELINES

Full-time employees of Acuity Surgical are eligible for benefits on the first day of the month following employment. Employees who do not elect coverage at this initial eligibility date will only be able to enroll during the next open enrollment period, or earlier if they experience an applicable qualifying event.

Open enrollment is the one opportunity during the year when you may make changes to your current benefit elections for both yourself and any eligible dependents without having a qualifying event. Examples of qualifying events include: marriage, divorce, birth or adoption of a child, loss of a dependent, court order, loss of other coverage, or significant change in employment status of you or your spouse. If you experience one of these qualifying events, please contact Human Resources within 30 days of the event.

## PAYROLL DEDUCTION OPTIONS

As a participant of the medical plan, dental and/or vision plans, you will have the option to pay for your portion of the plan premiums with pre-tax deductions or with post-tax deductions.

### Pre-Tax Election:

- ▶ Allows member to pay for plan premiums with pre-tax payroll deductions. This may decrease the member's overall tax liability.
- ▶ Requires the member to maintain coverage during the entire plan year, not allowing changes or cancellations of coverage unless there is a qualified family change.

### Post-Tax Election:

- ▶ Requires member to pay for plan premiums with post-tax payroll deductions.
- ▶ Allows the member to cancel coverage at any time. The member could not re-enroll until the next open enrollment.

**IMPORTANT:** Your deductions for these plans will be **AUTOMATICALLY** taken Pre-Tax unless you opt out in writing and submit to Human Resources prior to the start of coverage.

# MEDICAL PLAN

The PPO medical plan is offered through BlueCross and BlueShield of Texas. You may elect coverage for yourself, your legal spouse, and/or your dependent children. Acuity Surgical is pleased to provide this coverage to eligible employees and their dependents at no cost! Below is a summary of the plan benefits.

## BCBSTX- PLAN P601CHC

EFFECTIVE: 10/01/2017 TO 09/30/2018

IN-NETWORK

OUT-OF-NETWORK

### OFFICE VISIT COPAY

|                        |      |                       |
|------------------------|------|-----------------------|
| Primary Care Physician | \$25 | 100% after deductible |
| Specialist             | \$45 | 100% after deductible |
| Urgent Care            | \$75 | 100% after deductible |

### PRESCRIPTION DRUGS

#### PHARMACY

|                       | PREFERRED | NON PREFERRED |                                |
|-----------------------|-----------|---------------|--------------------------------|
| Preferred Generic     | \$0       | \$5           | 50% coinsurance + retail copay |
| Non Preferred Generic | \$10      | \$15          | 50% coinsurance + retail copay |
| Preferred Brands      | \$35      | \$45          | 50% coinsurance + retail copay |
| Non-Preferred Brands  | \$75      | \$85          | 50% coinsurance + retail copay |
| Specialty             | \$150     | \$150         | 50% coinsurance                |

### PLAN YEAR DEDUCTIBLE

|            |         |         |
|------------|---------|---------|
| Individual | \$1,250 | \$2,500 |
| Family     | \$3,750 | \$7,500 |

### OUT OF POCKET LIMIT

|            |         |         |
|------------|---------|---------|
| Individual | \$1,250 | \$2,500 |
| Family     | \$3,750 | \$7,500 |

### MEMBER COINSURANCE

|   |                       |                       |
|---|-----------------------|-----------------------|
| Preventive Care   | Covered at 100%       | 100% after deductible |
| Lab, X-ray, Diagnostic Imaging<br>(MRI, MRA, Pet Scans, CT Scans, etc.) | 100% after deductible | 100% after deductible |
| Hospital Services   | \$150 copay           | \$250 copay           |
| Emergency Services  | \$300 copay/admit     | \$300 copay/admit     |

\*Benefits are illustrated in summary form. Please refer to the BCBSTX plan documents for complete coverage details.

# MEDICAL PLAN RATES

## MONTHLY MEDICAL PLAN PAYROLL DEDUCTIONS

Acuity is pleased to cover the entire cost of health coverage for eligible employees and their dependents.

| COVERAGE TIER        | RATES |
|----------------------|-------|
| Employee Only        | \$0   |
| Employee + Child/ren | \$0   |
| Employee + Spouse    | \$0   |
| Employee + Family    | \$0   |

To find in-network providers visit [www.bcbstx.com](http://www.bcbstx.com) or call 1-800-810-2583.

*Texas Preferred Pharmacies: Walgreen's, SAM's, Walmart, HEB, Brookshire's and Access Health.*



# DENTAL PLAN

Acuity Surgical offers all full-time employees voluntary dental insurance administered by Dental Select, using its Platinum Network of providers. Employees may elect to purchase coverage for themselves, their legal spouse, and their dependent children.

Below is a summary of benefits under the dental plan.

## DENTAL PLAN BENEFITS

EFFECTIVE: 10/01/2017 TO 9/30/2018

|                                    |                                |
|------------------------------------|--------------------------------|
| Calendar Year Deductible           | Individual \$50 / Family \$150 |
| Preventive Care (e.g. Cleanings)   | 100%, Deductible Waived        |
| Basic Care (e.g. Fillings)         | 80%, After Deductible          |
| Major Care (e.g. Crowns, Dentures) | 50%, After Deductible          |
| Annual Maximum Benefit             | \$1,500 Per Covered Person     |

The dental policy covers two routine cleanings per year at NO COST to you when visiting in-network providers.

\* Benefits are illustrated in summary form. Please refer to Dental Select plan documents for complete coverage details.

# DENTAL PLAN RATES

## MONTHLY DENTAL PAYROLL DEDUCTIONS

Payroll deductions take effect on  
first pay period after 10/01/2017

| COVERAGE TIER       | RATES    |
|---------------------|----------|
| Employee Only       | \$34.90  |
| Employee + Children | \$87.90  |
| Employee + Spouse   | \$80.80  |
| Employee + Family   | \$129.40 |

You may choose any dentist. However, if you elect to see an out-of-network provider, you may be balance billed for anything over the usual, reasonable and customary allowed amount by Dental Select.

**You can locate in-network dentists at [www.dentalselect.com](http://www.dentalselect.com),  
or by calling Member Services at 1-800-999-9789.**



# VISION PLAN

Acuity Surgical also offers a voluntary vision insurance plan to all full-time employees through Dental Select, using the extensive EyeMed Select Network of providers. Employees may elect to purchase coverage for themselves, their legal spouse, and their dependent children.

## VISION PLAN

EFFECTIVE: 10/01/2017 TO 9/30/2018

IN-NETWORK

OUT-OF-NETWORK

### ANNUAL DEDUCTIBLES

|           |      |                      |
|-----------|------|----------------------|
| Eye Exam  | \$10 | Up to \$45 allowance |
| Materials | \$25 | N/A                  |

### LENSES & FRAMES

|               |  |                |
|---------------|--|----------------|
| Single Vision | Covered at 100%  | \$40 allowance |
| Bifocal       | Covered at 100%  | \$60 allowance |
| Trifocal      | Covered at 100%  | \$80 allowance |
| Frames        | Up to \$130 allowance & 20% discount above \$130 allowance | \$45 allowance |

### CONTACT LENSES (IN LIEU OF GLASSES)

|                     |  |                 |
|---------------------|--|-----------------|
| Conventional        | \$150 allowance, 15% off balance over \$150                | \$150 allowance |
| Disposables         | \$150 allowance, member responsible for balance over \$150 | \$150 allowance |
| Medically Necessary | Covered at 100%  | \$210 allowance |

### FREQUENCIES

|        |                      |                      |
|--------|----------------------|----------------------|
| Exams  | Once every 12 months | Once every 12 months |
| Lenses | Once every 12 months | Once every 12 months |
| Frames | Once every 12 months | Once every 12 months |

\* Benefits are illustrated in summary form. Please refer to the Dental Select plan documents for complete coverage details.



# VISION PLAN RATES

## MONTHLY VISION PAYROLL DEDUCTIONS

Payroll deductions take effect on  
first pay period after 10/01/2017

| COVERAGE TIER        | VISION PLAN |
|----------------------|-------------|
| Employee Only        | \$11.93     |
| Employee + Child/ren | \$23.85     |
| Employee + Spouse    | \$22.66     |
| Employee + Family    | \$35.78     |

You can locate in-network vision providers at  
[www.dentalselect.com](http://www.dentalselect.com) or by calling  
Member Services at (800-999-9789).



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Access your benefit information 27/7 on your  
Employee Benefit Center  
[www.myacuitybenefits.com](http://www.myacuitybenefits.com)





**BlueCross BlueShield  
of Texas**

## **MEDICAL BENEFITS**

BlueCross and BlueShield of Texas  
1-800-521-2227 | [www.bcbstx.com](http://www.bcbstx.com)



## **DENTAL AND VISION BENEFITS**

Dental Select  
1-800-999-9789 | [www.dentalselect.com](http://www.dentalselect.com)



14215 Proton Road | Dallas, TX 75244

P. 844-228-4890 | F. 866-616 -2789