

# sportgroup

THE SURFACE SPECIALISTS



2024 OPEN ENROLLMENT FOR ADVANCED  
POLYMER TECHNOLOGY

November 13, 2023 - November 30, 2023

# Welcome to Your Benefits

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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.





**EXPECT AN EXPERT**

Henderson Brothers, a full-service agency in business since 1893, goes to heroic lengths to provide our customers with peace of mind. Because you can't expect what tomorrow may bring. That's why you have us.

HBI has partnered with APT Advanced Polymer Technology since 2010.

Nadine Duncan, took over our account in 2022 and she will be sharing with you about the medical, dental, and vision benefits for 2024.

## A health plan that offers a large network of health care providers

### Open Access Plus In-network (OAPIN)

- You have the option of choosing a primary care provider (PCP) to guide your care (it is recommended but not required)
- You can see a specialist in the Cigna OAP network without a referral
- For your care to be covered you must use health care professionals and health care facilities in the Cigna OAP network
- You have access to Cigna's national network of labs, x-ray and radiology centers – plus 70% potential savings through in-network national labs (LabCorp or Quest)<sup>1</sup>
- Nationwide in-network coverage for emergency care
- You will pay an annual amount – a deductible – before your health plan begins to pay for covered health care costs.<sup>1</sup> Only services covered by the health plan count toward the deductible
- Once you meet an annual limit on your payments – out-of-pocket maximum – your plan pays 100% of covered costs

1. Plans may vary; see your employer's plan documents for details related to your specific medical plan.



**IN-NETWORK**

**DEDUCTIBLE** - INDIVIDUAL / FAMILY  
**COINSURANCE**  
**TOTAL OUT-OF-POCKET MAX\*** - INDIVIDUAL / FAMILY  
**PCP/SPECIALIST**  
**HOSPITALIZATION** (inpatient)  
**HOSPITALIZATION** (outpatient)  
**EMERGENCY ROOM** (copay waived if admitted)  
**URGENT CARE**  
**PREVENTIVE CARE**  
**MENTAL HEALTH** (outpatient)  
**THERAPY** (PT, OT, etc.)  
**CHIROPRACTIC CARE**  
**DIAGNOSTIC SERVICES**  
 ADVANCED IMAGING (EX: MRI, PET)  
 BASIC DIAGNOSTICS, X-RAY, AND LABS  
**PRESCRIPTIONS**  
 COPAY / SPECIALTY  
 MAIL ORDER / FORMULARY

**OUT-OF-NETWORK**

**DEDUCTIBLE** - INDIVIDUAL / FAMILY  
**COINSURANCE**  
**OUT-OF-POCKET MAX** - INDIVIDUAL / FAMILY

**Cigna  
OAPIN \$1,000 FIPlus**

**Cigna  
OAPIN \$3,000 FIPlus**

\$1,000/\$2,000  
 100% after deductible  
 \$7,150/\$14,300  
 \$25/\$50  
 100% after deductible  
 100% after deductible  
 100% after deductible  
 \$75  
 100%  
 \$50  
 \$50  
 \$50  
 100% after deductible  
 100%  
 \$10/\$30/\$50  
 \$25/\$75/\$125

\$3,000/\$6,000  
 100% after deductible  
 \$7,150/\$14,300  
 \$30/\$60  
 100% after deductible  
 100% after deductible  
 100% after deductible  
 \$75  
 100%  
 \$60  
 \$60  
 \$60  
 100% after deductible  
 100% after deductible

\$10/\$30/\$50  
 \$25/\$75/\$125

No Out of Network Benefit

No Out of Network Benefit

# Get the most from your pharmacy benefit

## Use the myCigna® App or website – 24/7

Find out how much your medication costs<sup>2</sup>

See which medications your plan covers

Easily manage all of your prescriptions on the My Medications page

Find an in-network pharmacy

Ask a pharmacist a question

See your pharmacy claims and coverage details

## Use the Price a Medication tool<sup>2</sup>

Compare the price of your medication at in-network retail pharmacies and through our home delivery pharmacy<sup>1</sup>

View lower-cost alternatives, if available<sup>2</sup>

See which medications your plan covers

View your costs for a 30-day and 90-day supply, depending on what your plan allows

Find out if your medication needs approval before your plan will cover it

## Use Express Scripts® Pharmacy<sup>1</sup>

From your phone, tablet, or computer, you can easily:

- Order, manage, track and pay for your medications
- Fill up to a 90-day supply at one time, delivered with standard shipping at no extra cost to you<sup>3</sup>
- Sign up for automatic refills or refill reminders so you don't miss a dose
- Get 24/7 access to pharmacists who can answer your questions
- Choose flexible payment options

## Use Accredo<sup>1</sup>

Accredo®, a Cigna specialty pharmacy, can provide you with the personalized care and support you need to manage your therapy – at no extra cost

- Fast shipping at no extra cost
- Easy refills and free reminders to help make sure you don't miss a dose
- 24/7 access to specialty-trained pharmacists and nurses experienced in complex conditions
- Access to personalized care services
- Help applying for third-party copay assistance programs and other options

1. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network. 2. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information. 3. Standard shipping costs are included as part of your prescription plan.



# HOW YOUR PLAN WORKS PLUS PROGRAMS AND SERVICES

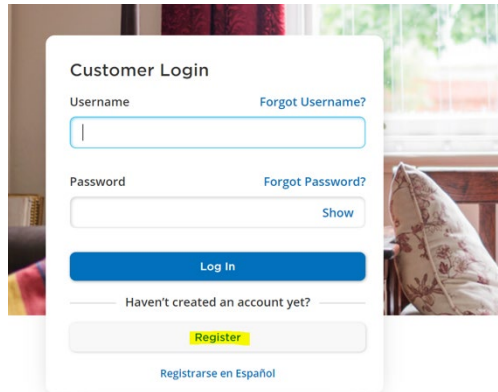


HOW TO USE YOUR PLAN &  
SUPPORT YOUR HEALTH



# Steps to Register on myCigna\*

- Access: [myCigna.com](https://myCigna.com), and Click “Register”



Customer Login

Username [Forgot Username?](#)

Password [Forgot Password?](#) [Show](#)

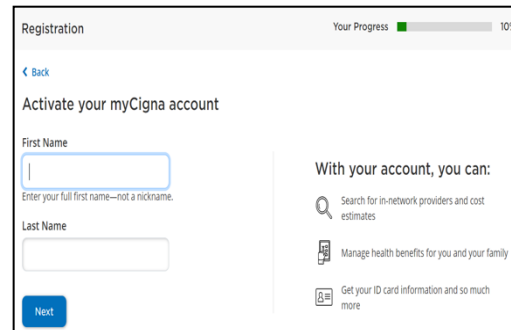
[Log In](#)

Haven't created an account yet?

[Register](#)

[Registrarse en Español](#)

- Activate account by following prompted steps



Registration Your Progress 10%

[Back](#)

Activate your myCigna account

First Name

Enter your full first name—not a nickname.

Last Name

[Next](#)

With your account, you can:

- Search for in-network providers and cost estimates
- Manage health benefits for you and your family
- Get your ID card information and so much more



myCigna.com

Administered by Cigna Health and Life Insurance Co.

Coverage Effective Date: MM/DD/YYYY

Group: 1234567

Issuer: 00840

ID: U23456789 01

Name: John Public

PCP: James Smith

PCP Phone: 860.123.4567

XYZ Company

FedIDN 800428 Fed\*CN 02/10000

Open Access Plus

No Referral Required

PCP Visit \$10/\$20

Specialist \$10

Hospital ER \$50

Urgent Care \$25

Rx \$10/\$20/30

Network Coinsurance:

In 90%/10%

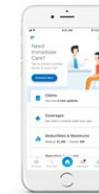
Out 70%/30%

Network Savings Program

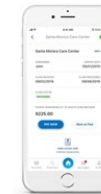
MediRx Deductible Applies

For illustrative purposes only.

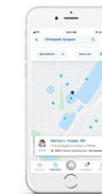
- myCigna\_App:
- Download myCigna app from Apple store or Google play store



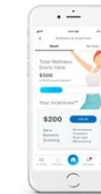
Dashboard



Claims Details



Search



Wellness



\*Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.



# Register on myCigna.com

Your online home for assessment tools,  
plan management, medical updates and much more

Find in-network doctors, dentists and medical services

View ID card information

Review your coverage

Manage and track claims

Order refills or speak with a Home Delivery pharmacist

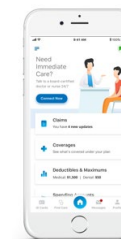
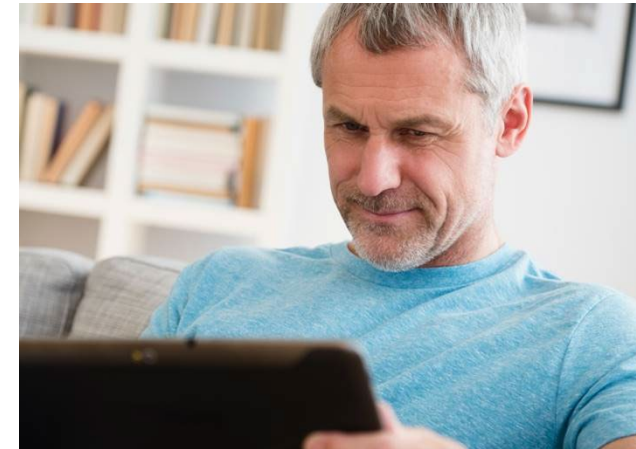
Use our Price a Medication Tool to compare real-time drug pricing  
specific to your plan<sup>1</sup>

Compare cost and quality information for doctors and hospitals

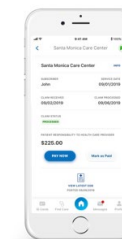
Access a variety of health and wellness tools and resources

Sign up to receive alerts when new plan documents are available

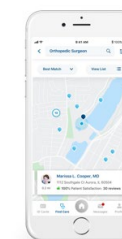
Track your account balances and deductibles



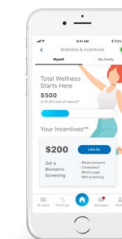
Dashboard



Claims Details



Search



Wellness



Download the myCigna® App and access your account  
with just a fingerprint on any compatible device.<sup>2</sup>

1. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. 2. Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual myCigna features may vary depending on your plan and individual security profile.



# Medical Contributions

Cigna \$1K Deductible						
Covered Tier	Montly Premium	Employee Monthly Cost	% to EE	APT Monthly Cost	Employee Annual Cost	APT Annual Cost
Single	731.52	115.00	15.72%	\$616.52	\$1,380.00	\$7,398.24
EE/Child(ren)	1,389.87	258.75	18.62%	\$1,131.12	\$3,105.00	\$13,573.44
EE/Spouse	1,536.18	258.75	16.84%	\$1,277.43	\$3,105.00	\$15,329.16
Family	2,194.55	379.50	17.29%	\$1,815.05	\$4,554.00	\$21,780.60
Cigna \$3K Deductible						
Covered Tier	Montly Premium	Employee Monthly Cost	% to EE	APT Monthly Cost	Employee Annual Cost	APT Annual Cost
Single	\$652.02	\$65.00	9.97%	\$587.02	\$780.00	\$7,044.24
EE/Child(ren)	\$1,238.82	\$115.00	9.28%	\$1,123.82	\$1,380.00	\$13,485.84
EE/Spouse	\$1,369.22	\$115.00	8.40%	\$1,254.22	\$1,380.00	\$15,050.64
Family	\$1,956.04	\$149.50	7.64%	\$1,806.54	\$1,794.00	\$21,678.49



# Dental Plan Overview



CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1 and 2

PLAN BENEFITS SUMMARY			
Network	In-Network DentalGuard Alliance	In-Network DentalGuard Preferred	Out-of-Network None
<b>Coinsurance</b>			
Preventive	100%	100%	100%
Basic	100%	80%	80%
Major	60%	50%	50%
<b>Deductible</b>			
Waived for preventive?	Yes	Yes	Yes
<b>Claim Payment Basis</b>			
	Fee Schedule	Fee Schedule	Fee Schedule
<b>Maximum</b>			
	\$1,000	\$1,000	\$1,000
<b>Orthodontia</b> (Applies to all networks)			
	Included		
Lifetime Maximum	\$1,000		
Coinsurance	50%		
<b>Maximum Rollover</b> (Applies to all networks)			
Threshold	\$500		
Rollover Amount	\$250		
In-network only rollover	\$350		
Max Rollover Limit	\$1,000		
<b>Dependent Age Limit</b> (Applies to all networks)			
	20/26		

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.





Expert Solutions. Exceptional Service.

# Vision Plan Overview



FREQUENCY OF SERVICE		Last Date of Service :		DEPENDENT AGE: 26	
	Employee	Spouse	Children	(to age 19)	
Vision Exam	24 Months	24 Months	12 Months		
Lenses	24 Months	24 Months	12 Months		
Frames	24 Months	24 Months	24 Months		

**BENEFITS:** Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
<b>Vision Exam</b> (Glasses or Contacts)	100%	\$40
<b>Clear Standard Lenses</b> (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives <sup>D</sup>	Controlled Cost <sup>E</sup>	\$80
Lenticular	100%	\$120
Polycarbonate <sup>C</sup>	100%	N/A
Scratch Coat-1 Yr	100%	N/A
<b>Frame<sup>B</sup></b>	100%	\$50
<b>-OR-</b>		
<b>Elective Contacts</b> (in lieu of eyeglass benefits)		
Material Allowance	\$110	\$110
Fitting Fee	15% off UCR <sup>A</sup>	N/A
<b>-OR-</b>		
<b>Medically Necessary Contacts<sup>F</sup></b>		
Low Vision Aids (Per 24 Months. No Lifetime Max)	100%	\$320
	\$650	\$650

A Usual, Customary, and Reasonable.

B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).

C Available In-Network at no charge for children under age 19.

D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

E Unless otherwise prohibited by law.

F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

# Company Paid Benefits

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Basic Life Insurance and AD&D

\$25,000 for Hourly \$50,000 for Salaried

Short-Term & Long-Term Disability

STD is up to 9 weeks, LTD picks up after STD

# Available Supplemental Benefits

## Voluntary Life Insurance

Employees also have the option to supplement their life insurance by purchasing additional amounts of coverage through Mutual of Omaha.

In addition, the life insurance may be purchased to cover a spouse and/or child(ren) after electing coverage for yourself.

	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	\$2,000
Guaranteed Issue	\$150,000	\$50,000	\$10,000
Maximum Benefit	5x Salary to a max of \$500,000	100% of employee's amount to \$250,000	100% of employee's amount up to \$10,000



# Voluntary Life Rates

Bi-Weekly Premiums (26x per year)

## EE Rates

	\$10,000.00	\$15,000.00	\$20,000.00	\$25,000.00	\$30,000.00	\$35,000.00	\$40,000.00	\$45,000.00	\$50,000.00	\$55,000.00
0-29	\$0.35	\$0.53	\$0.69	\$0.87	\$1.04	\$1.22	\$1.38	\$1.56	\$1.74	\$1.91
30-34	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85	\$2.03
35-39	\$0.51	\$0.77	\$1.02	\$1.27	\$1.52	\$1.78	\$2.03	\$2.29	\$2.54	\$2.80
40-44	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62	\$5.08
45-49	\$1.46	\$2.19	\$2.91	\$3.64	\$4.37	\$5.10	\$5.82	\$6.54	\$7.27	\$8.00
50-54	\$2.31	\$3.46	\$4.62	\$5.77	\$6.92	\$8.08	\$9.23	\$10.38	\$11.54	\$12.69
55-59	\$3.83	\$5.75	\$7.66	\$9.58	\$11.49	\$13.41	\$15.32	\$17.24	\$19.15	\$21.07
60-64	\$5.72	\$8.58	\$11.45	\$14.31	\$17.17	\$20.03	\$22.89	\$25.75	\$28.62	\$31.48
65-69	\$9.18	\$13.78	\$18.37	\$22.97	\$27.55	\$32.15	\$36.74	\$41.34	\$45.92	\$50.52
70+	\$14.86	\$22.29	\$29.72	\$37.15	\$44.58	\$37.57	\$59.45	\$66.88	\$74.31	\$81.74

## SP Rates

	\$5,000.00	\$10,000.00	\$15,000.00	\$20,000.00	\$25,000.00	\$30,000.00	\$35,000.00	\$40,000.00	\$45,000.00	\$50,000.00
0-29	\$0.18	\$0.35	\$0.53	\$0.69	\$0.87	\$1.04	\$1.22	\$1.38	\$1.56	\$1.74
30-34	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
35-39	\$0.26	\$0.51	\$0.77	\$1.02	\$1.27	\$1.52	\$1.78	\$2.03	\$2.29	\$2.54
40-44	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
45-49	\$0.73	\$1.46	\$2.19	\$2.91	\$3.64	\$4.37	\$5.10	\$5.82	\$6.54	\$7.27
50-54	\$1.15	\$2.31	\$3.46	\$4.62	\$5.77	\$6.92	\$8.08	\$9.23	\$10.38	\$11.54
55-59	\$1.92	\$3.83	\$5.75	\$7.66	\$9.58	\$11.49	\$13.41	\$15.32	\$17.24	\$19.15
60-64	\$2.86	\$5.72	\$8.58	\$11.45	\$14.31	\$17.17	\$20.03	\$22.89	\$25.75	\$28.62
65-69	\$4.60	\$9.18	\$13.78	\$18.37	\$22.97	\$27.55	\$32.15	\$36.74	\$41.34	\$45.92

## Child Rates

	\$2,000.00	\$4,000.00	\$6,000.00	\$8,000.00	\$10,000.00
	\$0.16	\$0.31	\$0.47	\$0.63	\$0.78

## Additional Supplemental Benefits



All Sportgroup employees have the option to elect supplemental benefits, Critical Illness Insurance and Accident Insurance through Mutual of Omaha.

These policies pay cash benefits directly to you, in the event you or your covered dependent experience a covered event.

# Critical Illness

## Guaranteed Issue Benefit Amounts:

Employee \$20,000

Spouse \$15,000

Child(ren) \$5,000

## Pre-Existing Condition Limitation:

12-month look back period

12-month exclusion period

A lump-sum benefit is payable for an insured person diagnosed with any of the following Critical Illness Categories while insurance is in effect, after any applicable waiting period and subject to any pre-existing condition limitations.

- Heart / Circulatory / Motor Function:
  - Attack, Heart Transplant, Stroke, 100%
  - Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery 25%
- Organ:
  - Transplant & End-Stage Renal Failure 100%
  - Acute Respiratory Distress Syndrome (ARDS) 25%
- Childhood/Developmental:
  - Cerebral Palsy, Structural Congenital Defects, Type 1 Diabetes 100%
  - Benefits are only available to children
- Cancer:
  - Invasive 100%
  - Bone Marrow transplant 50%
  - Carcinoma in Situ, Benign Brain Tumor 25%

The policy also pays a flat, annual benefit of \$50 for a health screen test.

# Critical Illness Rates

Bi-Weekly Premiums (26x per year)

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Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
0-29	\$0.83	\$1.66	\$2.49	\$3.32	\$4.15
30-39	\$1.48	\$2.95	\$4.43	\$5.90	\$7.38
40-49	\$3.28	\$6.56	\$9.84	\$13.11	\$16.40
50-59	\$7.22	\$14.44	\$21.66	\$28.88	\$36.10
60-69	\$15.44	\$30.88	\$46.32	\$61.76	\$77.20

# Accident Insurance – On or Off Job

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If an insured persons is injured in 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 are listed below (see certificate full listing of benefits and actual pay scale):

- Ambulance/ Air Ambulance up to \$1,000
- Emergency Room \$150
- X-Ray \$50
- Fractures (Surgical/Non-Surgical) up to \$5,000/up to \$2,500
- Hospitalization \$1,000
- Dental up to \$200

# Accident Rates

Bi-Weekly Premiums (26x per year)

Coverage Tier	Bi-Weekly Premium
Employee Only	\$6.86
Employee + Spouse	\$10.16
Employee + Child(ren)	\$12.16
Employee + Family	\$16.43

# 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



# 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

paycom

**EMPLOYEE SELF-SERVICE** ®

Username \*

Password \*

Last 4 digits of SSN \*

**LOG IN**

[Forgot Username or Password?](#) [Log in Tips](#)

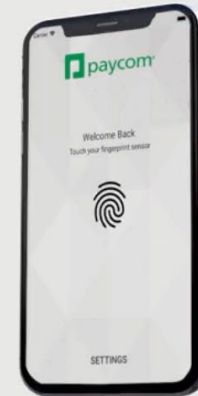
**For Security Reasons**

- Paycom will **never** ask you to submit or change your account information through email.
- Paycom personnel will **never** ask you for your password.
- Paycom will **never** ask you to log in to our site through email.



SHOW ME HOW

TO ENROLL IN BENEFITS



## Paycom - Benefits – Open Enrollment

[HTTPS://VIDEOS.PAYCOM.COM/WATCH/DYWJN19GEUKXMVXAF8DKUE](https://videos.paycom.com/watch/dywjn19geukxmvxaf8dkue)



# Any Questions?

For any questions about the benefits/coverages:

**Brandi Turner**

**706-272-4282**

[brandi.turner@astroturf.com](mailto:brandi.turner@astroturf.com)

Paycom ESS Password Assistance or Resets

please contact:

**Karen Burnette 706-272-4202**

or **Lisa Bray 706-272-4200**