

HOYA
Wellness^{rx}



2019
Benefits Guide



Welcome to your 2019 Benefit Open Enrollment!

What's in the Guide?

Enrollment Process.....	3
Mobile App.....	4
Eligibility.....	5 - 6
Medical PPO.....	7 - 8
Medical CDHP.....	9 - 15
Tobacco-Free Program.....	16
Medical Rates.....	17
Dental.....	18
Vision.....	19
Life Insurance.....	20 - 21
Health Advocate.....	22 - 24
Teladoc.....	25
Disability.....	26
Voluntary Benefits.....	27 - 28
Flexible Spending Accounts.....	29
Retirement.....	30
Important Contacts.....	31

Consider Your Options Carefully

You cannot make changes until the next enrollment period unless you have a qualified life event such as:

- Get married or divorced
- Have a baby or adopt a child
- Become eligible for Medicare or Medicaid
- Receive a Qualified Medical Child Support Order (QMSCO)
- Experience a change in your spouse's work status so that it affects benefits eligibility
- Have a death in your family (i.e., a dependent dies)

You have 31 days from the time of the qualified event to notify Human Resources to change your benefits.

Hoya Optical Labs of America, Hoya Lens of America, Seiko Optical Products of America and VISION EASE understand the importance of benefits to you and your family, and have a long-standing commitment to offer employees a competitive benefits package. We know that our success depends on our employees and that commitment is not changing.

We know that taking care of your family is important too. That's why when you enroll in many of the Hoya benefit plans, you can also enroll your:

- ◆ Legal same or opposite-sex spouse
- ◆ Your children until the end of the month that they reach age 26
- ◆ Your dependent children of any age who cannot provide for themselves due to physical or mental incapacity and who live with you at least 50% of the time and who otherwise meet the criteria for eligible children.

Your eligible children include:

- ◆ Your biological children
- ◆ Your legally adopted children
- ◆ Your stepchildren to your current legal spouse
- ◆ A child for whom you have been named legal guardian or have been granted court ordered custody

If you wish to enroll dependents in the medical or dental plans, documentation is required to show proof of dependency.

Take a look inside this guide for more information about the benefit plans available to you as a Hoya employee for the 2019 plan year.

Electing Coverage for Ineligible Dependents

It is against the law to elect coverage for an ineligible person.

Remember, you need to notify Human Resources within 31 days of a dependent becoming ineligible for benefits.

Enrollment Process

We are again partnering with **Explain My Benefits**, our technology/ benefit communication vendor to assist in our Open Enrollment and enrollments throughout 2019. This year we will have a self-service online enrollment using the EMB Enroll online system.

Explain My Benefits is available throughout the year for new employees, newly benefit eligible employees and during open enrollment. All employees must complete this enrollment process within the specified timeframe.

Options to Enroll

Decide which of these two convenient enrollment options best fits your needs:



Self-Service

- ◆ Visit www.explainmybenefits.com/hoyavision, click on the blue “Log into Your Benefit System” button and move through the enrollment system at your own pace.
- ◆ Be sure to click “submit” at the end of the process and make note of your confirmation number. If you do not receive a confirmation number, you have not completed your enrollment and you will not be enrolled for the plan year.
- ◆ Return to the system anytime and click your confirmation number to view your confirmation statement. It is your responsibility to ensure that the benefit elections are accurate. Any questions need to be immediately brought to Human Resources.



Mobile App

Log into the Hoya Vision mobile app, select “enroll” from the menu on the right. Go through the enrollment and finalize by clicking “SUBMIT”. More information is on the next page.

Reminders

When using any of the above options for enrollment:

- ◆ Be sure to review the 2019 Benefits Guide and plan summaries **prior** to going through the enrollment process
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. Social Security Numbers and Dates of Birth)

Mobile App

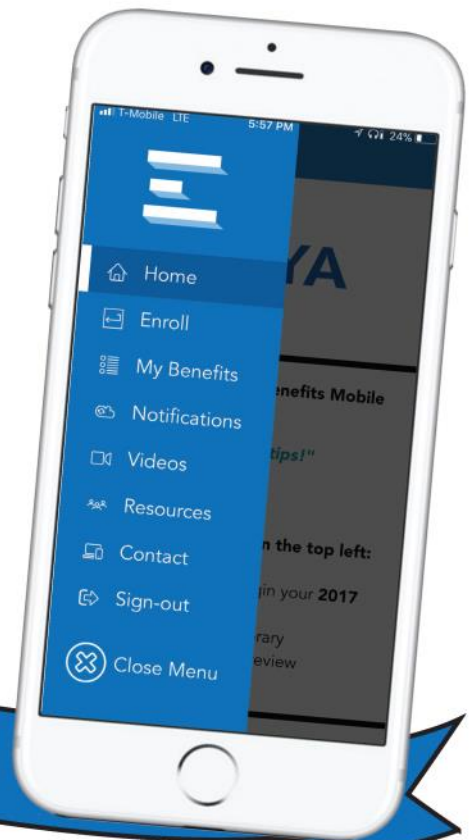


BENEFITS ENROLLMENT APP

Hoya has provided you with an app to manage your benefits that allows you to:

- ✓ **Enroll in your benefits from your phone**
- ✓ **View your current benefits**
- ✓ **Watch benefit education videos, review benefit guides and plan summaries**
- ✓ **Receive important message notifications about your benefits**

Benefits at your fingertips!



TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **vision**

HOYA
Wellness^{rx}



Eligibility

Employees of Hoya Optical Labs of America, Hoya Lens of America, Seiko Optical Products of America and VISION EASE are eligible as defined below:

- All full-time and regular part-time employees, excluding temporary and part-time employees, effective the first day of the month following 60 days of service for hourly employees; and effective the first day of the month after 30 days of service for salaried employees, are eligible for the following benefits:

Medical

Dental

Flexible Spending Account (FSA)

Health Savings Account (HSA)

- All full-time employees excluding temporary, regular part-time, and part-time employees, effective the first day of the month following 90 days of service on the company's payroll, are eligible for the following benefits:

Basic Life and AD&D

Supplemental Life Insurance

- All full-time employees excluding temporary, regular part-time and part-time employees, effective the first day of the month following 90 days of service on the company's payroll for salaried employees; and effective the first day of the month after 180 days of service on the company's payroll for hourly employees, are eligible for the following benefits:

Short Term Disability

Long Term Disability

- All employees excluding temporary employees, effective the first day of the month following 90 days of service on the company's payroll, are eligible for the following benefits:

Vision

- All current Hoya Optical Labs of America and Hoya Lens of America employees excluding temporary employees effective the first day of the month following 3 months of service on the company's payroll:

Hoya Shared Savings 401(k) Plan (Excluding Chicago Union Employees)

- Chicago Union employees, effective first of the month after 1 year of service on Hoya's payroll, are eligible for the following benefits:

Hoya Shared Savings 401(k) Plan (Chicago Union Employees Only)

- All current Seiko Optical Products of America employees excluding temporary employees effective the first day of the month following 6 months of service on the company's payroll:

Seiko Optical Products of America 401(k) Plan

- All current VISION EASE employees excluding temporary employees on the company's payroll:

VISION EASE Lens 401(k) Plan

When Two Hoya Employees are Married

You and your spouse may both be covered as employees or one of you may cover yourself as the employee and your spouse as a dependent. However, neither of you can be covered as both an employee and a dependent. In addition, your dependent children may only be covered as dependents under one employee's plan.

Eligibility

Acceptable Dependent Documents for Medical and Dental Insurance

Dependent	Eligibility Requirements	Acceptable Supporting Documentation
Spouse		<p>Documentation must support the current spousal relationship. Submit the following set of documents - <u>ONE</u> document from <u>SECTION A</u> and <u>ONE</u> document from <u>SECTION B</u>:</p> <p>SECTION A</p> <ul style="list-style-type: none"> • Copy of a utility bill such as electricity, water or cable listing the names of both you and your spouse dated within the last 12 months. • Copy of a statement from a joint bank account such as checking, savings, or loan listing the names of both you and your spouse and dated within the last 12 months. • Copy of a vehicle registration listing the names of both you and your spouse and dated within the last 12 months. • Copy of your spouse’s presently valid driver’s license or state ID showing the current address of your spouse to be the same as your address on file. • Copy of a lease or mortgage listing the names of both you and your spouse and showing the current address to be the same as your address on file. • Copy of an insurance statement or policy such as homeowner’s, renter’s or automobile listing the names of both you and your spouse and showing the current address to be the same as your address on file. <p>SECTION B</p> <ul style="list-style-type: none"> • Copy of presently valid legal or religious marriage certificate, which must include the date of marriage. • Copy of presently valid state-issued certificate, declaration or registration of common law* For Dental HMO, Supplemental Life and Vision plans only.
Children up to age 26	<p>Your children until the end of the month that they reach age 26 which includes:</p> <ul style="list-style-type: none"> • Biological children • Legally adopted children • Stepchildren to your current spouse • Any other child for whom you have legal guardianship or court-ordered custody 	<p>Documentation must support the parental relationship. Submit any one of the following:</p> <ul style="list-style-type: none"> • Copy of the child’s legal or hospital birth certificate naming you or your spouse as the child’s parent. • Copy of a final court order (divorce decree/custody agreement) naming you or your spouse as the child’s parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp. • Copy of legal adoption papers issued by the courts naming you or your spouse as the adoptive parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp. • Copy of legal guardianship/custodian papers issued by the courts naming you or your spouse as the child’s guardian/custodian. All documents must include the following information: names of the child and guardian, official signature and/or court seal/stamp. • Copy of a Qualified Medical Child Support Order (QMCSO) showing you are required to provide medical coverage for the child. Documentation must state your current employer’s name and include the names of the child and parent. <p><i>If you are an employee providing documentation for a child of your spouse, documentation must also include the required documentation listed for Spouse.</i></p>
Children age 26 and over	<p>Your dependent children of any age who cannot provide for themselves due to physical or mental incapacity and who live with you at least 50% of the time.</p>	<p>Documentation must support the dependent relationship and disabled status. Submit the following set of documents - <u>ONE</u> from <u>SECTION A</u> and <u>ONE</u> document from <u>SECTION B</u>:</p> <p>SECTION A</p> <ul style="list-style-type: none"> • Any one of the documents listed above for Children up to age 26. <p>SECTION B</p> <ul style="list-style-type: none"> • <i>Request for Continuation of Medical Coverage for Handicapped Child Form.</i> The form may be obtained in Human Resources.

Medical

You may choose from the following medical plans for 2019:

- ◆ Anthem PPO Plan or
- ◆ Anthem Consumer Directed Health Plan (CDHP)

These two medical plans offer you choices about how much you want to spend out-of-pocket, and out of your paycheck. Please read this overview carefully and share it with your family so that you can choose the medical plan that will best meet your needs. You will not be able to switch plans until next open enrollment so choose your plan carefully.

How The PPO Medical Plan Works

- ◆ The insurance provider is Anthem;
- ◆ You decide whether to use in-network or out-of-network doctors and providers (to search for providers, go to www.anthem.com/ca and select the National PPO (Blue Card) network for all states except California, or the Prudent Buyer Large Group network for California only);
- ◆ You do not need to choose a primary care physician (PCP) or get referrals for specialist care;
- ◆ After you pay the annual deductible, the plan pays higher benefits for in-network provider care and lower benefits for out-of-network provider care. For lists of in-network providers, please go to www.anthem.com/ca and select the National PPO (Blue Card) network for all states except California, or the Prudent Buyer Large Group network for California Only; and
- ◆ Your out-of-pocket costs include the annual deductible and either a copayment or a percentage of the cost (called coinsurance).

For the PPO plan, a copay is a fixed amount you pay for a health care service when you receive the service no matter the reason of the visit.

CVS/Caremark is the Prescription Drug provider for 2019.

- ◆ There are more than 68,000 pharmacies nationwide which includes many more pharmacies in addition to CVS.
- ◆ You will be receiving a separate CVS/Caremark Prescription Card and packet at your home address that must be given to your pharmacy. You will be able to register and print cards online as well. (Use your Anthem BCBS card for the medical insurance.)
- ◆ Copay amounts are listed in the schedule of benefits section.
- ◆ There is a one-time \$50 annual deductible for filling a brand name drug if a generic drug is available.
- ◆ For prescriptions you take on an ongoing basis, after the original fill you will need to use the CVS/Caremark 90 Retail Pharmacy or Mail Order Service which will save you money too.
- ◆ Some preventative medications will not have a copay per healthcare reform. All others are subject to the amounts listed in the plan summaries.

Making Your Choice of the Medical Plans

Think about the following if you are trying to decide which medical plan is the best for you and your family.

- How often do you and your family members need medical care?
- Look at whether you or your dependents typically meet your deductible each year.
- Add up what you think you'll spend out-of-pocket for medical care during 2019, and compare that to the difference in employee premiums between the plans. The difference in premiums can be significant, so it's important to choose a plan that aligns with your health care needs and budget.
- Review the chart below and on the next page carefully

Then, decide with your family, which plan best meets your needs. It is not one size fits all!

Medical (PPO Plan)

	Anthem PPO Plan	
	In Network	Out of Network
Deductible /Coinsurance		
Individual / Family	\$1,000 / \$2,700	\$1,700 / \$5,100
Coinsurance	20%	50%
Out of Pocket Maximum		
Individual / Family	\$4,000 / \$10,150	\$7,000 / \$21,000
Coverage Highlights		
Office Visit Primary Care Office Visit Specialist	\$30 copay / \$40 copay	50% after deductible
Preventive Care Routine annual physical for covered adults (includes lab and x-rays performed in doctor's office and billed by doctor)	Covered 100%	50% after deductible
Routine Well-Child Exams	Covered 100%	50% after deductible
Diagnostic Lab & X-ray (performed and billed by an independent facility)	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Retail Health Clinic	\$30 copay	50% after deductible
Urgent Care (no coverage for non-urgent care)	\$150 copay	50% after deductible
Emergency Room (no coverage for non-emergency)	\$300 copay	\$300 copay
Inpatient Hospital	\$200 copay, then 20%	50% after deductible
Mental Health (Inpatient)	\$200 copay, then 20%	50% after deductible
Mental Health (Outpatient)	\$40 copay	50% after deductible
Substance Abuse (Inpatient)	\$200 copay, then 20%	50% after deductible
Substance Abuse (Outpatient)	\$40 copay	50% after deductible
Durable Medical Equipment	20% after deductible	50% after deductible
Outpatient Therapy (60 visits/yr.)	\$40 copay	50% after deductible
Prescription Coverage		
Provided through CVS Caremark		
Annual Deductible (excludes generic)	\$50 per individual	\$50 per individual
Retail Prescription (30 day supply)		
Generic	\$10 copay	\$10 plus 50% copay
Preferred Brand Name	\$25 copay	\$25 plus 50% copay
Non-Preferred Brand Name	\$45 copay	\$45 plus 50% copay
Specialty	\$95 copay	N/A
Mail Order Pharmacy (90 day supply)		
Generic	\$20 copay	Not Covered
Preferred Brand Name	\$50 copay	Not Covered
Non-Preferred Brand Name	\$90 copay	Not Covered
Specialty	N/A	Not Covered

Medical (CDHP Plan)

What is a CDHP?

The Anthem Consumer Directed Health Plan (CDHP) gives you more control over how you spend and save your health care dollars.

The Anthem CDHP is available to all eligible employees. It provides comprehensive coverage, has much lower per-paycheck contributions than the other Hoya PPO medical plan and puts health care decisions in **your** hands!

The Anthem CDHP makes purchasing health care similar to buying any other product or service. It puts the control of health care spending - and the responsibility for managing your money - entirely in your hands. This plan allows you to decide how health care is delivered to you and is focused on enhancing your experience as a member. **It is a way to manage the costs of medical expenses and make health care work for you.**

The Anthem CDHP:

Two Parts, One Coverage Option

This coverage option is made up of two unique components:



The CDHP Plan works just like the Anthem PPO plan, except that it has a few key differences:

How it's the same	How it's different
<ul style="list-style-type: none">◆ Covers the same health care services◆ Uses a larger national network of providers◆ Provides comprehensive coverage	<ul style="list-style-type: none">◆ Has lower per paycheck employee contributions◆ Has a higher single and family deductible that you must meet◆ Allows you to establish a Health Savings Account (HSA) - a tax advantaged savings account that can be used to pay for health care expenses now or in future years◆ Prescription drug cost applies to the deductible unlike the PPO plan◆ Family maximum amounts are aggregate and the entire family deductible must be met

Medical (CDHP Plan)

Part One: Health Plan with PPO Network and Features

The medical plan piece of the BCBS/Anthem BC CDHP works like a traditional PPO medical plan, but has some different features. The chart below outlines these CDHP features. **Keep in mind that if you enroll in family coverage, the entire family deductible must be met before any benefits are paid.** Prescription drugs are subject to the deductible as well. So, you will pay the full cost of your prescription medication until you meet your deductible, at which time you will only have to pay the applicable coinsurance.

	In Network	Out of Network
Deductible /Coinsurance		
Individual / Family	\$1,350 / \$3,000	\$2,500 / \$6,000
Coinsurance	20%	50%
Out of Pocket Maximum		
Individual / Family	\$3,500 / \$6,850	\$7,000 / \$14,000
Coverage Highlights		
Office Visit	20% after deductible	50% after deductible
Preventive Care	Covered 100%	50% after deductible
Routine Well-Child Exams	Covered 100%	50% after deductible
Diagnostic Lab & X-ray (performed and billed by an independent facility)	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Walk-in Clinic	20% after deductible	50% after deductible
Urgent Care (No coverage for non-urgent care)	20% after deductible	50% after deductible
Emergency Room (no coverage for non-emergency care)	20% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Mental Health (Inpatient/Outpatient)	20% after deductible	50% after deductible
Substance Abuse (Inpatient/Outpatient)	20% after deductible	50% after deductible
Durable Medical Equipment	20% after deductible	50% after deductible
Outpatient Short-Term Rehab (60 days/year)	20% after deductible	50% after deductible
Prescription Coverage	Provided through CVS Caremark	
Annual Deductible (excludes generic)	\$50 per individual	\$50 per individual
Retail Prescription (30 day supply)		
Generic	10% (\$150 max) after medical deductible	50% after medical deductible
Preferred Brand Name	20% (\$175 max) after medical deductible	50% after medical deductible
Non-Preferred	30% (\$200 max) after medical deductible	50% after medical deductible
Specialty	\$95 copay after medical deductible	N/A
Mail Order Pharmacy (90 day supply)		
Generic	10% (\$150 max) after medical deductible	Not Covered
Preferred Brand Name	20% (\$175 max) after medical deductible	Not Covered
Non-Preferred	30% (\$200 max) after medical deductible	Not Covered
Specialty	N/A	Not Covered

Important: While all employees are eligible to enroll in the Anthem CDHP, certain individuals are not eligible to open an HSA per IRS regulations. You are not eligible to open an HSA if you fall into any of the following categories:

- ⇒ You are enrolled in another medical plan (e.g., your spouse’s plan), unless it is a qualified high deductible health plan
- ⇒ You are enrolled in Medicare
- ⇒ You are eligible to be claimed as a dependent on another individual’s tax return
- ⇒ You are not a U.S. resident, or are a resident of American Samoa
- ⇒ You are a veteran, DO NOT have a disability rating with the VA and have received veterans’ benefits within the last three months
- ⇒ You are actively in the military

If you fall into one of the categories listed above, be aware that the Anthem CDHP may not be a good fit for you since you are not eligible to open an HSA. You will not be eligible for the Hoya Employer contribution to the HSA.

Medical (CDHP Plan)

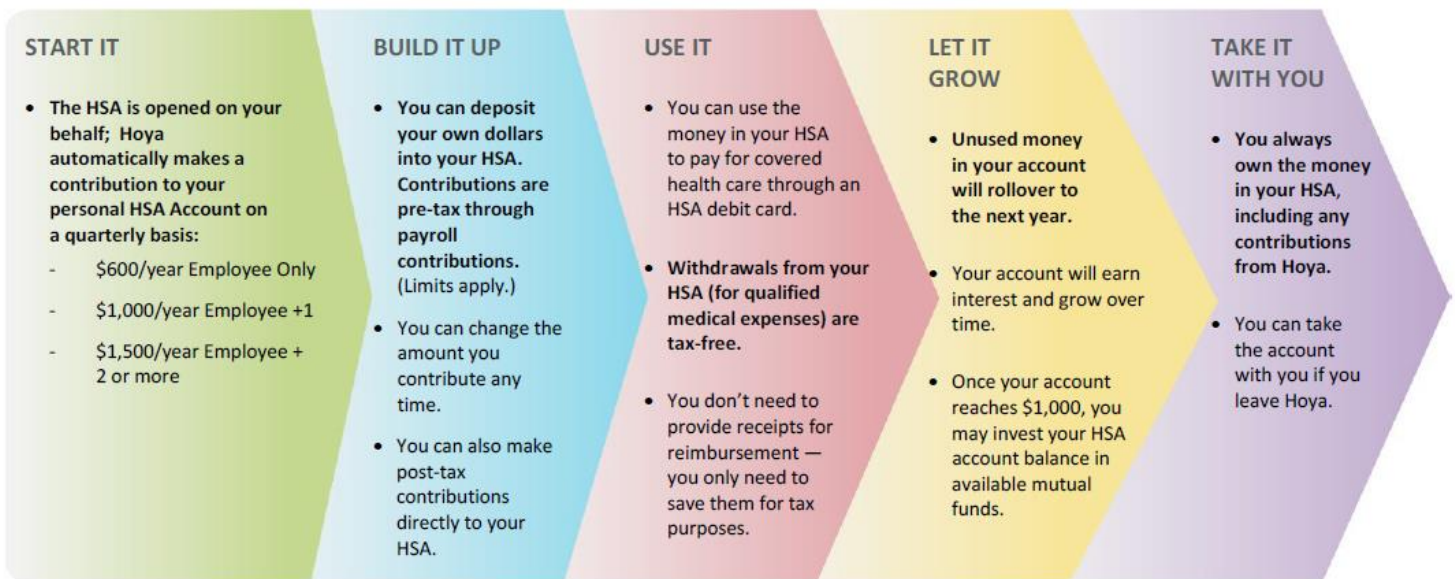
Part Two: Health Savings Account

The most unique feature of the Anthem CDHP is the Health Savings Account (HSA). With a Health Savings Account:

- ⇒ You own the account
- ⇒ Contributions can be used for current and future health care expenses - the funds rollover from year-to-year
- ⇒ Contributions are tax free
- ⇒ Investment earnings are tax free
- ⇒ Withdrawals are tax free for qualified health care expenses
- ⇒ Depending on the state where you live, you may save on state taxes, as well
- ⇒ You are only reimbursed for expenses if the money is available in your account. (This differs from the Health Care FSA)

The HSA is automatically created for you and administered by ActWise, which is FDIC insured. If you elect the CDHP, you are authorizing ActWise to open a Health Savings Account (HSA) on your behalf. In compliance with the USA Patriot Act, ActWise must verify the identity of all customers seeking to open an HSA. As part of this identity verification process, you may be asked to provide additional information and/or documentation before your account can be established.

How it Works



Contribution Limits

Contributions to your HSA come from two sources - you and Hoya. All the money in your account is yours to spend on health care or save. The 2019 HSA maximum that may be contributed for Employee Only coverage is \$3,500, and the HSA maximum is \$7,000 if you cover any of your dependents. These maximums include the Hoya contribution to your account.

Each year, the maximum amount you can contribute to your HSA may change, per IRS regulations.

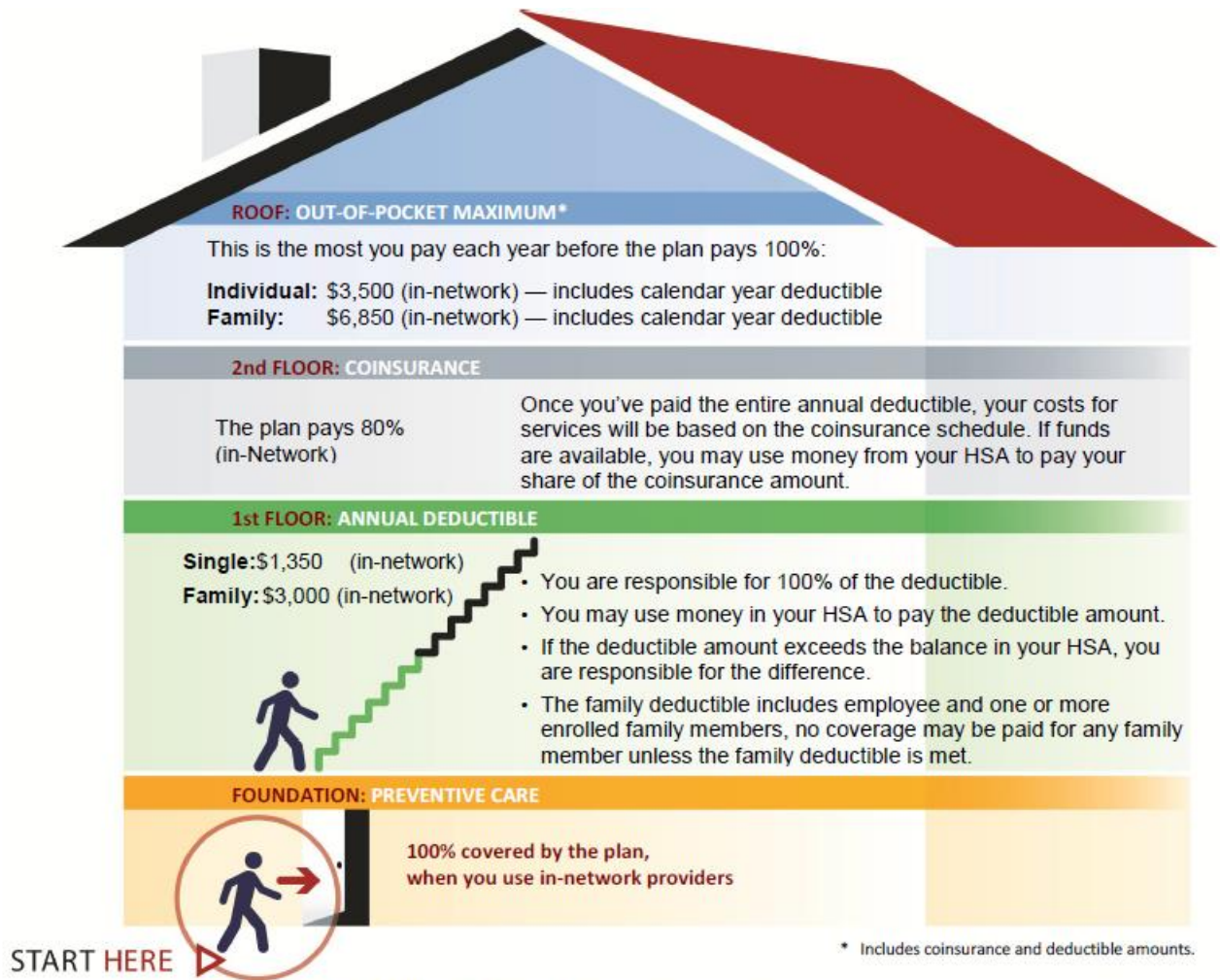
Please note, you must remain enrolled in the Anthem CDHP for the remainder of the year plus the next 12 consecutive months or a portion of the HSA contributions may be subject to tax and penalty, per IRS regulations. *It is your responsibility to ensure contributions do not exceed the annual limit. Tax penalties may apply on excess contributions. You should consult your personal tax advisor with questions regarding your HSA and the filing of your tax returns.*

55 or over? You can contribute an additional \$1,000 above the IRS annual limit.

Medical (CDHP Plan)

How the Anthem CDHP Works

How do your health care expenses get paid? Let's start at the bottom of your Anthem CDHP "house" and work our way up...



NOTE: Example shows how the Anthem CDHP works when using in-network providers.

Foundation: Preventive Care

Preventive care is the foundation of the Anthem CDHP and is 100% covered in-network.

All eligible preventive services - such as annual physical exams, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing, and vision), immunizations, and health education - are FREE to you when you visit Anthem in-network providers and the doctor codes the visit as preventive. This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.

Regular preventive care may help prevent and identify health issues before they become problems or chronic conditions, so be sure to get your free annual checkup and screenings such as mammograms and colonoscopies.

Medical (CDHP Plan)

Example

Here is an example that shows you how the Anthem CDHP works. Also, remember, the employee premiums deducted out of your paycheck are significantly less than the Base PPO plan!



Meet Carol

Carol is healthy and active. So when a cycling accident led to a knee injury and unexpected surgery, Carol had some out-of-pocket expenses in the first year of her plan. However, the following year was more typical - only preventive services, office visits and prescriptions - so Carol was able to build savings in her HSA.

Line	2019	
1	Hoya's contribution to Carol's HSA	\$ 600
2	Carol's contribution to her HSA	\$ 500
3	Total dollars available in HSA (lines 1+2)	\$ 1,100
4	Preventive care services	\$ 250
5	Arthroscopic knee surgery	\$ 4,100
6	Office visits	\$ 200
7	Prescription drugs	\$ 100
8	Total expenses (lines 4+5+6+7)	\$ 4,650
9	Plan pays for preventive care services (line 4)	\$ 250
10	Total expenses remaining \$4,400 (lines 8—9)	\$ 4,400
11	Amount paid from HSA (Carol's choice) toward annual deductible (line 3)	\$ 1,100
12	Total expenses after Carol uses HSA to pay for part of her deductible (lines 10—11)	\$ 3,300
13	Carol must first meet her \$1,350 annual deductible. She's paid \$1,100 toward her deductible; she must pay an additional \$250 before coinsurance begins	\$ 250
14	Total expenses after deductible has been satisfied (line 10 minus \$1,300)	\$ 3,050
	Coinsurance Begins	
15	Plan pays (80% of \$3,050) (amount from line 14 x 80%)	\$ 2,440
16	Carol pays coinsurance (20% of \$3,050) (amount from line 14 x 20%)	\$ 610
	Summary of total expenses for 2019	
17	Total amount plan pays (lines 9+15)	\$ 2,690
18	Total amount Carol pays (lines 11+13+16)	\$ 1,960
19	HSA rollover to 2020	\$ 0
	2020	
20	Rollover from 2020 (line 19)	\$ 0
21	Hoya's contribution to Carol's HSA	\$ 600
22	Carol's contribution to her HSA	\$ 0
23	Total dollars available in HSA (lines 20+21+22)	\$ 600
24	Preventive care services	\$ 100
25	Office visits	\$ 200
26	Prescription drugs	\$ 100
27	Total expenses (lines 24+25+26)	\$ 400
28	Plan pays for preventive care services	\$ 100
29	Total expenses remaining (lines 27—28)	\$ 300
30	Amount paid from HSA (Carol's choice) toward annual deductible (line 23)	\$ 300
31	HSA rollover to 2021 (lines 23-30)	\$ 300

This is an example. Your actual experience will vary. All expenses assume the use of in-network providers, and no changes to IRS regulations.

Medical (CDHP Plan)

How will the Anthem CDHP and HSA plan benefit you?

Fill in this worksheet with your own details to find out how the Anthem CDHP can help you take control of your health care decisions, and save money too.

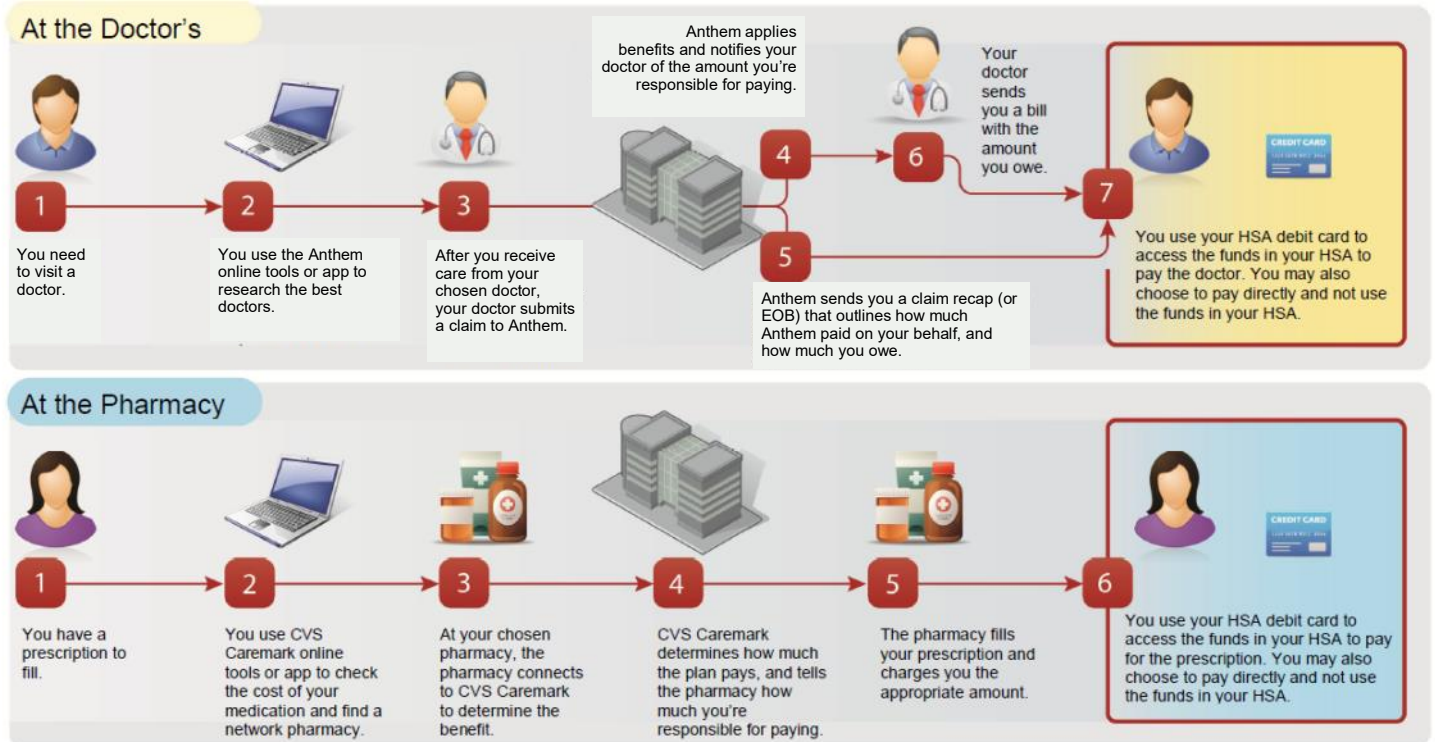
When estimating your medical needs in 2019, consider your use of health care benefits in 2018, and use this to estimate how often you will need care in 2019. This can also help you predict what kinds of medical costs you will have. If you plan to become pregnant, have a surgery or undergo significant medical treatment during 2019, this will likely impact the amount of health care you use. **Tip:** Look at your EOBs (Evidence of Benefits) for 2018 that Aetna provided you to help you estimate your health care expenses. Keep in mind you will want to estimate the actual cost for services, not your copays or coinsurance.

2019		CDHP	PPO (Base or Buy-up)
	Annual deductible (varies, depending on level of coverage). See the comparison chart this <i>Benefits Guide</i>	\$	\$
Estimated annual medical expenses for 2019 (for you and your covered dependents)			
1	Preventive care (if received by out-of-network provider; in-network preventive care is covered at 100%)	\$	\$
2	Office visits (both general practitioners and specialists)	\$	\$
3	Prescription drugs	\$	\$
4	Physical therapy	\$	\$
5	Other	\$	\$
6	Total estimated annual medical expenses (add lines 1-5)	\$	\$
7	Annual contributions (what you pay for coverage)	\$	\$
8	Subtotal Out-of-Pocket Costs (add lines 6 + 7)	\$	\$
9	Hoya's contribution to your HSA	\$600 / \$1,000 / \$1,500	None
10	Total Out-of-Pocket Costs (subtract line 9 from line 8)	\$	\$

Medical (CDHP Plan)

Paying for Expenses with the HSA

When you enroll in the Anthem HSA plan, you will receive a debit card to pay for qualified medical expenses. Here is an example of how you pay for expenses:



Cost-Saving Tips

You get the most value out of the Anthem CDHP by making smart decisions about your health and your health care. Since the money in your HSA is yours to keep, you will want to make sure you are spending your health care dollars wisely. To help you calculate your savings, Anthem has an HSA calculator tool. Go to www.anthem.com/ca and select ESTIMATE YOUR COST.

New for 2019

Tobacco Free Program

Help to break free from tobacco

Every tobacco user is different, and helping employees to quit requires a personalized approach.

Health Advocate's Tobacco Cessation program offers that and more. We offer a comprehensive solution that supports employees to successfully quit and stay tobacco-free through one-on-one coaching, educational materials and the ability to facilitate employer-paid nicotine replacement therapy.

We offer the right support and the right tools for the best outcomes

Health Advocate's multi-faceted Tobacco Cessation solution combines unlimited, personalized Coaching with best-practice techniques that are effective in helping tobacco users become ex-users. Our program is tailored to the individual, and can be coordinated with employer-paid nicotine replacement therapy.



Tobacco Cessation program features:

- Unlimited telephone and email access to a Coach certified by the American Lung Association to help tobacco users quit
- Interactions tailored to the individual's circumstances, needs and health status
- Flexible opt-in at any time during the year
- Coordinates with employer-paid nicotine replacement therapy
- Assesses tobacco-free status at three, six and 12 months
- Comprehensive reports to document participation and success rates
- Integration with wellness incentive programs
- Help to ease burden on Human Resources staff
- Promotion and reinforcement materials



The Health Advocate Tobacco Cessation Advantage

To reinforce employee's tobacco-free status, the program can be offered with our Health Advocacy and Wellness Program services, which provide ongoing support to address other lifestyle risk factors.

Contact Health Advocate

To learn more about the Tobacco Cessation Program and our spectrum of innovative, time- and money-saving solutions for employees, members and patients.

Phone: 866.799.2655

Email: info@HealthAdvocate.com

Medical Rates

PPO Medical Plan								
					Tobacco Free Discount Rates			
Tier	Employee Weekly Cost	Employee Bi-Weekly Cost	Employee Monthly Cost	Total HOYA Monthly Cost	Employee Weekly Cost	Employee Bi-Weekly Cost	Employee Monthly Cost	Total HOYA Monthly Cost
Employee Only	\$24.90	\$49.79	\$107.88	\$661.93	\$13.36	\$26.71	\$57.88	\$711.93
Employee + 1 Dep	\$51.08	\$102.17	\$221.34	\$856.36	\$39.54	\$79.08	\$171.34	\$906.36
Employee + 2 Dep	\$72.52	\$145.04	\$314.25	\$1,071.40	\$60.98	\$121.96	\$264.25	\$1,121.40
Employee + 3 Dep	\$81.12	\$162.25	\$351.54	\$1,342.03	\$69.59	\$139.17	\$301.54	\$1,392.03
Employee + 4 Dep	\$89.73	\$179.45	\$388.81	\$1,612.66	\$78.19	\$156.37	\$338.81	\$1,662.66
Employee + 5 Dep	\$98.33	\$196.66	\$426.10	\$1,883.31	\$86.79	\$173.58	\$376.10	\$1,933.31
Employee + 6 Dep	\$106.93	\$213.86	\$463.37	\$2,153.94	\$95.39	\$190.79	\$413.37	\$2,203.94
Employee + 7 Dep	\$115.54	\$231.07	\$500.66	\$2,424.56	\$104.00	\$208.00	\$450.66	\$2,474.56
Employee + 8 Dep	\$124.14	\$248.27	\$537.92	\$2,695.19	112.60	\$225.19	\$487.92	\$2,745.19

CDHP Medical Plan								
					Tobacco Free Discount Rates			
Tier	Employee Weekly Cost	Employee Bi-Weekly Cost	Employee Monthly Cost	Total HOYA Monthly Cost	Employee Weekly Cost	Employee Bi-Weekly Cost	Employee Monthly Cost	Total HOYA Monthly Cost
Employee Only	\$17.77	\$35.55	\$77.02	\$596.90	\$6.24	\$12.47	\$27.02	\$646.90
Employee + 1 Dep	\$30.00	\$60.00	\$129.99	\$813.46	\$18.46	\$36.92	\$79.99	\$863.46
Employee + 2 Dep	\$40.01	\$80.02	\$173.37	\$1,039.67	\$28.47	\$56.94	\$123.37	\$1,089.67
Employee + 3 Dep	\$44.02	\$88.05	\$190.77	\$1,291.84	\$32.49	\$64.97	\$140.77	\$1,341.84
Employee + 4 Dep	\$48.04	\$96.08	\$208.18	\$1,543.97	\$36.50	\$73.01	\$158.18	\$1,593.97
Employee + 5 Dep	\$52.06	\$104.11	\$225.58	\$1,796.15	\$40.52	\$81.04	\$175.58	\$1,846.15
Employee + 6 Dep	\$56.07	\$112.14	\$242.98	\$2,048.30	\$44.53	\$89.07	\$192.98	\$2,098.30
Employee + 7 Dep	\$60.09	\$120.18	\$260.39	\$2,300.44	\$48.55	\$97.10	\$210.39	\$2,350.44
Employee + 8 Dep	\$63.97	\$127.94	\$277.20	\$2,553.17	\$52.57	\$105.14	\$227.80	\$2,602.57

Dental

You may select from two plans through Aetna: The Dental PPO and the Dental HMO.

The Dental PPO Plan

This plan allows you and your covered family members to receive dental services from any licensed provider. If you use a dentist outside of the network, not only may your out-of-pocket costs be higher, you may have to pay the entire bill at the time of treatment and wait for reimbursement.

The Dental HMO Plan

This plan pays for services according to a schedule of benefits. If the schedule does not show a fee for the particular service you need, ask your dentist for a pretreatment estimate. This plan requires a primary care dentist selection. The schedule lists services according to a schedule of benefits. The Dental HMO is currently only available **in locations with more than 5 employees**, and in **certain zip codes in the following states**: California, Texas, North Carolina, Arizona, Florida, Georgia, Ohio, Illinois, Oregon, Connecticut, Washington, Tennessee, Nevada, Michigan, Colorado, Kansas, Iowa, Minnesota.

Go to www.aetna.com to locate a network PPO Dentist or Primary Care DHMO Dentist.

Coverage Type	Aetna Dental PPO		Aetna DHMO**
	In Network	Out of Network	In Network Only
Deductible (Individual/Family) Does not apply to diagnostic and preventive services	\$50 / \$150	\$50 / \$150	None
Calendar Year Maximum (per person)	\$2,000	\$2,000	None
Coverage Highlights			
Office Visit	Covered 100%	Covered 100%*	\$5 copay
Cleaning	Covered 100%	Covered 100%*	Covered 100%
Regular Filling	You pay 20%	You pay 20%*	Covered 100%
Root Canal	You pay 20%	You pay 20%*	Molar: \$280 copay
Oral Surgery	You pay 20%	You pay 20%*	Single tooth: Covered 100%
Crown	You pay 50%	You pay 50%*	\$255 copay
Dentures	You pay 50%	You pay 50%*	\$275 copay
Orthodontia - Children	You pay 50% (\$1,500 lifetime max)		\$1,845 copay
Orthodontia - Adults	Not Covered		\$1,845 copay

*PPO out of network benefits are based on usual and customary charges.

**Sample costs are shown for the Dental HMO; refer to your DHMO Benefits Summary for complete details.

Plan	PPO Dental Plan				HMO Dental Plan			
	Employee Weekly Cost	Employee Bi-Weekly Cost	Employee Monthly Cost	Total HOYA Monthly Cost	Employee Weekly Cost	Employee Bi-Weekly Cost	Employee Monthly Cost	Total HOYA Monthly Cost
Employee Only	\$3.92	\$7.85	\$17.00	\$21.34	\$1.85	\$3.69	\$8.00	\$11.42
Employee + 1 Dep	\$9.92	\$19.85	\$43.00	\$37.88	\$3.92	\$7.85	\$17.00	\$16.86
Employee + Family	\$14.08	\$28.15	\$61.00	\$61.58	\$6.46	\$12.92	\$28.00	\$29.29

*Dependents ages up to age 26. Coverage terminates at the end of the month the child turns 26.

Vision

When considering your healthcare needs, don't neglect your eyesight!

Eye Exam

Hoya Vision Care provides employees and dependents with one eye exam every 12 months through Vision Service Plan (VSP).

You pay a \$10 copayment if you see a VSP network doctor.

You pay any amount over the \$45 allowance if you see a non-VSP doctor.

Go online to www.VSP.com to find a doctor. Then, call and make an appointment and simply tell them you are covered under VSP. You will not receive an insurance card.



Eye Glasses

Hoya, Seiko and VISION EASE offer discounts to you and some family members who wear eyeglasses. Eligible employees receive **One Free Pair of prescription eyeglass lenses each calendar year!** Employees may use the free pair for themselves or for an eligible family member. The free pair excludes specialty cosmetic processing except in rare cases and special orders. Employees and eligible family members are also qualified for the discounts shown in the chart below.

Eligible family members include the following: **legal spouse, children, stepchildren, parents, parents-in-law, grandparents, grandchildren, sister, brother, sister/brother-in-law, and daughter/son-in-law.** Friends and family members not listed above are not eligible to use the vision benefit. In addition, all family relationships must be current and former relatives such as ex-spouses, etc. are not eligible for the vision benefit.

Vision Service Plan - Go to www.VSP.com		
Benefit	VSP Doctor	Non-VSP Doctor
Eye Exam Dependents Optional - once every 12 months	You pay \$10 exam copay	You pay any costs over \$45
Eye Glasses		
Lens Type	Free Pair	Lenses and Frame Costs
Hoya Prescription Lenses	Lenses free; frame at Hoya Cost	Lenses 50% off; frame at Hoya cost
Non-Hoya Prescription Lenses	Not Available	Lenses 30% off; frame at Hoya cost
Non-Prescription Sunglasses	Not Available	Frame at Hoya cost

Tier	Employee Weekly Cost	Employee Bi-Weekly Cost	Employee Monthly Cost	Total HOYA Monthly Cost
Employee Only	\$0.00	\$0.00	\$0.00	\$2.01
Employee + Family	\$0.92	\$1.84	\$3.98	\$5.99

Basic Life and AD&D Insurance

This benefit was previously provided through Aetna.

Things to Think about

- Life Insurance at no cost to you!
- Accidental Death & Dismemberment (AD&D)
- Age Reductions



Life Insurance at no cost to you through Lincoln Financial!

The amount of life insurance that is right for you depends on a variety of factors, including your age, family status, personal savings, financial commitments, etc. Hoya Vision Care offers a variety of programs to meet your life insurance needs.

Basic Life Insurance

Basic life insurance pays your beneficiary a benefit of 200% of your gross salary up to \$400,000.

Accidental Death & Dismemberment (AD&D)

AD&D insurance pays a benefit if you suffer a severe injury such as losing a hand, foot or eyesight. The benefit amount paid depends on the type of injury. However, if you die in an accident, the AD&D plan will pay the full amount in addition to your Basic Life benefit.

Age Reductions:

Basic Life and AD&D benefits will reduce to 35% at age 70 and an additional 15% at age 75.

Beneficiary

It is **IMPORTANT** that you check to be sure your **beneficiaries are up to date**.

If you would like to verify your current beneficiary or make any changes, you may log into the EMB enrollment system.

Voluntary Supplemental Term Life

This benefit was previously provided through Aetna.

Things to Think about

- Do you need additional coverage?
- How much can I get?



You also have the opportunity to purchase supplemental coverage for yourself, spouse and dependent children. Please note that dependent children include unmarried adopted, natural or stepchildren, newborn to age 26.

How much can I get?

Employee:

You may purchase in \$10,000 increments to a maximum of \$750,000, not to exceed 500% of your basic annual earnings. Employees age 70+ maximum benefit is \$50,000.

Spouse:

You may purchase for your spouse no more than 50% of your elected amount in \$5,000 increments up to \$150,000.

Child(ren):

This benefit is \$10,000 for children age 6 months to 19 years (26 years if unmarried and a full time student) and \$250 for children 14 days to 6 months. **The cost is \$0.52 per month.**

Guarantee Issue, No EOI* (New Hires Only):

Employee - \$100,000 (under age 70)
Spouse - \$30,000

Guarantee Increase or Initial Election, No EOI* (Current Enrollees and Late Entrants):

Employee - Up to \$20,000
Spouse - Up to \$10,000

***An Evidence of Insurability (EOI) form will be required for any amount over GI.**

Age Reduction: Coverage reduces 35% at age 65, an additional 25% of the original amount at age 70 and an additional 15% of the original amount at age 75. Spouse coverage terminates when employee turns 70.

Age Band	Employee Monthly Rate per \$1,000*	Spouse Monthly Rate Per \$1,000**	Age Band	Employee Monthly Rate per \$1,000*	Spouse Monthly Rate Per \$1,000**	Age Band	Employee Monthly Rate per \$1,000*	Spouse Monthly Rate per \$1,000**
<30	\$0.060	\$0.030	45-49	\$0.140	\$0.110	60-64	\$0.500	\$0.470
30-39	\$0.070	\$0.040	50-54	\$0.220	\$0.190	65+	\$0.880	\$0.850
40-44	\$0.100	\$0.070	55-59	\$0.330	\$0.300			

*Employee rate includes AD&D.

**Spouse rate does not include AD&D and is based on employee's age.

Example: A 36 year old female, Sally, wants to purchase \$50,000 of term life insurance.

$$\frac{.070}{\text{Monthly rate Per \$1,000}} \times \frac{50}{\text{\# of units/\$1,000}} = \frac{\$3.50}{\text{monthly premium}} \times \frac{12}{26} = \frac{\$1.62}{\text{Bi-Weekly Premium}}$$

Health Advocate

New for 2019



Personal health and well-being support anytime, anywhere

Welcome to Health Advocate

One number, complete support

Our Personal Health Advocates are familiar with your entire employee benefits package. They can explain your coverage, answer your questions, and if you need to reach a specific benefit, **they can connect you right away.**

They are also experts at navigating the complicated healthcare and insurance systems. They'll do the paperwork, make the calls and cut through the red tape to resolve a wide range of issues.

- Help you understand your benefits
- Answer questions about diagnoses and treatments
- Research the latest treatment options
- Coordinate services related to all aspects of your care
- Find the right in-network doctors and make appointments
- Coordinate second opinions and transfer medical records
- Resolve insurance claims and medical billing issues

Improve your health and well-being

Our Wellness Program can help you lose weight, eat healthier, stop smoking and reach other health goals.

- Arrange unlimited, one-on-one sessions with your Wellness Coach
- Access health trackers, challenges, workshops and more on our website and app
- Weigh medical care options online with online MedChoice Support™

Quickly reach us any way you like—by phone, email and secure messaging.



Easy access to your customized website and mobile app for articles, tip, tools and more!



Confidential help with personal issues

Your Employee Assistance Program provides confidential access to a Licensed Professional Counselor for help with personal, family and work issues. If needed, we can refer you to qualified professionals for more long-term support.

In a crisis, help is available 24/7.

- Relationship/family issues, depression, anxiety, grief, loss, substance abuse, job burnout
- Find services for childcare and eldercare
- Legal/financial consultation and services
- **Medical Bill Saver™ for help lowering out-of-pocket costs on medical/dental bills over \$400 that are not covered by insurance.**

Plus, special services to help prevent and manage chronic conditions!

We help you take the right actions to stay healthy and lower your risks:

- Receive ongoing reminders about important preventive screenings, tests, treatments and immunizations
- Get expert help managing chronic health conditions like diabetes, asthma, chronic heart failure, COPD and more
- Learn how to manage symptoms, prevent complications and make healthy lifestyle changes

Who is covered?

Our services are available to all employees, spouses, dependents, parents and parents-in-law. Wellness Coaching and Chronic Support are available to all employees, spouses and dependents age 18+.



Your enhanced member website and mobile app are now available!



Here's how to register and log in

Why log in?

- ✓ Get more personalized help improving your health and saving on healthcare costs
- ✓ Check the status of a case in real time; see your case history
- ✓ Send and receive secure messages from your Personal Health Advocate
- ✓ Receive company news, alerts, and seasonal tips/advice
- ✓ Set your communication preferences
- ✓ Submit a billing or claims issue

It's easy to register! Just follow the prompts:

- ✓ Visit HealthAdvocate.com/members
- ✓ Type the name of your organization, select it from the drop-down box, and click "Submit"
- ✓ Enter your information
- ✓ Select your user name, password and security questions
- ✓ Read and accept Terms and Conditions, then click "Register"
- ✓ Verify your account through your email

New for 2019

Health Advocate

Call Health Advocate anytime for support from their team of medical directors, registered nurses and other experts—professionals with extensive experience working with leading institutions and supporting complicated medical issues.

Our experts can:

- **Help you understand** diagnoses and evaluate treatment options
- **Research and identify** the most advanced approaches to care
- **Arrange appointments** with physicians and specialists, anywhere in the U.S.
- **Locate and evaluate** “best-in-class” physicians and medical centers for second opinions
- **Transfer medical records**, lab results and X-rays
- **Communicate with your doctors** to ensure your needs (and the needs of your family) are met
- **Help coordinate care** and services during and after a hospital stay
- **Provide end-to-end support** during all phases of care

You, your spouse, dependents, parents and parents-in-law can all take advantage of our personalized services. Your medical and personal information will be kept completely confidential.

Once you have registered, you can log on!



855.424.6400

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/members

Download the app today!



24/7 Access to Medical Care

Good News! You and your family now have access to Health Advocate’s Telemedicine Program, powered by MeMD.

Routine illnesses and injuries can happen anytime - not just during office hours. Going to the emergency room is time-consuming and expensive, and waiting to see your doctor can delay your recovery.

Health Advocate’s Telemedicine Program is a convenient, cost-effective solution. It offers around-the-clock access to online consultations by video, phone or app from a licensed, board-certified MeMD medical provider, making getting the care you need easier and more affordable.

Your provider will evaluate our issue and provide a diagnosis, treatment plan...even submit a prescription through your local pharmacy, if needed. Best of all, the entire process usually takes 30-45 minutes or less.

You and your family can get help with a wide range of common health problems. If your issue is more serious, you’ll be referred to the nearest urgent care center or the ER.

- Colds, fever, sore throat and flu
- Nausea, vomiting and diarrhea
- Allergies, hives and skin infections
- Bites and stings
- Minor headaches and body aches
- Eye infections, conjunctivitis
- Urinary tract infections
- Scrapes, strains and bruises
- Short-term medication refills
- **And much more**

Convenient and affordable

The MeMD Telemedicine Program is available to you and your family at a special discounted rate of only \$35 per consult!

It’s Easy to Get Started!

To request a confidential online consult, simply log in to the Health Advocate member website and click the “Telemedicine” button (under “Health”) or call Health Advocate at 855-424-6400.



For Texas Employees Only
(PPO Medical Plan Participants Only)



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime!



Teladoc.com



[Facebook.com/Teladoc](https://www.facebook.com/Teladoc)



[1-800-Teladoc](tel:1-800-Teladoc)



Teladoc.com/mobile

Disability

Short Term Disability

As an employee of Hoya Vision Care, you are provided Short Term Disability (STD) coverage through Aetna. STD coverage supplements your lost wages should you be unable to work due to an illness, injury or pregnancy. STD coverage begins after the elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period. Keep in mind that pre-existing condition limitations may apply and it excludes allowances (i.e. car, cell phone, etc.). **This is a 100% Company paid benefit.**

- Elimination Period:** 7 Days (benefits begin on day 8)
- Maximum Benefit Period:** 12 weeks
- Weekly Benefit:** 60% of your weekly earnings to a maximum benefit of \$1,500

Long Term Disability

As an employee of Hoya Vision Care, you are provided with basic Long Term Disability (LTD). LTD coverage supplements your lost wages should you be unable to work due to an illness, injury or pregnancy. LTD coverage begins after the elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period. Keep in mind that pre-existing condition limitations may apply and it excludes allowances. **This is a 100% Company paid benefit.**

- Elimination Period:** 90 days
- Maximum Benefit Period:** Age 65 or SSNRA
- Monthly Benefit:** 60% of your monthly earnings to a maximum benefit of \$10,000



Voluntary Benefits

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability. Temporary and Part Time employees are not eligible.

- Ownership – Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Benefits offered through Transamerica are **Accident, Cancer and Universal Life**. **Benefit for Accident and Cancer cannot be changed or cancelled until Open Enrollment unless you have a qualified life event. Benefits for Universal Life are after tax and may be cancelled at anytime.**

Transamerica Accident Plan

A plan that helps pay for the unexpected expenses that result from an accident

- **On and off the job coverage** = 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Treatment - \$163
- Hospitalization - \$2,100 admission benefit, \$250 per day benefit
- ICU Benefit - \$750 per day
- Fractures - up to \$6,500
- Dislocations - up to \$5,200
- Torn Knee Cartilage - up to \$1,100
- Wellness Benefit - \$100 per insured per year
- See brochure for a complete list of benefits



	Employee	Employee & Spouse	Employee & Children*	Family*
Bi-Weekly Payroll Deductions	\$13.68	\$21.33	\$17.09	\$25.32
Weekly Payroll Deductions	\$6.84	\$10.67	\$8.55	\$12.66

*Dependents up to age 26 can be covered regardless of student status.

Voluntary Benefits

Transamerica Cancer Plan

The Cancer Plan will pay benefits to you if you are diagnosed with cancer. This plan pays you directly. Some benefits pay by the day or treatment, while others reimburse you for expenses you incur. Either way, it can be a source of financial support just when you and your family need it most!

Just a few examples of benefits included in the plan:

- ◆ Initial Diagnosis - \$3,000
- ◆ Hospital Confinement - \$200 per day
- ◆ Surgery - up to \$3,000 (Inpatient), up to \$4,500 (Outpatient)
- ◆ Radiation & Chemotherapy - \$15,000 per 12 month period
- ◆ Bone Marrow and/or Stem Cell - \$15,000 per 12 month period
- ◆ New or Experimental Treatment - \$15,000 per 12 month period
- ◆ Skin Cancer - One Removal - \$225; Each Additional Removal - \$105



An Annual Cancer Screening Benefit is included in your policy and Transamerica pays \$100 for each insured. Each covered person will get one cancer screening test per calendar year.

Examples of Cancer Screenings:

- Mammogram
- Pap Smear
- Prostate-Specific Antigen Test (PSA)
- Chest X-ray
- Bone Marrow Testing
- Colonoscopy

Please see the brochure for a full list of benefits and eligible screening tests.

	Employee	Employee & Spouse	Employee & Children*	Family*
Bi-Weekly Payroll Deductions	\$13.94	\$25.20	\$15.82	\$25.20
Weekly Payroll Deductions	\$6.97	\$12.60	\$7.91	\$12.60

Transamerica Universal Life with Long Term Care

Universal Life with Long Term Care includes both a death benefit and a living benefit.

- Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime.
- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The Living Benefit, Long Term Care is 4% of the death benefit per month for up to 25 months if confined in a nursing or assisted living facility or 2% of the death benefit per month for up to 50 months if receiving home health care or day care.
- Monthly premiums are waived while using the Long Term Care benefits.
- If you use the Long Term Care benefit, your death benefit amount does reduce .
- Coverage available for spouse and children as well.

Guaranteed Issue for New Hires Only

Up to \$150,000 employee / up to \$15,000 spouse / \$20,000 children

i *If you previously waived this benefit, you must answer a few health questions and be approved for coverage.*

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you in the electronic enrollment system.**

Flexible Spending Accounts

Things to Think about

- How can I save money with an FSA?
- Traditional Health Care FSA
- Dependent Care FSA

FSAs help to fill coverage gaps between health plans and out-of-pocket expenses. An FSA allows you to pay for certain health and dependent care expenses with pre-tax dollars. You won't pay taxes on the funds you put into your FSA because they're deducted before taxes are calculated. Hoya's FSA is administered by HR Simplified.

Traditional Health FSA

This is designed to help you pay for out-of-pocket expenses not covered by your health plan.

Maximum Contribution: \$2,650 annually, minimum \$100

Qualified medical expenses include:

- Copays / Deductibles
- Prescriptions
- Dental Work
- Vision Exams
- Eyeglasses
- Chiropractic Care
- Contact Lens & Supplies

Note: Over-the-Counter (OTC) Medications

Over-the-counter medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under your FSA. This affects OTC medications only; all other medical supplies (band-aids, first-aid supplies, etc.) will still be eligible for reimbursement.

Limited Health FSA

For employees enrolled in the CDHP plan with HSA.

Maximum Contribution: \$2,650 annually, minimum \$100

Qualified expenses include:

- Dental Work
- Vision Exams
- Eyeglasses
- Contact Lens & Supplies

Dependent Care FSA

This covers daycare expenses for children up to the age of 13, and for elder dependents (like aging parents) that live in your home. It also covers a spouse or dependent that is physically or mentally challenged for whom you claim an exemption.

Maximum Contribution: \$5,000 annually

Qualified dependent care expenses include:

- Babysitters
- Daycare Centers
- Elder Care
- Day Camps
- Preschool
- After-school Care



Retirement

Hoya Shared Savings Plan - 401 (k) for Hoya Optical Labs of America and Hoya Lens of America

With the Hoya Shared Savings Plan, Hoya can help you save for retirement. Participating is easy.

Once you become eligible, John Hancock will mail you an enrollment packet to your home address. You may enroll directly with John Hancock either by phone or online and tell them how much you would like to contribute from each paycheck on a before-tax basis. You do not have federal taxes deducted on the amount of pay you contribute! For 2019, employees may contribute up to \$18,500 to their 401(k) plans. Employees aged 50 and over may make an additional “catch-up” contribution of \$6,000.

Hoya will make matching contributions equal to 100% of the first 3% of pay you contribute and 50% of the next 2% of pay you contribute excluding the Chicago Union. **That’s an additional contribution of up to 4% of your pay at no cost to you!**

For all divisions except Chicago Union, you are immediately vested in all company matching contributions made on or after January 1, 2009. So, even if you later leave the company, the employer contributions and all earnings are yours. (For employees of Chicago Union and for employees of other divisions with company contributions made before January 1, 2009, you become vested per the vesting schedule.)

You invest all contributions (yours and Hoya’s) in any of the plan’s investment options that you choose. You do not pay federal taxes (and, in some cases, state and local taxes) on your contributions, the company matching contributions, and investment earnings until you take them out of the plan.

John Hancock handles the 401(k) Record Keeping and Administration of the Hoya Shared Savings Plan. Contact them directly or visit their website to enroll, increase contributions, apply for a loan, take a distribution or rollover a former plan, change investments, etc.

The Hoya Shared Savings Plan also offers an after-tax Roth 401(k) option through John Hancock. More information is available from John Hancock or Human Resources.

[For more information, please refer to the Hoya Shared Savings Plan SPD.](#)

Seiko Optical Products of America 401(k)

Once you become eligible, you are automatically enrolled at a 3% pre-tax contribution unless you make a Contrary Election. The Automatic Deferral Percentage will increase in Plan Years following the Plan Year containing the Automatic Deferral Effective Date. The deferral amount will increase by 1% each Plan Year up to 10%. You may also enroll directly with Prudential either by phone or online and tell them how much you would like to contribute from each paycheck on a before-tax basis. You do not have federal taxes deducted on the amount of pay you contribute! For 2019, employees may contribute up to \$18,500 to their 401(k) plans. Employees aged 50 and over may make an additional “catch-up” contribution of \$6,000.

You invest all contributions in any of the plan’s investment options that you choose. You do not pay federal taxes (and, in some cases, state and local taxes) on your contributions, the company matching contributions, and investment earnings until you take them out of the plan.

Prudential handles the 401(k) Record Keeping and Administration of the Seiko Optical Products, Inc. Retirement and Investment Plan. Contact them directly or visit their website to enroll, increase contributions, apply for a loan, take a distribution or rollover a former plan, change investments, etc.

[For more information, please refer to the Seiko Optical Products of America 401K SPD.](#)

VISION EASE Lens 401(k)

VISION EASE provides a 401(k) plan that allows you to defer up to 75% of your pay on a pre-tax basis subject to IRS limitations. Employee contributions are matched at 100% of the first 4% of pre-tax contributions the employee makes. Employees over age 50 may make additional contributions. In addition, you may defer up to 6% of your pay on an after-tax basis. All new employees are automatically enrolled at a 4% pre-tax contribution. You own and are 100% vested in your contributions. The VISION Ease 401(k) plan offers many investment options.

[For more information, please refer to the VISION EASE Lens 401K SPD.](#)

Important Contacts

Vendor	Phone Number	Website
Health Advocate Anthem Blue Cross (Medical) CVS Caremark (Prescription) Aetna (Dental) VSP (Vision) Lincoln National Life (Basic & Supplemental Life Insurance)	855-424-6400 <i>Employees can now call one telephone number to be connected to all their plan options.</i>	HealthAdvocate.com/members
Health Savings Account Act Wise	844-860-3535	
Disability Lincoln National Life	800-487-1485	www.lincolnfinancial.com
Flexible Spending Accounts HR Simplified	888-318-7472	www.hrsimplified.com
Hoya Shared Savings Plan John Hancock Retirement Plan Svcs.	800-294-3575	mylife.jhrps.com
Seiko Optical 401(k) Prudential	877-778-2100	www.prudential.com/online/retirement
VISION EASE 401(K) Wells Fargo	800-728-3123	www.wellsfargo.com
Voluntary Benefits Transamerica	888-763-7474	www.transamericaemployeebenefits.com
Transamerica Claims Assistance Explain My Benefits	888-734-6937, Option 3	service@explainmybenefits.com



Benefit Guide Description

Please Note: This guide provides information regarding the benefits program and is for summary purposes only. More detailed information is available from the plan documents and administrative contacts. The plans and policies stated in this information are not a contract or a promise of benefits of any kind, and therefore, should not be interpreted as such. Please be aware that some benefits have limitations or pre-existing conditions.

