

AUTOMATIC DATA PROCESSING
INSURANCE AGENCY, INC.

GAVS



GAVS Technologies N.A., Inc

2023 Employee Benefits Enrollment Guide

01/01/2023-12/31/2023



To Employees

Welcome to the GAVS Technologies N.A., Inc Benefits Enrollment– this is the time when you may enroll in or make changes to your current benefits offered by GAVS Technologies N.A., Inc. This is a good opportunity for you to consider health insurance options available to you for the upcoming year and to make the best choices for you and your family.

GAVS Technologies N.A., Inc is committed to providing high-quality, comprehensive health care coverage for you and your family. Choosing health care benefits is one of the most important decisions you make each year. We want to help you become better informed about how the different plans work so you can select the plans that are right for your needs. The purpose of this Open Enrollment Guide is to provide you with important information about the benefits available to you and your family. It summarizes the steps you need to take to enroll for coverage. We encourage you to review this guide carefully so that you can make the right choices that fit your needs of you and your family. You must enroll by **12/15/2022**.

Each year, GAVS Technologies N.A., Inc reviews its benefit offerings, as well as marketplace trends and makes changes so that they remain competitive, affordable and compliant. On the following pages is an overview of the benefits available for this Open Enrollment period.

What You Need to Know about Open Enrollment

What is Open Enrollment?

Open enrollment is a period of time, typically occurring once a year, when employees of all types of businesses can make additions, changes or deletions to their elected benefits. Normally, employees can only make modifications to their benefit choices during this time or if they have experienced a qualifying event. During the open enrollment time period an employer will communicate to all employees what options they have for their upcoming year benefit options. If you miss out on the open enrollment period you would not be able to make any additions, changes or deletions until the following year or a qualifying event.

A qualifying event is an event that results in the opportunity to make changes to benefits outside the open enrollment period. Qualifying events include the birth of a child, marriage, the end of employment, a reduction or increase in working hours of employee, or change in marital status.

How do I enroll?

During open enrollment an employer will communicate to all employees what they need to enroll. This will be the employee's opportunity to add a dependent or take someone off the plan. Employees can change enrollment type as well at this time. For example, last year an employee covered family and this year employee only wants to cover themselves, this can be done at open enrollment. You can also take the opportunity at this time to enroll for the first time. Your Employer will include enrollment form in communications.

Am I eligible? Are my dependents?

- All employees working 30 hours per week are eligible.
- Dependent children up to the age of 26.

What does my plan entail?

Please see comparison table enclosed for plan details.

What will my benefits cost me per paycheck?

Please see comparison table enclosed.

What if I miss my payroll deductions?

If you miss a payroll deduction you can catch up on your next payroll cycle.

Medical PPO Choice **High Plan**: In & Out of Network

Cigna Medical Options At-a-Glance*

	Medical	
	In-Network	Out-of-Network
Office Visit / Co-Payment Preventive Primary Care Physician Specialty Care Physician	\$ 0 co-pay \$ 15 co-pay \$ 30 co-pay	Not covered You pay 50% after deductible You pay 50% after deductible
Emergency Room ¹ Urgent Care	\$ 250 co-pay \$ 50 co-pay	\$ 250 co-pay (as in-network) You pay 50% after deductible
Annual Deductible ² Single Family	\$ 1500 per person \$ 2500 per family	\$ 2500 per person \$ 4500 per family
Co-Insurance ³	You pay 20% after deductible	You pay 50% after deductible
Annual Out-of-Pocket Maximum ² Single Family	\$ 2000 per person \$ 3500 per family	\$ 3500 per person \$ 6500 per family

Prescription Drug Options ⁴

	Prescription	
Retail (30 Day Supply) • Generic Drugs • Preferred Brand Drugs • Non-preferred Brand Drugs	You pay: • \$ 15 • \$ 40 • \$ 70	After deductible, you pay: • \$ 15 • \$ 40 • \$ 70

Contribution

Coverage Type	Contribution – Monthly
Employee	\$ 224.31
Employee + Spouse	\$ 471.06
Employee + Child(ren)	\$ 426.20
Family	\$ 672.95

- (1) Emergency Room co-pay waived if admitted
- (2) Funds paid cross apply in and out of network
- (3) Percentage of costs covered by the health plan after the deductible has been met
- (4) Please refer to your health plan's formulary drug list to understand what tier your prescription falls into.

*Please refer to your Summary of Benefits and Coverage (SBC) for actual plan details

Medical PPO Choice **Base Plan**: In & Out of Network

Cigna Medical Options At-a-Glance*

	Medical	
	In-Network	Out-of-Network
Office Visit / Co-Payment Preventive Primary Care Physician Specialty Care Physician	\$ 0 co-pay \$ 15 co-pay \$ 30 co-pay	Not covered You pay 50% after deductible You pay 50% after deductible
Emergency Room ¹ Urgent Care	\$ 250 co-pay \$ 50 co-pay	\$ 250 co-pay (as in-network) You pay 50% after deductible
Annual Deductible ² Single Family	\$ 2500 per person \$ 4500 per family	\$ 4500 per person \$ 8500 per family
Co-Insurance ³	You pay 20% after deductible	You pay 50% after deductible
Annual Out-of-Pocket Maximum ² Single Family	\$ 4000 per person \$ 7500 per family	\$ 16250 per person \$ 32000 per family

Prescription Drug Options ⁴

	Prescription	
Retail (30 Day Supply) • Generic Drugs • Preferred Brand Drugs • Non-preferred Brand Drugs	You pay: • \$ 15 • \$ 40 • \$ 70	After deductible, you pay: • \$ 15 • \$ 40 • \$ 70

Contribution

Coverage Type	Contribution – Monthly
Employee	\$ 208.77
Employee + Spouse	\$ 438.41
Employee + Child(ren)	\$ 396.67
Family	\$ 626.39

(5) Emergency Room co-pay waived if admitted

(6) Funds paid cross apply in and out of network

(7) Percentage of costs covered by the health plan after the deductible has been met

(8) Please refer to your health plan's formulary drug list to understand what tier your prescription falls into.

*Please refer to your Summary of Benefits and Coverage (SBC) for actual plan details

Medical PPO Choice **Low Plan**: In & Out of Network Cigna Medical Options At-a-Glance*

	Medical	
	In-Network	Out-of-Network
Office Visit / Co-Payment Preventive Primary Care Physician Specialty Care Physician	\$ 0 co-pay \$ 25 co-pay \$ 50 co-pay	Not covered You pay 50% after deductible You pay 50% after deductible
Emergency Room ¹ Urgent Care	\$ 350 co-pay \$ 75 co-pay	\$ 350 co-pay (as in-network) You pay 50% after deductible
Annual Deductible ² Single Family	\$ 3500 per person \$ 6500 per family	\$ 6500 per person \$ 12500 per family
Co-Insurance ³	You pay 20% after deductible	You pay 50% after deductible
Annual Out-of-Pocket Maximum ² Single Family	\$ 5000 per person \$ 9500 per family	\$ 9500 per person \$ 18500 per family

Prescription Drug Options ⁴

	Prescription	
Retail (30 Day Supply) • Generic Drugs • Preferred Brand Drugs • Non-preferred Brand Drugs	You pay: • \$ 20 • \$ 50 • \$ 80	After deductible, you pay: • \$ 20 • \$ 50 • \$ 80

Contribution

Coverage Type	Contribution – Monthly
Employee	\$ 201.11
Employee + Spouse	\$ 422.36
Employee + Child(ren)	\$ 382.14
Family	\$ 604.08

(9) Emergency Room co-pay waived if admitted

(10) Funds paid cross apply in and out of network

(11) Percentage of costs covered by the health plan after the deductible has been met

(12) Please refer to your health plan's formulary drug list to understand what tier your prescription falls into.

*Please refer to your Summary of Benefits and Coverage (SBC) for actual plan details

Medical PPO Choice **HSA Plan**: In & Out of Network Cigna Medical Options At-a-Glance*

	Medical	
	In-Network	Out-of-Network
Office Visit / Co-Payment Preventive Primary Care Physician Specialty Care Physician	\$ 0 co-pay 0% after deductible 0% after deductible	Not covered You pay 50% after deductible You pay 50% after deductible
Emergency Room ¹ Urgent Care	0% after deductible 0% after deductible	0% after deductible (as in-network) You pay 50% after deductible
Annual Deductible ² Single Family	\$ 3500 per person \$ 7000 per family	\$ 6500 per person \$ 12500 per family
Co-Insurance ³	You pay 0% after deductible	You pay 50% after deductible
Annual Out-of-Pocket Maximum ² Single Family	\$ 3500 per person \$ 7000 per family	\$ 6500 per person \$ 12500 per family

Prescription Drug Options ⁴

	Prescription	
Retail (30 Day Supply) • Generic Drugs • Preferred Brand Drugs • Non-preferred Brand Drugs	You pay: • 0% after deductible • 0% after deductible • 0% after deductible	After deductible, you pay: • 0% after deductible • 0% after deductible • 0% after deductible

Contribution

Coverage Type	Contribution – Monthly
Employee	\$ 190.22
Employee + Spouse	\$ 399.49
Employee + Child(ren)	\$ 361.44
Family	\$ 570.71

(13) Emergency Room co-pay waived if admitted

(14) Funds paid cross apply in and out of network

(15) Percentage of costs covered by the health plan after the deductible has been met

(16) Please refer to your health plan's formulary drug list to understand what tier your prescription falls into.

*Please refer to your Summary of Benefits and Coverage (SBC) for actual plan details

4 Plans: In Network Comparison

Cigna Medical Options At-a-Glance*

	Option 1 - High	Option 2 - Base	Option 3 - Low	Option 4 – HSA
	In-Network	In-Network	In-Network	In-Network
Office Visit / Co-Payment				
Preventive	\$ 0 co-pay	\$ 0 co-pay	\$ 0 co-pay	\$ 0 co-pay
Primary Care Physician	\$ 15 co-pay	\$ 15 co-pay	\$ 25 co-pay	0% after deductible
Specialty Care Physician	\$ 30 co-pay	\$ 30 co-pay	\$ 50 co-pay	0% after deductible
Emergency Room ¹ (Outpatient)	\$250 co-pay	\$ 250 co-pay	\$ 350 co-pay	0% after deductible
Urgent Care	\$ 50 co-pay	\$ 50 co-pay	\$ 75 co-pay	0% after deductible
Annual Deductible ²				
Single	\$ 1500 per person	\$ 2500 per person	\$ 3500 per person	\$ 3500 per person
Family	\$ 2500 per family	\$ 4500 per family	\$ 6500 per family	\$ 7000 per family
Co-Insurance ³	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Annual Out-of-Pocket Maximum ²				
Single	\$ 2000 per person	\$ 4000 per person	\$ 5000 per person	\$ 3500 per person
Family	\$ 3500 per family	\$ 7500 per family	\$ 9500 per family	\$ 7000 per family

Prescription Drug Options ⁴

Retail (30 Day Supply)	You pay:	You pay:	You pay:	You pay:
<ul style="list-style-type: none"> Generic Drugs Preferred Brand Drugs Non-preferred Brand Drugs 	<ul style="list-style-type: none"> \$ 15 \$ 40 \$ 70 	<ul style="list-style-type: none"> \$ 15 \$ 40 \$ 70 	<ul style="list-style-type: none"> \$ 20 \$ 50 \$ 80 	<ul style="list-style-type: none"> 0% after deductible 0% after deductible 0% after deductible

Contribution – MONTHLY (Pre-Tax)

Coverage Type	Option 1	Option 2	Option 3	Option 4
Employee	\$ 224.31	\$ 208.77	\$ 201.11	\$ 190.22
Employee + Spouse	\$ 471.06	\$ 438.41	\$ 422.36	\$ 399.49
Employee + Child(ren)	\$ 426.20	\$ 396.67	\$ 382.14	\$ 361.44
Family	\$ 672.95	\$ 626.39	\$ 604.08	\$ 570.71

- (1) Emergency Room co-pay waived if admitted
(2) Funds paid cross apply in and out of network
(3) Percentage of costs covered by the health plan after the deductible has been met
(4) Please refer to your health plan's formulary drug list to understand what tier your prescription falls into.

*Please refer to your Summary of Benefits and Coverage (SBC) for actual plan details

Plan vs Plan Out-Of-Pocket Example

	High Plan		Base Plan		Low Plan		HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Bill	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Deductible	\$1,500	\$2,500	\$2,500	\$4,500	\$3,500	\$6,500	\$3,500	\$6,500
Remaining	\$8,500	\$7,500	\$7,500	\$5,500	\$6,500	\$3,500	\$6,500	\$3,500
Co-Insurance	0.2	0.5	0.2	0.5	0.2	0.5	0	0.5
Co-Insurance Cost	\$1,700	\$3,750	\$1,500	\$2,750	\$1,300	\$1,750	\$0	\$1,750
Total Gross Cost	\$3,200	\$6,250	\$4,000	\$7,250	\$4,800	\$8,250	\$3,500	\$8,250
Max OOP	\$2,000	\$3,500	\$4,000	\$16,250	\$5,000	\$9,500	\$3,500	\$6,500
Net Cost	\$2,000	\$3,500	\$4,000	\$7,250	\$4,800	\$8,250	\$3,500	\$6,500
Medical Bill	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Deductible	\$1,500	\$2,500	\$2,500	\$4,500	\$3,500	\$6,500	\$3,500	\$6,500
Remaining	\$18,500	\$17,500	\$17,500	\$15,500	\$16,500	\$13,500	\$16,500	\$13,500
Co-Insurance	0.2	0.5	0.2	0.5	0.2	0.5	0	0.5
Co-Insurance Cost	\$3,700	\$8,750	\$3,500	\$7,750	\$3,300	\$6,750	\$0	\$6,750
Total Gross Cost	\$5,200	\$11,250	\$6,000	\$12,250	\$6,800	\$13,250	\$3,500	\$13,250
Max OOP	\$2,000	\$3,500	\$4,000	\$16,250	\$5,000	\$9,500	\$3,500	\$6,500
Net Cost	\$2,000	\$3,500	\$4,000	\$12,250	\$5,000	\$9,500	\$3,500	\$6,500

To Find and In-Network Provider:

<https://hcpdirectory.cigna.com/web/public/consumer/directory>

or Call ADP Employee Advocacy:

855-322-1237 (855-EAC-1ADP)

Dental Plan: In & Out of Network

Guardian Dental Options at-a-Glance*

EMPLOYER SPONSORED DENTAL PLAN		
Class Description	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	Negotiated Fee Schedule – MAC
Type A – Preventive: Oral Exams and Cleanings (twice/12 mos.) - X-Rays (Full-mouth series once/60 mos.) - Fluoride Treatment (twice/12 mos.) - Sealants (to age 16, once/36 mos.) - Space Maintainers	100%	100%
Type B – Basic: Fillings - Periodontal Services (Scaling and Root Planing) - Periodontal Surgery - Simple Extractions - Endodontic Services (Root Canal)	80%	80%
Type C – Major: Bridges & Dentures - Implants - Single Crowns - Complex Extractions - Repair & Maintenance of Crowns, Bridges & Dentures - General Anesthesia - Inlays, Onlays & Veneers	50%	50%
Orthodontia	Covered at 50% (child only)	Covered at 50% (child only)
Lifetime Orthodontia Maximum	\$ 2,500 per person (child only)	\$ 2,500 per person (child only)
Calendar Year Deductible applies to: <ul style="list-style-type: none"> Individual Family 	B & C (Waived for Preventive) \$50 \$150	B & C (Waived for Preventive) \$50 \$150
Calendar Year Maximum (applies to A,B,C services)	\$5000 plus Rollover	

Contribution

Coverage Type	Contribution - Monthly
Employee	\$0 per pay period
Employee + Spouse	\$0 per pay period
Employee + Child(ren)	\$0 per pay period
Family	\$0 per pay period

*Please refer to your Summary of Benefits and Coverage (SBC) for actual plan details

Vision Plan: In and Out of Network

VSP Vision Options at-a-Glance*

EMPLOYER SPONSORED VISION PLAN		
Class Description	In-Network	Out-of-Network
Vision Exam Every Calendar Year	\$ 10 co-pay	Plan Provides a \$39 Allowance
Prescription Lens Every Calendar Year Single Vision Bifocal Trifocal Lenticular	\$ 25 co-pay	Plan Provides a \$23 Allowance Plan Provides a \$37 Allowance Plan Provides a \$49 Allowance Plan Provides a \$64 Allowance
Frames Every Other Calendar Year	\$130 allowance + 20% Off	Plan Provides a \$46 Allowance
Contact Lens Every Calendar Year (In lieu of eyeglass lenses/frames)	\$130 allowance + 15% Off	Plan Provides a \$100 Allowance
Contact Lens Elective Fitting and Evaluation	Member pays up to \$60	See plan design
Lasik (?)	Members who use a VSP contracted laser center may save an average of 5%-20%	Not Covered

Contribution - Monthly

Coverage Type	Contribution – Monthly
Employee	\$0 per pay period
Employee + Spouse	\$0 per pay period
Employee + Child(ren)	\$0 per pay period
Family	\$0 per pay period

*Please refer to your Summary of Benefit and Coverage (SBC) for actual plan details

To Find an In-Network Dental (PPO) and Vision (VSP) Provider:

<https://www.guardiananytime.com/fpapp/FPWeb/>

Disability Income Benefits*

GAVS Technologies N.A., Inc provides full-time employees with short and long-term disability income benefits, and pays the full cost of this coverage to all eligible employees. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

EMPLOYER SPONSORED DISABILITY BENEFITS		
	Short-Term Disability	Long-Term Disability
Elimination Period	14 Days	90 Days
Benefits Payable	66.67% max to \$1500 per week	66.67% max \$9,000 per month
Benefits Term	11 weeks	2 Years

Basic Life Insurance*

GAVS Technologies N.A., Inc provides \$50,000 for group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit to all eligible employees. Contact Human Resources to update your beneficiary information.

*Please refer to your Summary of Benefits and Coverage (SBC) for actual plan details

Frequently Asked Questions about Open Enrollment and Benefits.

What is the open enrollment deadline?

Open enrollment will begin on 12/1/2022 and end at 5:00 PM on 12/15/2022. You will need to make your benefits elections during this time period.

When does my coverage begin?

GAVS Technologies N.A., Inc has chosen to have open enrollment coverage effective on 1/1/2023.

When will the new deductions be taken from my paycheck?

The first paycheck where the new deductions will be effective will be 1/15/2023. If there is a qualifying event, employees who enroll later, may be subject to catch up deductions to make up for any missed payroll cycles.

When do out of pocket maximums and deductibles reset?**Calendar Year:**

Your policy runs on a calendar year so your deductible and out-of-pocket maximum will reset on January 1st every year.

If this is new coverage then the deductible and out-of-pocket maximum will begin at the policy effective date but will again reset on January 1st.

What if I need service before I receive my ID card?

A temporary ID card can be provided to you or the provider can call the insurance carrier to check benefits. You may contact the carrier or ADPIA's Employee Advocacy Center (EAC) to obtain your member id number from the carrier prior to going to the provider.

If you seek care and pay out of pocket prior to receiving your ID card then please contact the EAC to receive assistance with having your claim reprocessed and obtain reimbursement from the carrier.

Why would I choose to get my prescriptions through mail order vs. from my local pharmacy?

Mail order pharmacies are used for long-term or maintenance medications. These medications would be shipped directly to you. Shipping is free of charge. You are usually provided a 90-day supply for a fraction of the co-payment.

Choosing to stay at your local pharmacy will allow for that personal interaction with the pharmacist. However, costs may be higher for the same medication.

How do I know if my prescription is covered under my new plan?

Each insurance carrier has a formulary list. This list will have all covered medications listed. This is referred as their Preferred Drug List or Prescription Drug Formulary. Please check the carrier's web site for approved medications.

Who should I contact for my benefits questions, claims issues, or any other concerns I may have regarding my benefits?

Automatic Data Processing Insurance Agency, Inc. (ADPIA) has a dedicated Employee Advocacy Center (EAC) staffed by a team of knowledgeable, licensed producers to help answer many of your benefit questions. The EAC is open Monday-Friday between the hours of 8:30AM and 8:00PM ET by calling 855-322-1237 (855-EAC-1ADP) or send an email to employeeadvocacycenter@adp.com.

What if I decide I do not want to enroll right now but in 6 months I want to?

You can only enroll in GAVS Technologies N.A., Inc's benefits during the designated open enrollment period. If you miss this enrollment period you will have to wait until your company's next open enrollment period or if/when a qualifying event occurs. A qualifying event is an event that would allow for you to make changes outside of the open enrollment period. Qualifying events include but are not limited to: the birth of a child, marriage, the end of employment, a reduction or increase in working hours of employee, a change in marital status or court ordered.

CDHP/HDHP Plans

What is CDHP/HDHP plans?

CDHP: Consumer Driven Health Plan

HDHP: High Deductible Health Plan

A high deductible health plan offers lower premiums (the amount paid for the coverage) and higher deductibles (amount owed by the policyholder before the insurance company's responsibility kicks in). HDHP's fall within the scope of Consumer-Driven Healthcare (CDHC) or Consumerism, where users of healthcare services may play a more active role in the planning and execution of their healthcare decisions compared to other plans because of cost-sharing implications.

Examples would be Health Savings Accounts (HSA) and Health Reimbursement Accounts (HRA).

What is an HSA?

A Health Savings Account (HSA) is a tax-advantaged medical savings account available to members that are enrolled in a high deductible health plan. HSA's are completely funded by the employee for their healthcare needs.

If I leave the company, what happens to my HSA account?

HSA's are owned by you, the employee. If you leave you can still use your HSA to pay out of pocket medical expenses. However, you won't be able to continue to make contributions to the account unless you enroll into another HSA plan.

What's the maximum pre-tax contribution I can do in HSA accounts?

The maximum pre-tax contribution for an HSA according to Federal law for 2023 is \$3,850 for an individual and \$7,750 for a family.

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