



PLUS+ insurance
GDAplus.com

GDIS
Georgia Dental Insurance Services, Inc.



HEALTHPLAN BENEFITS

Georgia Dental
Association

2025



Here's where to find...

Welcome	3
Who is Eligible	5
How to Enroll	6
Medical Plans	7
How to be a Smart Consumer	11
Health Savings Account	14
Additional Benefits	15
Life and Vision	16
Virtual Care Options	17
UnitedHealthCare Resources	19
Employee Assistance Program (EAP)	22
Health Advocate	23
Frequently Asked Questions	24
Glossary of Terms	26
Contacts	27



Dear Georgia Dental Members,

We are committed to providing you with the best health coverage while ensuring that our plans remain both affordable and fair for everyone. As part of this commitment, we are making a change to how premiums are calculated, effective January 1, 2025.

What's Changing?

Starting in 2025, Georgia Dental will be moving from a composite rate structure to age-banded rates. This means that, instead of a flat rate being applied to all members regardless of age, your premium will now be determined based on your age group.

Additionally, we will be moving from Anthem to United Healthcare (UHC). UHC is a leader in healthcare innovation, utilizing advanced algorithms and technology to ensure you receive the best coverage available. Together, we are committed to ensuring a smooth transition while delivering high-quality healthcare coverage to GDA members at affordable rates, with a focus on long-term program success.

Why the Change?

1. **Fairness and Transparency:** Age-banded rates offer a more equitable approach by aligning premium costs more closely with the actual costs of care, which can vary by age.
2. **Personalized Pricing:** Younger members may benefit from lower premiums, reflecting their generally lower usage of health insurance services, while older members will see rates that correspond with their higher likelihood of using these services.
3. **Sustainability:** Over the last 5 years, our health insurance plan has seen a 50% decrease in usage. This means that premiums will continue to increase for all current plan subscribers if we do not make a change. This change supports the long-term financial health of our plans, helping us maintain comprehensive coverage at competitive prices.

How Will This Affect You?

The exact amount of your new premium will depend on your age as of your policy renewal date in 2025. We are committed to providing clear information, so you will have ample time to understand any changes to your costs. Please review the new age-banded rate charts to see your updated premium.



PLUS⁺ insurance
GDAplus.com

GDIS

Georgia Dental Insurance Services, Inc.

What Do You Need to Do?

We encourage you to review the new age-banded rates. Most members will see a reduction in monthly premiums, but some may experience an increase. If your rates are going up and you need assistance finding a more affordable option, please contact us – we have new affordable solutions for you.

If you're satisfied with your new rates and want to keep your plan, there's nothing more you need to do. Existing users won't need to fill out a new application; your insurance premiums will automatically adjust to the new rates starting January 1, 2025.

Additionally, UHC has agreed to a 30-day prescription waiver. This means you can fill your daily, weekly, and monthly prescriptions in January while you're getting approval from our new carrier, UHC.

We're Here to Help

We understand that this change can be challenging, and we're here to assist you. If you have any questions about this transition or how it may impact you, please don't hesitate to reach out to your GDIS team.

Thank you for being a valued member of Georgia Dental Insurance Services. We look forward to continuing to serve your coverage needs.

Sincerely,

Kristen Morgan
Executive Director/CEO
Georgia Dental Association

WHO IS ELIGIBLE?

Benefits are available to employees of participating dental offices of the Georgia Dental Association and eligibility is set by the individual office. For those enrolling during Open Enrollment, your benefits will become effective on **January 1, 2025**. For new hires, your effective date will be set by your office.

Eligible dependents include:



Your legal spouse
or domestic
partner



Your children
from birth
to age 26

*(including your natural/legally adopted/
stepchildren, and/or your unmarried
dependent children of any age who are
mentally or physically disabled and who
are dependent on you for support)*

Making Changes

You may only make changes to your elections during open enrollment each year or during the year if you experience a qualifying event. Qualifying events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within **30 days** of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

How to Enroll

To sign up for benefits, return your enrollment form no later than **Nov. 22**. For additional information go to gdaplus.com/health.

Fax # 404.633.3943
Email: christy@gadental.org

Enrollment Deadlines

Type of Employee / Dependent	Enrollment Opportunity	Coverage Effective Date
Current Employee	By Nov. 22, 2024	Jan. 1, 2025
New Hire	Must enroll within 30 days of effective date	Beginning of the Month
Employees who experience a Qualified Life Event	Changes must be made within 30 days of life event	As of eligibility date



MEDICAL MONTHLY RATES

POS 1000

Age Band	EE	ES	EC	EF
< 25	\$736.47	\$1,448.75	\$1,377.52	\$2,232.25
25 to 29	\$764.46	\$1,504.73	\$1,430.70	\$2,319.03
30 to 34	\$861.29	\$1,698.38	\$1,614.68	\$2,619.18
35 to 39	\$913.82	\$1,803.45	\$1,714.49	\$2,782.05
40 to 44	\$976.29	\$1,928.39	\$1,833.18	\$2,975.70
45 to 49	\$1,143.04	\$2,261.89	\$2,150.00	\$3,492.63
50 to 54	\$1,449.11	\$2,874.04	\$2,731.55	\$4,441.45
55 to 59	\$1,753.91	\$3,483.62	\$3,310.65	\$5,386.30
60 to 64	\$2,088.20	\$4,152.22	\$3,945.82	\$6,422.63
65+	\$2,166.80	\$4,312.00	\$4,097.48	\$6,671.73

POS 3000

Age Band	EE	ES	EC	EF
< 25	\$646.72	\$1,269.26	\$1,207.00	\$1,954.05
25 to 29	\$671.19	\$1,318.19	\$1,253.49	\$2,029.89
30 to 34	\$755.82	\$1,487.44	\$1,414.28	\$2,292.22
35 to 39	\$801.73	\$1,579.27	\$1,501.52	\$2,434.57
40 to 44	\$856.33	\$1,688.47	\$1,605.26	\$2,603.82
45 to 49	\$1,002.07	\$1,979.95	\$1,882.16	\$3,055.62
50 to 54	\$1,269.58	\$2,514.97	\$2,390.43	\$3,884.90
55 to 59	\$1,535.97	\$3,047.75	\$2,896.57	\$4,710.70
60 to 64	\$1,828.15	\$3,632.10	\$3,451.71	\$5,616.46
65+	\$1,896.51	\$3,771.43	\$3,583.94	\$5,833.84

POS HDHP

Age Band	EE	ES	EC	EF
< 25	\$502.95	\$981.71	\$933.83	\$1,508.35
25 to 29	\$521.77	\$1,019.34	\$969.58	\$1,566.68
30 to 34	\$586.85	\$1,149.50	\$1,093.24	\$1,768.42
35 to 39	\$622.16	\$1,220.13	\$1,160.33	\$1,877.90
40 to 44	\$664.15	\$1,304.10	\$1,240.11	\$2,008.06
45 to 49	\$776.23	\$1,528.27	\$1,453.06	\$2,355.51
50 to 54	\$981.96	\$1,939.72	\$1,843.95	\$2,993.27
55 to 59	\$1,186.82	\$2,349.46	\$2,233.20	\$3,628.35
60 to 64	\$1,411.52	\$2,798.86	\$2,660.13	\$4,324.93
65+	\$1,463.50	\$2,905.41	\$2,761.22	\$4,491.51

EE = Employee Only

ES = Employee + Spouse

EC = Employee + Child(ren)

EF = Employee + Family



MEDICAL



myuhc.com
800.873.9573

Your medical plans are provided by UnitedHealthcare and include both In-Network and Out-of-Network coverage. You will always have stronger benefits when visiting In-Network providers.

POS 1000

	In-Network	Out-of-Network
Calendar Year Deductible (Single/Family)	\$1,000 / \$3,000	\$1,500 / \$4,500
Coinsurance	80%	50%
Annual Out Of Pocket Maximum Single/Family	\$7,900 / \$15,800	\$23,700 / \$47,400
Physician Office Visits		
Physician Copay	\$40	50% After Deductible
Specialist Copay	\$60	50% After Deductible
Referral for Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Prescription Drugs		
Deductible	Not Applicable	
Tier 1	\$25	
Tier 2	\$50	
Tier 3	\$75	
Tier 4	25% Coinsurance to \$350	
Outpatient Services		
Outpatient Surgery	\$350 copay + 20% after Deductible	50% After Deductible
Outpatient Services - Free Standing Surgical Center	\$150 Copay + 20% Coinsurance	50% After Deductible
Urgent Care	\$75 Copay	50% After Deductible
Hospital		
Inpatient Facility Services	\$500 copay per admission + 20% After Deductible	50% After Deductible
Inpatient Physician Services	20% After Deductible	50% After Deductible
Emergency Room (Copay Waived if Admitted)	\$500 Copay + 20% Coinsurance	\$500 Copay + 20% Coinsurance

Please note: Your plan offers out-of-network benefits; however, benefits are reduced when care is provided out-of-network. The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

POS 3000

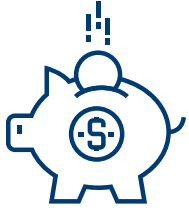
	In-Network	Out-of-Network
Calendar Year Deductible (Single/Family)	\$3,000 / \$9,000	\$9,000 / \$27,000
Coinsurance	70%	50%
Annual Out Of Pocket Maximum Single/Family	\$9,450 / \$18,900	\$23,700 / \$47,400
Physician Office Visits		
Physician Copay	\$50	50% After Deductible
Specialist Copay	\$80	50% After Deductible
Referral for Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Prescription Drugs		
	Preferred Network	In/Out-of-network
Deductible	\$600 Individual / \$1,200 Family (T2-T4)	
Tier 1	\$20 Copay/\$40 Copay	\$30 Copay/\$50 Copay
Tier 2	\$75 Copay After RX Deductible	\$85 Copay After RX Deductible
Tier 3	\$100 Copay After RX Deductible	\$110 Copay After RX Deductible
Tier 4	25% Coinsurance After RX Deductible up to a \$450 Max	35% Coinsurance After RX Deductible up to a \$550 Max
Outpatient Services		
Outpatient Surgery	\$500 Copay + 30% After Deductible	50% After Deductible
Outpatient Services - Free Standing Surgical Center	\$200 Copay + 30% Coinsurance	50% After Deductible
Urgent Care	\$100 Copay	50% After Deductible
HOSPITAL		
Inpatient Facility Services	\$1,000 Copay per Admission + 30% After Deductible	50% After Deductible
Inpatient Physician Services	30% After Deductible	50% After Deductible
Emergency Room (Copay Waived if Admitted)	\$750 Copay + 30% Coinsurance	\$750 Copay + 30% Coinsurance

Please note: Your plan offers out-of-network benefits; however, benefits are reduced when care is provided out-of-network. The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

POS HDHP (HSA COMPATIBLE)

	In-Network	Out-of-Network
Calendar Year Deductible (Single/Family)	\$5,000 / \$10,000	\$15,000/\$30,000
Coinsurance	70%	50%
Annual Out Of Pocket Maximum Single/Family	\$7,500/\$15,000	\$21,150/\$42,300
Physician Office Visits		
Physician Copay	\$50 After Deductible	50% After Deductible
Specialist Copay	\$80 After Deductible	50% After Deductible
Referral for Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Prescription Drugs		
	Preferred Network	In/Out-of-network
Deductible	Subject Medical Deductible	Subject Medical Deductible
Tier 1	\$40 Copay After Deductible	\$50 Copay After Deductible
Tier 2	\$75 Copay After Deductible	\$85 Copay After Deductible
Tier 3	\$100 Copay After Deductible	\$110 Copay After Deductible
Tier 4	35% After Deductible up to \$450 Max	45% After Deductible up to \$550 max
Outpatient Services		
Outpatient Surgery	30% After Deductible	50% After Deductible
Urgent Care	\$100 After Deductible	50% After Deductible
Hospital		
Inpatient Facility Services	30% After Deductible	50% After Deductible
Inpatient Physician Services	30% After Deductible	50% After Deductible
Emergency Room	30% After Deductible	30% After Deductible

Please note: Your plan offers out-of-network benefits; however, benefits are reduced when care is provided out-of-network. The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.



HOW TO BE A SMART CONSUMER

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting myuhc.com.
- Discount sites like GoodRx and WellRx can help you instantly save (please note: prescriptions acquired under these plans do not go through your insurance).
- Ask if a generic/mail order is available.
- See if your drug has a Patient Assistance Program.

Member Services

800.873.9573

- Choose appropriate medical care.
- Find a doctor or hospital.
- Understand treatment options.
- Achieve a healthier lifestyle.
- Answer claim questions.

Cost Estimator

Different doctors and hospitals may charge different amounts for the same service. myuhc.com can help you compare costs based on your own benefits.

UnitedHealthcare Mobile App

The UnitedHealthcare mobile app lets you easily access your healthcare information and gives you tools to help estimate costs, manage claims and find providers — anytime and anywhere. It's built to be your go-to healthcare resource when you're on the go.



Telemedicine

UnitedHealthcare provides access to telemedicine on myuhc.com.

The program lets you get the care you need — including most prescriptions — for a wide range of minor acute conditions. Now you have access to these board-certified doctors via secure video chat or phone, without leaving your home or office when, where and how it works best for you.

UnitedHealthcare
myuhc.com



Virtual primary care is here

Managing your health with a primary care provider (PCP) is easier when you have more ways to access care.

Get to know a PCP, virtually

A primary care provider is the doctor who knows you best, the one you turn to for everything from routine checkups to help with chronic or complex health conditions.

Now, through myuhc.com[®] or the UnitedHealthcare[®] app, you can choose to connect remotely with a virtual PCP — and their team of health care professionals.

Make an appointment 24/7 to start your virtual primary care relationship today.

You can see the same virtual PCP for:

- Preventive care
- Follow-up visits
- Checkups for ongoing conditions

Benefits of virtual primary care include:

- A provider you can see on an ongoing basis
- A Care Team who'll guide you, when needed, to in-person care such as labs, imaging, specialists and more
- A Care Team who'll work with you and follow up to ensure you're taken care of

Find your virtual primary care provider by signing in to myuhc.com or the UnitedHealthcare app today.

Create a connection

with a virtual PCP
without having to
leave home or work

**United
Healthcare**



Get more out of your health plan benefits with these 2 handy digital tools



The UnitedHealthcare® app and myuhc.com®

Whether on the go or online, you'll have access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Register once to access both tools

Start by downloading the UnitedHealthcare app or going to myuhc.com and then:

- Tap Register Now on the app, or select Register on the website
- Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication — then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now you're registered for — and connected to — the app and the website.

Get connected



Scan this code to download the app and register, or visit myuhc.com

**United
Healthcare**

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section. Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC. Health Plan coverage provided by or through a UnitedHealthcare company. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

B2C EI232735050.0 12/23 © 2023 United HealthCare Services, Inc. All Rights Reserved. 23-2725605



HEALTH SAVINGS ACCOUNT (HSA)

Available to participants in the POS HDHP Plan.

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for your current qualified healthcare expenses or saved for future expenses.

Did you know an HSA provides tax saving benefits? The money you contribute whether pre-tax or post-tax may reduce your annual income tax liability. The interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses. Like a savings account, you will only be able to withdraw funds that are in the account.

OTHER HSA ADVANTAGES



You can use the account to pay for qualified healthcare expenses.



Unspent dollars roll over each year and are yours to keep if you retire or leave the company.



You can invest your HSA funds, so your available healthcare dollars can grow over time.

You are eligible if:

You are enrolled in the HDHP Plan

You are not covered by a spouse's plan

No one else can claim you as a dependent

You are not enrolled in Medicare, TRICARE or TRICARE for Life

You have not received VA benefits in the past 3 months



Setting Up an HSA

You may set up an HSA account with the bank of your choice. Talk to your bank advisor for details. Also, please check with your tax advisor and discuss how setting up an HSA may affect your annual tax liability.

How Much Can Be Deposited into an HSA in 2025?

<55*

- Up to \$4,300 for individual
 - Up to \$8,550 for family
- *Not enrolled in Medicare

The maximum contribution increases by \$1,000

*Not enrolled in Medicare

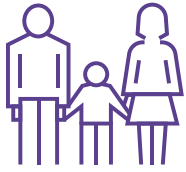
55+*



ADDITIONAL BENEFITS

Our medical plans provide great coverage for you and your family's healthcare needs. Still, everyone's needs are slightly different. By participating in the Georgia Dental Association Health Plan, the primary insured will receive a Basic Life benefit and have the option to purchase voluntary Vision coverage.





LIFE AND VISION INSURANCE



myuhc.com
800.873.9573

Life Insurance

We provide Basic Term Life insurance up to age 65 for the primary insured member at no cost to you!

Insurance Coverage	Benefit
Basic Term Life	\$10,000

Vision

Our voluntary vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. When you need services, consider using an in-network provider for the most bang for your buck! When you use an out-of-network provider, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit myuhc.com.

	In-Network	Out-of-Network Reimbursement
Examination (Every 12 Months)	\$10 copay, then covered in full	Up to \$40
Lenses (Every 12 Months)		
Single	\$20 copay, then covered in full	Up to \$40
Bifocal	\$20 copay, then covered in full	Up to \$60
Trifocal	\$20 copay, then covered in full	Up to \$80
Frames (Every 12 Months)		
New Frames	\$130 allowance, then 30% off any remaining balance	Up to \$45
Contact Lenses (Every 12 Months)		
Elective	\$130 allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$210

Optional Vision Coverage Rates	
Employee	\$5.74
Employee + Spouse	\$10.05
Employee + Child(ren)	\$10.91
Family	\$16.66

Note: Must enroll in medical coverage in order to enroll in vision coverage.



See what our vision plans can do for you

Taking care of your eyes is an important part of your overall health. Which is why our vision plans are designed to offer more affordable benefits that keep your needs in focus.



There's clearly a lot to love, including:

- Complete eye exams
- Frame allowances*
- Contact lenses*
- Lens options*
- Additional pairs of glasses*

A trusted provider is always in sight

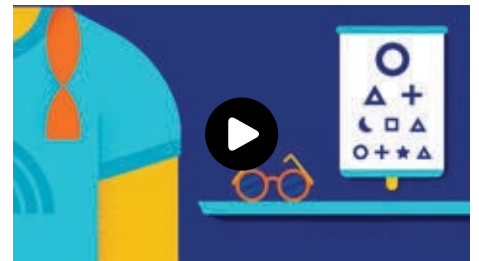
With our large national eye care network, you can take advantage of personalized care from a private practice, convenient retail chain or specialty online retailer. Search for network vision providers near you at myuhcvision.com.

Well-known practices and brands in our large national network include:**

- | | |
|---|---|
| • 1-800 Contacts | • Target Optical, including targetoptical.com |
| • America's Best | • uhccontacts.com |
| • Costco Optical | • uhcglasses.com |
| • For Eyes | • Visionworks |
| • GlassesUSA.com | • Walmart |
| • LensCrafters, including lenscrafters.com | • Warby Parker, including warbyparker.com |
| • Sam's Club | |

You don't need a vision ID card to use your benefits

If you'd like a copy of your ID card once you've enrolled, you can sign in to myuhcvision.com anytime to view a digital copy.



Watch this video on vision benefits

**United
Healthcare**

*Plans may vary. Check your coverage at myuhcvision.com to verify benefits.

**The examples provided are for general knowledge purposes only and should not be interpreted as a preference or recommendation of any particular provider, brand or company. We encourage members to choose providers based on their individual needs and preferences.

Vision plan benefits and savings that focus on your needs



Eyeglasses and contact lenses

Save on everyday eyewear

Need eyeglasses or sunglasses? Shop a wide variety of frames, lenses and coatings — some available at no additional cost. Use the virtual mirror and access 24/7 customer support at uhcglasses.com. If you wear contact lenses, get 10% off online orders at myuhcvision.com, plus free shipping when you spend \$99 or more.



Laser vision correction

Enjoy the freedom of LASIK

If you're ready to break up with your glasses or contacts, get up to 35% off the national average prices of laser vision correction at more than 800 QualSight® LASIK locations nationwide. Learn more at myuhcvision.com.

*LASIK is not a covered benefit, but a discount available to vision members.

Get more info Call 1-888-679-8925



Pregnancy and children's vision benefits

Benefits designed with families in mind

Get more benefits when they're needed most. Those who are pregnant or breastfeeding may experience eye or vision changes. Growing kids may also have more frequent vision needs. Vision plans include expanded benefits for those who are pregnant or breastfeeding, as well as covered children up to age 13, at no additional premium cost.



UnitedHealthcare Hearing

We have hearing benefits, too

Get preferred pricing on hundreds of name-brand and private-label hearing aids, starting at \$699 each. You'll receive access to professional nationwide support, online tutorials, hearing health tips and more, to help you get the most out of your hearing aids. Learn more at myuhcvision.com.

**United
Healthcare**

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

All trademarks are the property of their respective owners.


UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX, VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

B2C E1232615903.0 5/23 © 2023 United HealthCare Services, Inc. All Rights Reserved. 23-2298950

Vision Benefit Basics 08/08/23

UNITEDHEALTHCARE RESOURCES

Benefit	Description	Contact information
 <p data-bbox="154 846 407 913">UnitedHealthcare App</p>	<p data-bbox="451 478 906 619">UnitedHealthcare’s App puts everything you need to know about your medical, pharmacy, and vision benefits in one place. It is available on both the App Store and Google Play.</p> <p data-bbox="451 636 787 661">With UnitedHealthcare you can:</p> <ul data-bbox="451 688 894 1155" style="list-style-type: none"> • Unlimited access to Master’s-level counselors by phone 24/7. • Find in-network providers that match your needs • Check the cost of care • View claims • View and use your digital ID cards • Chat directly with a representative • Find health and wellness programs • Create a plan to help meet your health goals • Sync your fitness tracker (and earn points!) 	<p data-bbox="950 787 1286 812">Member Services: 800.873.9573</p> <p data-bbox="950 829 1170 854">Website: myuhc.com</p>





Get in on UHC Rewards

Good news — your health plan comes with a way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There’s so much good to get

With UHC Rewards, a variety of actions — including things you may already be doing, like tracking your steps or sleep — lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	\$25
Take a health survey	\$15
Get an annual checkup	\$25
Get a biometric screening	\$50

Earn up to **\$300**

Visit UHC Rewards for the full list of rewardable activities that are available to you — and look for new ways of earning rewards to be added throughout the year.



There are 2 ways to get started



On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you — and start earning

	<h3>Your health</h3>	<h3>Your goals</h3>	<h3>Your rewards</h3>
	<p>Get in on an experience that's designed to help inspire healthier habits</p>	<p>Personalize how you earn by choosing the activities that are right for you</p>	<p>Earn up to \$300 for completing rewardable activities</p>

Questions?

Call customer service at 1-866-230-2505



UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice.

You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

B2C EI232659026.0 9/23 © 2023 United HealthCare Services, Inc. All Rights Reserved. 23-2557029-B



WHEN LIFE GETS CHALLENGING, YOU'VE GOT CARING, CONFIDENTIAL HELP

Your Employee Assistance Program (EAP) provides support and resources to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

This service is provided to you at no additional cost.

\$0

Call today for access to EAP resources at no additional cost

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.



Get started - call EAP 24/7 at 1-888-887-4114

**United
Healthcare**



Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health. Our experts will do the work to ensure that you get the right information and assistance at the right time. Our services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

Connect to all your benefits through a single toll-free number

- We can answer questions about your entire benefits package
- If you need to reach a specific benefit, we can connect you right away

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Answer questions so you can make the right choices for your care

Coordinate medical care and services

- Facilitate any necessary pre-authorizations and coordinate benefits
- Research and arrange second opinions; transfer medical records

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve claims and billing issues

 **866.799.2731**
 Email: answers@HealthAdvocate.com
 Web: HealthAdvocate.com/members

 **PLUS+ insurance**
 GDAplus.com | 
 Georgia Dental Insurance Services, Inc.

HealthAdvocateSM

We're not an insurance company. Health Advocate is not a direct healthcare provider, and is not affiliated with any insurance company or third party provider. ©2021 HealthAdvocate EBM-2105008-12FLY



FREQUENTLY ASKED QUESTIONS

Answers to commonly asked questions about 2025 GDA Group Health Plans:

- **Who is GDA's group plan healthcare provider?**

UnitedHealthcare.

- **What type of plans are being offered?**

All plans are Open Access Point of Service plans. This means you have in-network and out-of-network coverage and a referral from your Primary Care Provider (PCP) is not required to visit a specialist.

- **Is this a broad provider network plan?**

All of our GDA group health plans have broad networks. This means you have thousands more choices of providers over a narrow network and are much more likely to work with providers, labs, and specialists within your network – reducing the likelihood of surprise charges.

- **Are any of the plans Health Savings Account compatible?**

Yes, our HDHP plan qualifies for a Health Savings Account. If you sign up for a HDHP plan, you will then work with your financial institution to set up an HSA.

- **Are there any health questions?**

No! Your enrollment form includes no questions about your health history. You are not rated on your preexisting conditions or health as you could be on an individual plan.

- **Where can I check to see if my provider is in network?**

Visit UnitedHealthcare's website at www.myuhc.com

24

- **Is there a limit on the doctor visit copays per year?**

No, you may visit your doctor as many times as you need. Other plans could limit your visits to a certain number per year and then require you to pay your deductible and coinsurance for visits beyond that limit. On our plan, you are only responsible for your copay for doctor office visits.

- **Does the dentist have to be a member of the GDA?**

Yes, because our plans are group health plans, dentists are required to be a GDA member to participate and/or offer it to their staff.

- **Can dental practice employees enroll in the health insurance?**

Yes, as long as the dentist offers it to employees and the dentist is eligible by membership in the Georgia Dental Association. However, the dentist does not have to be enrolled in the plan to offer it to employees.

- **Does a GDA member have to enroll in the health insurance plan in order for the staff to participate?**

No, a GDA member dentist does not have to enroll but he does have to offer it in order for office employees to participate.

- **Is there a minimum number of staff that must enroll?**

No, there is no minimum participation requirement for employees. Even if only one office employee

would like to participate, your office is eligible with GDA membership.

- **Is the dentist required to subsidize the premiums?**

As long as there are fewer than 50 employees, a dentist is not required to subsidize employee premiums.

- **Does a GDA member have to offer health plans to employees?**

No, members are not required to offer GDA group health plans to employees. However, we do encourage the office to offer it as there is no required expense for members to do so.

- **Can an employee call the GDA directly to ask questions?**

Yes, employees can call us at **770-395-0224**.

- **How do I enroll?**

Member dentists and employees should complete the enrollment form and fax to **404.633.3943** or e-mail it to christy@gadental.org.

- **What is the GDIS Group ID Billing Number on the enrollment form?**

This is our internal billing number for existing clients. If you are currently enrolled, you can find this on your monthly billing statement. If you are not enrolled, it will be assigned to you once your enrollment form is received.

- **How is billing handled?**

The GDA will email one bill to each billing group on or about the 25th of every month for the following month's premium(s); payment is due by the 5th of the month that is covered by the premium. If a practice offers employee coverage, staff premiums can be paid directly to GDA Health and Welfare Plan by either the dentist or employees. Yes, that means that the dentist does not have to set up payroll deductions for the employees.

Yes, we can also bill the employee directly!

- **How is payment handled?**

Premium payments are required to be paid via a monthly recurring credit or debit card. Payments are processed on the 5th of each month.



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a POS type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out of pocket maximum.



CONTACTS

Medical Plan: UnitedHealthcare

Member Services

800.873.9573

myuhc.com

Prescription Services: UnitedHealthcare

Member Services

800.873.9573

myuhc.com

Vision Plan: UnitedHealthcare

Member Services

800.873.9573

myuhc.com

Life: UnitedHealthcare

Member Services

800.873.9573

myuhc.com

Georgia Dental Association

Member Services

770.395.0224

Email:

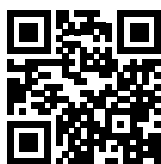
christy@gadental.org

gdaplus.com/health

HIPAA Form

<https://www.anthem.com/docs/gpp/22940MUMENABS.pdf>

GDA Website



Support Line
UnitedHealthcare
Member Services
800.873.9573

GDIS Website
gdaplus.com

NOTES



All changes must be made by November 22!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

