



EMPLOYEE BENEFIT BOOKLET

JANUARY 1, 2021 – DECEMBER 31, 2021

IMPORTANT:

To enroll, make changes, and/or add dependents to your benefits, you must log in to the Employee Navigator online enrollment system. If you do not enroll, you will have to wait until the next open enrollment period to have benefits.



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Field Staff

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ELIGIBILITY & ENROLLMENT INFORMATION

| | |
|-----------------------------------|--|
| Employee Eligibility | An employee who averages 30 hours per week over the course of a 12-month measurement period is eligible to participate in all the offered benefits. |
| Effective Date of Coverage | All Benefits: After a 12-month measurement period, 1 st of the month following 30 days from reaching your fulltime status classification. |
| Dependent Age Limits | Medical, Dental, & Vision: Dependents are eligible for coverage through the end of the month in which they turn age 26. Voluntary Life, Identity Theft, Critical Illness, and Accident: Dependents are eligible for coverage until their 26 th birthday. |
| How to Enroll | Log on to your online enrollment portal prior to your eligibility date. If you do not enroll in a timely manner, you will have to wait until the next open enrollment period. |
| Document Request | For additional details and a full summary plan description, please access your Employee Navigator employee account for these documents and/or request a hard copy from your HR department. |

Elections and Changes in Coverage

Each year during open enrollment, employees make their selections for the next plan year. The selections you make will remain in effect for the entire plan year (1/1 to 12/31), unless you have a qualifying event.

Qualifying life events are: marriage, divorce, birth or adoption of a child, death, change in your or your spouse's employment status, court orders, spousal open enrollment period, loss or addition of other health coverage. **The change must be requested within 30 days of the event and must be consistent with the change in status. Documentation is required.** If you **DO NOT** notify human resources to complete the process **within 30 days of the qualifying event**, you **MUST** wait until open enrollment to make changes.

If you, or any of your dependents, become eligible, or are covered by Medicare, Medicaid, MICHild, Healthy Kids or any other medical assistance program within the State of Michigan, it is YOUR responsibility to notify your plan administrator.

HEALTH BENEFITS: OPTION 1

UNITED HEALTHCARE PPO 1000/0% PLAN

| Benefit Snapshots | United Healthcare 1000/0% Plan | |
|--|---|---|
| | In Network | Out of Network |
| Preventive Care | Covered – 100% (No Copay) | Deductible, then 30% |
| Office Visit | \$40 Copay | Deductible, then 30% |
| Specialist Visit | \$80 Copay | Deductible, then 30% |
| Urgent Care | \$100 Copay | Deductible, then 30% |
| Emergency Room | \$400 Copay | \$400 Copay |
| Chiropractic <i>20 visits / member / year</i> | \$40 Copay | Deductible, then 30% |
| Prescription Drug Coverage <i>Note: Out of network pharmacy benefit is not covered. Talk to Corporate Benefit Solutions if you are going to an out of network pharmacy.</i> | Generic: Brand Name: Non-Preferred Brand: Specialty: | \$10 Copay \$35 Copay \$60 Copay \$100 Copay |
| 90 Day Supply at Pharmacy | 2.5x the Copay for Generic and Brand | |
| Annual Deductible | \$1,000/member; \$2,000/two or more members | \$5,000/member; \$15,000/two or more members |
| Coinsurance <i>After Deductible is Met</i> | 0% (for most covered services) | 30% (for most covered services) |
| Coinsurance & Deductible Max | \$1,000/member; \$2,000/two or more members | \$10,000/member; \$30,000/two or more members |
| Annual Out of Pocket Max <i>Includes all Copays, Coinsurance & Deductible</i> | \$6,350/member; \$12,700/two or more members | \$10,000/member; \$30,000/two or more members |

HEALTH BENEFITS: OPTION 2

UNITED HEALTHCARE PPO 2000/0% PLAN

| Benefit Snapshots | United Healthcare 2000/0% Plan | |
|--|---|---|
| | In Network | Out of Network |
| Preventive Care | Covered – 100% (No Copay) | Deductible, then 30% |
| Office Visit | \$25 Copay | Deductible, then 30% |
| Specialist Visit | \$50 Copay | Deductible, then 30% |
| Urgent Care | \$75 Copay | Deductible, then 30% |
| Emergency Room | \$250 Copay | \$250 Copay |
| Chiropractic <i>20 visits / member / year</i> | \$25 Copay | Deductible, then 30% |
| Prescription Drug Coverage <i>Note: Out of network pharmacy benefit is not covered. Talk to Corporate Benefit Solutions if you are going to an out of network pharmacy.</i> | Generic: Brand Name: Non-Preferred Brand: Specialty: | \$10 Copay \$35 Copay \$60 Copay \$100 Copay |
| 90 Day Supply at Pharmacy | 2.5x the Copay for Generic and Brand | |
| Annual Deductible | \$2,000/member; \$4,000/two or more members | \$4,000/member; \$8,000/two or more members |
| Coinsurance <i>After Deductible is Met</i> | 0% (for most covered services) | 30% (for most covered services) |
| Coinsurance & Deductible Max | \$2,000/member; \$4,000/two or more members | \$10,000/member; \$20,000/two or more members |
| Annual Out of Pocket Max <i>Includes all Copays, Coinsurance & Deductible</i> | \$5,000/member; \$10,000/two or more members | \$10,000/member; \$20,000/two or more members |



HEALTH BENEFITS: OPTION 3

UNITED HEALTHCARE PPO 4000/20% PRIMARY ADVANTAGE

| Benefit Snapshots | United Healthcare 4000/20% Plan | |
|--|--|--|
| | In Network | Out of Network |
| Preventive Care | Covered – 100% (No Copay) | Deductible, then 50% |
| Office Visit | \$0 Copay | Deductible, then 50% |
| Specialist Visit | \$100 Copay | Deductible, then 50% |
| Urgent Care | \$50 Copay | Deductible, then 50% |
| Emergency Room | \$250 Copay, then 20% | \$250 Copay, then 20% |
| Chiropractic <i>20 visits / member / year</i> | 20% | Deductible, then 50% |
| Prescription Drug Coverage <i>Note: Out of network pharmacy benefit is not covered. Talk to Corporate Benefit Solutions if you are going to an out of network pharmacy.</i> | Generic: \$0 Copay Brand Name: \$50 Copay Non-Preferred Brand: <u>\$250 Deductible</u> , then \$100 Copay Specialty: <u>\$250 Deductible</u> , then \$250 Copay | |
| 90 Day Supply at Pharmacy | \$0 for Generic and 2.5x the Copay for Brand | |
| Annual Deductible | \$4,000/member; \$8,000/two or more members | \$10,000/member; \$20,000/two or more members |
| Coinsurance <i>After Deductible is Met</i> | 20% (for most covered services) | 50% (for most covered services) |
| Coinsurance & Deductible Max | \$6,500/member; \$13,000/two or more members | \$20,000/member; \$40,000/two or more members |
| Annual Out of Pocket Max <i>Includes all Copays, Coinsurance & Deductible</i> | \$6,500/member; \$13,000/two or more members | \$20,000/member; \$40,000/two or more members |

HEALTH BENEFITS: OPTION 4

UNITED HEALTHCARE CORE ESSENTIAL EPO HSA 6300 PLAN

| Benefit Snapshots | United Healthcare HSA 6300 Plan <i>In-Network Only</i> |
|--|---|
| Preventive Care | Covered – 100% (No Copay) |
| Office Visit | Deductible, then Covered 100% |
| Specialist Visit | Deductible, then Covered 100% |
| Urgent Care | Deductible, then Covered 100% |
| Emergency Room | Deductible, then Covered 100% |
| Chiropractic <i>20 visits / member / year</i> | Deductible, then Covered 100% |
| Prescription Drug Coverage | Deductible, then Covered 100% |
| Annual Deductible | \$6,300/member; \$12,600/two or more members |
| Coinsurance <i>After Deductible is Met</i> | 0% (for most covered services) |
| Coinsurance & Deductible Max | \$6,300/member; \$12,600/two or more members |
| Annual Out of Pocket Max <i>Includes all Copays, Coinsurance & Deductible</i> | \$6,300/member; \$12,600/two or more members |

HEALTH SAVINGS ACCOUNT (HSA)

YOU MUST ENROLL IN THE UHC HSA 6300 PLAN TO PARTICIPATE IN AN HSA!

- To set up your Health Savings Account, contact your local bank or credit union.
- You can use an HSA to set aside pre-tax money to pay for qualifying health expenses such as what you pay to meet your deductible. That can make a difference this year and, in the future, as you carry over any contributions you don't use.
- There is no "use or lose it" rule. You may use your contributions during the year or save them to use in future years. The money you deposit, and the earnings on your investments, is yours to keep and use on qualifying expenses.
- Your health savings can build over the years which means more money will be available for your future health expenses. The account is always yours, even if you leave the company.
- You can make contributions to your HSA through your bank account. Contributions to your HSA can be written off on your taxes as a direct line item.

You may **NOT** use an HSA if you:

- Use a medical plan that is not considered a qualified HSA plan.
- Are enrolled in Medicare benefits.
- Are claimed as a dependent on someone else's tax return.
- Have a spouse participating in a medical Flexible Spending account at another employer.
- Have received VA benefits within the last 3 months.

Note:

- If you wish to set up an HSA, it is your responsibility to establish your account through a local credit union or bank, as long as you are eligible.
- You **MUST** keep all receipts when using your HSA debit card or when you are reimbursed from your HSA account in the event that your taxes are audited by the IRS.
- You should **NOT** use your HSA funds for anything but a qualifying expense.

HSA Contribution Limits

| Family Tier | 2021 |
|-------------------|---------|
| Single | \$3,600 |
| 2 Person / Family | \$7,200 |

Age 55 and over "Catch-Up" contribution for Single/2 Person/Family is: \$1,000

FLEXIBLE SPENDING ACCOUNTS (FSA) BASIC

Don't miss out signing up for Medical Flexible Spending Accounts (FSA) at Open Enrollment!

Basic allows you to elect a certain dollar amount transferred from your pay into a special account to pay for qualified medical expenses as they occur.

- ❖ Money is deducted from your gross pay prior to taxable income calculations so you save by not paying the taxes on the amount you put aside.
- ❖ **Your Medical FSA is eligible to carryover up to \$550 into the next plan year.**
- ❖ **Important Items:**
 - You cannot participate in the Medical FSA if you're enrolled in an HSA Qualified Health Plan. You would still be eligible for a Dependent Care FSA

| FSA Type | Annual Contribution | Allowable Purchases |
|-------------|---------------------|---|
| Medical FSA | \$2,750 | Qualified Medical, Dental, & Vision Expenses |

Here's a Sampling of a few Medical FSA Eligible Items

| | | |
|--------------------|-----------------------------|----------------------------|
| Acne Treatments | Allergy Medicine | Athletic Braces & Supports |
| Diabetic Supplies | Contact Lenses | Copays |
| Deductibles | Laser Eye Surgery | Dental / Orthodontia |
| First Aid Supplies | Home Medical Equipment | Vision Care Expenses |
| Prenatal Vitamins | Pregnancy & Fertility Tests | Prescription Drugs |

Note: Over-the-counter medications (OTC) are only allowed as a reimbursable expense with a prescription or a letter of medical necessity from a doctor.

Note: Please keep copies of all your receipts. You may be asked to provide evidence for reimbursed claims.

Note: Employees signing up for an HSA medical plan are not eligible to enroll in the Medical FSA but are eligible for the Dependent Care FSA.

DEPENDENT CARE ACCOUNTS (DCA) BASIC

A Dependent Care Flexible Spending Account is a pre-tax benefit that allows reimbursement for qualified dependent care expenses. Qualified expenses include care for a dependent child under the age of 13 and care for your spouse or adult dependent who is physically or mentally unable to care for themselves.

How it works

Plan participants specify a certain dollar amount to contribute from their paychecks per pay period. The money is pre-tax, saving participants between 15%-40% for rendered services and lowering their overall tax liability. Unlike a Medical FSA, Dependent Care Accounts are a pay-as-you-go account, meaning funds are not advanced by the employer.

Important: Your Dependent Care FSA election will NOT rollover to the next plan year.

| FSA Type | Annual Contribution | Allowable Purchases |
|------------------------|---------------------|---|
| Dependent Care Account | \$5,000 | The Cost of Care of a Qualifying Person |

Here's a Sampling of a few Dependent Care FSA Eligible Items

| | | |
|----------------------------|--------------------------------|--------------------------------|
| Adult daycare | Before/after-school program | Babysitting in your home |
| Child daycare or day camp | Custodial elder care | Nursery school fees or tuition |
| Pre-school fees or tuition | Room and board for a caregiver | Senior day care |

Ineligible Expenses

If you pay for anything other than eligible expenses with your Dependent Day Care FSA, the amount will be taxable, and you will be required to repay the amount or pay an additional 20% tax penalty. Below is a partial list of ineligible expenses. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publications 503.

- Child care while performing volunteer work
- Nursing home care for dependent adults
- Educational, learning, or study skills services
- Meals, food, or snacks
- Medical care or expenses
- Field trips or sleep away camps
- Kindergarten/school tuition
- Household services
- Summer school

PREVENTIVE CARE BENEFITS

THIS APPLIES TO ALL MEDICAL PLANS

Be a smart healthcare consumer by getting a routine physical and taking advantage of other 100% covered services.

Covered Routine Preventive Care Services In-Network Include:

- ✓ Health Maintenance Exam
- ✓ Annual Gynecological Exam
- ✓ Pap Smear Screening (Lab services only)
- ✓ Routine Mammograms
- ✓ Well Baby and Child Exams
- ✓ Fecal Occult Blood Screening
- ✓ Childhood and Adult Immunizations
- ✓ Routine Colonoscopy
- ✓ Prostate Specific Antigen (PSA) Screening (Lab services only)
- ✓ Voluntary Female Sterilization
- ✓ Maternity Pre-Natal Care



All routine preventive care procedures must be billed as preventive care by your physician.

UNITED HEALTHCARE VIRTUAL DOCTOR VISIT



When to Use Virtual Care:

- Sinus and respiratory infections
- Colds, flu and seasonal allergies
- Minor burns, cuts and scrapes
- Skin rash
- Eye irritation or redness
- Sore throat
- Earache
- Vomiting
- Behavioral health (Therapy & Psychiatry)

The Cost:

- ***Your Applicable Plan's Office Visit Copay***

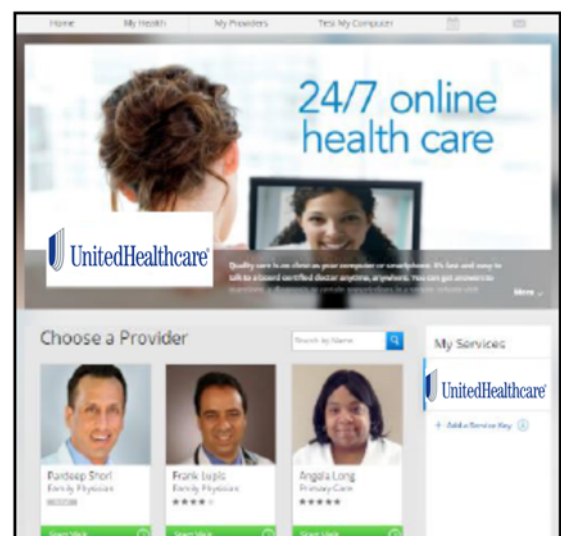
*Note:*¹ Not all states allow consultations and prescribing to be done online.

How it Works:

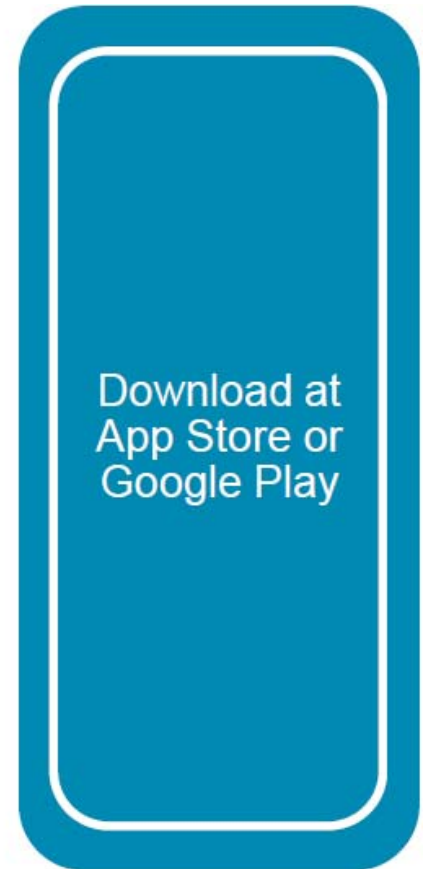
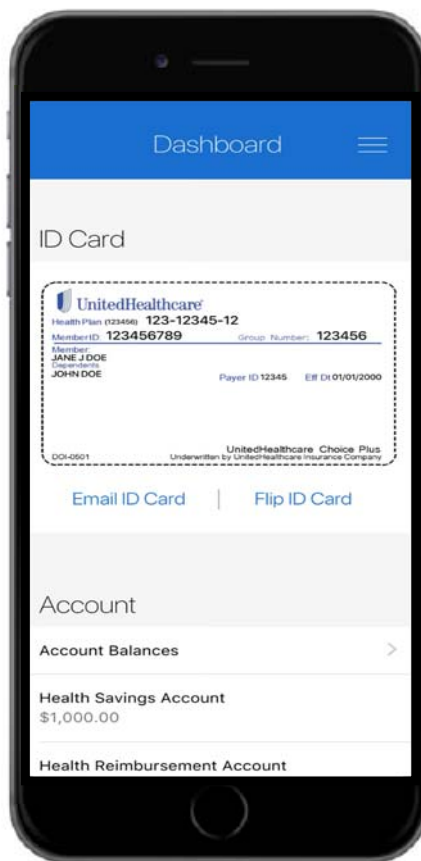
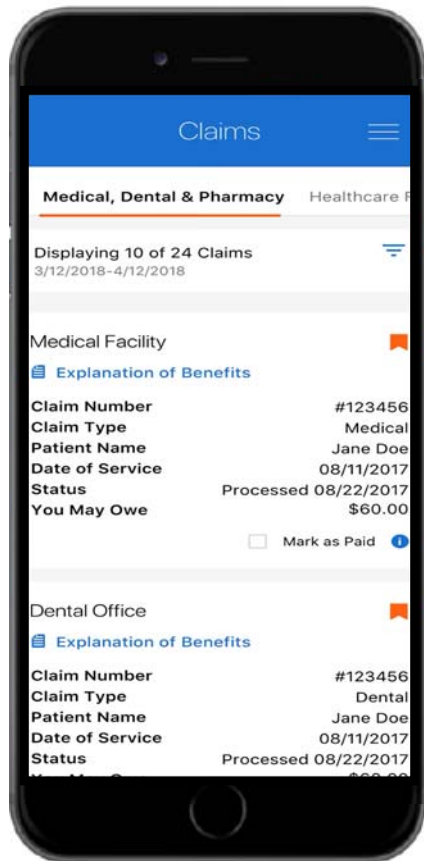
- Access anywhere – tablet, mobile, computer, kiosks
- Access to board-certified physicians
- Patient choice – No random doctor assignments
- Electronic prescribing¹
- Benefit integration & real-time eligibility

How to Access:

- Three ways to access:
 1. Log into or create a new member account at myuhc.com, click Virtual Visit to get started.
 2. Download the UnitedHealthcare mobile app. Log in with your member account credentials.
 3. For assistance call (877) 844-4999.



UNITED HEALTHCARE MOBILE APP



Key Features of App

| | |
|-----------------------------------|---|
| Check coverage details | Virtual ID Card |
| Review your claims | Review your deductible |
| Review your out of pocket maximum | Access your Explanation of Benefits |
| On-Demand help with your coverage | Search for nearby doctors, urgent cares & hospitals |

WELLNESS AND WEIGHT LOSS PROGRAMS

Rally Health Wellness Program

Rally makes it easy to make small changes, step by step

Get started and you'll get a custom-created program designed to help you live healthier.

- See your Rally age – start by taking a health survey to see your Rally age – a measure of your overall health.
- Accept your Missions – based on your Rally age, you'll get a list of easy, fun custom-picked missions to try – all designed to help you eat better, lift your fitness level and even improve your mood.
- Take on a Challenge – use the Rally app to track your activity and compete with other Rally members to earn extra rewards.
- Connect with a Coach – talk on the phone and work together to create a personalized healthy-living plan that works with your lifestyle.
- Enjoy the rewards – You'll earn Rally coins when you complete your missions, complete a challenge – or even just for logging in once a day. You can use the coins to enter to earn rewards for all that good work! It's a great way to experience the rewards of healthy living every day.

Real Appeal Weight Loss Program

Lose weight with Real Appeal!

Real Appeal is an online weight loss program available at no additional cost as part of your employee health benefits plan.

With Real Appeal you get:

- A Transformation Coach who leads weekly online group sessions.
- Online tools to help track your food, activity and weight loss progress.
- A Success Kit with food and weight scales, recipes, workout DVDs and more - shipped to your door.



Become a member for free at newstart.realappeal.com!

DENTAL

AMERITAS IN-NETWORK ONLY PLAN

| Covered Services: | Ameritas Classic PPO Network <i>In-Network Only Coverage</i> |
|---|--|
| Preventive Services | 100% |
| Basic Services | 80% |
| Major Services ¹ | 50% |
| Orthodontia <i>Up to Age 19 – Lifetime Max of \$1,000</i> | 50% |
| Annual Deductible <i>Waived for Preventive</i> | \$50/Member; \$150/Family |
| Waiting Period | None |
| Annual Maximum <i>Per Person per Year</i> | \$1,000 |
| Benefit Rollover Amount <i>Requires 1 annual visit. Eligible for benefit if you spend less than \$500 of your annual maximum per calendar year</i> | \$350 |
| Max Rollover Benefit Limit | \$1,000 Additional Benefit |
| Fusion Eye Care Benefit | Each member can use up to \$100 of their annual maximum towards any covered eye care expense |

Note:¹ For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Ameritas for predetermination *before* treatment begins.

DENTAL AMERITAS BUY-UP PPO PLAN

| Covered Services: | Ameritas Classic PPO Network | |
|---|--|------------------------------|
| | In Network | Out of Network ² |
| Preventive Services | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services ¹ | 50% | 50% |
| Orthodontia <i>Up to Age 19 – Lifetime Max of \$1,000</i> | 50% | 50% |
| Annual Deductible <i>Waived for Preventive</i> | \$50/Member; \$150/Family | \$50/Member; \$150/Family |
| Waiting Period | None | None |
| Annual Maximum <i>Per Person per Year</i> | \$1,000 | \$1,000 |
| Benefit Rollover Amount <i>Requires 1 annual visit. Eligible for benefit if you spend less than \$500 of your annual maximum per calendar year</i> | \$350 | \$250 |
| Max Rollover Benefit Limit | \$1,000 Additional Benefit | |
| Fusion Eye Care Benefit | Each member can use up to \$100 of their annual maximum towards any covered eye care expense | |

Note:¹ For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Ameritas for predetermination *before* treatment begins.

Note:² If you receive care that results in charges in excess of the 90th percentile of the usual and customary fee on the non-network side, you may be billed for the difference between the approved amount and the dentist's charge.

VISION EYEMED

EyeMed Insight Network

| | | | | | | | |
|--|---|---------------------------------|---------------------------------------|----------------------------|---|---|--|
| <u>Examinations</u> | Once Per Calendar Year | | | | | | |
| Exam Copay | \$10 Copay | | | | | | |
| <u>Lenses or Contacts</u> | Once Per Calendar Year | | | | | | |
| Contact Lenses | \$0 copay up to \$150 Allowance; <i>15% Off Balance Over \$150 Allowance</i> | | | | | | |
| Plastic Lenses | \$25 Copay <i>For Single Vision, Bifocal, Trifocal, & Lenticular</i> | | | | | | |
| Lens Options | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>UV Treatment:</u> \$15 Copay</td> <td style="width: 50%;"><u>Std. Polycarbonate:</u> \$40 Copay</td> </tr> <tr> <td><u>Tinting:</u> \$15 Copay</td> <td><u>Std. Anti-Reflective:</u> \$45 Copay</td> </tr> <tr> <td><u>Std. Scratch Coating:</u> \$15 Copay</td> <td><u>Std. Progressive Lenses:</u> \$80 Copay</td> </tr> </table> | <u>UV Treatment:</u> \$15 Copay | <u>Std. Polycarbonate:</u> \$40 Copay | <u>Tinting:</u> \$15 Copay | <u>Std. Anti-Reflective:</u> \$45 Copay | <u>Std. Scratch Coating:</u> \$15 Copay | <u>Std. Progressive Lenses:</u> \$80 Copay |
| <u>UV Treatment:</u> \$15 Copay | <u>Std. Polycarbonate:</u> \$40 Copay | | | | | | |
| <u>Tinting:</u> \$15 Copay | <u>Std. Anti-Reflective:</u> \$45 Copay | | | | | | |
| <u>Std. Scratch Coating:</u> \$15 Copay | <u>Std. Progressive Lenses:</u> \$80 Copay | | | | | | |
| <u>Frames</u> | Once Every Other Calendar Year | | | | | | |
| Frame Copay | \$0 copay up to \$150 Allowance; <i>20% Off Balance Over \$150 Allowance</i> | | | | | | |
| <u>Laser Correction Surgery Discount</u> | Up to 15% off the usual charge or 5% off promotional price. | | | | | | |
| <u>Additional Pairs Benefit</u> | 40% off a complete pair of prescription eyeglasses and a 15% discount off non-prescription sunglasses. | | | | | | |
| <u>Freedom Pass¹</u> | <u><i>Only available at LensCrafters and Target Optical</i></u> Any frame, any brand at any price point for <u>no cost</u> | | | | | | |

Note:¹ A special offer from LensCrafters and Target Optical. Valid only on complete pairs of glasses, for each year of the initial contract term and in-store only. Member is still responsible for lenses, which are covered based on benefits outlined in the vision benefits and may include an additional copay.



IDENTITY THEFT NORTON LIFELOCK

Everyday activities like online shopping, banking, and even browsing can expose your personal information, making you more vulnerable to cybercrime.

LifeLock with Norton Benefit Plans combine leading identity theft protection and device security against online threats, viruses, ransomware and malware, at home and on-the-go. Let us help protect your identity, your devices and your online privacy, in an always connected world.

| Plan 1 – Benefit Essential Plan: Included Features: | | |
|---|---|---|
| LifeLock Identity Alert System | Payday – Online Lending Alerts | Credit Alerts & Soc. Sec. Alerts |
| LifeLock Mobile App | Dark Web Monitoring | LifeLock Privacy Monitor |
| USPS Address Change Verification | Lost Wallet Protection | Reduced Pre-Approved Credit Card Offers |
| Fictitious Identity Monitoring | Data Breach Notifications | Credit, Checking, & Savings Account Activity Alerts |
| 401K & Investment Account Activity Alerts | File Sharing Network Searches | Sex Offender Registry Reports |
| Online Account Monitoring | Prior Identity Theft Remediation | U.S. Based Identity Restoration Specialists |
| 24/7 Live Member Support | One-Bureau Credit Monitoring and Application Alerts | Stolen Funds Reimbursement (Up to \$1 Mil) |
| Personal Expense Compensation (Up to \$1 Mil) | Coverage for Lawyers and Experts (Up to \$1 Mil) | Norton Device Security (Up to 3 Devices) |
| Norton Online Threat Protection | Norton Password Manager | Norton Smart Firewall |
| Norton Parental Controls | Norton Cloud Backup (up to 10 GB) | Norton SafeCam Protection (For PC Only) |

| Plan 2 – Benefit Premier Plan: All Features Included Above, Plus: | | |
|---|---|--|
| Checking & Savings Account Application Alerts | Bank Account Takeover Alerts | Three-Bureau Credit Monitoring |
| Three-Bureau Credit Application Alerts | Three-Bureau Annual Credit Report | Three-Bureau Credit Score |
| One-Bureau Monthly Credit Score Tracking | Norton Device Security (Up to 5 Devices) | Norton Cloud Backup (up to 50 GB) |

You must elect coverage for yourself in order to elect coverage for your spouse and/or dependents. These pages are intended as a brief overview only – actual coverage may differ. Refer to plan documents for complete details and contractual provisions, including exclusions and limitations.

ACCIDENT INSURANCE UNUM

Accident insurance coverage is designed to help you meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic.

- Benefits are paid directly to you based on the amount of coverage listed in the schedule of benefits. (See Schedule of Benefits found online for details)
- Pays regardless of workers compensation, medical coverage, or any other insurance you may have.
- Benefits available regardless of health – no health questions asked.
- **\$50 annual health screening benefit for each covered individual.**
 - *Benefit can be claimed telephonically by calling: (800) 635-5597*
- Covers a wide variety of injuries and accident-related expenses such as:
 - On and off the job coverage (24/7 coverage)
 - \$1,000 hospital admission benefit
 - \$300/day hospital confinement (Up to 365 days)
 - Dislocations and fractures covered
 - No limit on number of accidents the policy covers
- Benefit dollars may be used to help replace:
 - Lost wages
 - Medical bills
 - Meals
 - Child care
 - Travel
 - Any other living expense
- Plan is 100% portable – you may take your plan with you if you leave your job and be billed directly.
- Level premiums – rates do not increase with age



CRITICAL ILLNESS UNUM

Lump-sum, tax free benefits paid directly to the insured based upon initial diagnosis of a covered critical illness listed below.

- **Coverage Amounts Available:**
 - Employee:** \$10,000 to \$30,000 (10k Increments)
 - Spouse:** 50% of employee amount
 - Child(ren):** 50% of employee amount
- Benefits available regardless of health – **Guaranteed issue amounts of \$30,000 for employee and \$15,000 for spouse and/or child(ren) during the initial enrollment.**
- Pre-existing Condition Limitation- 12 months before and 12 months treatment free after. See plan certificate online for more information.
- Waiting Period: Newly eligible will have to wait 30 days after their effective date before coverages are active.
- Rates are age banded and will increase over time.
- **\$50 annual health screening benefit for each covered individual.**
 - *Benefit can be claimed telephonically by calling: (800) 635-5597*
- The plan is portable! You may take your plan with you if you leave your job and be directly billed.

Covered Critical Illnesses

| | | |
|-------------------------------------|------------------------|--------------------------|
| Major Coronary Artery Disease (50%) | Stroke | Coma |
| Minor Coronary Artery Disease (10%) | Heart Attack | Loss of Hearing |
| Loss of Sight, Hearing, or Speech | Major Organ Transplant | Infectious Disease (25%) |
| Occupational HIV or Hepatitis | Skin Cancer (\$500) | Dementia |
| Invasive Cancer | Benign Brain Tumor | Permanent Paralysis |
| Non-Invasive Cancer (25%) | ALS | Parkinson's Disease |
| End Stage Renal Failure | Functional Loss | Multiple Sclerosis |

Additional Covered Conditions for Dependent Children

Cerebral Palsy, Cleft Lip or Palate, Cystic Fibrosis, Down Syndrome, & Spina Bifida

PET DISCOUNT PLAN TOTAL PET PROGRAM

Pet Benefit Solutions offers a pet benefit plan that will help save you money on all your pet care needs! For one price, you will receive the following pet services:



Discounted Pet Products, Prescriptions and Preventatives

- Members-only pricing (up to 50% off) on products pet owners are already buying for their pets.
- Includes prescriptions, preventatives, food, toys, treats, and more.
- Shipping is always free and same-day pickup is available for most human-grade prescriptions.

View available products and pricing at petplusbenefit.com.



Veterinary Discount Plan

- 25% savings on all in-house medical services at participating vets, no exclusions.
- Covers a pet in member's home regardless of age, health or type of pet.
- Instant savings, no claim forms or waiting for reimbursements.

Visit petbenefits.com/search to locate a participating vet.



24/7 Pet Help Line

- Access real-time support, even when the vet office is closed.
- Reduce unnecessary vet visits.
- Call, chat, or e-mail a US-based veterinary expert 24 hours a day.
- Unlimited support on health, wellness, behavior, and more



Lost Pet Recovery Service

- Lost pet 24/7 recovery service for an animal in the member's home.
- Durable tag can be scanned from any smart phone to access members contact information.
- Instantly update contact information online, even after the pet goes missing.

Once enrolled, you will receive a welcome letter and email with instructions on how to use your plan benefits!

LIFE & DISABILITY INSURANCE

ONEAMERICA

Voluntary Employee Benefits (Taxable)

Life and AD&D Insurance
(Pricing Available Online)

- Benefit Amounts:
 - Employee: \$10,000 increments up to 5x annual earnings (Max: \$500,000)
 - Spouse: \$5,000 increments up to a max of \$250,000, not to exceed 50% of employee's election amount.
 - Spouse coverage premium is based on employee's age. Coverage terminates at age 70.
 - Child(ren): \$10,000.
- Guaranteed Issue: (One-time Offering, No Medical Questions Asked)
 - Employee: \$150,000
 - Spouse: \$25,000
 - Child(ren): \$10,000
 - *Note: For guaranteed issue spouse/child life coverage, a delayed effective date may apply. Please see plan summary for details.*
- Age Reduction Schedule Applies – The Benefit Will Reduce By:
 - 35% at Age 70; 50% at Age 75

Short Term Disability

(Pricing Available Online)

Note: Only off job accidents are covered

- Choose your benefit amount: Choose from \$200/week - \$1,500/week, in \$100/week increments not to exceed 60% of your weekly earnings.
- **One-time offering: Coverage is available with no medical questions asked. Please note, the pre-existing condition clause stated below will apply.**
- Coverage begins on 1st day for accident; and 8th day for illness
- Payable for up to 13 weeks
- Pre-Existing Condition: 3 months before, 12 months after

Long Term Disability

(Pricing Available Online)

- Choose your benefit: Choose from \$200/month - \$6,000/month, in \$100/month increments not to exceed 60% of your monthly earnings.
- **One-time offering: Coverage is available with no medical questions asked. Please note, the pre-existing condition clause stated below will apply.**
- Coverage begins on the 91st day
- Payable for up to your Social Security Normal Retirement Age
- Pre-Existing Condition: 3 months before, 12 months after

EMPLOYEE ASSISTANCE PROGRAM ONEAMERICA - COMPSYCH



Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your Guidance-Resources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how Guidance-Resources can help you and your family deal with everyday challenges.

Confidential Counseling – 3 Face to Face Sessions at No Cost

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- Stress, anxiety and depression
- Relationship / marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

GuidanceResources[®] Online – Knowledge at your fingertips

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments.
- “Ask the Expert” personal responses to your questions.
- Child care, elder care, attorney and financial planner searches.

Call Anytime!

Phone: (855) 387-9727 **Website:** www.guidanceresources.com

Your company Web ID: **ONEAMERICA3**

EMPLOYEE ASSISTANCE PROGRAM ONEAMERICA - COMPSYCH

Financial Information and Resources – *Discover your best options*

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Retirement planning
- Credit card or loan problems
- Estate planning
- Tax questions
- Saving for college

Free Online Will Preparation – *Get peace of mind*

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify your wishes for your property
- Provide funeral and burial instructions

Legal Support and Resources – *Expert info when you need it*

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Real estate transactions
- Debt and bankruptcy
- Civil and criminal actions
- Landlord / tenant issues
- Contracts

Work-Life Solutions – *Delegate your “to-do” list.*

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources.

- Child and elder care
- College planning
- Moving and relocation
- Pet care
- Making major purchases
- Home repair

Call Anytime!

Phone: (855) 387-9727 **Website:** www.guidanceresources.com

Your company Web ID: **ONEAMERICA3**

TRAVEL ASSISTANCE

ONEAMERICA – GENERALI GLOBAL ASSISTANCE

Providing you peace of mind when traveling

Emergencies happen, but help is now only a phone call or email away. Generali Global Assistance® offers a suite of services to help you in your time of need — from small inconveniences like losing your medication to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home on a trip that lasts 90 days or less for business or pleasure. It also extends coverage to your spouse, domestic partner and children, even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance services: Medical and dental referral to assist in finding physicians, dentists and medical facilities.

Replacement of medication or eyeglasses that have been lost or stolen, with guarantee of reimbursement by you.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

Visitation with a family member or a friend if you are traveling alone and must be hospitalized for at least seven days or are listed as in critical condition.

Dependent children assistance in the event you are hospitalized, including payment for their trip home and a qualified escort to accompany them.

Traveling companion assistance in the event they must cancel their travel arrangements due to medical emergencies.

Emergency evacuation in the event you must be transported to a medical facility or home under medical supervision.

Repatriation or cremation of remains in the event of death while traveling.

Trip interruption to arrange alternate transportation and accommodations necessary due to a medical emergency.

Emergency medical payment to cover medical and dental care expenses in the case of sudden, unexpected illness or injury during your trip, with guarantee of reimbursement by you.

Personal Assistance Services Include:

- Pre-trip informational services
- Language interpretation
- Location or replacement of lost or stolen items
- Emergency cash
- Emergency travel arrangements
- Legal assistance
- Emergency message relay
- Vehicle return
- Pet return



For assistance call:

(866) 294-2469

(248) 330-1509

Or email ops@europassistance-usa.com

When contacting Generali Global Assistance, be prepared to provide:

- The name of your employer
- A phone number where you can be reached

CUSTOMER SERVICE CONTACT INFORMATION

- 1) Please review the benefit plan descriptions & coverages under the documents section online.
- 2) For all benefit issues, make an initial call to the appropriate customer service number listed below. Have your insurance ID card ready as well as related bills, receipts and other correspondence, before you call. Note the date & time of each telephone call, including the name of each person you speak with & the information you are given.
- 3) If you have any questions after you have spoken with the customer service department at the appropriate insurance company, contact one of the people listed below for further assistance.

| Name | Contact Info | |
|--|--|---|
| Fred Elias Corporate Benefit Solutions | (248) 290-0250, Ext 33 Fred@corporatebenefitsolutions.net | |
| Michelle Schutte Corporate Benefit Solutions | (248) 290-0250, Ext 17 Michelle@corporatebenefitsolutions.net | |
| Coverage | Phone Number | Website |
| <u>Health</u> UnitedHealthcare | (866) 414-1959 | www.myuhc.com <i>Mobile App Available</i> |
| <u>Dental</u> Ameritas | (800) 487-5553 | www.ameritas.com |
| <u>Vision</u> EyeMed | (866) 939-3633 | www.eyemed.com |
| <u>Life/AD&D and Disability Insurance</u> OneAmerica | Life: (800) 553-3522 Disability: (855) 517-6365 | www.oneamerica.com |
| <u>Identity Theft</u> LifeLock | (844) 698-8640 | www.lifelock.com |
| <u>Accident and Critical Illness</u> UNUM | (800) 635-5597 | www.unum.com |
| <u>FSA</u> BASIC | (800) 444-1922 | www.basiconline.com |
| <u>Pet Discount Plan</u> Total Pet Plan | (800) 891-2565 | www.petbenefits.com |
| <u>Employee Assistance Program (EAP)</u> OneAmerica | ComPsych: (855) 387-9727 Travel: (866) 816-2103 | www.guidanceresources.com |

ONLINE ENROLLMENT

HOW TO ENROLL ONLINE

REMEMBER! YOU MUST GO ONLINE TO ENROLL, OR YOU WILL NOT HAVE BENEFITS FOR THE PLAN YEAR.

The enrollment platform is mobile compatible. Be sure you are connected to a secure network when using the system, as your accounts contain personal information on you and any covered family members.

How to Log In – First Time Users

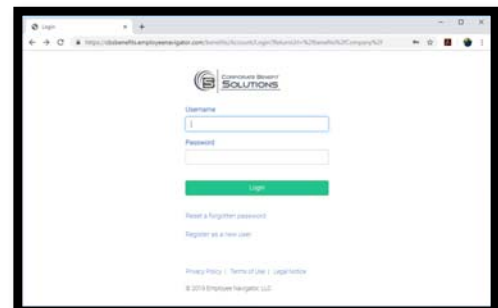
- 1) Go to:
www.corporatebenefitsolutions.net
- 2) Click on “Benefits Login” at the right corner of the page.
- 3) Click on “Register as a new user”
- 4) Enter in the following information:
 - First Name
 - Last Name
 - Company Identifier (**BOM-LLC**)
 - Last 4 Digits of SSN
 - Birth Date
- 5) Follow the onscreen prompts and complete your enrollment.

IMPORTANT: *Save your email and password in a secure location once you are logged in. The email you enter will be used in the event you forget your password.*

Helpful Tips

- **If you do not remember your user ID and/or password** use the “Forgot Password” link or contact Fred at Corporate Benefit Solutions for assistance at (248) 290-0250, Ext 33.
- Follow and read all important notices and instructional information on each page.
- If applicable, be sure to add your spouse and any dependents you wish to cover on each plan.
- Use the cart on the right to budget your elections.
- Click the “Save and Continue” button to advance.
- Click on “Plan Documents” for detailed summaries & information.

Benefits Login Page



IMPORTANT! You must e-sign by clicking “Click Here to Sign” at the END of the enrollment or you will not be enrolled!

REGULATORY INFORMATION

Behavioral Outcomes Management LLC (Employer) has prepared the “The Behavioral Outcomes Management LLC Welfare Benefit Plan” (referred to as the “Plan”) to comply with various disclosure requirements mandated by law, and to clarify administrative procedures and eligibility conditions for the Employer’s health and welfare benefit plans. Other plan documents and materials prepared by us or our insurers and vendors (referred to as “Benefits Guide”) provide specific descriptions of covered and excluded benefits, as well as a description of the terms and conditions to receive such benefits. Although we highlight below a number of rights and benefits, you should carefully review the Plan and the Benefits Guide to fully understand your legal rights and benefits. These documents or for more information about any of the rights explained below, are available by contacting the Plan Administrator, Attention Human Resources, Behavioral Outcomes Management LLC, 210 Town Center Dr, Troy, MI 48084.

Employer reserves the right to modify and/or discontinue the benefits it provides, the premium amounts it pays, eligibility rules and other provisions for any of its employee benefit programs, for any reason at any time. In the event of a conflict in language or interpretation between these open enrollment materials, and the official plan documents (i.e. the Plan and Benefits Guide), the terms of such official plan documents will control. Because the employee benefit programs may change or be amended from time to time, you should always check with Human Resources for current information.

CONTINUATION OF COVERAGE (COBRA)

Consolidated Omnibus Budget Reconciliation Act (COBRA) is a Federal law requiring most group health benefit plans to offer employees and their families the opportunity to temporarily extend their health care coverage beyond the date on which their health care coverage would normally terminate.

Contact Human Resources if you or your spouse or dependent children lose group health coverage due to the occurrence of a COBRA Qualifying Event, which may include your termination or reduction in hours of employment, death, divorce, no longer satisfying dependent eligibility conditions, etc. Under the law, the employee or the family member is responsible for informing the Human Resource department of any family status change (e.g. divorce or attaining the limiting age) within 60 days of the event. Otherwise, COBRA rights will be lost.

For more information about COBRA and to see a list of events eligible for COBRA, please refer to the General/Initial COBRA Notice as well as the Plan, which are posted on the online enrollment system.

NOTICE OF PRIVACY PRACTICES

Employer is committed to protecting your health information. To learn how your medical information may be used and disclosed and how you can get access to this information, please refer to the “Notice of Privacy Practices” which is attached as an Appendix to the Plan.

SUMMARY OF BENEFITS AND COVERAGE

You will receive a Summary of Benefits and Coverage (“SBC”) explaining the Medical Plan options available to you as part of these enrollment materials. A copy of the SBC also will be available on the online enrollment system.

REGULATORY INFORMATION

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 requires that health plans cover post-mastectomy reconstructive breast surgery if they provide medical and surgical coverage for mastectomies. Specifically, health plans must cover:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of all stages of mastectomy, including Lymphedemas.

Benefits required under the Women's Health and Cancer Rights Act will be provided in consultation between the patient and attending physician. These benefits are subject to the health plan's regular copays and deductibles.

NEWBORNS AND MOTHERS HEALTH PROTECTION NOTICE

Group health plans generally may not, under federal law, restrict benefits for any hospital length of stay for the mother or newborn child in connection with childbirth to less than 48 hours following a vaginal delivery or 72 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending health care provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours, if applicable). In any case, the Health Plan will not require a provider to obtain authorization from the Health Plan for prescribing a length of stay of 48 hours (or 96 hours, if applicable) or less.

SPECIAL ENROLLMENT EVENTS

You may have the right to enroll in the medical and other benefit plans during Special Enrollment periods, including when you lose coverage under another group health plan, Medicaid or State Children Health Insurance Programs, or when you acquire a new dependent.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. For more information, please refer to the full CHIPRA Notice attached as an Appendix to the Plan that is posted on the online enrollment system.

PATIENT PROTECTION NOTICES

If the Plan provides for or requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our 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 the participating primary care providers, contact the Plan Administrator. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to 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 the Plan Administrator.

REGULATORY INFORMATION

HEALTH INSURANCE MARKETPLACE NOTICE

The state in which you reside has a website, called the Health Insurance Marketplace, where you can buy medical insurance directly from insurance companies.

The marketplace offers “one-stop shopping” to find and compare medical insurance options for you and your family. Open enrollment for the marketplace begins November 1, 2021 and ends December 15, 2021. You may buy health insurance for yourself and your family members from your state’s marketplace.

However, if you and your dependents are offered medical coverage through the Employer’s Plan, Employer pays a portion of the cost of that coverage, so you may not find less expensive coverage through your state’s marketplace. Also keep in mind that the contributions you and Employer make to the cost of coverage in the Plan are made with pre-tax dollars that are not subject to income tax. If you buy health insurance through your state marketplace, you will pay for it with after-tax dollars.

Also, except for unusual circumstances, you will not be eligible for federal premium assistance (explained below) to help pay the cost of a marketplace policy whenever the Plan meets government “minimum value” and “affordability” standards.

A federal tax credit that lowers the monthly premium of an individual health insurance policy purchased from the Marketplace is available to families with incomes between 100% and 400% of the federal poverty level. If you are employed and your income is at this level, you and your family members are eligible for premium assistance if one of the following applies:

- Your employer does not offer health coverage to you at all,
- Your employer offers you coverage but it does not meet the federal government’s “minimum value standard”, or
- Your employer’s health plan is not “affordable” for you, meaning the cost of single coverage (that is, coverage for just you, not you plus your family members) is more than 9.83% of your household income for the year.

For more information about available benefits and your premium costs under the Plan, please contact the Plan Administrator identified above.

For more information about the Marketplace, go to www.healthcare.gov and select your state’s marketplace website. You may be asked for information about the Plan which can be found online or by contacting the Human Resources Department.

COPIES OF NOTICES

As an alternative to viewing plan materials online, you may request printed copies of any notices, Plan, Benefits Guide or other plan material by contacting the Human Resources Department.

Corporate Benefit Solutions assists in setting up and administering your company's benefit programs.

While we assist you and your plan administrator with your employee benefits, we are not an insurance company or benefits provider.



CORPORATE BENEFIT SOLUTIONS LLC

5750 New King Drive, Suite 310

Troy, MI 48098

Phone: 248-290-0250

Fax: 248-530-4777

To learn more about Corporate Benefit Solutions, please visit our website at: www.corporatebenefitsolutions.net