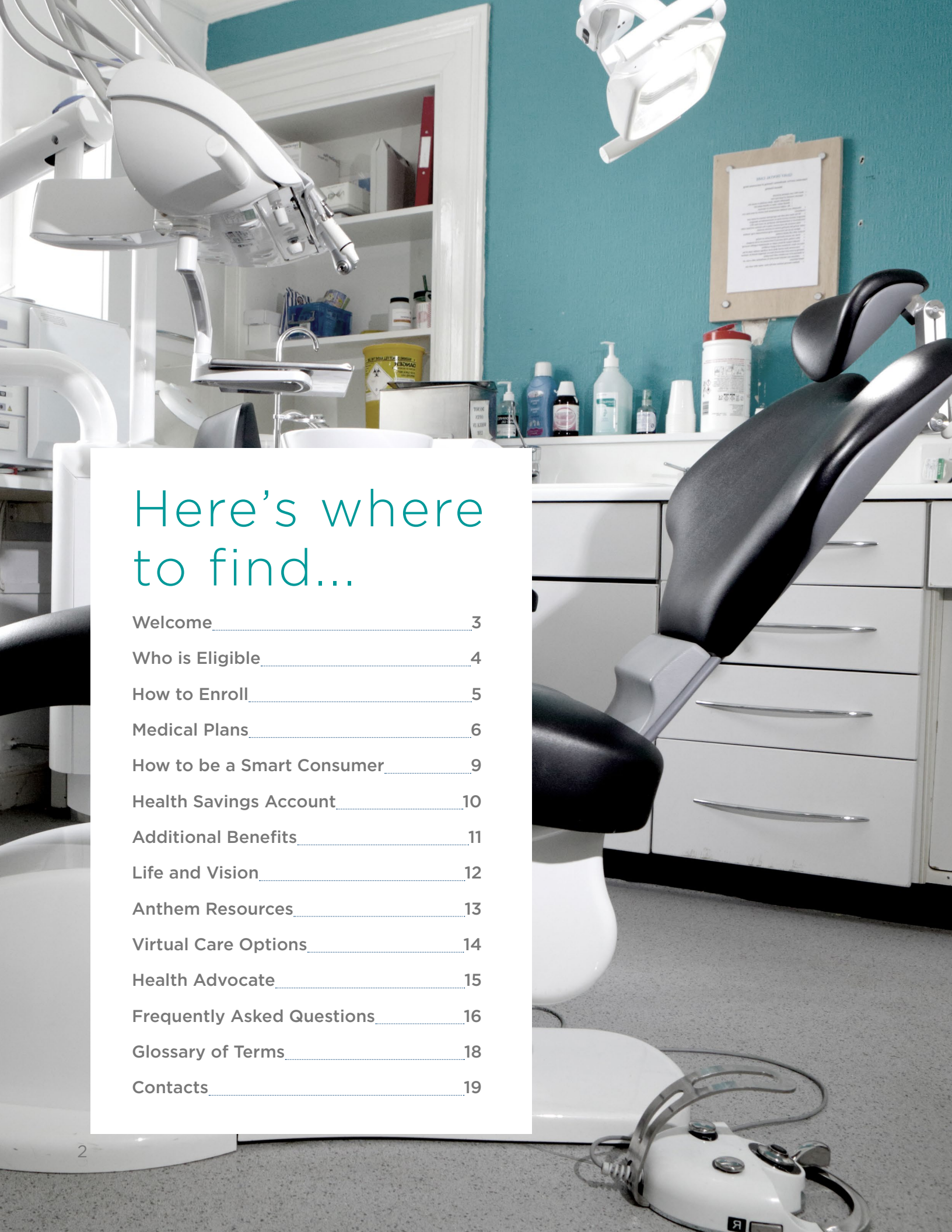
GDA PLUS+ insurance
GDAplus.com

GDIS
Georgia Dental Insurance Services, Inc.

HEALTHPLAN BENEFITS

Georgia Dental Association

2024



Here's where to find...

Dear Plan Participant,

We are pleased to provide you with the 2024 GDA health plan benefit guide, tailored to offer you three exceptional health care plans.

Thanks to the collective purchasing power of your association, we have managed to maintain stable premium rates while ensuring that you receive increased value for your investment. Every year, more members are switching to GDA health plans which offer:

- Term Life Benefit of $10,000: Our plans offer a term life benefit of $10,000 to provide financial security and peace of mind.
- Personal Health Advocate: Our plans also provide you with a personal health advocate who will assist you in navigating the complexities of claims, procedure approvals, and any questions that may arise during your healthcare journey.
- Broad Provider Network: Our network is extensive, allowing you the freedom to consult any specialist without the need for a referral. We have a wide range of hospitals and physicians in our network, both in Georgia and across the nation, ensuring that you have access to the best care.
- No Health History Coverage Limitations: We do not impose any restrictions based on your health history, ensuring that you receive coverage without any prior conditions impacting your eligibility.
- No Age Banding: We do not have age-based pricing, providing equitable access to our health plans for participants of all ages.
- Premiums Guaranteed for a Year: Your premium rates are locked in for a full year, giving you stability and predictability in your healthcare costs. Plus, no risk of mid-year cancellations!
- No Minimum Number of Enrollees Required: You can enroll in our plans without any minimum participation requirements, making it easier for individuals and families to access quality healthcare.

For detailed information about the benefits and coverage of each plan option, please visit our website at gdaplus.com/health, where you can find the summary of benefits and coverage. If you have questions about your coverage, please call our health insurance team at 770.395.0224.

Thank you for choosing GDA health plans. We look forward to serving your healthcare needs in 2024 and beyond.

Sincerely,

Kristen Morgan
Interim Executive Director

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, 2024**. 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. 30.** 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. 30, 2023	Jan. 1, 2024
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

Anthem.com
855.397.9267

Your medical plans are provided by Anthem and include coverage for 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

MONTHLY RATES	Without Vision	With Vision
EMPLOYEE ONLY	$1,286.52	$1,292.48
EMPLOYEE + SPOUSE	$2,941.80	$2,952.22
EMPLOYEE + CHILD(REN)	$2,726.63	$2,737.96
FAMILY	$4,381.86	$4,399.15

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 SURGERY - 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

MONTHLY RATES	Without Vision	With Vision
EMPLOYEE ONLY	$1,019.80	$1,025.75
EMPLOYEE + SPOUSE	$2,328.32	$2,338.74
EMPLOYEE + CHILD(REN)	$2,158.23	$2,169.56
FAMILY	$3,466.71	$3,483.99

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

MONTHLY RATES	Without Vision	With Vision
EMPLOYEE ONLY	$978.26	$984.21
EMPLOYEE + SPOUSE	$2,232.79	$2,243.21
EMPLOYEE + CHILD(REN)	$2,069.70	$2,081.03
FAMILY	$3,324.18	$3,341.47

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

CarelonRx

- Find an in-network pharmacy or use the drug cost estimator tool by visiting Anthem.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

855.397.9267

- 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. Anthem.com can help you compare costs based on your own benefits.

Sydney Health Mobile App

The Sydney Health 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.

GET IT ON Google Play

Available on the App Store

Sydney Health

Anthem provides access to telemedicine through **Sydney Health**.

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.

Sydney Health
anthem.com

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 2024?

<55*

- Up to $4,150 for individual
- Up to $8,300 for family

*Not enrolled in Medicare

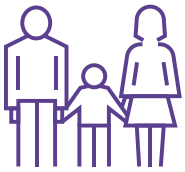
The maximum contribution increases by $1,000

*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 for you and your family.



LIFE AND VISION INSURANCE

Anthem.com
855.397.9267

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 LIFE	**$10,000**

Vision

Our voluntary vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Blue View Vision Network Providers, who have higher benefits at a lower cost to you. 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 www.anthem.com/individual-and-family/vision-insurance/.

	In-Network	Out-of-Network
EXAMINATION (EVERY MONTHS)	$10 copay, then covered in full	$48 allowance
LENSES (EVERY MONTHS)		
SINGLE	$20 copay, then covered in full	$36 allowance
BIFOCAL	$20 copay, then covered in full	$54 allowance
TRIFOCAL	$20 copay, then covered in full	$69 allowance
FRAMES (EVERY MONTHS)		
NEW FRAMES	$130 allowance, then 20% off any remaining balance	$64 allowance
CONTACT LENSES (EVERY MONTHS)		
ELECTIVE	$130 allowance, then 15% off any remaining balance	$105 allowance
MEDICALLY NECESSARY	Covered in full	$210 allowance

ANTHEM RESOURCES

Benefit	Description	Contact information	Who pays?
Sydney Health App	Anthem's Sydney Health App puts everything you need to know about your medical, pharmacy, dental, and vision benefits in one place. It is available on both the App Store and Google Play. With Sydney Health you can: 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!)	Available on the App Store GET IT ON Google Play	Employer Paid

EXPANDING YOUR VIRTUAL CARE OPTIONS

Find complete care support, on your time, through the Sydney Health app

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low or no-additional cost care through our app:

1. Chat with a doctor 24/7 without an appointment
   A. Urgent care support for health issues, such as allergies,a cold, or the flu.
   B. New prescriptions for concerns such as a cough or a sinus infection.
2. Schedule a virtual primary care appointment
   A. Routine care, including virtual annual preventive care (wellness) visit and prescription refills.
   B. Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at low or no-additional cost.

Download our Sydney Health mobile app today.

Set up your account right away and it will be ready to use when you need it.

We make healthcare easier

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

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

HealthAdvocate℠

FREQUENTLY ASKED QUESTIONS

Answers to commonly asked questions about 2024 GDA Group Health Plans:

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

Anthem Blue Cross Blue Shield.

- **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 the premiums age banded?**

No! You are not rated based on your age as you would be on an individual plan.

- **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 our website at www.gdaplus.com/health and click on the Find a Provider link. Members not currently enrolled should select "Use Member ID for Basic Search" and enter "XKT" and answer the prompts.

- **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.

- **Am I 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 or mail one bill to each office 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

Anthem

Member services: **855.397.9267**
Technical support: **866.755.2680 (Option 1)**
General website: Anthem.com

Prescription services

Mail-order pharmacy: **833.267.2133**
Website: anthem.com/ms/pharmacyinformation/home.html

Blue View Vision

Anthem

Customer service: **866.723.0515**
Website: Anthem.com

HIPAA Form

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

Life

Anthem

Customer service: **800.552.2137**
Website: Anthem.com

Georgia Dental Association

Phone: **770.395.0224**
Email: **christy@gadental.org**
Website: gdaplus.com

Annual notices are available here:
gdaplus.com/health

GDA Website

Support Line

Anthem Member Services
855.397.9267

General Website

gdaplus.com

All changes must be made by November 30!

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.