



2024 OPEN ENROLLMENT

November 13, 2023 - November 30, 2023

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

Welcome to Your Benefits

Your health and the health of your family are important to Sportgroup— this is the reason we offer comprehensive health care coverage with ancillary benefit options to eligible employees and their families. Our benefits package is designed to focus on your total well-being.

Please read through all your materials carefully. You have many resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Sportgroup's health care benefit year begins January 1st and ends December 31st.

Important State and Federal Notices

These notices, along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC), can be obtained from your Human Resources department or under the Benefits tab in the Employee Self Service (ESS) from the Paycom app or Paycom website.

- ▶ HIPAA Notice of Special Enrollment
- ▶ Women's Health & Cancer Rights
- ▶ Privacy Practice and Rights Under HIPAA
- ▶ General COBRA Notice of Rights
- ▶ CHIPRA Notice
- ▶ Medicare Part D Creditable Coverage Notice
- ▶ Health Care Reform Provision Notices
- ▶ Summaries of Benefits and Coverage

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by Sportgroup. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Hello! This guide is intended to summarize your benefits and includes links to more information. Click on the underlined links throughout to learn more about the benefits you are offered.



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Eligibility & Enrollment

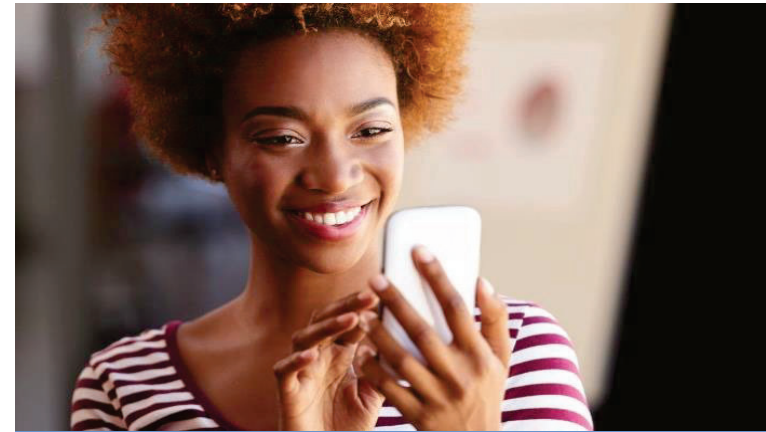
Eligibility

All full-time employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible for benefits on the first day of the month following 60 days of employment. Please be sure to make your benefit election choices in a timely manner. Additionally, you may enroll during your annual Open Enrollment period for a January 1st effective date.

- ▶ You may enroll the following eligible dependents in our group benefit plans:
- ▶ Your legal spouse
- ▶ Your natural, adopted or stepchildren up to age 26
- ▶ Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

Benefits Enrollment (2024 Open Enrollment: Nov 13 –30, 2023)

It is important that you make your benefit elections within the timeframe allowed during your new hire or Open Enrollment period. Postponing the confirmation of your elections will result in a delay in enrollment processing. In other words, if you wish to see a doctor or fill a prescription soon after your benefits begin, please make your elections in a timely fashion or you may experience a delay. Once you confirm your benefit elections, your next opportunity to change or elect benefits will not be until the next Open Enrollment period, unless you experience a Qualifying Life Event.



YOUR BENEFIT RESOURCES

More details about the benefits offered to you can be found by:

- ▶ Logging into Employee Self Service (ESS) from the Paycom app or the Paycom website.
- ▶ Registering on the insurance company websites
- ▶ Downloading the insurance company smartphone apps (if available)
- ▶ Calling the insurance company directly

If you have questions or need assistance enrolling, contact Brandi Turner for English 706-272-4282 (Por favor llame a Karen Burnette para Español 706-272-4202).

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Making Changes to Your Benefits

Changes to your benefits can only be made throughout the year within 30 days of a Qualifying Life Event. Unless one of the events listed below applies, pre-tax benefit elections cannot be changed until the next year's Open Enrollment period.

- ▶ A change in legal marital status
- ▶ A change in the number of dependents
- ▶ A change in your spouse's employment status
- ▶ A change in a dependent's eligibility status
- ▶ Loss of coverage under Medicaid or a state health plan
- ▶ New eligibility for Medicaid or a state health plan

If you experience a Qualifying Life Event and wish to make changes to your current elections, you can do so through the Benefits tab in Employee Self-Service (ESS) of the Paycom app or Paycom website. Documentation must be provided.

Your Responsibility

- ▶ Closely review the benefit options and materials provided to you
- ▶ Determine which benefits are best for you and your family
- ▶ Make your elections during the Open Enrollment period in Employee Self-Service (ESS) of the Paycom app or Paycom website.

TAKE NOTE

If you fail to make your new hire or annual Open Enrollment benefit elections by the deadline given, you will not have the opportunity to enroll in the benefit plans until the next annual Open Enrollment, unless you experience a Qualifying Life Event.

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



2024 Benefit Changes

Medical

- ▶ Medical and Pharmacy is moving from Aetna to Cigna
- ▶ Medical Deductible and Out of Pocket are increasing
- ▶ Employee Only contribution is staying same
- ▶ E+1 and Family tiers will experience a slight increase.
- ▶ The **Garner HRA** is still available to offset your out-of-pocket medical expenses
- ▶ Garner is a FREE (employer sponsored) benefit which can reimburse your qualifying out-of-pocket medical cost up to:
 - › **\$5,000 for individuals / \$10,000 for families**
 - › **You must FIRST sign up via the Garner website, app, or Concierge to find and add an approved doctor and then see that doctor for care**
 - › **Please refer to Garner Slides within this PPT for full details.**

Dental

- ▶ Dental is moving from Aetna to Cigna
- ▶ No plan design changes, No cost increase

Vision

- ▶ Vision is moving from Aetna to Cigna
- ▶ No plan design changes, No cost increase



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Medical Benefits

All Sportgroup employees have one medical plan offered through **Cigna**. This is a traditional plan, whereby you pay a copay for office visits and prescription drugs. Other covered services such as inpatient or outpatient services are covered at 80% coinsurance once you reach your deductible. You then pay 20% until you've reached your out-of-pocket maximum. Cigna will then pay 100% of covered services.

IN-NETWORK SERVICES	CIGNA MEDICAL PLAN
Deductible: Individual / Family	\$5,000 / \$10,000 Formerly \$3,000 / \$6,000
Out-of-Pocket Max: Individual / Family	\$9,000 / \$18,000 Formerly \$7,000 / \$14,000
Preventive Care Visit	Plan pays 100%, no deductible
Primary Care Visit	\$30 copay
Specialist Visit	\$60 copay
Urgent Care	\$25 copay
Emergency Room	\$350 copay (waived if admitted)
Hospital: Inpatient/Outpatient	You pay 20% after deductible

In-network services only are illustrated. This is meant to be a brief summary only. For full plan details refer to the SPD.



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

Prescription Benefits

When you enroll in a Cigna medical plan, you are automatically enrolled in prescription drug coverage. Retail drugs for a 30-day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90-day supply (such as maintenance drugs) will be available at select network pharmacies. To check which drugs are included in your plan, please log on to myCigna.com

- ▶ RX Formulary: **Cigna Value Formulary**
- ▶ RX Retail Network: **Cigna 90 Now CVS**

RX Deductible	\$100 Individual / \$200 Family (waived for generics)	
	Per 30 Day Supply	Per 90 Day Supply
Retail (30 days)		
▶ Generic	\$10 copay	\$25 copay
▶ Preferred Brand	\$30 copay	\$75 copay
▶ Non-Preferred Brand	\$60 copay	\$150 copay
▶ Specialty	\$250 copay	N/A

SAVING ON PRESCRIPTIONS

- ▶ If you regularly take the same medications, a mail order program may allow you to get a three-month supply for a lower cost, saving you trips to the pharmacy and time waiting in line.
- ▶ Choose Generics – If member or physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and brand price.

Consider using Express Scripts® Pharmacy for Home Delivery of Your Prescription Medications

Home delivery is a convenient option where you're taking a medication on a regular basis to treat ongoing health conditions such as: asthma, diabetes, high blood pressure, or high cholesterol.

To learn more, go to Cigna.com/homedelivery

- [Welcome](#)
- [Eligibility & Enrollment](#)
- [Making Benefit Changes](#)
- [Summary of Changes](#)
- [Medical Benefits](#)
- [Prescription Benefits](#)
- [TOPS Program](#)
- [Garner HRA](#)
- [Dental Benefits](#)
- [Vision Benefits](#)
- [Flexible Spending Account](#)
- [Life and AD&D](#)
- [Disability](#)
- [NY Benefits](#)
- [Supplemental Benefits](#)
- [Employee Assistance Program](#)
- [Enrollment Instructions](#)
- [Contacts](#)

Prescription Benefits

Accredo® for Specialty Medications

Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis.

Specialty Drugs may include high-cost medications as well as medications that may require special handling and close supervision when being administered.

Specialty medications must be filled through Accredo. They'll fill and ship your specialty medication to your home; otherwise, you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.

For customers with complex conditions taking a specialty medication, Cigna will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling.

For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling

To get started using Accredo, call **877-826-7657**,
Mon–Fri, 7:00 am–10:00 pm CST and Sat, 7:00 am–4:00 pm CST.
To learn more about Accredo, go to [Cigna.com/specialty](https://www.cigna.com/specialty)



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

TOPS Program

The TOPS program through the Sportgroup Clinic (located in Dalton, GA) is designed to provide early intervention and ongoing treatment for chronic medical conditions. Enrollment in the program requires participants to see the clinic physician and complete blood work every three months.

Covered Conditions

- ▶ Hypertension
- ▶ Diabetes
- ▶ High Cholesterol

Note: If enrolled in the TOPS Program, employees are not charged for their physician visits to the clinic nor are they charged for the GENERIC treating medication (No Brand)

You can still see your current physician; however, to receive the cost-free doctor visit and RX for the TOPS qualifying condition, you must be treated by the Clinic Physician.

Enrollment in the TOPS Program can possibly result in out-of-pocket savings and better health for participants.



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Medical Employee Contributions

Cigna Medical Plan: \$5,000 Deductible

Medical Plan	Weekly 52 Pays	Bi-Weekly 26 Pays	Monthly 12 Pays
Employee Only	\$6.67	\$13.33	\$28.88
Employee + One	\$32.52	\$65.04	\$140.92
Family	\$48.78	\$97.56	\$211.38



INSURANCE COMPANY WEBSITES AND APPS

Registering on your insurance company websites and downloading the smart phone apps gives you instant access to valuable resources. In most cases you can access:

- ▶ Specific plan details
- ▶ ID cards
- ▶ In-network provider search
- ▶ Your claims history
- ▶ Other tools and resources

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)





garner™

Open Enrollment

Fall 2023

Special Reminder Garner-HRA

Cigna has a different network of doctors/providers than Aetna.

If you have already set up a Garner account, any provider you added in 2023 will remain in your Garner account into 2024.

If you are established with a specific provider, you will need to check the Cigna network to ensure your provider(s) are also in their Cigna Network **PRIOR to your next visit**. If the provider is In-Network with Cigna, they're eligible for the Garner reimbursement, and no further action is required on the Garner end.

If the provider is not In-Network with Cigna, they're not eligible for the Garner benefit as of 1/1/24.

Search cigna.com for Cigna Network Providers. Your Employer Medical plan= **OAP -Open Access Plus, Choice Fund OA Plus Plan**

Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current plan's network. To search other networks, use the **Cigna.com** directory.)



Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment.

Please Select a Plan

HMO

[CIGNA HealthCare of Georgia, Inc. Atlanta HMO](#)

[CIGNA HealthCare of Georgia.NET-NET.POS Seamless](#)

LocalPlus

LocalPlus

OAP

[Open Access Plus, OA plus, Choice Fund OA Plus](#)

[Open Access Plus, OA plus, Choice Fund OA Plus WITH CareLink](#)

PPO

[PPO, Choice Fund PPO](#)



Dental Benefits

Dental coverage is now offered through **Cigna**. You may choose either a PPO participating dentist or any nonparticipating dentist. However, utilizing a participating dentist will save you money because they have agreed to provide care for covered services at negotiated rates. Out-of-Network payments are based on the 90th percentile of prevailing charges for the geographic area.

For the most current information, please contact your selected dental provider or **Cigna** Member Services at the toll-free number on your online ID card. Or use our Internet-based provider search available at myCigna.com



IN-NETWORK	LOW PLAN (BASE)	HIGH PLAN (BUY UP)
Deductible: Individual / Family max	\$50 / \$150	\$50 / \$150
Annual Maximum	\$1,250	\$1,750
Preventive Services	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic Services	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Children to age 19 only; \$1,000 lifetime max	Not covered	Plan pays 50% after deductible

In-network services only are illustrated. This is meant to be a brief summary only. For full plan details refer to the SPD.



Dental Employee Contributions

Cigna Dental Low Plan: \$1,250 Max / No Orthodontia

Dental Low Plan	Weekly 52 pays	Bi-Weekly 26 pays	Monthly 12 pays
Employee Only	\$5.92	\$11.83	\$25.64
Employee + Spouse	\$13.22	\$26.43	\$57.24
Employee + Child(ren)	\$14.68	\$29.36	\$63.61
Family	\$17.11	\$34.22	\$74.14

Cigna Dental High Plan: \$1,750 Max / With Orthodontia

Dental Low Plan	Weekly 52 pays	Bi-Weekly 26 pays	Monthly 12 pays
Employee Only	\$6.55	\$13.09	\$28.37
Employee + Spouse	\$14.62	\$29.24	\$63.36
Employee + Child(ren)	\$17.78	\$35.57	\$77.06
Family	\$20.71	\$41.41	\$89.73



INSURANCE COMPANY WEBSITES AND APPS

Registering on your insurance company websites and downloading the smart phone apps gives you instant access to valuable resources. In most cases you can access:

- ▶ Specific plan details
- ▶ ID cards
- ▶ In-network provider search
- ▶ Your claims history
- ▶ Other tools and resources

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Vision Benefits

Vision coverage is now offered through **Cigna**. Your routine vision exams, eyeglasses or contact lenses are available through a network of providers contracted and credentialed through the **Cigna Vision Network serviced by EyeMed**.

To find an in-network provider, go to myCigna.com under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision – serviced by Eye Med Directory.



IN-NETWORK	BENEFIT	FREQUENCY
Eye Exam	\$10 copay	Once per 12 months
Frame	\$140 allowance 20% off balance over allowance	One per 12 months
Standard Eye Glass Lenses	\$10 copay	One pair per 12 months
Contact Lenses <ul style="list-style-type: none">▶ Elective▶ Therapeutic	\$140 allowance Covered in full	One pair or single purchase per 12 months

You may not receive contact lenses and frames in same benefit year

In-network services only are illustrated. This is meant to be a brief summary only. For full plan details refer to the SPD.



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

Vision Employee Contributions

Cigna Vision (Eye Med)

Vision Plan	Weekly 52 pays	Bi-Weekly 26 pays	Monthly 12 pays
Employee Only	\$1.56	\$3.13	\$6.78
Employee + Spouse	\$2.97	\$5.94	\$12.87
Employee + Child(ren)	\$3.12	\$6.25	\$13.54
Family	\$4.60	\$9.19	\$19.92



INSURANCE COMPANY WEBSITES AND APPS

Registering on your insurance company websites and downloading the smart phone apps gives you instant access to valuable resources. In most cases you can access:

- ▶ Specific plan details
- ▶ ID cards
- ▶ In-network provider search
- ▶ Your claims history
- ▶ Other tools and resources

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Flexible Spending Account

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care expenses. Because the amount you elect is taken on a pre-tax basis, you can save up to an estimated 25% of your out-of-pocket expenses. **Seasonal employees are not eligible for FSA.**

2024 Health Care Maximum: \$3,050

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a qualifying Life Event. Please be aware that any unused balance over \$610 will be forfeited back into the plan.

2024 Dependent Care Maximum: \$5,000

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after school care. Funds in the Dependent Care FSA are not to be used for medical care. It is advised that you seek advice from your tax preparer.

[Click here](#) to log into the McGriff FSA portal to view your account, file claims and more.

[Click here](#) to view a list of eligible expenses.

FSA Reminders

- ▶ **FSA RUNOUT PERIOD:** Allows 90 days after Dec 31, 2023 to submit claims that you incurred in 2023. The Runout period does not extend time for incurring claims, it only extends time so submit claims for payment.
- ▶ **CARRYOVER FEATURE:** After the runout period occurs, this feature allows participants to Rollover up to \$610 of unused health care amounts to the new plan year
- ▶ You cannot mix funds from one account to another. You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care (day care) expenses.
- ▶ Save your receipts. No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements.
- ▶ You can incur expenses only during the plan year you are enrolled.
- ▶ Your entire health care FSA balance – even money you have not yet contributed – is available as of January 1st. Dependent Care funds are only available as you contribute to them through payroll deductions.
- ▶ You must re-enroll each year if you wish to continue funding the account(s).

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Life and AD&D

Basic Life and AD&D

Sportgroup provides each employee, their spouse and children (to age 26) with Basic Life and AD&D insurance through **Mutual Of Omaha** and pays for the full cost of coverage.

- ▶ Hourly Class: Flat \$25,000
- ▶ Salary Class: Flat \$50,000

Voluntary Life

Employees also have the option to supplement their life insurance by purchasing additional amounts of coverage through **Mutual Of Omaha**. In addition, life insurance may be purchased to cover a spouse and/or child(ren) after electing coverage for yourself.

VOLUNTARY LIFE	EMPLOYEE	SPOUSE	CHILD(REN)
Minimum	\$10,000	\$5000	\$2000
Guaranteed Issue	\$150,000	\$50,000	\$10,000
Maximum Benefit	5x salary to \$500,000	100% of employee amount to \$250,000	100% of employee's benefit up to \$10,000

**The Guaranteed Issue amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. This form may also be required if you increase your elected amount in the future. If you elect an amount of coverage above the guaranteed issue limit, or elect to increase your benefit amount at a future date, the benefit amount over the Guaranteed Issue level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. This is meant to be a brief summary only. For full plan details refer to the SPD.*



YOUR BENEFICIARY

A beneficiary is the person you name to receive the benefits of your life insurance if you should pass while covered under this benefit. You will be asked to designate beneficiaries for your company-paid life insurance, and for any supplemental life insurance you may elect to enroll in.

Any beneficiaries you name are legally binding. However, you may make changes to your beneficiaries at any time throughout the year.

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Disability

You have the option to purchase both Short and Long-Term disability benefits through Mutual Of Omaha. Disability benefits provide a percentage of your salary should you become unable to work due to an accident or illness. You must first satisfy the waiting period listed below. You must be actively working a minimum of 30 hours per week to be eligible. Note: Plans are subject to pre-existing condition limitation.

DISABILITY	SHORT-TERM	LONG-TERM
Waiting Period	14 days	90 days
Pre-existing conditions: includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 14 day waiting period	3 months look back; 12 months after exclusion
Percentage of Salary Replaced	60% of pre-tax weekly earnings	50% of pre-tax monthly earnings
Maximum Benefit	\$500/week	\$5,000/month
Benefits Payable	Up to 13 weeks	To end of disability or normal Social Security retirement age
Applies to	All Eligible Employees EXCEPT NY RESIDENTS	All Eligible Employees

This is meant to be a brief summary only. For full plan details refer to the SPD.

PROTECTING YOUR PAYCHECK

Typically, people buy insurance to protect their possessions, such as their homes and cars, and life insurance to protect their loved ones in the event of their death but many people don't think about protecting their paycheck. How well could you live if you weren't able to work? Although you may have enough savings to meet your short-term needs, what would happen if you were unable to work for months, or even years? The real value of disability insurance lies in its ability to protect you and your family over the long haul in the event you cannot work due to illness or injury.



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

STD Premium Calculation

Use the premium factor in the right box below to calculate your premium for voluntary short-term disability coverage. Use the example in the table below as a guide. Short-Term Disability on this slide does **NOT** apply to NY Employees.

NY Employees - please refer to NY Disability specific slides for your STD calculations.

Annual Pay	Weekly Pay Annual Pay ÷ 52 weeks	Weekly Benefit Weekly Pay x 60%	Capped Monthly Benefit	Monthly Premium Weekly Pay ÷ 10 x \$0.340	Weekly Premium Monthly Premium x 12 ÷ 52
\$31,200	\$600.00	\$360.00	N/A	\$12.24	\$2.82
\$34,320	\$660.00	\$396.00	N/A	\$13.46	\$3.11
\$36,421	\$700.40	\$420.24	N/A	\$14.29	\$3.30
\$37,523	\$721.60	\$432.96	N/A	\$14.72	\$3.40
\$41,487	\$797.83	\$478.70	N/A	\$16.28	\$3.76
\$43,333	\$833.33	\$500.00	N/A	\$17.00	\$3.92

\$500 is the Weekly Benefit Max. Anyone making over \$43,333 will be capped at a \$500 benefit payment and Premiums will be as follows: \$17 Monthly or \$3.92 Weekly

\$43,680	\$840.00	\$504.00	\$500.00	\$17.00	\$3.92
\$44,138	\$848.81	\$509.28	\$500.00	\$17.00	\$3.92
\$103,000	\$1,987.77	\$1,188.46	\$500.00	\$17.00	\$3.92

**Employee Rate Basis
per \$10 of Total Weekly Benefit**

Rate = 0.34

60% Benefit to \$500 Max Weekly

- [Welcome](#)
- [Eligibility & Enrollment](#)
- [Making Benefit Changes](#)
- [Summary of Changes](#)
- [Medical Benefits](#)
- [Prescription Benefits](#)
- [TOPS Program](#)
- [Garner HRA](#)
- [Dental Benefits](#)
- [Vision Benefits](#)
- [Flexible Spending Account](#)
- [Life and AD&D](#)
- [Disability](#)
- [NY Benefits](#)
- [Supplemental Benefits](#)
- [Employee Assistance Program](#)
- [Enrollment Instructions](#)
- [Contacts](#)

LTD Premium Calculation

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage using the example as a guide. **Available to ALL EE's including NY**

LTD is calculated per \$100 of covered payroll but the benefit is determined using annual income to a max of monthly benefit of \$5,000.

Annual Income	Monthly Benefit Annual Income ÷ 12 x 50%	Capped Monthly Benefit	Age of EE	Rate for Age Bracket	Monthly Premium Annual Income ÷100 x Age Rate ÷12	Weekly Premium Monthly Premium x 12 ÷ 52
\$37,440	\$1,560.00	N/A	35-39	\$0.25	\$7.80	\$1.80
\$72,100	\$3,004.17	N/A	50-54	\$1.00	\$62.50	\$14.42
\$100,000	\$4,167.00	N/A	55-59	\$1.12	\$93.33	\$21.54
\$120,000	\$5,000.00	N/A	35-39	\$0.25	\$23.00	\$5.31

Anyone making over \$120,000 annually will be capped at a \$5,000 monthly benefit and premiums will be calculated accordingly using their age bracket

\$125,000	\$5,028.00	\$5,000	50-54	\$1.00	\$104.17	\$24.04
-----------	-----------------------	---------	-------	--------	----------	---------

This is meant to be a brief summary only. For full plan details refer to the SPD.

Employee Rate Basis - per \$100 of Monthly Covered Payroll \$5000 Max Monthly Benefit	
Age of Employee	Renewal Rate
Less than 19	\$0.12
20-24	\$0.12
25-29	\$0.12
30-34	\$0.17
35-39	\$0.25
40-44	\$0.39
45-49	\$0.68
50-54	\$1.00
55-59	\$1.12
60-64	\$0.77
65-69	\$0.77
70-99	\$0.77



New York Employees



The following two slides pertain to mandatory benefits for **New York employees only.**



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

NY State Disability Benefits

Sportgroup is required by law to provide disability benefits to employees who work in New York.

- ▶ Eligibility: if you've worked for your employer at least:
 - › Full-time employees: 4 weeks
 - › Part-time employees: 25 days

Provides temporary cash payments for eligible employees who are incapacitated by a NON-WORK-related illness or disability. Employee receives 50% of the average weekly wage to a maximum benefit of \$170 per week.

- ▶ Benefits are payable for a maximum of 26 weeks of disability
- ▶ Benefits begin on the 8th consecutive day of disability
- ▶ Benefits are pro-rated based on the number of days employee works

Who pays the premium ?

Sportgroup and Employee pay the premium jointly. Employee pays no more than \$0.60 per week maximum.



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

NY State Paid Family Leave (PFL)

PFL is a mandatory benefit in New York, providing paid time off to employees for certain qualifying events while their job is protected. PFL is implemented by NY State as a rider to your DBL (Statutory short-term disability).

- ▶ Eligibility: if you've worked for your employer at least:
 - › Full-time employees: 26 weeks
 - › Part-time employees: 175 days

Under PFL, a full-time employee is defined as working 20 or more hours per week.

PFL is taken to care for someone else – leave may be used for:

- ▶ Caring for a family member with a serious health condition;
- ▶ Birth, adoption or fostering a child;
- ▶ A spouse's, domestic partner's, child's or parent's active military duty or impending active military duty; or certain COVID-19-related reasons;

"Family member" is defined expansively and includes siblings.

How much does it cost me?

Employee Contribution Rate

Employees will contribute **0.455%** of their gross wages per pay period to the PFL program. The maximum annual contribution for is **\$399.43**.

**There are also mandates for Paid Family Leave in AZ, ME, MA, MI, NV, NJ, NM, RT, VT, CA, CO, DC, MD WA, OR, and CT.*

Maximum Benefit Duration

- ▶ 12 weeks in a consecutive 52-week period

Paid Family Leave Premium Rates

The PFL rate is **0.455%** of an employee's average weekly wage capped at an annual contribution maximum of **\$399.43**. EXAMPLE: If you earn \$27,000 a year (\$519 a week), you will pay about **\$2.36** per week.

Maximum Weekly Benefit (67% of the Statewide Average)

- ▶ \$1,131.08 per week
- ▶ <https://paidfamilyleave.ny.gov/PFLbenefitscalculator2024>

Benefit Offset

- ▶ PFL is not payable if you are receiving PTO, Vacation time, or sick time

Job Protection

- ▶ Yes, while on leave for a covered QE

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)



Supplemental Benefits

All Sportgroup employees (including NY) have the option to elect supplemental Critical Illness w/ Cancer benefit and Accident insurance through Mutual Of Omaha. These policies pay cash benefits directly to you, unless you choose otherwise, in the event you or your covered dependent experience a covered event.



CRITICAL ILLNESS	
A lump-sum benefit % is payable for an insured person diagnosed with any of the following Critical Illnesses Categories while insurance is in effect, after any applicable waiting period and subject to any pre-existing condition limitations. Heart/Circulatory/Motor Function, Organ Transplants and Failure, Childhood/Developmental, and Cancer. The policy also pays a flat, annual benefit of \$50 for a health screening test.	
Guaranteed issue Benefit Amounts (New Hires)	Employee: \$20,000, Spouse: \$15,000, Child(ren): \$5,000
Pre-Existing Condition Limitation	12 month look back period, 12-month exclusion period

ACCIDENT – ON AND OFF JOB	
If an insured person is injured as a result of an accident, most initial care and emergency benefits are payable once per accident per insured. Treatment must be within 72 hours of the accident. Sample Benefits listed below. See certificate for additional benefits:	
Ambulance/Air Ambulance	\$300/\$1,500
Emergency Room	\$100
Initial Physicians' Office/Urgent Care	\$100
Accident Follow-Up Visit Doctor	\$75 up to 6 treatments
Hospital Admission	\$1,000

Accident benefits pay in addition to other insurance and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

- [Welcome](#)
- [Eligibility & Enrollment](#)
- [Making Benefit Changes](#)
- [Summary of Changes](#)
- [Medical Benefits](#)
- [Prescription Benefits](#)
- [TOPS Program](#)
- [Garner HRA](#)
- [Dental Benefits](#)
- [Vision Benefits](#)
- [Flexible Spending Account](#)
- [Life and AD&D](#)
- [Disability](#)
- [NY Benefits](#)
- [Supplemental Benefits](#)
- [Employee Assistance Program](#)
- [Enrollment Instructions](#)
- [Contacts](#)

Critical Illness Premiums

1. Locate the benefit amount you want from the top row of the premium table (increment of \$5,000).
2. Find your age bracket in the far-left column.
3. Premium amount is found in box where the row (your age) and the column (benefit amount) intersect.
4. Select the benefit and premium amounts in the Critical Illness section of your enrollment screen.
5. If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. Example, if you want \$20,000 in coverage, obtain your premium amount by multiplying the rate for \$10,000 times 2.

	WEEKLY					BI-WEEKLY					MONTHLY				
AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
0-29	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$0.83	\$1.66	\$2.49	\$3.32	\$4.15	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00
30-39	\$0.74	\$1.48	\$2.22	\$2.95	\$3.69	\$1.48	\$2.95	\$4.43	\$5.91	\$7.38	\$3.20	\$6.40	\$9.60	\$12.80	\$16.00
40-49	\$1.64	\$3.28	\$4.92	\$6.55	\$8.19	\$3.28	\$6.55	\$9.83	\$13.11	\$16.38	\$7.10	\$14.20	\$21.30	\$28.40	\$35.50
50-59	\$3.61	\$7.22	\$10.83	\$14.45	\$18.06	\$7.22	\$14.45	\$21.67	\$28.89	\$36.12	\$15.65	\$31.30	\$46.95	\$62.60	\$78.25
60-69	\$7.72	\$15.44	\$23.16	\$30.88	\$38.60	\$15.44	\$30.88	\$46.32	\$61.75	\$77.19	\$33.45	\$66.90	\$100.35	\$133.80	\$167.25
70-79	\$14.43	\$28.87	\$43.30	\$57.74	\$72.17	\$28.87	\$57.74	\$86.61	\$115.48	\$144.35	\$62.55	\$125.10	\$187.65	\$250.20	\$312.75
80+	\$19.72	\$39.44	\$59.16	\$78.88	\$98.60	\$39.44	\$78.88	\$118.32	\$157.75	\$197.19	\$85.45	\$170.90	\$256.35	\$341.80	\$427.25



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

Accident Insurance Premiums

The amounts shown below are the premium amounts (deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

COVERAGE TIER	WEEKLY (52 pays)	BI-WEEKLY (26 pays)	MONTHLY (12 pays)
Employee Only	\$3.43	\$6.87	\$14.88
Employee + Spouse	\$5.08	\$10.16	\$22.01
Employee + Child(ren)	\$6.08	\$12.17	\$26.36
Employee + Family	\$8.22	\$16.43	\$35.60

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.



[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

Employee Assistance Program

Life is not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your EAP can be the answer for you and your family. You can trust your EAP professionals to access your needs and handle your concerns in a confidential, respectful manner. Your EAP benefits are provided through Sportgroup. There is **no cost** to you for utilizing EAP services.

Mutual Of Omaha is here to help

The EAP assist employees and their eligible dependents with personal or job-related concerns, including:

- ▶ Emotional well-being
- ▶ Family and relationships
- ▶ Legal and financial matters
- ▶ Healthy lifestyles
- ▶ Work and life transitions

EAP Benefits

- ▶ Access to EAP professionals 24 hours a day, seven days a week
- ▶ Provides information and referral resources
- ▶ Service for employees and eligible dependents
- ▶ Robust network of licensed mental health professionals



DON'T DELAY IF YOU NEED HELP

Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services

Enrollment Instructions

Sportgroup's benefits portal through Employee Self-Service in the Paycom app or on the Paycom website enables you to make your benefit elections whenever and wherever it is most convenient for you.

This site will guide you, step-by-step, through the enrollment process. For each benefit you will be able to review your choices, if applicable, select your coverage level and include any dependents you want to cover for that benefit. Once you have set up your Paycom profile you will:

- ▶ Be able to enroll in Benefits as a New Hire or as Part of an Annual Open Enrollment
- ▶ When completed, you will receive a confirmation of Benefits email
- ▶ Please be sure that your address and contact information is accurate so any new ID card(s) will be delivered to you as quickly as possible.

If you have any questions, feel free to contact:

- ▶ Brandi Turner at **706-272-4282** or email [**Brandi.turner@astroturf.com**](mailto:Brandi.turner@astroturf.com)
- ▶ Por favor llame a Karen Burnette para Español **706-272-4202**

[Welcome](#)

[Eligibility & Enrollment](#)

[Making Benefit Changes](#)

[Summary of Changes](#)

[Medical Benefits](#)

[Prescription Benefits](#)

[TOPS Program](#)

[Garner HRA](#)

[Dental Benefits](#)

[Vision Benefits](#)

[Flexible Spending Account](#)

[Life and AD&D](#)

[Disability](#)

[NY Benefits](#)

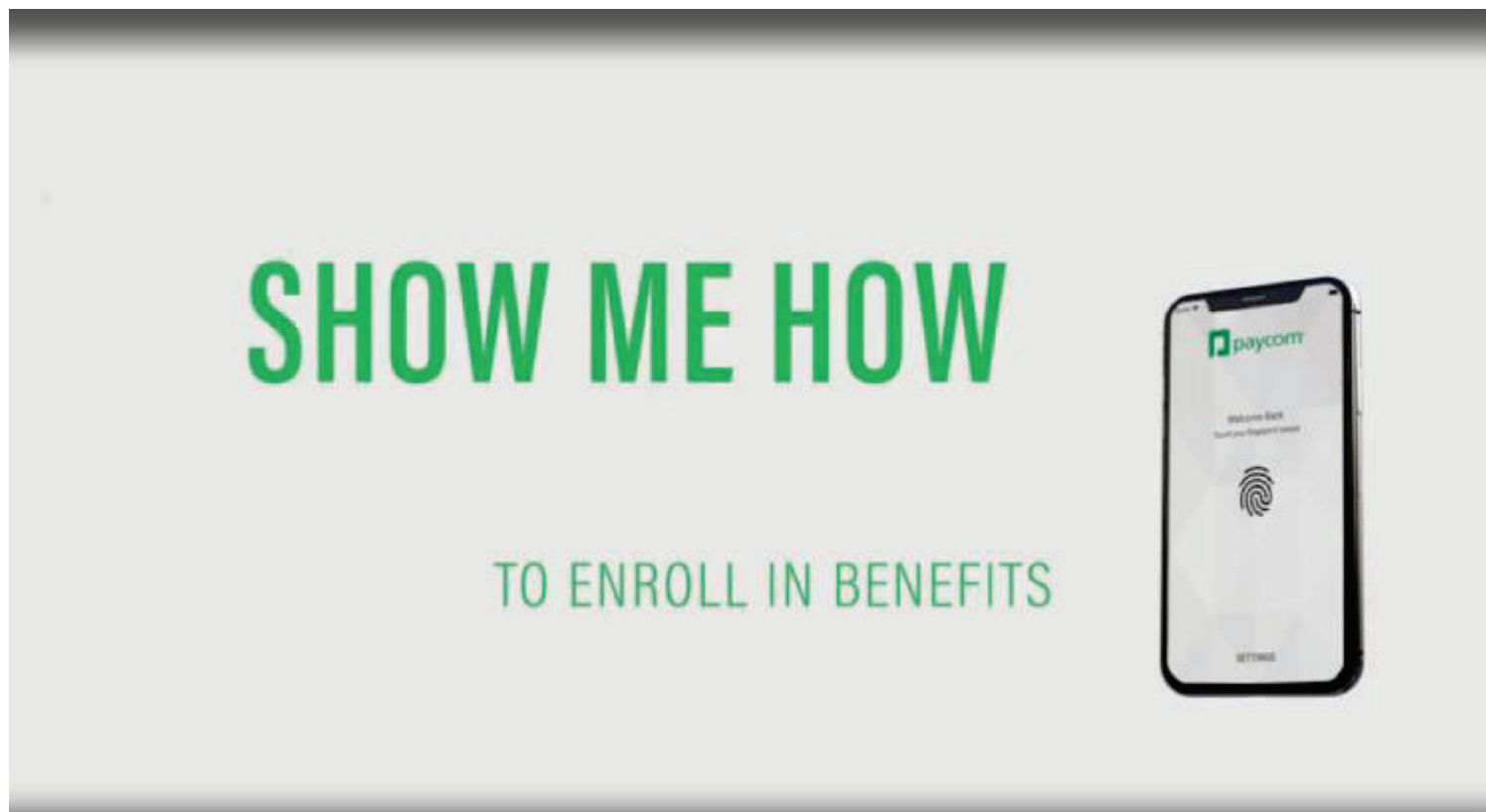
[Supplemental Benefits](#)

[Employee Assistance Program](#)

[Enrollment Instructions](#)

[Contacts](#)

Enrollment Instructions



<https://videos.paycom.com/watch/dyWjn19gEukxmVxaf8dKUE>



- [Welcome](#)
- [Eligibility & Enrollment](#)
- [Making Benefit Changes](#)
- [Summary of Changes](#)
- [Medical Benefits](#)
- [Prescription Benefits](#)
- [TOPS Program](#)
- [Garner HRA](#)
- [Dental Benefits](#)
- [Vision Benefits](#)
- [Flexible Spending Account](#)
- [Life and AD&D](#)
- [Disability](#)
- [NY Benefits](#)
- [Supplemental Benefits](#)
- [Employee Assistance Program](#)
- [Enrollment Instructions](#)
- [Contacts](#)

Contacts

Plan	Administrator	Website	Phone Number
Medical/RX	Cigna	myCigna.com	800-244-6224
Dental	Cigna	myCigna.com	800-244-6224
Specialty RX	Cigna (Accredo)	Cigna.com/specialty	877-826-7657
Home Delivery RX	Cigna (Express Scripts®)	Cigna.com/homedelivery	800-835-3784
Vision	Cigna (EyeMed)	myCigna.com	888-353-2653
Health Reimbursement Account (HRA)	Garner	garner.guide/oe	Garner Concierge team is available through chat via the Garner app or website
Life, Disability, Accident, Critical Illness Insurance	Mutual of Omaha	mutualofomaha.com	800-769-7159
Employee Assistance Program (EAP)	Mutual of Omaha	mutualofomaha.com/eap	800-316-2796
Employee Self Service (ESS)	Paycom	paycomonline.net or Paycom app	N/A – Contact HR
Flexible Spending account (FSA)	McGriff	mcgriffinsurance.com/flex or Benefit Access Mobile App	800-768-4873
New York EE's Statutory DBL & PFL	ShelterPoint	shelterpoint.com	800-365-4999


Brandi Turner for English 706-272-4282 (Por favor llame a Karen Burnette para Español 706-272-4202).



This guide prepared by:



© 2023 McGriff Insurance Services, LLC. All rights reserved. McGriff Insurance Services, LLC is a subsidiary of Truist Insurance Holdings, LLC.

 [Back to beginning](#)