

Your Employee Benefits

Benefit Plans Effective January 1–December 31, 2023



HELLO!

Welcome to our 2023 Employee Benefits Guide!

At EyeCare Partners, we understand the importance of a well-rounded benefits program and are dedicated to providing you with unique benefits that meet the needs of you and your family. This year we are proud to introduce our new company paid maternity leave, a new PPO medical plan option, and domestic partner coverage for all of our great benefits. In this benefits guide, you'll find details for all of the benefits we offer to help protect you and your family.

Enclosed you will find:

- Step-by-step instructions for how to enroll.
- Summary information about each medical, dental, and vision benefit option.
- Additional benefits such as life insurance, the employee assistance program (EAP), and more.
- Directory and contact information, in case you have questions.
- And much more!

Thank you for your dedication to EyeCare Partners and our mission to Enhance Vision, Advance Eye Care, and Improve Lives.

Sincerely,

Mike Koehler, CHRO

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WHO IS ELIGIBLE

If you are scheduled to work at least 30 hours per week, you are eligible for benefits on the first day of the month following 60 days of employment.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse or domestic partner*.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

***DOMESTIC PARTNER IMPUTED INCOME:** Under federal law, domestic partners do not share the same status and corresponding tax benefits as those of a legal spouse. The imputed income associated with your domestic partner's coverage will be added to your pay for tax purposes, and any additional taxes you owe as a result will be withheld from your paycheck. If your qualified domestic partner is an IRS tax code tax-dependent, coverage may be deducted pre-tax.

WHEN TO ENROLL

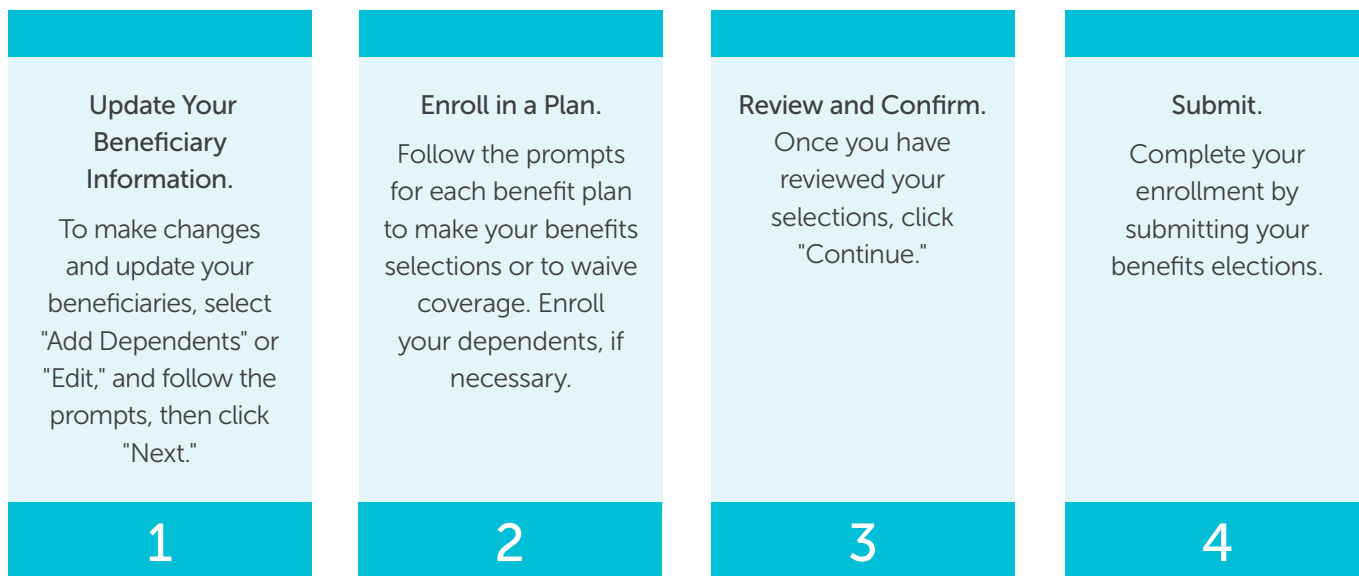
You can only sign up for benefits or change your benefits at the following times.

- **Within 30 days of joining EyeCare Partners as a new employee:** Complete the new hire paperwork.
- **During the annual benefits enrollment period:** See page 4.
- **Within 30 days of a qualifying life event:** Contact Human Resources.

The choices you make at this time will remain in place from January 1, 2023, through December 31, 2023, unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

HOW TO ENROLL

To enroll in benefits, log into dayforcehcm.com and log into your employee portal (Company: eyecare). Click on the Menu icon (three horizontal lines) in the upper left-hand corner, then click "Benefits," then click "Overview," and select "Start Enrollment."



Open Enrollment is October 31 through November 13, 2022. Action is required if you wish to have benefits in 2023. Log into Dayforce to make your elections by November 13, 2022, or risk losing your benefits for 2023.

CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2023, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Change in your spouse's work status that affects his or her benefits.
- Death of your spouse or covered child.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You will need to provide proof of the event, such as a marriage license or birth certificate.

MEDICAL INSURANCE

EyeCare Partners offers three medical plan options through Anthem/AmeriBen.

You have the freedom to choose any medical provider. However, you will maximize the plan benefits when you choose a network provider. Locate an Anthem provider at eyecarepartnershealthcare.com/auth/login-credential.

Before you enroll in medical coverage, take some time to fully understand how each plan works. Refer to page 6 for an overview of the plan benefits.

WHEN CHOOSING A PLAN, CONSIDER THIS:



Who is my medical carrier?

Your medical plans will be offered through Anthem Blue Cross Blue Shield. This means that you will want to utilize Anthem BCBS providers to maximize your benefit and minimize unnecessary out-of-network costs.



Who will administer my medical claims?

Anthem works closely with Ameriben to help administer your benefits. AmeriBen will be the new claims administrator. AmeriBen will be working behind the scenes processing your claims, explanation of benefits, and managing your medical plan. You will receive your ID cards and explanation of benefits from AmeriBen. However, Anthem will still be your medical carrier. Be on the lookout for new ID Cards from AmeriBen! The ID cards will include information about your medical and pharmacy benefits as well as an exciting new benefit offered by MyQHealth.



Who is MyQHealth?

MyQHealth will provide you with personalized support and guidance when you need help on your health care journey and they work in tandem with Anthem and AmeriBen. MyQHealth Care Coordinators are here to simplify your health care experience by replacing ID cards, finding in-network providers, and more. From medical claims to check-ups and even pre-certifications, your Care Coordinators help organize and simplify your medical, dental, vision, and prescription benefits to provide you with a better care experience. See page 7 for more information.

MEDICAL COSTS

Listed below are the **biweekly** costs* for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. For post-tax domestic partner rates, please see Dayforce.

LEVEL OF COVERAGE	Standard HDHP Plan (biweekly rates)	Premium HDHP Plan (biweekly rates)	Premium PPO Plan (biweekly rates)
Employee Only	\$50.31	\$101.50	\$90.03
Employee + Spouse	\$221.18	\$322.87	\$319.94
Employee + Child(ren)	\$158.76	\$245.08	\$240.90
Employee + Family	\$313.63	\$453.69	\$446.35

*Your premiums may vary based on your payroll frequency.

MEDICAL INSURANCE

The table below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Standard HDHP Plan		Premium HDHP Plan		Premium PPO Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible						
Individual/Family	\$3,500/\$7,000	\$4,500/\$9,000	\$1,500/\$3,000	\$2,500/\$5,000	\$1,000/\$2,000	\$2,000/\$4,000
The amount that EyeCare Partners contributes to help you pay for out-of-pocket expenses	Health savings account eligible. EyeCare Partners will match your contributions up to \$500 per year. See page 13 for more information.		Health savings account eligible. EyeCare Partners will match your contributions up to \$500 per year. See page 13 for more information.		N/A	
Calendar Year Out-of-Pocket Maximum	(Includes deductible, copays, and coinsurance)					
Individual/Family	\$6,850/\$8,150	\$10,000/\$20,000	\$4,000/\$6,850	\$10,000/\$20,000	\$3,500/\$7,000	\$7,000/\$14,000
Preventive Care	Plan pays 100%	40% after ded.	Plan pays 100%	40% after ded.	Plan pays 100%	40% after ded.
Physician Services						
Primary Care Physician	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$25 copay	40% after ded.
Specialist	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$60 copay	40% after ded.
Telemedicine	20% after ded.	Not covered	20% after ded.	Not covered	\$15 copay	Not covered
Urgent Care	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$60 copay	40% after ded.
Lab/X-Ray						
Diagnostic Lab/X-Ray	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Hospital Services						
Inpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Outpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Emergency Room	20% after ded.		20% after ded.		\$250 copay	
Prescription Drugs						
Tier 1	Ded. then, \$10 copay	Not covered	Ded. then, \$10 copay	Not covered	\$10 copay	Not covered
Tier 2	\$35 copay		\$35 copay		\$35 copay	
Tier 3	\$60 copay		\$60 copay		\$60 copay	
Mail Order (Up to a 90-day supply)	2.5x retail copay		2.5x retail copay		2.5x retail copay	

ARE YOU COVERING YOUR SPOUSE /DOMESTIC PARTNER AND/OR CHILDREN?

If you elect employee + spouse/domestic partner, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum DO NOT apply. The family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.



For personalized support and guidance when you need help with your medical benefits, please visit eyecarepartnershealthcare.com or contact MyQHealth Care Coordinators at 855-497-1222.

MEDICAL INSURANCE

MYQHEALTH CARE COORDINATORS

Whenever you have questions about your health care, your MyQHealth Care Coordinators are here to help. Get personalized support and guidance when you need help with medical claims, health benefits, prescriptions, and so much more—at no additional cost to you.

Who are Care Coordinators?

Care Coordinators are nurses, clinicians, and benefit specialists who advocate for members' care.

They also:

- Serve as personal health care guides who get to know members' unique health and wellness needs and work with their providers to ensure members receive high-quality, safe, and cost effective care.
- Know EyeCare Partners benefits from top to bottom so they can help with any questions.
- Bring personalized health care solutions to members.

When do I contact my Care Coordinator?

Here are some common issues Care Coordinators help solve:

- Receiving ID cards.
- Understanding how to get the most out of benefits.
- Answering claims, billing, and benefit questions.
- Learning simple steps to improving health.
- Managing a health condition.
- Helping with medical needs—anything that can make the health care process easier.
- Saving money on out-of-pocket costs.

Visit eyecarepartnershealthcare.com for more information.

CONTACT YOUR CARE COORDINATOR

855-497-1222

Monday–Friday, 8:30 a.m.–10 p.m. ET

eyecarepartnershealthcare.com

Download the app
MyQHealth–Care Coordinators

KEY TERMS TO KNOW



Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.

MEDICAL INSURANCE

IN-NETWORK PREVENTIVE CARE IS FREE FOR MEDICAL PLAN MEMBERS.

The cost of your preventive care is covered 100% by the EyeCare Partners medical plans. This means you won't have to pay anything out of your pocket. For all questions about your preventive health care, please contact a MyQHealth Care Coordinator at eyecarepartnershealthcare.com or call 855-497-1222.



WHAT IS PREVENTIVE CARE?

Preventive health care is meant to **DETECT** issues at an early stage when treatment is likely to work best and **PREVENT** future health problems.



WHY IS PREVENTIVE CARE IMPORTANT?

It is important that you have a preventive health exam each year—even if you feel healthy and are symptom free—in order to **IDENTIFY FUTURE HEALTH RISKS**.



WHAT'S COVERED?

Covered preventive services vary by age and gender. Talk with your provider to determine which **SCREENINGS, TESTS, AND VACCINES** will be covered and that are right for you.

Save money on your health care.



Choose an in-network provider.

Choose an in-network provider and you'll pay less out of your pocket. Why? Because in-network doctors and facilities contract with the insurance company and agree to charge a lower price for services. For help finding an in-network provider, please contact a MyQHealth Care Coordinator at eyecarepartnershealthcare.com or call 855-497-1222.



Request an in-network lab.

When your doctor orders a test, confirm that an in-network lab will be used. If your tests are sent to an out-of-network lab, you may incur additional out-of-pocket expenses. For help finding an in-network lab, please contact a MyQHealth Care Coordinator at eyecarepartnershealthcare.com or call 855-497-1222.



Call SurgeryPlus.

EyeCare Partners has partnered with SurgeryPlus to help you find a board-certified surgeon for many different surgeries. If you are planning a procedure, please call SurgeryPlus and a dedicated Care Advocate will manage the entire process for you.

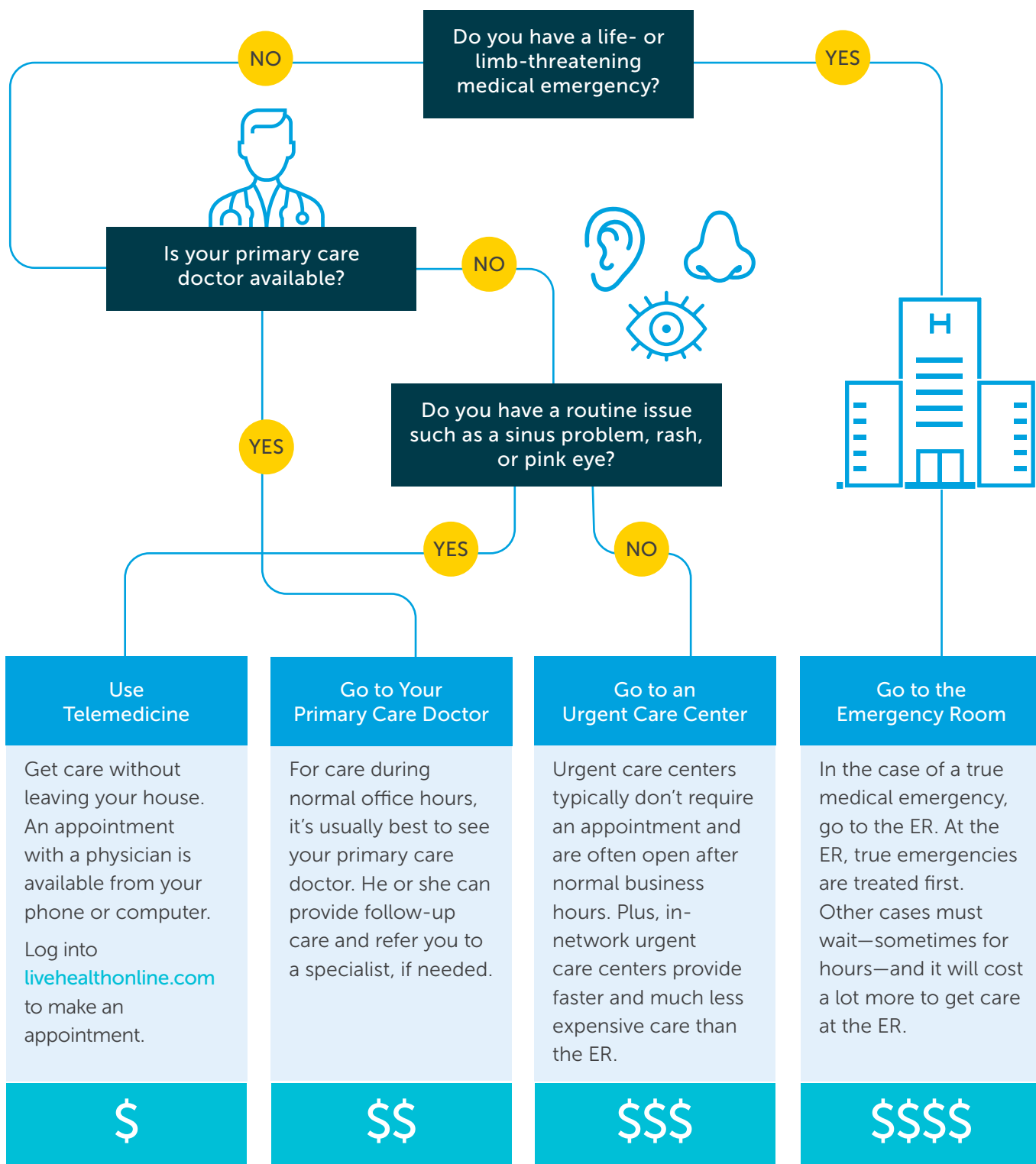
Visit surgeryplus.com to learn more!

Note: Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at eyecarepartnershealthcare.com.

MEDICAL INSURANCE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



DENTAL INSURANCE

EyeCare Partners offers a dental insurance plan through Delta Dental of MO.

You have the freedom to choose any dental provider. However, you will maximize the plan benefits when you choose a network provider. Locate a Delta Dental of MO PPO network provider at deltadentalmo.com.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental of MO Dental Plan		
	In Network	Premier*	Out of Network*
Calendar Year Deductible Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150
Calendar Year Benefit Maximum	\$1,000		
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%		
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after ded.	20% after ded.	20% after ded.
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	50% after ded.	50% after ded.
Orthodontia Services (Children to age 19)	50%		
Orthodontia Lifetime Maximum	\$1,000		

*Please note! By utilizing a Premier or out-of-network provider, you run the risk of being balance-billed by your provider, even for preventive care services. This means that you may be charged for the difference between the maximum allowable charge, allowed by Delta Dental, and the actual billed charges.



Your dentist can tell a lot about your overall health during your dental visit, including whether or not you may be developing diabetes, heart disease, kidney disease, and even some forms of cancer.

DENTAL COSTS

Listed below are the **biweekly** costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. For post-tax domestic partner rates, please see Dayforce.

LEVEL OF COVERAGE	Delta Dental of MO Dental Plan (biweekly rates)
Employee Only	\$11.77
Employee + Spouse	\$23.20
Employee + Child(ren)	\$26.41
Employee + Family	\$37.85

VISION INSURANCE

EyeCare Partners offers a vision insurance plan through VSP.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at vsp.com.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	VSP Vision Plan	
	In Network	Out of Network
Eye Exam (Every 12 months)	\$20 copay	\$45 allowance
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$20 copay	\$30/\$50/\$65 allowance
Frames (Every 12 months)	\$200 allowance + 20% off balance	\$70 allowance
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$150 allowance \$150 allowance	\$105 allowance \$105 allowance



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

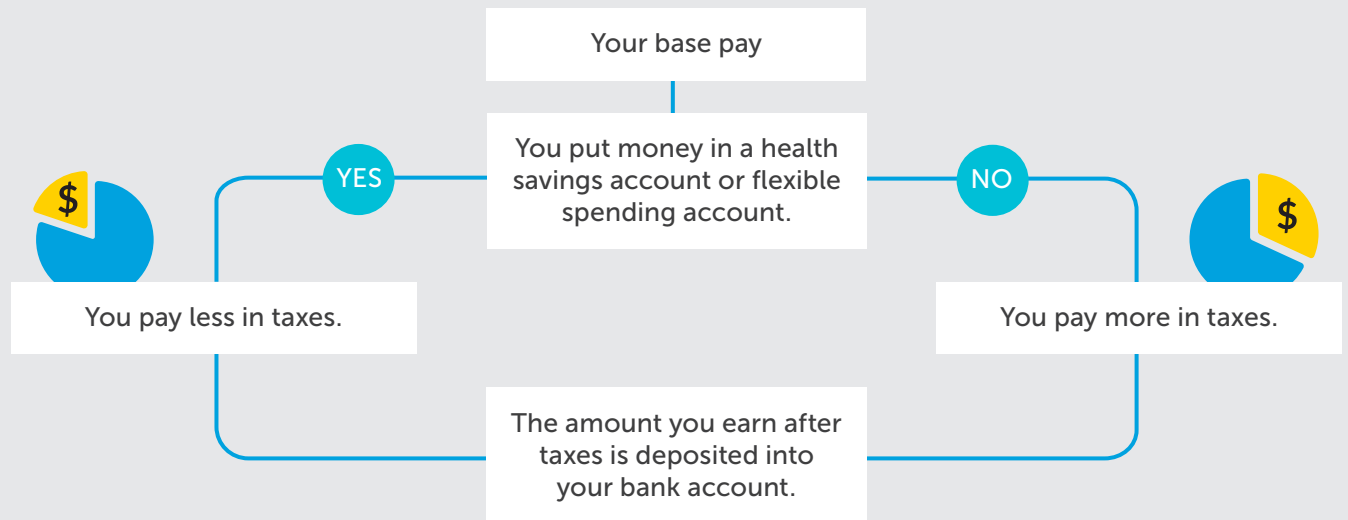
Your Vision Perks benefit can be used to supplement your vision coverage. You do not have to be enrolled in the vision plan to be eligible for Vision Perks. See page 20 for details.

VISION COSTS

Listed below are the **biweekly** costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

LEVEL OF COVERAGE	VSP Vision Plan (biweekly rates)
Employee Only	\$7.18
Employee + Spouse	\$11.49
Employee + Child(ren)	\$11.72
Employee + Family	\$18.90

BUDGETING FOR YOUR CARE



When you put money into a health savings account or flexible spending account, you can save about 20%* on your care. This is because you don't pay taxes on your contributions.

COMPARE YOUR OPTIONS

	Health Savings Account More Info on Page 13	Health Care FSA** More Info on Page 14	Limited Purpose Health Care FSA** More Info on Page 14	Dependent Care FSA** More Info on Page 14
Eligible plans	Standard HDHP Plan or Premium HDHP Plan	Premier PPO Plan	All plans	All plans
Eligible expenses	Medical, dental, vision	Medical, dental, vision	Dental and vision only	Dependent care
EyeCare Partners contribution	Yes, contribution evenly distributed across 26 pay periods	No	No	No
Your contribution	Yes, contribution evenly distributed across 26 pay periods	Yes, available in full on January 1, 2023	Yes, available in full on January 1, 2023	Yes
You can change your election throughout the year	Yes	No	No	No
You can take income tax deductions for expenses you pay with your account	No	No	No	No
Annual IRS contribution maximum	Individual: \$3,850 All other tiers: \$7,750	\$2,850 ¹	\$2,850 ¹	Married and file separately: \$2,500 ¹ Single and head of household or married and file jointly: \$5,000 ¹
Funds roll over from one year to the next	Yes, unlimited	Yes, up to \$570	Yes, up to \$570	No

*Percentage varies based on your tax bracket.

**Please note: Domestic partners and dependents of domestic partners are not eligible to participate in these accounts.

(1) FSA limits are subject to change by the IRS and may be updated after this guide is issued.

HEALTH SAVINGS ACCOUNT

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA



SPEND

Use your HSA dollars today to pay for eligible health care expenses such as: deductibles, copays, dental expenses, eye exams, and prescriptions.



SAVE

Save your HSA funds for the future. An HSA allows you to save and roll over money year to year. The money in the account is always yours, even if you change health plans or even jobs.



INVEST

The money in your HSA can be invested and grows tax free—including interest and investment earnings. After you reach age 65, you can spend your HSA dollars penalty free on any expense.

If you enroll in the Standard or Premium HDHP Plan offered by EyeCare Partners, you may be eligible to open and fund a health savings account (HSA) through Rocky Mountain Reserve.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

EYECARE PARTNERS CONTRIBUTION

If you enroll in the Standard HDHP Plan or Premium HDHP Plan, EyeCare Partners will help you save by matching your contributions up to \$500 per year (dollar for dollar).

Note: The matching contribution is deposited into your HSA every pay period.

2023 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$3,850
- **All other coverage levels:** \$7,750

If you are age 55+ by December 31, 2023, you may contribute an additional \$1,000.

HSA ELIGIBILITY

You are eligible to fund an HSA if you are enrolled in the Standard HDHP Plan or Premium HDHP Plan.

You are NOT eligible to fund an HSA if:

- If you are enrolled in the Premium PPO Plan
- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to [IRS Publication 969](#) for additional eligibility details. If you are over age 65, please contact Human Resources.

FLEXIBLE SPENDING ACCOUNTS

EyeCare Partners offers three flexible spending account (FSA) options administered by Rocky Mountain Reserve.

Log into your account at rockymountainreserve.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.



HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. Please note, if you are enrolled in either of the EyeCare Partners medical plans and you contribute to an HSA, you are not eligible to fund a health care FSA.

The health care FSA maximum contribution is \$2,850¹ for the 2023 calendar year.



LIMITED PURPOSE HEALTH CARE FSA (IF YOU FUND AN HSA)

If you fund an HSA, you can also fund a limited purpose health care FSA. The limited purpose health care FSA can only be used for dental and vision expenses.

- At the end of the plan year, you can roll over \$570 from your limited purpose health care FSA to use in future years. Any amount in excess of \$570 will be forfeited.

The limited purpose health care FSA maximum contribution is \$2,850¹ for the 2023 calendar year.



DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

- Dependent care FSA dollars are use it or lose it (no roll over allowed). However, you have an additional 90 days after the end of the plan year to submit expenses for reimbursement.

You may contribute up to \$5,000¹ to the dependent care FSA for the 2023 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500¹ for the 2023 calendar year.



When you fund a dependent care FSA to the maximum amount (\$5,000), you will save \$1,000 per year.* This is because you don't pay taxes on your FSA contributions.

*Amount varies based on your tax bracket.

Please note: Domestic partners and dependents of domestic partners are not eligible to participate in these accounts.

(1) FSA limits are subject to change by the IRS and may be updated after this guide is issued.

LIFE AND AD&D INSURANCE

EyeCare Partners provides basic life and AD&D insurance to all benefits-eligible employees **AT NO COST**. You have the option to purchase supplemental life and AD&D insurance.

BASIC LIFE AND AD&D INSURANCE

EyeCare Partners automatically provides basic life and AD&D insurance through Lincoln Financial to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** 1x annual salary up to a maximum of \$200,000
- **Employee AD&D benefit:** 1x annual salary up to a maximum of \$200,000

Under Section 79 of the Internal Revenue Code, the cost of employee group term life insurance coverage provided by an employer in excess of \$50,000 is includable in the gross income of active employees and reported on an employee's W-2 Form.

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Use the calculator at lfg.com to find the right amount for you.



SUPPLEMENTAL LIFE AND AD&D INSURANCE

EyeCare Partners provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse/domestic partner, and your dependent children through Lincoln Financial. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse/domestic partner and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 65% at age 65, to 40% at age 70, and to 25% at age 75. Please refer to the official plan documents for additional information.

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less—guarantee issue: \$250,000
- **Spouse/domestic partner:** \$5,000 increments up to \$250,000—guarantee issue: \$50,000
- **Dependent children:** Birth to 14 days: \$1,000; 14 days to age 23 (or 26 if full-time student): \$1,000, \$5,000, or \$10,000

ELECT
COVERAGE
NOW!

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Lincoln Financial.

DISABILITY INSURANCE

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

MATERNITY LEAVE BENEFIT—NEW IN 2023!

The maternity leave benefit will provide birth mothers 100% of their base weekly earnings following delivery up to a maximum of \$6,000 per week for up to 5 weeks. Earnings for doctors receiving productivity pay will be based on the average weekly earnings in the trailing twelve months.

SHORT-TERM DISABILITY INSURANCE

EyeCare Partners offers you the option to purchase short-term disability insurance (STD) through Lincoln Financial. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans. Please refer to the official plan documents for additional information.

- **Benefit:** 60% of base weekly pay up to \$500 per week
- **Elimination period:** 7 days
- **Benefit duration:** Up to 13 weeks
- **Pre-Existing condition:** You will be subject to the pre-existing condition exclusion if your total disability begins in the first 12 consecutive months after your effective date and you have received medical treatment, consultation, care services, or medication for a sickness or injury during the first three months immediately prior to your effective date.

LONG-TERM DISABILITY INSURANCE

EyeCare Partners offers you the option to purchase long-term disability (LTD) insurance through Lincoln Financial. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period. Please refer to the official plan documents for additional information.

- **Benefit:** 60% of base monthly pay up to \$7,500 per month
- **Elimination period:** 90 days
- **Benefit duration:** Social security normal retirement age



INJURY

+



DISABILITY
INSURANCE

=



FINANCIAL
PROTECTION

ACCIDENT INSURANCE

EyeCare Partners provides you the option to purchase accident insurance through Voya.

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident.

A health screening benefit of \$50 per insured individual (\$25 per child up to a maximum of \$100 for all children) is included in this plan. Please refer to the official plan documents for additional information.

CRITICAL ILLNESS INSURANCE

EyeCare Partners provides you the option to purchase critical illness insurance through Voya.

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses. Please refer to the plan documents for additional information.

- **Employee benefit:** \$10,000, \$20,000, or \$30,000
- **Spouse/domestic partner benefit:** \$5,000, \$10,000, or \$15,000
- **Dependent children benefit:** \$5,000, \$10,000, or \$15,000
- **Health screening benefit*:** \$50 (\$25 per child up to a maximum of \$100 for all children)

*Voya will pay you to get your preventive screenings each year. Contact Voya at 877-236-7564 for more information about your wellness benefit.

HOSPITAL INDEMNITY INSURANCE

EyeCare Partners provides you the option to purchase hospital indemnity insurance through Voya.

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility. The benefit amount is determined by the type of facility and the number of days you stay.

A health screening benefit is automatically included in the plan. This plan will pay \$100 per insured individual per calendar year when a covered health screening test is performed. The benefit for child coverage is 50% of your benefit amount with an annual maximum of \$200 for all children.

Please refer to the official plan documents for additional information.

WHEN HELP IS NEEDED

ECP CARES—CRISIS AID RELIEF FOR EMPLOYEES

At EyeCare Partners, we are a team. Coming together to support each other allows us to continue to grow and best serve our patients.

The ECP Crisis Aid Relief for Employees (CAREs) Foundation is our 501(c)(3) nonprofit organization that allows ECP teammates to support their coworkers in times of need. By making a tax-deductible donation, team members can help others who are experiencing significant hardships, including health concerns, unexpected medical expenses, home/property damage due to natural disasters, domestic violence, and expenses to assist with the loss of a family member. 100% of the funds donated to the ECP CAREs Foundation go to fellow ECP team members.

You can help by electing to donate through payroll during open enrollment in Dayforce.

To learn more about how to donate or apply for assistance, visit eyecare-partners.com/ecpcares.

EMPLOYEE ASSISTANCE PROGRAM

Employee assistance program (EAP) services are provided **AT NO COST** to you and your household through Lincoln Financial Group.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **5 free sessions with a counselor** per person, per issue, per year.

The EAP provides unlimited phone access and assistance with the following every day issues:

- Depression, stress, and anxiety
- Parenting and child care
- Senior care
- Financial consultations
- Legal concerns
- Family or marital conflicts
- Major life changes
- Emotional and work-life balance

Additional services include:

- Unlimited phone access to a financial expert.
- Unlimited phone access an attorney; includes one free 30-minute face-to-face consultation per legal issue and 25% discount off published fees with a network attorney

Access your EAP by calling 888-628-4824 or visiting guidanceresources.com (username: LFGSupport; password: LFGSupport1).

Feeling burnt out
or stretched thin?



Need help finding
care for your child
or loved one?



Want to talk with
someone for 24/7
support when it's
convenient for
you?



The free EAP can
support you. Call
888-628-482 or visit
guidanceresources.com.



401(k) RETIREMENT SAVINGS PLAN

EyeCare Partners offers a 401(k) retirement savings plan, which is administered by Vanguard.

The 401(k) plan allows you to plan for your future by investing a portion of each paycheck. Once you become eligible, you may elect to have a percentage of your paycheck withheld and invested in your 401(k) account, subject to federal law and plan guidelines. All employees are eligible to participate in the plan on the first of the month following two months of service.

ENROLLMENT AND ACCOUNT ACCESS

To enroll in the 401(k) plan, please visit vanguard.com/retirementplans to enroll online or contact Vanguard at 800-523-1188 to receive your enrollment forms. Note: There is not an automatic enrollment feature associated with the plan, so you must affirmatively elect to enroll in the plan if you wish to participate.

Check your 401(k) account balance, view your contributions, change your investments, and more by visiting vanguard.com/retirementplans. For login or password assistance, please contact Vanguard.

EMPLOYER MATCH

EyeCare Partners will match 50% of the employee's contribution up to a maximum of 6% on a per pay period basis. The below schedule represents a 5-year vesting schedule for the employer match. For example, after you have worked for the company for 3 years, 60% of the employer match will be vested (your money).

To maximize your employer match consider spreading out your contributions throughout the year. When front-loading your 401(k) contributions, you may risk missing potential employer match opportunities.

401(k) EMPLOYER MATCH VESTING SCHEDULE

- **Less than 1 year of service:** 0% employer match
- **1 year of service:** 20% employer match
- **2 years of service:** 40% employer match
- **3 years of service:** 60% employer match
- **4 years of service:** 80% employer match
- **5 years of service:** 100% employer match

EMPLOYEE DEFERRAL 2023

Participant deferrals are always 100% vested.

- **Employee Compensation Deferral:** Between 1% and 100%, but no more than \$20,500*.
- **Employee 50 years +:** \$6,500* additional contribution.
- **Investments:** Over 31 funds from a variety of fund managers provided by Vanguard.
- **Changes in Deferral:** You may enroll, change, or cancel your salary contributions at any time online by visiting vanguard.com/retirementplans or by calling 800-523-1188. Changes will be effective in payroll as soon as administratively feasible following the date of change.
- **Deferral/Investment:** Changes to your future savings as well as transferring funds among investment options can be done any time via my.vanguardplan.com or by calling 800-523-1188.

*Amounts subject to change pending IRS annual limit update.

PAID TIME OFF

(NON-DOCTORS)

Paid time off is available so you can relax, maintain your health, and take care of yourself or your family.

EyeCare Partners values your time and we also recognize the importance of taking time away from work to rest and recharge, or attend to your health and family obligations.

Paid time off (PTO) benefits are available to full-time team members regularly working 30 or more hours per week to use after PTO has been accrued as set forth in the chart below. Part-time team members are not eligible for this benefit.

PTO accrues each pay period during the calendar year and is calculated on the total number of PTO hours for the year, divided across all 26 payroll periods. PTO accruals increase on January 1 in the year in which a milestone anniversary occurs.

New hires start accruing PTO on their first paycheck. In the first year of employment, total PTO accrual is prorated based on hire date and remaining payroll periods for the year (e.g., per payroll accrual amount times remaining payroll periods from the hire date). New hire team members are eligible to begin using PTO after it is accrued. Team members are able to carry over 60 hours of PTO per year.

PTO is accrued as shown below. Please refer to the Team Member Handbook for additional information.

YEARS OF SERVICE	PTO Accrual*							
	Level 1		Level 2		Level 3		Level 4	
	Days	Hours	Days	Hours	Days	Hours	Days	Hours
0–2	12	96	15	120	17	136	20	160
3–4	14	112	17	136	20	160	20	160
5–6	17	136	19	152	20	160	22	176
7–10	19	152	21	168	21	168	24	192
11–14	21	168	22	176	22	176	25	200
15+	22	176	22	176	22	176	25	200

Level 1—Field & Center Staff, and Corporate Staff, Assistant Manager/Lead

Level 2—Office & Center Managers; Corporate Supervisors

Level 3—District, Practice & Region Managers; Corporate Managers, Practice Administrators

Level 4—All Directors and above

*Doctors are excluded from this PTO policy and term sheets supersede.

VISION PERKS BENEFIT

Full-time and part-time team members receive a \$200 benefit amount on a prepaid virtual card for immediate access to EyeCare Partners products and services. Vision Perks funds can be used on product and service purchases for team members and eligible family members at any EyeCare Partners location. The funds in your virtual account can be used toward the employee price for frames, lenses, lens options, medical services, or contacts and LASIK.

Eligible team members will receive the \$200 benefit amount in early April each year. New hires will be eligible for their funds after 60 days of employment. More details about your Vision Perks benefit can be found on the ECP intranet.

TRAVEL ASSISTANCE

EyeCare Partners provides access to travel assistance services to all benefits-eligible employees AT NO COST through Lincoln Financial Group.

The TravelConnect® program offers help, comfort, and reassurance—helping make travel less stressful. You and your loved ones can count on TravelConnect services 24 hours a day, seven days a week.

- Emergency travel arrangements.
- Assistance in replacing lost or stolen travel documents.
- Referrals to medical or dental providers worldwide.
- Emergency translation services.
- Assistance with the monitoring of medical treatment, hospital payment, and transfer of insurance information.
- Emergency medical travel and more.

Visit mysearchlightportal.com (group ID: LFGTravel123) to learn more.

EMPLOYEE DISCOUNTS

TICKETSATWORK

This cost-free benefit provides you access to thousands of exclusive travel and entertainment discounts. Register at ticketsatwork.com, click "Become a Member," and enter the company code: EYECAREPERKS.

MOBILE CARRIER DISCOUNTS

- **AT&T:** 25% off eligible voice and data plans. Register at att.com/wireless/premiergpo (FAN Code: 07741468). An email address will be required to register.
- **Sprint:** 23% off eligible voice and data plans, \$5 discount off unlimited plans. Register at sprint.com/verify (corporate ID: HPRM3_ECP_ZZZ), call 866-639-8354, or visit a local Sprint store with proof of employment.
- **Verizon:** Up to 22% off eligible voice and text plans. Register at verizonwireless.com/discount and enter your work email address or upload a copy of your current pay stub, or visit a local Verizon Wireless store with proof of employment.

RENTAL CAR DISCOUNTS

- **Hertz:** Varying discounts on leisure and professional travel rates and benefits. Visit hertz.com or call 800-654-3131. Enter or mention 1789573 as your Hertz CDP-ID when making your reservation.

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CONTACT INFORMATION

If you have any questions regarding your benefits or the material contained in this guide, please contact EyeCare Partners Human Resources by emailing benefits@eyecare-partners.com.

Provider/Plan	Policy Number	Contact Number	Website
Medical —MyQHealth	0121016	855-497-1222	eyecarepartnershealthcare.com
Dental —Delta Dental of MO	22681000	800-335-8266	deltadentalmo.com
Vision —VSP	30046581	800-877-7195	vsp.com
Health Savings Account — Rocky Mountain Reserve	N/A	888-722-1223	rockymountainreserve.com
Flexible Spending Accounts — Rocky Mountain Reserve	N/A	888-722-1223	rockymountainreserve.com
Life and Disability Insurance — Lincoln Financial Group	09-LF0515	800-320-7585	lfg.com
Accident, Critical Illness, and Hospital Indemnity Insurance —Voya	69722-2	877-236-7564 Claims: 888-238-4840	voya.com
401(k) Retirement Savings Plan — Vanguard	092337	800-523-1188	vanguard.com/retirementplans
Employee Assistance Program — EmployeeConnect	N/A	888-628-4824	guidanceresources.com (username: LFGSupport; password: LFGSupport1)

This summary of benefits is not intended to be a complete description of the terms and EyeCare Partners insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although EyeCare Partners maintains its benefit plans on an ongoing basis, EyeCare Partners reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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