

DFT - DEARBORN FEDERATION OF TEACHERS DFSE - DEARBORN FEDERATION OF SCHOOL EMPLOYEES ADSA - ASSOCIATION OF DEARBORN SCHOOL ADMINISTRATORS DSOEA - DEARBORN SCHOOLS OPERATING ENGINEERS ASSOCIATION

BENEFITS GUIDE July 1, 2023 - June 30, 2024

NCEX



Medicare Part D Prescription Drug Information

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage.

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IMPORTANT INFORMATION

Life changes that can qualify you for a Special Enrollment Period are listed below. You must notify the DSEHP benefit call center at 1-888-222-4309 within 30 days if you would like to exercise your special open enrollment period.

	CHANGES IN HOUSEHOLD	CHANGES IN RESIDENCE	LOSS OF HEALTH INSURANCE
Pe	u may qualify for a Special Enrollment riod if you or anyone in your household t he past 30 days :	Household moves that qualify you for a Special Enrollment Period:	You may qualify for a Special Enrollment Period if you or anyone in your household lost qualifying health coverage in the past
•	Got married.	 Moving to the U.S. from a foreign country or United States territory 	30 days
•	Had a baby, adopted a child, or placed a child for foster care. Your coverage can start the day of the event	 A student moving to or from the place they attend school 	Coverage losses that may qualify you for a Special Enrollment Period: • Losing job based coverage
•	Got divorced or legally separated and lost health insurance. Note: Divorce or legal separation without losing	Note: Moving only for medical treatment or staying somewhere for vacation doesn't qualify you for an SEP.	 Losing eligibility for Medicaid or CHIP
	coverage doesn't qualify you for a Special Enrollment Period.	Important: You must prove you had qualifying health coverage for one or more days during the 30 days before	Losing eligibility for Medicare
•	Death —If you are covered under your spouses plan and they pass away you are eligible to join the DSEHP Health Plan	your move.	 Losing coverage through a family member



OPEN ENROLLMENT PROCESS

Open Enrollment for making insurance benefit changes will be from May 1st through May 15th.

THIS IS A PASSIVE OPEN ENROLLMENT. Your Medical, Dental, and Vision will rollover. You MUST elect FSA elections in order to have coverage on July 1, 2023. Your voluntary elections will be rolled over into the new plan year.

You have two different methods to enroll:

- Online
- Over the Phone

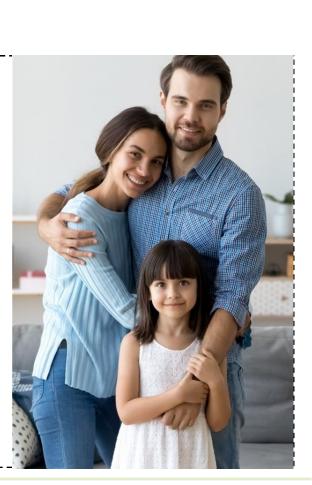
Instructions for these two enrollment methods are on page 4 of this newsletter.

Remember that the choices you make now will be effective July 1, 2023 and will remain in effect until June 30, 2024 unless you experience a qualified special enrollment event.

For those waiving coverage, you still need to make a benefit election indicating you are waiving coverage. Failure to make an election waiving coverage will make you ineligible for Cash in Lieu (if applicable).

Eligibility

- An employee's FTE profile must be .5 or greater to be eligible for benefits.
- Employee's spouse by legal marriage if recognized under the laws of the employee's state of domicile, including any same sex marriages.
- Dependent children are eligible for coverage until the end of the month in which they turn 26.
- The DSEHP plan does not allow dual coverage for Medical coverage, however dual coverage is ALLOWED for Dental and Vision.
- New hires are eligible 1st of the month following 27 days.





OPEN ENROLLMENT PROCESS

Benefit Enrollment Instructions Effective Monday, May 1, 2023

ONLINE ENROLLMENT SYSTEM:

To access your benefits online, go to: <u>https://</u> benefits.plansource.com/ anytime.

Enter your username.

Your username is the first initial of your first name, the first six characters of your last name, and the last four digits of your



Social Security number. For example, if your name is John Williams, and the last four digits of your Social Security number are 1234, your username will look like this: jwillia1234.

Enter your password. Your password is your date of birth in a number format without any punctuation, starting with the year you were born, then the month and then the date (YYYYMMDD). For example, if your date of birth is January 5, 1970, your password will look like this: 19700105.

Once you have logged in, you will be prompted to change your password.

OVER THE PHONE:

If you prefer to speak directly to a representative in the Benefit Center who will assist you in making your elections and with technical support, please call the Benefit Center at **(888) 222-4309**. Representatives are available between the hours of 8 a.m. and 11 p.m. EST, Monday through Friday.

When you call, the Benefit Center will ask you to verify the last four digits of your Social Security number and your date of birth. From that point, the representative will walk you through your personal information on file to confirm its accuracy. Please be prepared to first provide verbal authorization if you would like your spouse to speak with a representative on your behalf.



Please remember that Open Enrollment will end at midnight on May 15, 2023.

You MUST make an active election for the FSA plan in order to have benefits as of July 1, 2023!

MEDICAL & RX

Below is an overview of the copays effective July 1st. A full benefit summary is available on page 6 and a detailed Summary of Benefits and Coverage is available starting on page 42.

Benefit	Service Type	
	Deductible	\$150 single / \$300 Family
Medical	PHP/MHSA Visit	\$20
	Telehealth visit	\$0
	Specialist	\$30
	Urgent Care	\$40
	Emergency Room	\$200
	Generic	\$15
Prescription	Preferred	\$30
	Non-Preferred	\$60



EMPLOYEE CONTRIBUTIONS

Below is your employee contribution towards the medical, dental and vision plans. Contributions are based on full time status and deducted September through June. Additional cost share will apply for less than full time status.

Election	Medical	Dental	Vision	Cash in Lieu*
Single	FTE = 1.0—\$37.80 Per Pay	\$0.00	\$0.00	\$44.00 Per Pay
Two Person	FTE = 1.0—\$76.20 Per Pay	\$0.00	\$0.00	\$88.00 Per Pay
Family	FTE = 1.0—\$102.60 Per Pay	\$0.00	\$0.00	\$110.00 Per Pay
Single	FTE = Part Time Benefit Eligible — \$42.00 Per Pay	\$0.00	\$0.00	N/A
Two Person	FTE = Part Time Benefit Eligible — \$84.00 Per Pay	\$0.00	\$0.00	N/A
Family	FTE = Part Time Benefit Eligible — \$112.80 Per Pay	\$0.00	\$0.00	N/A

* In order to receive Cash in Lieu you will be required to show proof of other coverage on an annual basis and have an FTE profile of 1.0.

MEDICAL & RX SUMMARY



Health Alliance Plan of Michigan Health Maintenance Organization (HMO) Plan Summary of Benefits AA000775 / XR000941

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	\$150 Individual; \$300 Family	N/A	Deductible does not include copays or coinsurance. Deductible applies to the annual Out-of-Pocket Maximum.
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	\$6,600 Individual; \$13,200 Family	N/A	These values do not accumulate: Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified.
Preventive Services			
Office Visit / Physical Exam / Well Baby Exam	Covered - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	\$20 Copay - Deductible does not apply	N/A	
Telehealth Visit	Covered - Deductible does not apply	N/A	Through our contracted telehealth services provider
Specialist Office Visit	\$30 Copay - Deductible does not apply	N/A	
Routine Audiology Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Routine Eye Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Chiropractic Services \$30 Copay - Deductible does not apply		N/A	Manipulation of the spine for subluxation only. Up to 35 visits per benefit period.
Allergy Treatment	Covered after Deductible	N/A	
Allergy Injections	Covered after Deductible	N/A	
Laboratory & Pathology	Covered after Deductible	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	Covered after Deductible	N/A	Services require preauthorization.
Radiology (X-ray)	Covered after Deductible	N/A	Some services require preauthorization.
Radiation Therapy & Chemotherapy	Covered after Deductible	N/A	
Dialysis	Covered after Deductible	N/A	
Outpatient Medical Drugs	Covered after Deductible	N/A	
Outpatient Surgical Services			
Outpatient Surgery	Covered after Deductible	N/A	
Ambulatory Surgical Center	Covered after Deductible	N/A	
Professional Surgical and Related Services	Covered after Deductible	N/A	
Emergency/Urgent Care			
Urgent Care	\$40 Copay - Deductible does not	apply	
Emergency Room Care	\$200 Copay - Deductible does no	t apply	Copay will be waived if admitted
Emergency Medical Transportation	Covered after Deductible		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	Covered after Deductible	N/A	
Physician Services, Surgery, Therapy, _aboratory, Radiology, Hospital Services and Supplies	Covered after Deductible	N/A	
Bariatric Surgery and Related Services	\$1,000 Copay after Deductible	N/A	One procedure per lifetime
Maternity Services			
Routine Prenatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Routine Postnatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

MEDICAL & RX SUMMARY

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	\$20 Copay - Deductible does not apply	N/A	
Other Services			
Home Health Care	Covered after Deductible	N/A	Does not include Rehabilitation Services. Unlimited.
Hospice Care	Covered after Deductible	N/A	Up to 210 days per lifetime
Skilled Nursing Care	Covered after Deductible	N/A	Covered for authorized services. Up to 100 days per benefit period.
Durable Medical Equipment; Prosthetics & Drthotics	Covered after Deductible	N/A	Covered for approved equipment only.
Hearing Aid Hardware	 \$0 Copay per Hearing Aid for Value Technology Hearing Aids - Deductible does not apply \$689 Copay per Hearing Aid for Basic Technology Hearing Aids - Deductible does not apply \$989 Copay per Hearing Aid for Prime Technology Hearing Aids - Deductible does not apply \$1,539 Copay per Hearing Aid for Advanced Technology Hearing Aids - Deductible does not apply \$2,039 Copay per Hearing Aid for Premium Technology Hearing Aids - Deductible does 	N/A	Through a NationsHearing Provider only. Limited to 2 Hearing Aids per Benefit Period. Copays do not count toward the Out-of-Pocket Limit.
Rehabilitation Services: Physical, Dccupational, and Speech Therapy	not apply Covered after Deductible	N/A	May be rendered at home. Up to 60 combined visits per benefit period.
Habilitation Services: Physical, Occupational, and Speech Therapy	Covered after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covere for authorized services only.
Applied Behavioral Analysis	\$20 Copay - Deductible does not apply	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders through age 18. Covere for authorized services only.
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy
Infertility Services	50% Coinsurance after Deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Temporomandibular Joint Disorder	Covered after Deductible	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers or	ıly)		
Preferred Generic Drugs	\$15 Copay 30 day supply, \$30 Cop	ay 90 day supply	A 90-day supply of non-maintenance drugs must be
Ion-Preferred Generic Drugs	\$15 Copay 30 day supply, \$30 Cop	ay 90 day supply	filled at our designated mail order pharmacy. Other exclusions & limitations may apply.
referred Brand Drugs	\$30 Copay 30 day supply, \$60 Cop	ay 90 day supply	Certain specialty drugs may be approved for 60 or
Ion-Preferred Brand Drugs	\$60 Copay 30 day supply, \$120 Cop	ay 90 day supply	90 days. In this case, if a copay or max is shown for
Preferred Specialty Drugs	\$60 Copay 30 day supply at special	ty pharmacy only	specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to
Ion-Preferred Specialty Drugs	\$60 Copay 30 day supply at special	h(pharmag(oph)	90 days.

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- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.

- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours after any emergency hospital admission. Failure to notify HAP could result in a reduction or denial of benefits.

- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.

- Students away at school are covered for acute illness and injury related services according to HAP criteria.

- For Outpatient Mental Health & Substance Use Disorder Services delivered via Telehealth, you will pay the lower of either the Outpatient Mental Health & Substance Use Disorder Cost-Share or the Telehealth Cost-Share.

DENTAL BENEFITS

The dental plan is through Delta Dental. The dental plan and benefits are not changing. Please note that your dental enrollment election is separate from your medical enrollment election. Here's a summary of plan provisions:

A DELTA DENTAL

Delta Dental PPO™ (Point-of-Service) Summary of Dental Plan Benefits For Group# 2980-0001, 0002, 0003, 0004, 0005, 0006, 0007, 9991, 9992, 9993, 9994, 9995, 9996, 9997 Dearborn Schools Employee Healthcare Program (DSEHP)

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan - Delta Dental of Michigan

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist	Delta Dental Premier ^e Dentist	Nonparticipating Dentist	
	Plan Pays	Plan Pays	Plan Pays*	
Diagnosti	c & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%	
Emergency Pallative Treatment - to temporarily relieve pain	100%	100%	100%	
Sealants - to prevent decay of permanent teeth	100%	100%	100%	
Brush Biopsy - to detect oral cancer	100%	100%	100%	
Radiographs - X-rays	100%	100%	100%	
Basic	: Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%	
Endodontic Services - root canals	80%	80%	80%	
Periodontic Services - to treat gum disease	80%	80%	80%	
Oral Surgery Services - extractions and dental surgery	80%	80%	80%	
Other Basic Services - misc. services	80%	80%	80%	
Relines and Repairs - to prosthetic appliances	80%	80%	80%	
Majo	r Services			
Major Restorative Services - crowns	60%	60%	60%	
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	60%	60%	60%	
	ntic Services			
Orthodontic Services - braces	50%	50%	50%	
Orthodontic Age Limit -	t	nrough age 18 and un	der	

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

> Oral exams (including evaluations by a specialist) are payable twice per calendar year.

- Two prophylaxes (cleanings) are payable per calendar year. Two additional prophylaxes are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any seven-year period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- > Fluoride treatments are payable once per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 15 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any seven-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 18 and under. The surface must be free from decay and restorations.

DENTAL BENEFITS

- > Crowns, onlays and substructures are payable once per tooth in any seven-year period.
- > Composite resin (white) restorations are optional treatment on posterior teeth.
- > Metallic inlays are Covered Services.
- > Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- > Certain oral surgery procedures including vestibuloplasty, frenulectomy, frenuloplasty, tooth transplantation, oroantral fistula closure and treatment of alveolus fractures are Covered Services.
- > Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- > Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.
- > Occlusal guards are payable once in any five-year period.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$2,500 per Member total per Benefit Year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$1,500 per Member total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Payment for Orthodontic Service - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible - None.

Walting Period - Per Collective Bargaining Agreement.

Eligible People - Per Collective Bargaining Agreement.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which your employment is terminated.



Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711) https://www.DeltaDentalMl.com Contract Start Date: July 1, 2023 Document Creation Date: March 1, 2023

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VISION BENEFITS

The vision plan is with NVA. Please note that your vision enrollment election is separate from your medical enrollment election. Below is an overview of the schedule of benefits.

National Vision Administrators, L.L.C.

Schedule of Vision Benefits

Your NVA Vision Benefit Summary

DSEHP

Non-Participating Participating Benefit Frequency Provider Provider Reimbursed Amount Examination Up to \$28 (OD) Up to \$37 (MD) Covered 100% **Once Every 12 Months** Standard Glass or Plastic Lenses **Once Every 12 Months** Covered 100% Up to \$35 Up to \$50 Up to \$60 Single Vision Bifocal . Trifocal Up to \$95 Lenticular Polycarbonates (under age 19) N/A Covered 100% Gradient Tints Solid Tints N/A Covered 100% N/A N/A . Covered 100% Covered 100% **Glass Photogrey** . Transitions N/A Covered 100% Retail Allowance Frame Up to \$75 (20% discount off balance)* Up to \$40 Once Every 12 Months In lieu of Lenses & Frame In lieu of **Contact Lenses** Once Every 12 Months Lenses & Frame Up to \$100 Retail@ Up to \$100 **Elective Contact Lenses** (15% discount (Conventional) or 10% discount (Disposable) off balance)** Fit/Follow-Up*** Standard Daily Wear Covered 100% N/A Standard Extended Wear Covered 100% N/A N/A Specialty Wear Covered 100% Medically Necessary**** Covered 100% Up to \$210

Group Number# 8644 How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every 12 months from last date of service.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at <u>www.e-nva.com</u> or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time. If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number <u>8644000101</u> or the group number on the identification card and enter in your search parameters. It's that easy!

*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands. **Does not apply to Wal-Mart/Sam's Club or Contact Fill (NVA Mail Order) and may be prohibited by some manufacturers. ***Only covered if you choose Contact Lenses. ****Pre-approval from NVA required.

① Frames up to \$27 EDLP price point at Wal-Mart/Sam's Club locations. © Contact Lenses up to \$70 EDLP price point at Wal-Mart/Sam's Club locations.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below: \$75 Polarized \$50 Progressive Lenses Standard* \$100 Progressive Lenses Premium* \$30 Blended Bifocal (Segment)

- \$55 High Index \$25 Polycarbonate (Single Vision) 19 & over
- \$10 Standard Scratch-Resistant Coating \$12 Ultraviolet Coating

Standard Anti-Reflective
 Fixed Pricing not available on certain brands
Options not listed will be priced by NVA providers at their R&C retail price less 20%.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Get a Better View



VISION BENEFITS

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants: -Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent -View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

Examinations. The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. <u>Medically necessary contact lenses</u> includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website <u>www.e-nva.com</u> or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P. O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen The National LASIK Network to serve their members. This network was developed by LCA Vision in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Discounts: In addition to your funded	Your NVA EyeEssential [®] Plan Discount – In Network Only				
benefit you are eligible to access the	Service	Participating Provider	Lens Options		
EyeEssential[®] Plan discount (in Network Only) on additional purchases during the plan period. Please see table	Eye Examination:	Member Cost: Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses		
for more detail regarding NVA's discount plan:	Contact Lens Fitting:	Retail Less 10%	\$75 Polarized Lenses \$65 Transitions Single Vision Standard		
*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.	Lenses: Single Vision Bifocal Trifocal or Lenticular	Glass or Plastic \$35.00 \$55.00 \$70.00	 \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective 		
	Frame:	Retail Less 35%			
	Contact Lenses*:	Member Cost:			
	Conventional	Retail Less 15%			
	Disposable	Retail Less 10%			

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

At NVA, We Work Only for Our Clients.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP 5/07. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.

Exclusions / Limitations: No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.



CASH IN LIEU

If you chose to decline the medical plan offered by DSEHP, you may elect to receive a credit in lieu of coverage (see page 5 for payment schedule). In order to receive the cash in lieu credit, you must meet the credentials below. By electing into the cash in lieu option, you are acknowledging that you understand you will only be allowed to change your election during the next open enrollment period or during a qualified event.

This credit is earned monthly and paid each qualifying payroll, only if the following are true:

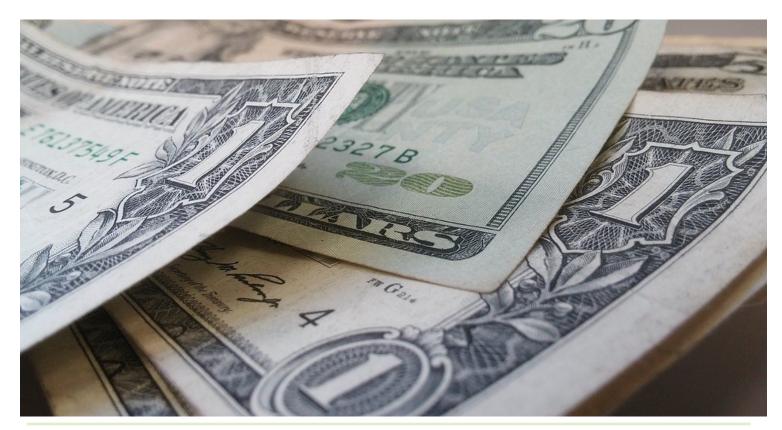
- 1. You are a full-time employee (FTE profile 1.0), as defined by the District, for the current school year
- 2. Your spouse is not employed by the District
- 3. You provide proof that you have medical coverage through another source

NOTE: You **MUST** provide proof of other coverage in order to receive the cash in lieu credit. You will need to provide this documentation to the DSEHP Benefit Center **within 30 days** of open enrollment closing or by July 1st. You can reach the DSEHP Benefit Center via phone by calling (888) 222-4309. Documentation can be submitted as follows:

Email to dsehp@plansource.com

You will NOT receive the opt out credit until documentation is received by the DSEHP Benefit Center.

If you have questions regarding the cash in lieu benefit, please contact the DSEHP Benefit Center at (888) 222-4309 Monday through Friday 8 am to 11 pm EST.



FLEXIBLE SPENDING ACCOUNTS (FSA)

As you know, health care and day care expenses can really add up. Flexible Spending Accounts give you a way to pay for these expenses with tax-free dollars. Because you bypass taxes, you save money.

There are two types of accounts:

- Health Care Flexible Spending Account—Up to a \$2,750 annual election

 Active employees may roll over up to \$550
- Dependent Care Flexible Spending Account—Up to a \$5,000 annual election

You may choose to participate in one or both of these options, depending on your individual needs.

Flexible Spending Accounts allow you to save money because your contributions to the accounts are deducted from your pay before Federal and Social Security taxes are calculated. The amount of savings you will enjoy by participating in a Flexible Spending Account will depend on your individual tax bracket and the amount of money that is withheld form your paycheck on a tax-free basis.

- The Health Care Flexible Spending Account is designed to help you pay for health expenses that are not covered by your basic health plans, including deductible amounts you have to pay and copays or co-insurance amounts required by your insurance plans. Eligible expenses also include many expenses that may not covered by your vision or dental plan.
- The Dependent Care Flexible Spending Account is similar to the Health Care Flexible Spending Account; it allows you to pay for eligible dependent day care expenses with pre-tax dollars. To decide whether a Dependent Care Flexible Spending Account is right for you, determine if you will incur eligible expenses. Generally, child and elder care companion services are eligible expenses, as are Social Security and other taxes you pay a caregiver.

Detailed information can be found on the PlanSource website about both of these plan options.

Any question about these accounts can be directed to PlanSource at:

888-222-4309 www.plansource.com





WORKPLACE BENEFITS



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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM ALL ELIGIBLE EMPLOYEES Group Number: 00511332

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Customer Service (888) 600–1600 Monday to Friday | 8am to 8:30pm ET

Welcome to Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the

security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

Read through this information.

Find out more about your benefits.

Talk to your employer if you need help or have any questions.

Your coverage options

\bigcirc	Life insurance	Protectingyour family's financial future
S	Short term disability insurance	Coverage if you're temporarily unable to work
\mathfrak{S}	Critical illness ins urance	Taking care of the expenses if you're critically ill
ද	Accident insurance	Helping you cover expenses after an accident
\bigcirc	Hospital indemnity insurance	Covering some of your hospital stay costs

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

© Copyright 2020 The Guardian Life Insurance Company of America This document is a summary of the major features of the insurance coverage that's been agreed to with your employer—it isn't your contract.

<mark>8</mark> Guardian[.]



Watch our video How life insurance protects families and covers critical costs.

Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees donotprovidetax, legal, or accounting advice. Consult yourtax, legal, or accounting professional regardingyourindividuals ituation.

You will receive these benefits if you meet the conditions listed in the policy.

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Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: \$9,000

Average mortgage debt: \$202,000

Average cost of college: \$17,000 - \$44,000

Average household credit card debt: \$8,500

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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ALL ELIGIBLE EMPLOYEES 2020-104318 (07/22) Kit created 03/29/2022

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VOLUNTARY TERM LIFE

Your life coverage

	VOLUNTART TERM LIFE
Employee Benefit	Choice of 8 employer-specified amounts, from \$5,000 to \$150,000. See Cost Illustration page for details.
Spouse Benefit	50% of employee coverage to a max of \$25,000‡
Child Benefit	Your dependent children age 14 days to 23 years (25 if full time student). 10% of employee coverage to a max of \$10,000. Coverage limits are based on child age.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee \$150,000. Spouse \$25,000. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
LifeAssistSM: Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to	Yes
when waiver of premium ends.	

[‡]Spouse coverage terminates at age 70.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

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Kit created 03/29/2022

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

				Monthly	premiur	ns display	ed.		
			Pc	olicy Electi	on Cost	Per Age	Bracket		
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-691
\$5,000 Policy Election Amount						1.000			
Employee \$5,000	\$.21	\$.25	\$.40	\$.70	\$1.08	\$1.63	\$2.55	\$4.13	\$6.79
Spouse \$2,500	\$.11	\$.13	\$.20	\$.35	\$.54	\$.81	\$1.27	\$2.06	\$3.39
Child \$500	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08
\$10,000 Policy Election Amount	10			20220-8	1975 - 0107	terret and take			0.000
Employee \$10,000	\$.42	\$.50	\$.79	\$1.40	\$2.16	\$3.25	\$5.09	\$8.25	\$13.57
Spouse \$5,000	\$.21	\$.25	\$.40	\$.70	\$1.08	\$1.63	\$2.55	\$4.13	\$6.79
Child \$1,000	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17
\$15,000 Policy Election Amount									
Employee \$15,000	\$.63	\$.75	\$1.19	\$2.10	\$3.24	\$4.88	\$7.64	\$12.38	\$20.36
Spouse \$7,500	\$.32	\$.38	\$.59	\$1.05	\$1.62	\$2.44	\$3.82	\$6.19	\$10.18
Child \$1,500	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25
\$25,000 Policy Election Amount									
Employee \$25,000	\$1.05	\$1.25	\$1.98	\$3.50	\$5.40	\$8.13	\$12.73	\$20.63	\$33.93
Spouse \$12,500	\$.53	\$.63	\$.99	\$1.75	\$2.70	\$4.06	\$6.36	\$10.31	\$16.96
Child \$2,500	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42
\$50,000 Policy Election Amount									
Employee \$50,000	\$2.10	\$2.50	\$3.95	\$7.00	\$10.80	\$16.25	\$25.45	\$41.25	\$67.85
Spouse \$25,000	\$1.05	\$1.25	\$1.98	\$3.50	\$5.40	\$8.13	\$12.73	\$20.63	\$33.93
Child \$5,000	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84
\$75,000 Policy Election Amount									
Employee \$75,000	\$3.15	\$3.75	\$5.93	\$10.50	\$16.20	\$24.38	\$38.18	\$61.88	\$101.78
Spouse \$25,000	\$1.05	\$1.25	\$1.98	\$3.50	\$5.40	\$8.13	\$12.73	\$20.63	\$33.93
Child \$7,500	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25
\$100,000 Policy Election Amount									
Employee \$100,000	\$4.20	\$5.00	\$7.90	\$14.00	\$21.60	\$32.50	\$50.90	\$82.50	\$135.70
Spouse \$25,000	\$1.05	\$1.25	\$1.98	\$3.50	\$5.40	\$8.13	\$12.73	\$20.63	\$33.93
Child \$10,000	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67
\$150,000 Policy Election Amount					10000000000000000000000000000000000000	2000 C 10000 C 10000			
Employee \$150,000	\$6.30	\$7.50	\$11.85	\$21.00	\$32.40	\$48.75	\$76.35	\$123.75	\$203.55
Spouse \$25,000	\$1.05	\$1.25	\$1.98	\$3.50	\$5.40	\$8.13	\$12.73	\$20.63	\$33.93
Child \$10,000	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse coverage premium is based on Employee age. †Benefit reductions apply.

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Kit created 03/29/2022

ALL ELIGIBLE EMPLOYEES

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE COVERAGE.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be digible for coverage Underwriting must approve coverage for employees on temporary assignment: (a)

Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Rease refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care fadiity or is unable to perform the normal activities of someone of like age and sex. A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form # GP-1-LIFE-15

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ALL ELIGIBLE EMPLOYEES

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WILLPREP

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WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help





Access simple documents including wills and power of attorney letters

Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney



This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.

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SHORT TERM DISABILITY

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Watch our video How short term disability insurance can supplement your income.

Short term disability insurance

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by Illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.



Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: 13 weeks

Elimination period: 1 week

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces \$400 of his weekly income for the remaining 12 weeks of his rehabilitation.

This gives him a total of \$4,800 to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific

amounts and details.

You will receive these benefits if you meet the conditions listed in the policy.

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ALL ELIGIBLE EMPLOYEES 2021-117408 (03/23)

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SHORT TERM DISABILITY

<mark>8</mark> Guardian[.]



Your short term disability coverage

	Short-Term Disability
Coverage amount	Choose weekly amount \$200, \$250, \$375, \$500 or \$750
Maximum payment period: Maximum length of time you can receive disability benefits.	26 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day I
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$750 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- Earnings definition: Your covered salary excludes bonuses and commissions.

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SHORT TERM DISABILITY

Short-Term Disability Plan Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

				Election (Cost Per Ag	e Bracket			
	< 25	25-29	30–34	35-39	40-44	45-49	50-54	55-59	60+
\$20,800 Minimum Annual Salary									
\$200 Weekly Benefit	\$17.96	\$24.08	\$17.44	\$12.92	\$12.86	\$14.58	\$14.58	\$16.96	\$20.12
\$26,000 Minimum Annual Salary									
\$250	\$22.45	\$30.10	\$21.80	\$16.15	\$16.08	\$18.23	\$18.23	\$21.20	\$25.15
\$39,000 Minimum Annual Salary									
\$375	\$33.68	\$45.15	\$32.70	\$24.23	\$24.11	\$27.34	\$27.34	\$31.80	\$37.73
\$52,000 Minimum Annual Salary									
\$500	\$44.90	\$60.20	\$43.60	\$32.30	\$32.15	\$36.45	\$36.45	\$42.40	\$50.30
\$78,000 Minimum Annual Salary									
\$750	\$67.35	\$90.30	\$65.40	\$48.45	\$48.23	\$54.68	\$54.68	\$63.60	\$75.45

*This benefit may not exceed 50% of your weekly salary.

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability

- This policy provides disability income insurance only. It does not provide . "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RITDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML. Contract # GP-I-STD-I5-I.0 et al.

Guardian's Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-10, et al, GP-1-STD-15

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ALL FLIGIBLE EMPLOYEES

Group number: 00511332

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Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for peoplewhoal ready have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Watch our video How critical illness insurance helps cover the costs of treatment.



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: \$53,000

Average Major Medical deductible: \$1,500

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: \$10,300.

Total out-of-pocketamountfor John (deductible + coinsurance): \$11,800.

John has a \$10,000 Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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DEARBORNSCHOOLSEMPLOYEEHEALTHCAREPROGRAM

ALL ELIGIBLE EMPLOYEES 2020-104305(07/22)

Kit created 03/29/2022

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Your critical illness coverage

	CRITICA	CRITICAL ILLNESS			
Benefit Amount(s)	Employee may choose a lump sum	benefit of \$5,000 to \$10,000 in			
	\$5,000 increments.				
CONDITIONS					
Cancer	I ST OCCURRENCE	2nd OCCURRENCE			
Invasive Cancer	100%	50%			
Carcinoma In Situ	30%	0%			
Benign Brain Tumor	75%	0%			
Skin Cancer	\$250 per lifetime	Not Covered			
√ascular					
Heart Attack	100%	50%			
Stroke	100%	50%			
Heart Failure	100%	50%			
Coronary Arteriosclerosis	30%	0%			
Other					
Organ Failure	100%	50%			
Kidney Failure	100%	50%			
ADDITIONAL CONDITIONS	I st OCCURR	IST OCCURRENCE ONLY			
Addison's Disease	3	0%			
ALS (Lou Gehrig's Disease)	10	00%			
Alzheimer's Disease	5	0%			
Coma	1	100%			
Huntington's Disease	3	0%			
Loss of Hearing	10	00%			
Loss of Sight	10	00%			
Loss of Speech	10	100%			
Multiple Sclerosis	3	0%			
Parkinson's Disease	1	100%			
Permanent Paralysis	50% for 1 limb,	100% for 2 limbs			
Severe Burns](00%			
Childhood Conditions	Ist OCCURR	ENCE ONLY			
Cerebral Palsy	10	00%			
Cleft Lip/Palate	10	00%			
Club Foot	10	100%			
Cystic Fibrosis	10	100%			
Down's Syndrome	1	100%			
Muscular Dystrophy	10	00%			
Spina Bifida	10	00%			
Type I Diabetes	100%				

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Kit created 03/29/2022

ALL ELIGIBLE EMPLOYEES

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<mark>3</mark> Guardian[.]



Your critical illness coverage

	CRITICAL ILLNESS		
Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$5,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.		
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit		
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70		
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue up to: Less than age 70 \$10,000 For a spouse: Less than age 70 \$5,000		
	For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.		
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included		
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after		
Cancer Vaccine Benefit	\$50 per lifetime for receiving a cancer vaccine		
WELLNESS BENEFIT			
Employee Per Year Limit	\$50		
Spouse Per Year Limit	\$50		

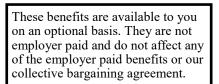
Condition Definitions

Child Per Year Limit

- · Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- · Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- · Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.

\$50

· Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.



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Kit created 03/29/2022 Group number: 00511332

ALL ELIGIBLE EMPLOYEES

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Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

			emiums Displayed st Per Age Bracket			
Issue Age	< 30	30-39	40-49	50-59	60-69	70+ [†]
Employee						
\$5,000	\$5.50	\$7.07	\$11.60	\$19.45	\$28.76	\$53.60
\$10,000	\$8.60	\$11.57	\$20.15	\$34.90	\$52.41	\$100.35
Benefit Amount Up To 50% of Employee Amoun	t to a Maximum of \$	5,000				
Spouse						
\$2,500	\$2.97	\$3.84	\$6.35	\$10.75	\$15.96	\$29.25
\$5,000	\$4.52	\$6.09	\$10.62	\$18.47	\$27.78	\$52.62

[†]Benefit reductions may apply. See plan details.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while same or insame.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding I year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on I) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pretax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits...

Contract # GP-I -CI-14

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

ALL ELIGIBLE EMPLOYEES

Kit created 03/29/2022 Group number: 00511332

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ACCIDENT INSURANCE

<mark>8</mark> Guardian[.]



Watch our video How accident insurance can get you back on yourfeet.

Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: \$2,500

Average Major Medical deductible: \$1,500

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible

for 20%: \$200

Total out-of-pocketamountfor Amanda (deductible + coinsurance):

\$1,700

Amanda's Guardian Accident policy pays her a benefit of \$1,700, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

You will receive these benefits if you meet the conditions listed in the policy.

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ALL ELIGIBLE EMPLOYEES 2021-117413(03/23) Kit created 03/29/2022

<mark>8</mark> Guardian[.]



Your accident coverage

	ACCIDENT
COVERAGE - DETAILS	
Your Monthly premium	\$17.83
You and Spouse	\$30.40
You and Child(ren)	\$31.90
You, Spouse and Child(ren)	\$44.47
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
	Employee \$10,000
Benefit Amount(s)	Spouse \$5,000
	Child \$5,000
	Quadriplegia, Loss of speech & hearing (both ears)
Catastrophic Loss	Loss of Cognitive function: 100% of AD&D
Common Carrier	Hemiplegia & Paraplegia: 50% of AD&D 200% of AD&D benefit
	200% of Spouse AD&D benefit
Common Disaster	
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$150
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments
Air Ambulance	\$500
Ambulance	\$100
Appliance - Whedchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$100
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Barri Brar Brare	20% increase to child benefits

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DEARBORN SCHOOLSEMPLOYEE HEALTHCARE PROGRAM	Kit created	2022
ALL ELIGIBLE EMPLOYEES	Groupnumb	11332

ACCIDENT INSURANCE

3 Guardian[.]



Your accident coverage

FEATURES (Cont.)

Coma	\$7,500
Concussions	\$50
Dislocations	Schedule up to \$3,600
Diagnostic Exam (Major)	\$100
Emergency Dental Work	\$200/Crown, \$50/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$4,500
Hospital Admission	\$750
Hospital Confinement	\$175/day- up to 1 year
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$350/day- up to 15 days
nitial Physician's office/Urgent Care Facility Treatment	\$50
oint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750
Knee Cartilage	\$500
Laceration	Schedule up to \$300
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	I:\$500
	2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,000 Hemia: \$125
Surgery - Exploratory or Arthroscopic	\$150
Tendon/Ligament/Rotator Cuff	1: \$250
	2 or more: \$500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$400, 3 times per accident

X - Ray

\$20

UNDERSTANDING YOUR BENEFITS:

- Common Carrier Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- Common Disaster Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- Reasonable Accomodation Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.

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Kit created 03/29/2022

Group number: 0051133:

ACCIDENT INSURANCE

<mark>8</mark> Guardian[.]



Your accident coverage

UNDERSTANDING YOUR BENEFITS (Cont.):

 Accident Emergency Room Treatment – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding I year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract #GP-1-AC-IC-12

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form #GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

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Kit created 03/29/2022

ALL ELIGIBLE EMPLOYEES

Group number: 00511332 1

HOSPITAL INDEMNITY INSURANCE

8 Guardian[.]

Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?

Hospital indemnity insuranceis for people whone edhelp covering the costs associated with a hospital stay if they suddenly becomes ick or injured.

What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- · Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- · Childcare service assistance while recovering.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you - even if you didn't incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.



Watch our video How hospital indemnity insurance can give you a comfortable stay.



Be prepared

John is hospitalized after a heart attack, and has to cover the costof five days as an inpatient.

Average heart attack hospitalization expense: \$53,000

Average Major Medical deductible: \$1,500

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: \$10,300.

Total out-of-pocketamountfor John (deductible + coinsurance): \$11,800.

John's Guardian Hospital Indemnity policy pays him \$1,000 for hospital admission.

The policy gives him a total payment of \$1,000 to help cover the out-ofpocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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ALL ELIGIBLE EMPLOYEES 2020-105936(07/22) Kit created 03/29/2022

HOSPITAL INDEMNITY INSURANCE

<mark>8</mark> Guardian[.]



Your hospital indemnity coverage

	Hospital Indemnity
	Option I
Coverage Details	
Your Monthly premium	\$10.18
You and Spouse	\$17.64
You and Child(ren)	\$15.96
You, Spouse and Child(ren)	\$23.42
Benefits	
Hospital/ICU Admission	\$500/\$1,000 per admission, limited to 1 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 15 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a precision transmission of the precision during the specified d	Not Applicable

physician, received treatment, or took prescribed drugs.

Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage	ge.

UNDERSTANDING YOUR BENEFITS - HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

These benefits are available
to you on an optional basis.
They are not employer paid
and do not affect any of the
employer paid benefits or
our collective bargaining
agreement.

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Kit created 03/29/2022 **19** Groupnumber:00511332

HOSPITAL INDEMNITY INSURANCE

<mark>8</mark> Guardian[.]



Your hospital indemnity coverage

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

• Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

.• Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain:

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed; Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training. GP-1-HI-15

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

> Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-HI-15, GP-1-LAH-12R

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Kit created 03/29/

ALL ELIGIBLE EMPLOYEES

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This Plan will not pay benefits for:

EAP

Ulliance Enhancing People, Improving Business.

No cost and completely confidential



LIFE ADVISOR EAP®

The Ulliance Life Advisor EAP® is a benefit that employers can sponsor and offer total well-being services to their employees, spouse/live-in partner and dependents under the age of 27 at no cost to the employee.

Counseling

Counseling is available in-person or telephonically with a counselor close to work, home or school. Individual, family and couples counseling are all included. Short-term, solution focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions.

Coaching

Life Advisor Coaches offer telephonic support for individual life enhancement goals, such as education, career advancement, financial or self improvement goals.

Crisis Support

Mental health professionals are available by phone 24/7/365.

Referrals

Consultants provide recommendations for resources within the community.

Work-life Materials

Information on a wide range of work-life balance topics are easily accessed through the EAP portal. A work-life library of related books are available by calling Ulliance and as always, are free of charge.

Legal & Financial Consultations

Ulliance professionals can connect employees with resources to assist individuals regarding legal and financial issues.

🗕 Connect with us 🛭 💊 800.448.8326 🛛 🜐 LifeAdvisorEAP.com

Change in Status or Special Enrollment -

You may qualify for a special enrollment if certain events occur in your life:

- If you decline coverage for yourself and/or your dependents (including your spouse) because you are covered under another health plan, you may be able to enroll yourself and/or your dependents in the plan if you experience an involuntary loss of that coverage (e.g., spouse loses his/her job, divorce).
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the plan.

In either situation, you <u>must</u> request enrollment through the DSEHP Benefit Center <u>within 30 days</u> after the special enrollment event as described above. If you enroll as the result of a special enrollment event, coverage will be made effective on the date of the event.

Newborn and Mother's Health Protection Act -

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



Women's Health Cancer Rights Act Notice -

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis;
- Physical complication during all stages of mastectomy, including lymph edemas.

The plan may not:

- Interfere with a woman's right under the plan to avoid these requirements;
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and co-insurance requirements consistent with other coverage provided under the plan.

Patient Protection Notice -

HAP generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in HAP's network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of participating primary care providers, contact HAP at 877-427-3678. For children you may designate a pediatrician as the primary care provider.

You do not need prior authorization from HAP or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact HAP at 877-427-3678.

YOUR RIGHTS UNDER FEDERAL LAW

CHIPRA NOTICE

Qualified group health plans in States that provide medical assistance through either Medicaid or a Children's Health Insurance Program (CHIP or SCHIP) must provide a notice informing employees of the potential opportunity for state Medicaid or CHIP health care assistance for group health plan coverage. The notice must be provided to employees when initially eligible and during the annual enrollment. [Note: Health FSAs and qualified High Deductible Health Plans (HSA-compatible) are not qualified health plans.]

State-specific information must also be included in the notice. We have not included that information here because portions of the information such as phone numbers change. An updated model notice is available on the DOL's Employee Benefits Security Administration's ("EBSA") website at: <u>http://www.dol.gov/ebsa</u>

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

DSEHP

Protecting Your Health Information Privacy Rights

May 1, 2022

DSEHP is committed to the privacy of your health information. The administrators of the DSEHP (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting DSEHP Benefit Center at 888-222-4309.

HIPAA SPECIAL ENROLLMENT RIGHTS

DSEHP Initial Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the DSEHP Group Health Plan (to actually participate, you must complete an enrollmand pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

YOUR RIGHTS UNDER FEDERAL LAW

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact DSEHP Benefit Center at 888-222-4309 or email: support@dsehp.com



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149 (expires 4-30-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MEDICARE PART D

Important Notice from Dearborn Schools Employee Healthcare Program (DSEHP) About Your CREDITABLE Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DSEHP and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2. DSEHP has determined that the prescription drug coverage offered by the HAP is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected.

Summary of Options for Medicare Eligible Employees (and/or Dependents):

- Continue medical and prescription drug coverage and do not elect Medicare D coverage. Impact – your claims continue to be paid by DSEHP health plan.
- Continue medical and prescription drug coverage and elect Medicare D coverage. **Impact** As an active employee (or dependent of an active employee) the DSEHP health plan continues to pay primary on your claims (pays before Medicare D).
- Drop the coverage and elect Medicare Part D coverage. Impact Medicare is your primary coverage. You will not be able to rejoin the DSEHP health plan unless you experience a family circumstance change or until the next open enrollment period.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a family status change or until the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with HAP and don't join a Medicare drug plan within 63 continuous days after your

current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information [or call Office Manager, PlanSource at [(313) 9823292]. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through DSEHP changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit_www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486 -2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at <u>www.socialsecurity.gov</u>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2023 Name of Entity/Sender: DSEHP Contact--Position/Office: Office Manager, PlanSource Address: 15250 Mercantile Dr., Dearborn MI 48120 Phone Number: 888-222-4309

CMS Form 10182-C

Updated April 1, 2022

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 2 1244-1850

COBRA NOTICE

General Notice Of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

COBRA NOTICE

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: DSEHP Benefit Center, 15250 Mercantile Drive, Dearborn MI 48120 or call 888-222-4309

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Please call the DSEHP benefit center at 888-222-4309 if this occurs.

COBRA NOTICE

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit <u>www.HealthCare.gov</u>.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

DSEHP Benefit Center 15250 Mercantile Drive Dearborn, MI 48120 888-222-4309

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 07/01/2023 - 06/30/2024



AA000775 / XR000941

Coverage for: Individual + Family | Plan Type: HMO AA000775 / XR000941

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-422-4641 or visit http://www.hap.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-800-422-4641 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$150 individual / \$300 family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your <u>deductible?</u>	Yes. Chiropractic, Emergency Services, Office Visits, Pharmacy, <u>Preventive Services</u> , <u>Urgent</u> <u>Care</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare. gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-</u> <u>pocket limit</u> for this <u>plan</u> ?	Out-of-Pocket Limit: \$6,600 individual/\$13,200 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family out-of-pocket limit has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billing charges, and health care this plan doesn't cover. All other cost share accumulates unless otherwise specified in Plan Documents.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a <u>network provider</u> ?	Yes. See <u>www.hap.org</u> or call 1-800-422-4641 for a list of <u>network provider</u> s.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plans network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider</u> 's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	Written <u>referrals</u> are not required for <u>specialist</u> visits within the member's assigned <u>network</u> for selected services. <u>Referrals</u> or oral approvals are required in other instances. Further information on the <u>referral</u> process can be found at <u>www.hap.org</u> .

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

C	Common What You Will Pay			
Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 <u>Copay</u> ; <u>deductible</u> does not apply	Not Covered	
	<u>Specialist</u> visit	\$30 Copay; deductible does not apply	Not Covered	
	Other practitioner office visit	Telehealth Visit: No Charge; <u>deductible</u> does not apply	Not Covered	Telehealth: Through our contracted telehealth services provider. Not Covered Out-of- <u>Network</u> . Chiropractic: Manipulation of the spine for
		Chiropractic Visit: \$30 <u>Copay</u> ; <u>deductible</u> does not apply		subluxation only Up to 35 visits per benefit period.
	Preventive care/screening /immunization	No Charge; <u>deductible</u> does not apply	Not Covered	Coverage information available at <u>www.</u> <u>hap.org</u> . You may have to pay for services that aren't <u>preventive services</u> . Ask your <u>provider</u> if the services needed are <u>preventive services</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge after <u>deductible</u>	Not Covered	Some services require preauthorization.
test	Imaging (CT/PET scans, MRIs)	No Charge after deductible	Not Covered	Services require preauthorization.
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.hap.org	Preferred Generic drugs	\$15 <u>Copay</u> / prescription (retail) ; <u>deductible</u> does not apply	Not Covered	Costs shown apply to a 30-day supply of drugs. A 90-day supply of non- maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. Applies to all Generic and Brand type drugs.
	Non-preferred Generic drugs	\$15 <u>Copay</u> / prescription (retail) ; <u>deductible</u> does not apply	Not Covered	
	Preferred Brand drugs	\$30 <u>Copay</u> / prescription (retail) ; <u>deductible</u> does not apply	Not Covered	
	Non-preferred Brand drugs	\$60 <u>Copay</u> / prescription (retail) ; <u>deductible</u> does not apply	Not Covered	
	Preferred <u>Specialty drugs</u>	\$60 <u>Copay</u> / prescription (retail) ; <u>deductible</u> does not apply	Not Covered	All <u>specialty drugs</u> are limited to a 30-day supply at a specialty pharmacy only. Certain <u>specialty drugs</u> may be approved for 60 or 90 days. In this case, if a <u>Copay</u> or max is shown, You will pay 2 times that amount for a supply up to 60 days, and 3 times that amount for a supply of up to 90 days. Other exclusions & limitations may apply.
	Non-preferred Specialty drugs	\$60 <u>Copay</u> / prescription (retail) ; <u>deductible</u> does not apply	Not Covered	

Common	Services You May Need	What Yo Network Provider	u Will Pay Out-of-Network Provider	Limitations, Exceptions, & Other	
Medical Event	Services rournay recu	(You will pay the least)	(You will pay the most)	Important Information	
If you have outpatient	Facility fee (e.g., ambulatory surgery center(ASC))	No Charge after <u>deductible</u>	Not Covered	Some services require preauthorization.	
surgery	Physician/surgeon fees	No Charge after deductible			
If you need immediate	Emergency room care	\$200 <u>Copay</u> ; <u>deductible</u> does not apply	\$200 <u>Copay</u> ; <u>deductible</u> does not apply	Copay will be waived if admitted	
medical	Emergency medical transportation	No Charge after <u>deductible</u>	No Charge after <u>deductible</u>	Emergency transport only.	
	Urgent care	\$40 <u>Copay</u> ; <u>deductible</u> does not apply	\$40 <u>Copay</u> ; <u>deductible</u> does not apply		
If you have a	Facility fee (e.g., hospital room)			Some services require preauthorization.	
hospital stay	Physician/surgeon fees	No Charge after deductible	Not Covered		
lf you need mental health, behavioral	Outpatient services	\$20 <u>Copay</u> ; <u>deductible</u> does not apply	Not Covered	Some services require <u>preauthorization</u> . Services can be accessed by calling 1-800- 444-5755.	
health, or substance abuse services	Inpatient services	No Charge after <u>deductible</u>	Not Covered	Services require <u>preauthorization</u> . Services can be accessed by calling 1-800- 444-5755.	
16 million		No Charge; <u>deductible</u> does not apply	Not Covered	Routine Prenatal and Routine Postnatal covered under Preventive Services.	
If you are pregnant	professional services	No Charge after <u>deductible</u>	Not Covered		
	Childbirth/delivery facility services	No Charge after <u>deductible</u>	Not Covered	Some services require preauthorization.	
	Home health care	No Charge after <u>deductible</u>	Not Covered	Does not include <u>Rehabilitation Services</u> . Unlimited	
	Rehabilitation services	No Charge after <u>deductible</u>	Not Covered	May be rendered at home.Up to 60 combined visits per benefit period.	
If you need help recovering or have other special health needs	Habilitation services	No Charge after <u>deductible</u>	Not Covered	Limited to Applied Behavior Analysis (ABA) and Physical, Speech, and Occupational Therapy services associated with the treatment of Autism Spectrum Disorders through age 18. Covered for authorized services only. See Outpatient Mental Health for ABA <u>cost sharing</u> amount.	
		No Charge after <u>deductible</u>	Not Covered	Covered for authorized services.Up to 100 days per benefit period.	
	Durable medical equipment	No Charge after <u>deductible</u>	Not Covered	Covered for approved equipment only.	
	Hospice services	No Charge after <u>deductible</u>	Not Covered	Up to 210 days per lifetime	
If your child needs dental	Children's eye exam	\$30 <u>Copay; deductible</u> does not apply	Not Covered	One routine eye exam per benefit period at no cost share.	
or eye care		Not Covered	Not Covered		
or eye care	Children's dental check-up	Not Covered	Not Covered		

AcupunctureLong-Term CareRoutine Foot Care	 Cosmetic Surgery Non-Emergency Care Outside the U.S. Vision Hardware Dental Care (Adult) Private Duty Nursing Voluntary Termination of Press 	gnancy
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Infertility Treatment Routine Eye Care (Adult) Weight Loss Programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: contact the plan at 1-800-422-4641; you may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or http://www.cciio.cms.gov.Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your called a <u>greevance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your plan documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your plan. For more information about your rights, this notice or assistance, contact the <u>plan</u> at 1-800-422-4641; you may also contact the Department of Insurance and Financial Services, Healthcare Appeals Section, Office of General Counsel, 611 Ottawa, 3rd Floor, P.O. Box 30220, Lansing, MI 48909-7720, <u>http://michigan.gov/difs;</u> call 1-877-999-6442 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <u>http://www.dol.gov/ebsa/healthreform</u>, Additionally, a consumer assistance program can help you file your <u>appeal</u>. Contact Michigan Health Insurance Consumer Assistance Program (HICAP), Michigan Department of Financial and Insurance Regulation, P.O. Box 30220, Lansing, MI 48909, phone 1-877-999-6442, website. http://michigan.gov/difs; LICAP@michigan.gov/ website: http://michigan.gov/difs or e-mail difs-HICAP@michigan.gov.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare , Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

anguage Access Services:

Please see a full list of Language Access Services following the Coverage Examples at the end of the Summary of Benefits of Coverage.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.-PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1146. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well- controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
The plan's overall deductible	\$150	The plan's overall deductible	\$150	The plan's overall deductible	\$150
Specialist copayment	\$30	Specialist copayment	\$30	Specialist copayment	\$30
 Hospital (facility) 	\$0	 Hospital (facility) 	\$0	 Hospital (facility) 	\$0
Other coinsurance	0%	Other coinsurance	0%	Other <u>coinsurance</u>	0%
This EXAMPLE event includes services like: <u>Specialist</u> office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services <u>Diagnostic tests</u> (ultrasounds and blood work) <u>Specialist</u> visit (anesthesia)		This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)		This EXAMPLE event includes serv Emergency room care (including m supplies) Diagnostic tests (x-ray) Durable medical equipment (crutc Rehabilitation services (physical th	nedical hes)
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$150
Copayments	\$10
Coinsurance	\$0
What isn't Covered	
Limits or exclusions	\$61
The total Peg would pay is	\$221

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$150
Copayments	\$749
Coinsurance	\$0
What isn't Covered	
Limits or exclusions	\$22
The total Joe would pay is	\$921

Total	Example	e Cost	\$2,80

In this example. Mia would pay:

Cost Sharing	
Deductibles	\$150
Copayments	\$295
Coinsurance	\$0
What isn't Covered	
Limits or exclusions	\$0
The total Mia would pay is	\$445

The plan would be responsible for the other costs of these EXAMPLE covered services.



Language Assistance

We want you to easily get the information you need. To request assistance in a language other than English, call (800) 422-4641 (TTY: 711).

VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Telefononi numrin (800) 422-4641 ose TTY: 711.

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بالرقم 4641-422 (800) أو خدمة الهاتف النصى: 711.

নজর দিন: আপনি বাংলা ভাষায় কথা বললে, ভাষা সহায়ডার পরিষেবা বিনামূল্যে আপনার জন্য উপলব্ধ। (৪০০) 422-4641 বা TTY: 711 নম্বরে কল করুন।

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電(800)422-4641或TTY用户請致電711。

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufnummer: (800) 422-4641 oder TTY: 711.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (800) 422-4641 (TTY: 711).

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。(800)422-4641まで、お電話にてご連絡ください。 TTY ユーザーは 711までご連絡ください。

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-422-4641 번 또는 TTY: 711 번으로 연락해 주십시오.

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z bezplatnej pomocy językowej. Zadzwoń pod numer (800) 422-4641 lub TTY: 711. ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обрашайтесь по номеру (800) 422-4641 (телетайп: 711).

NAPOMENA: Ako govorite hrvatski/srpski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte (800) 422-4641 ili tekstualni telefon za osobe oštećena sluha: 711.

ATENCIÓN: si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Llame al (800) 422-4641, los usuarios TTY deben llamar al 711.

المرققة: من بالمرفق في فوط معافي لو ليت من موانت المرفة عما، حي واف وفول وفط وفي المرفق في المرفق من الله من المرفق الم

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Tumawag sa (800) 422-4641 o TTY: 711.

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi (800) 422-4641 hoặc TTY: 711.

YOUR BENEFIT RESOURCES



Medical & Prescription Drug	НАР	888-654-0706 www.hap.org
Dental	Delta Dental	800-524-0149 www.deltadentalmi.com
Vision	National Vision Administrators (NVA)	800-672-7723 www.e-nva.com
Voluntary Life Insurance Short Term Disability Critical Illness Accident Coverage Hospital Indemnity	Guardian	888-600-1600 www.guardiananytime.com
Flexible Spending Accounts (FSA)	Plan Source	888-222-4309 www.plansource.com
EAP	Ulliance	800-448-8326 www.lifeadvisorEAP.com

Other Questions or Changes In Eligibility

888-222-4309



The contents of this booklet is intended for use as an easy to read summary only. It does not constitute a contract. Additional limitations and exclusions may apply. For an official description of benefits, please refer to each carrier's official certificate/benefit guide.