



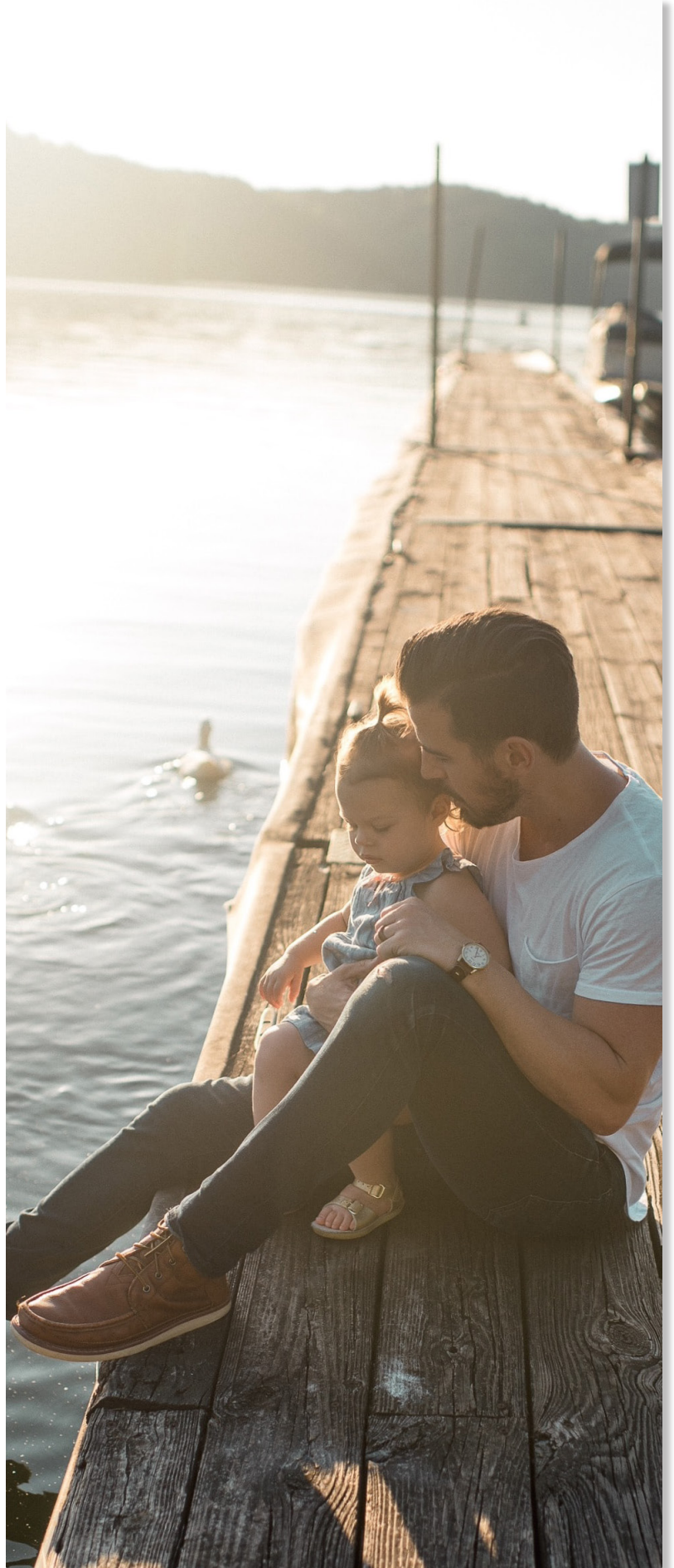
2022-2023 Team Member Benefits



CLS is committed to providing you with a comprehensive benefits program that helps you and your family lead healthy, productive, balanced lives.

At CLS we strive to provide our Team Members with a competitive benefit package. Each year, we work to understand what that looks like for the coming year – balancing trends with best practices and the claims we experience. We also try to make sure the benefits we offer are cost effective for CLS and our Team Members.

Part of your responsibility is to be an informed consumer of benefits – particularly your health care benefits – because they can have the most impact on your finances and CLS. We provide you with education, tools and resources to help you understand what benefits are available and how you can make the most of them. Using these resources to help you make informed choices will help you manage your finances now and in the future.



Open Enrollment

This guide provides an overview of the benefits CLS offers. If you have any questions about how these benefits may impact you, contact the Keyser Client Advocate Service or CLS Human Resources. Detailed information about each benefit is available through the Employee Resource Center at myapps.paychex.com.

Each year, CLS has an open enrollment period, which allows us to evaluate our plan offerings, employer contributions and other plan design details, and provide you with the opportunity to make changes to your benefit elections. For 2022–2023, enrollment will be done online with Paychex Flex. After open enrollment, you can use Paychex Flex to learn about your benefits and make changes to your elections and covered dependents if you experience a life event or status change.

The online system is available 24 hours a day, 7 days a week. It is secure and your personal information is protected. Access the system at myapps.paychex.com.

Call the CLS Benefits Center at 877.645.4342 between 8:30 a.m. and 11 p.m. CST for technical support or with questions about your benefits.

Remember to have your primary care physician information and dependent information (dates of birth and Social Security numbers) available when you enroll.

Enrollment Changes

As long as you remain eligible, your benefit elections will be in place until March 31, 2023. However, you may make mid-year changes if you have a qualifying event. Examples of qualifying events that allow you to change some of your benefits during the year are:

- Marriage or divorce
- Birth, adoption or change in the custody of a child
- Death of your spouse or dependent child
- A change in the employment status of a spouse impacting your benefit eligibility
- A change in a dependent's status (due to age or eligibility for medical coverage through his/her own employer)
- A reduction in the number of hours worked that falls below 30 hours per week on average

If you have a qualifying event, **you must change your benefits within 30 days of the event.** If you do not make a change within 30 days, you must wait until the next open enrollment period. Please contact CLS Human Resources for more information.



Keyser Client Advocate Service

Our benefits partner is Keyser. One of the most valuable services they provide is their Client Advocate Service, which gives you and anyone covered by your insurance **free, unlimited access** to people who are knowledgeable about the specific benefits we offer and can help with:

- Claim questions
- Claim audits
- Plan dispute resolution
- Benefit questions
- ID card replacement
- Health care plan questions
- How to locate a physician
- Prescriptions
- More

Keyser Client Advocates are available 24 hours a day, 7 days a week, 365 days a year at 877.381.3570 or myadvocate@keyseragency.com.

Medical & Prescription **Blue Care Network**

Medical and prescription drug coverage are the most widely used benefits we offer you and your family. The chart provides a summary of your 2022-2023 plan options. If you have any questions, please contact Blue Care Network at **800.662.6667** or visit **bcbsm.com**. You also may contact a Keyser Client Advocate at **877.381.3570** or **myadvocate@keyseragency.com**.

Benefit Summary		
	Enhanced Plan	Standard Plan
Deductible	Individual \$1,000 Family \$2,000	Individual \$3,000 Family \$6,000
Coinsurance Maximum	Individual \$2,500 Family \$5,000	Individual \$2,500 Family \$5,000
Coinsurance (Plan Pays)	80%	80%
Out-of-Pocket Maximum	Individual \$8,150 Family \$16,300 <i>Includes Deductible, Copays and Coinsurance</i>	Individual \$8,150 Family \$16,300 <i>Includes Deductible, Copays and Coinsurance</i>
Wellness/Preventive Care Services	100% covered	100% covered
Primary Care Office or Online Visit	\$20 per visit	\$30 per visit
Specialist Office Visit	\$40 per visit	\$50 per visit
Routine Prenatal & Postnatal Care Visits	\$20 per visit	\$30 per visit
Delivery and Nursery Care	100%	100%
Urgent Care	\$50 per visit	\$60 per visit
Emergency Room	\$250 copay	\$250 copay
Lab/Pathology Tests	80% after deductible	80% after deductible
Diagnostic Tests/X-rays	80% after deductible	80% after deductible
Prescription Copays	Value/Generic \$4/\$15 copay Brand Name Formulary \$40 copay Brand Name Non-Formulary \$80 copay Specialty Formulary 20% (maximum \$200) Specialty Non-Formulary 20% (maximum \$300) Mail Order/90 Day Supply 3x copay minus \$10	Value/Generic \$4/\$15 copay Brand Name Formulary \$40 copay Brand Name Non-Formulary \$80 copay Specialty Formulary 20% (maximum \$200) Specialty Non-Formulary 20% (maximum \$300) Mail Order/90 Day Supply 3x copay minus \$10

Telemedicine **Blue Cross Online Visits**

You're eligible for this benefit if you are enrolled in the medical plan. When you use Blue Cross Online Visits, you have access to **online medical and behavioral health services** from wherever you are. You and your covered family members can see and talk to a **doctor for minor illnesses** such as a cold or when a primary care doctor isn't available.

How to Connect

Mobile Download the BCBSM Online Visits app

Web bcbsmonlinevisits.com

Phone 844.606.1608

Keyser Client Advocates are available to help with non-medical questions **877.381.3570** or **myadvocate@keyseragency.com**.



Telemedicine Copays	
Enhanced	\$20
Standard	\$30

Tools & Resources **Blue Care Network**

These tools can help you better understand your health benefits and provide ways for you to maintain and improve your health. They're easy to use, interactive and designed to help you make more informed health decisions, and provide access to online programs and services to help you live the healthiest life possible.

Blue Care Network Member Site

The Blue Care Network member site makes it easy for members like you to manage your health care online. Once you log in to your account at **bcbsm.com**, you'll find a personal snapshot of useful plan information. You'll also be able to keep track of your deductibles, maximums and copays; look up your coverage for specific health care services; view your claims history; find a doctor; and view your Explanations of Benefits (EOBs). You'll also find information about special savings through member discount programs like Healthy Blue Xtras®, Blue365® and daily coupons. If you're not already signed up, you can register in just a few minutes at bcbsm.com. If you need help, you can contact a Keyser Client Advocate anytime at **877.381.3570** or **myadvocate@keyseragency.com**.

Blue Care Network Mobile App

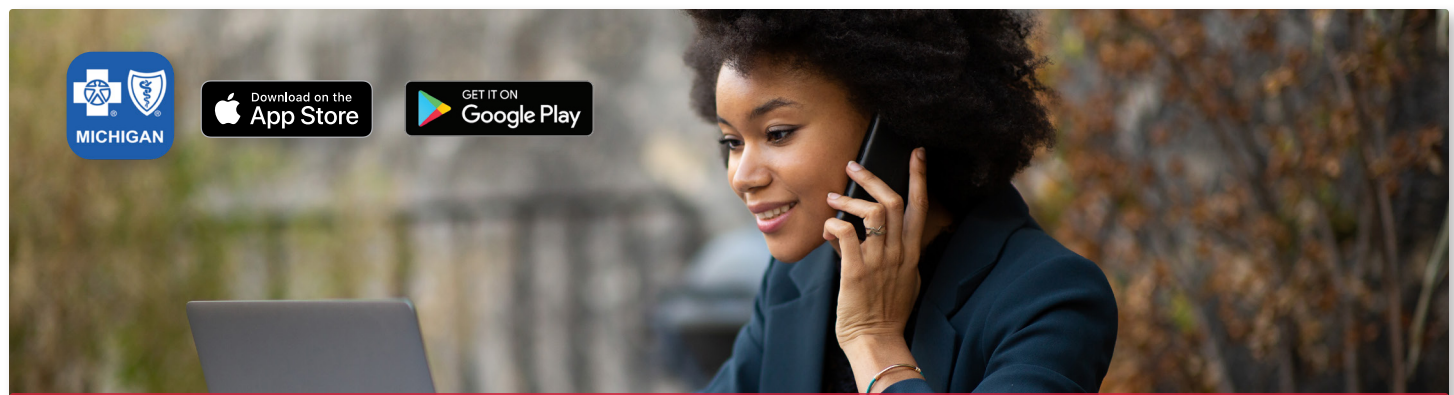
The Blue Care Network mobile app provides tools and features that help you access information and make informed decisions from the convenience of your mobile device. From seeing where you stand with your deductible and out-of-pocket balances, to reviewing service claims, to finding the best doctor or place to go for treatment, the app can give you the information you need, whenever you need it, wherever you are.

Blue365®

BCN members can score big savings on a variety of health-related products and services from businesses in Michigan and across the United States. They have plenty of deals to keep you and your family healthy. Member discounts with Blue365 offers exclusive deals on things like:

- **Fitness and wellness** Health magazines, fitness gear and gym memberships
- **Healthy eating** Cookbooks, cooking classes and weight-loss programs
- **Lifestyle** Travel and recreation
- **Personal Care** Lasik and eye care services, dental care and hearing aids

To cash in on discounts, show your BCN ID card at participating local retailers or use an offer code online to take advantage of these savings. For a full list of discount offers, log in or register at **bcbsm.com** and click Member Discounts with Blue365® on your home page. You can also conveniently access discounts on the go with the Blue Cross mobile app.



Benefit from your benefits!

Use these tools and resources, available at no additional cost to you as part of your health care benefits, to help you get the most from your coverage.

Know before you go

Information about health care treatment options available to you

Medical care can be expensive. The cost of services can be more or less depending on how or where you seek treatment. Our goal is to help you be an educated, informed health care consumer, so we provide this information about the health care options that may be available to you. However, when all is said and done, you need to choose the care you're most comfortable with.

1

Telemedicine

What it is

Our telemedicine provider is Blue Cross Online Visits (see page 7). When you choose telemedicine, you'll use email, phone or video to talk with a provider about your medical concern.

When you should use it

Telemedicine is a good time and money saving option when your medical concern isn't an emergency. It's good for things like allergies, sinus problems, cold and flu symptoms, respiratory infections, pink eye or urinary tract infections, to name a few.

2

Primary Care

What it is

Primary care is the medical care you receive from your "regular" doctor. Your primary care provider might also be a physician assistant or nurse practitioner.

When you should use it

If telemedicine isn't the right option for your medical concern, and it's not a medical emergency, we suggest you make an appointment with your primary care provider. You should see your primary care provider for yearly check ups, which are usually free under health insurance plans, and for ongoing treatment of long-term health conditions.

3

Urgent Care

What it is

An urgent care facility is typically the right treatment option when your concern can't be addressed using telemedicine or your primary care provider isn't able to offer a timely appointment.

When you should use it

If your symptoms need to be treated right away, but are not life-threatening, urgent care medical professionals are equipped to respond to medical issues like simple fractures or sprains, mild asthma, animal bites, minor cuts or burns, dehydration, nose bleeds, and vomiting, to name a few.

4

Emergency Room

What it is

Emergency Rooms (sometimes called the Emergency Department) are always open and offer quick access to a range of specialists. This high level of care typically makes it the most expensive option you can choose.

When you should use it

You should always go to the emergency room if your symptoms are life-threatening. This isn't a complete list, but other serious medical issues that may require emergency attention include confusion, head injury, spinal injuries, severe chest pain, seizures, drug overdoses, coughing blood, shortness of breath, abdominal pain, sudden vision changes, uncontrollable bleeding, severe vomiting and/or diarrhea, or severe burns.

NEW!

Prescription Savings **Blue Care Network**

If you're taking a specialty or high-cost medication regularly, you may be paying hundreds of dollars each time you get a refill. That can make it hard to afford your medicine, even though you know how important it is to take it as your doctor ordered.

How Blue Care Network Helps

Blue Care Network's free high-cost drug discount program helps you find and take advantage of manufacturer copay assistance programs that significantly lower your out-of-pocket costs for expensive medications. You may even pay nothing for your medicine. You'll never pay more than your usual copay.

How it works

1. BCN identifies all members who are taking a qualifying medication.
2. BCN's vendor, **PillarRx**, will send you introductory information and then call you to help you enroll.
3. A PillarRx rep will explain how the program works and answer your questions.
4. PillarRx sends all the information needed for your discount to your pharmacy.

BCN takes care of the rest — you don't need to do anything except enjoy the savings.

If you have questions about your copay assistance at any time, call PillarRx at **636.614.3126**. You also can contact a Keyser Client Advocate at **877.381.3570** or myadvocate@keyseragency.com.

**EVEN
MORE**

Prescription Savings **Clever RX**

Clever RX is a state-of-the-art, money-saving tool that can save you up to 80 percent off prescription drugs and often beat your insurance copay.

How is this different than PillarRx?

PillarRx is a BCN program designed specifically for specialty and high-cost drugs. Clever RX is not part of BCN and you can use it to for drugs not eligible for PillarRx.

Why use Clever RX when you have insurance?

Even with the best insurance plan, some drugs may not be covered. Clever RX can help you save on those. Also, you don't have to use your insurance if the Clever RX price is better — in other words, if the Clever RX price for a covered drug is cheaper than your copay, you can use Clever RX instead. You just can't use Clever RX vouchers and your insurance at the same time.

Where is Clever RX accepted?

Clever RX is accepted at top pharmacies nationwide, including CVS, Walgreens, Rite Aid and Walmart.

Ready to get started? Here's what to do.

- Download the **Clever RX app**. Enter **3004** for Group and **1248** for Member.
- Enter your **zip code**. Clever RX will show you which pharmacies near you offer the lowest price.
- **Click the voucher that's right for you**. TIP: Take a screenshot for easy access at the pharmacy.
- **Show the onscreen voucher to the pharmacist** when you pick up your medication.

Health Insurance Definitions

Whether you're new to the workforce, close to retirement or somewhere in between, health insurance terminology can be confusing. Knowing these terms will help you understand your coverage and how it affects your finances.

Premium

What is it?

The cost of your insurance.

Who pays it?

Usually you and your employer share the cost. The amount you pay is deducted from your paycheck.

Deductible

What is it?

The amount paid for covered health care expenses before your insurance begins to pay.

Who pays it?

You. Before your deductible is met, when you go to the doctor (for something other than covered preventive care), you'll have to pay at the time of service or be sent a bill. It depends on the provider's policies and procedures. Usually the cost of preventive care services does **not** count toward your deductible.

Coinsurance

What is it?

A fixed percentage paid for a medical service or prescription after your deductible has been met.

Who pays it?

Most of the time, you and the insurance company split the cost. For example, after your deductible is met, if you go to the doctor or fill a prescription, the insurance company will pay a certain percent of the bill, and you'll pay the rest. Percentages vary by plan. Yours will be specified in your plan documents.

Copay

What is it?

A fixed amount paid for a medical service or prescription. Not all plans have a copay. If yours does, your plan documents will say so.

Who pays it?

You. You'll pay a copay anytime you go to the doctor or fill a prescription — before and after your deductible is met.

Does it count toward my deductible?

No, but it does count toward your out-of-pocket maximum.

Out-of-Pocket Maximum

DEDUCTIBLE + COINSURANCE + COPAYS

What is it?

The most you'll ever have to pay in a year for covered medical expenses. Anything you pay for your deductible, copays and coinsurance applies to this amount. Your premium does not count towards this amount. Generally, if you reach your out-of-pocket max, the insurance company will cover 100 percent of any additional eligible medical expenses.

100% PAID FOR BY CLS!

Employee Assistance Program **Guardian**

Our comprehensive WorklifeMatters Employee Assistance Program, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics, such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

EAP Consulting Services

- **Telephone Counseling** Unlimited, 24/7 consultations with master's and doctoral-level counselors.
- **Face-to-face Counseling** Up to 3 visits per Team Member/household member per year .
- **Bereavement Counseling** Support available through telephone or face-to-face sessions; online resources available on EAP website.
- **Tobacco Cessation Coaching** Unlimited telephone support and resources to assist with quitting smoking; refers you directly to the American Lung Association's Quit program.
- **EAP Website Resources** Website that includes articles, videos, FAQs, etc. Additionally, you can chat online with an EAP Consultant or email an EAP Counselor through the website.
- **College Planning Resources** Expert help in finding the right college that fits your child academically, socially and financially. Provided by College Planning USA.

Work/Life Assistance Resources

- **WorkLife Services** Unlimited 24/7 access to Worklife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities.
- **Child and Elder Care Referral** Unlimited telephone consultation with a Worklife Specialist (part of Worklife Services).
- **Team Member Discounts** Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more.

- **Webinars, Podcasts, Articles and FAQs** Various topics available on the EAP website.

Legal/Financial Assistance and Resources

- **Legal Consultation** Unlimited telephone support and free initial 30-minute face-to-face consultation with an attorney, includes a 25 percent discount on attorney services after that; online legal forms; extensive online law library.
- **Financial Consultation** Unlimited telephone support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators.
- **ID Theft** Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online.
- **Will Prep** Online self-service documents available on EAP website; 30-minute consultation (part of Legal Consultation offering) can be used for estate planning or will preparation.
- **Legal Document Preparation** Online self-service documents available on the EAP website.
- **Tax Consultation** Tax questions only can be answered as part of the Financial Consultation offering.
- **Online Self-Service Documents** Examples include, but are not limited to: living trust, will, power of attorney and deeds.

How to Connect

lbhworklife.com

User Name WorkLife

Password 70101

Phone 800.386.7055

Available 24 hours a day,
7 days a week.



Voluntary Dental **Delta Dental**

You may elect voluntary dental coverage through Delta Dental via its Delta Dental PPO network. Coverage is also available through the Delta Dental Premier network and non-participating dentists, but your out-of-pocket costs will be less if you use a Delta Dental PPO network provider. To locate a participating provider in the dental plan, visit deltadentalmi.com or call **1.800.524.0149**. **If you elect this benefit, you pay the full cost.**

Dental Benefit Summary	Delta Dental
Diagnostic and Preventive CLASS I	100%
Basic Services CLASS II	80%
Major Services CLASS III	50%
Annual Maximum CLASS I, II AND III	\$1,200 per person per calendar year
Orthodontia CLASS IV	No Coverage
Waiting Period	12 months for Major Services (Class III) for New Enrollees
Deductible	\$0
Out of Pocket Maximum	None
Network	Delta Dental PPO

Team Member Contribution Per Pay		
	Per Weekly Pay 52 PAYS PER YEAR	Per Weekly Pay Bi-Weekly Pay 26 PAYS PER YEAR
Team Member Only	\$7.18	\$14.35
Team Member + One	\$13.80	\$27.60
Team Member + Family	\$24.48	\$48.97



Voluntary Vision **Ameritas/EyeMed**

You may elect voluntary vision coverage through Ameritas via the EyeMed Insight network. Call **866.804.0982** or visit **eyemed.com** to locate a participating provider. **If you elect coverage through Ameritas/EyeMed, you pay the full cost.**

CLS Team Members and their families may participate in the **Rx Optical Vision Advantage Program** through Keyser Insurance Group. **There is no other cost to you to participate.** When you participate in the program, you will receive a discount on services and items purchased (glasses and/or contacts). To find an Rx Optical location, visit **rxoptical.com**.

Rx Optical Vision Advantage Program Details

- **Group** Keyser Agency
- **Membership Number** KYS3759 / Plan 321

Vision Benefit Summary	Ameritas EYEMED INSIGHT NETWORK	Rx Optical Vision Advantage Program
Exam	\$10 copay	20% discount
Exam Frequency	Once every 12 months	No limit
Standard Lenses	\$25 copay	Single Vision Plastic \$50
Progressive Lenses	See benefit summary for copays	Progressive Plastic \$156
Medically Necessary Contact Lenses	Covered in Full	Savings available on all contact lens purchases. Ask your optician for details.
Elective Contact Lenses	\$130 allowance	Savings available on all contact lens purchases. Ask your optician for details.
Lenses/Contact Lenses Frequency	Once every 12 months	No limit
Standard Frames	\$130 allowance	10% to 45% off depending upon frame selection
Frames Frequency	Once every 24 months	No limit

Vision benefits reset 12 months from the last time used. For example, if your last eye exam was on May 5, 2021, your next eye exam must be May 6, 2022 or later.

	Team Member Contribution Per Pay	
	Per Weekly Pay 52 PAYS PER YEAR	Per Weekly Pay Bi-Weekly Pay 26 PAYS PER YEAR
Team Member Only	\$1.29	\$2.58
Team Member + One	\$2.41	\$4.82
Team Member + Family	\$3.64	\$7.27

Flexible Spending Account **BASIC**

CLS offers two different FSAs that enable you to pay for qualified expenses with pre-tax dollars: a Health Care FSA and a Dependent Care FSA. The Health Care FSA can be used to pay for qualified medical expenses (including dental and vision) for you and your eligible dependents. The Dependent Care FSA can be used to pay for qualified child and/or elder care expenses.

The Details

- All Team Members who participate in the medical plan are eligible to participate in this benefit. However, it's important to know that **you can't participate in a Health Care FSA and a HSA at the same time.**
- Team Members may elect up to \$2,850 for their Health Care FSA and may rollover \$570.
- Team Members may elect up to \$5,000 if single or \$2,500 if married and the Team Member and spouse both contribute to a Dependent Care FSA.
- FSA debit cards are available for your convenience.

Health Care FSA

Eligible expenses include most medical expenses (including vision and dental) not already covered by your insurance. See **Publication 502** on **irs.gov** for a list of eligible expenses.

Remember, FSAs are “use it or lose it,” so when you’re considering how much to put in your Health Care FSA, ask yourself:

- How much do you expect to pay for health care expenses (including vision and dental) out of your own pocket?
- Do you have predictable, non-covered medical expenses (including vision and dental) that you pay out of your own pocket?
- Do you expect that your health care expenses may exceed plan limits?

Dependent Care FSA

Generally, eligible **dependent care** expenses include day care for dependents under age 13 that allows you (and your spouse, if you're married) to work or attend school full-time. See **Publication 503** on **irs.gov** for eligible dependent care expenses.

When you're considering how much to put in your Dependent Care FSA, ask yourself:

- Do you use dependent care for your children (under 13) or other qualified dependent relatives so you (or you and your spouse) can work? You can also use the Dependent Care FSA if the care is needed because you work full-time and your spouse is a full-time student.
- Will your children (under age 13) attend eligible daytime summer camp or before-school or after-school activities?
- Would you save more money with the Federal Dependent Tax Credit? Consult a tax advisor about which account is best for you, or contact the IRS at **irs.gov** or **800.TAX.FORM**.

Need more information?

For more information, call BASIC at **800.444.1922** or visit **basiconline.com**.

Financial Protection Benefits **Guardian**

These benefits are provided through Guardian. The chart provides a snapshot of the income protection benefits available to you and questions to consider before you enroll. For more details, visit myapps.paychex.com or contact a Keyser Client Advocate at **877.381.3570** or myadvocate@keyseragency.com.

Benefit Plan	Benefit Description
<p>Long Term Disability CLS provides this benefit at no cost to you.</p>	<p>Full-Time Team Members 60% of monthly earnings to maximum amount. <i>See HR for details.</i> Elimination Period 90 Days. Benefit Duration To normal Social Security retirement age—reductions at age 62.</p>
<p>Voluntary Life/AD&D Insurance You pay the cost of this benefit.</p>	<p>Team Member Benefit Up to \$300,000 increments of \$10,000. Spouse Benefit Up to 100% of the Team Member election in increments of \$5,000 to maximum of \$250,000. Child Benefit Up to \$10,000 in increments of \$2,000. Evidence of Insurability is required for anyone who elects any level of coverage after initial eligibility, or for Team Members who elect more than \$100,000 or spouses who elect more than \$25,000. Team Member must enroll to elect coverage for spouse and/or dependents</p>
<p>Voluntary Short-Term Disability You pay the cost of this benefit.</p>	<p>Team Member Benefit 60% of your weekly pay to a maximum of \$1,000 per week on the eighth day of an illness or off-the-job accident. Benefit Duration Benefits are payable for up to 13 weeks. Late Entrants Must wait 6 months to file a claim. Evidence of Insurability Required only for existing Team Members who elect coverage after initial eligibility. Pre-Existing Conditions For <u>new hires only</u>, any injuries or illnesses existing in the three months before coverage begins will not be covered in the first 12 months of coverage.</p>
<p>Voluntary Accident Your cost for this benefit per weekly pay: Team Member \$3.06 Team Member + Spouse \$4.71 Team Member+ Child \$4.88 Family \$6.53 Your cost for this benefit per bi-weekly pay: Team Member \$6.12 Team Member + Spouse \$9.42 Team Member+ Child \$9.75 Family \$13.05</p>	<p>Provides cash for out-of-pocket expenses associated with off-the-job accidental injury. Ambulance \$200 ground / \$1,000 air Emergency Room \$200 Hospital Admission \$1,000 Hospital Stay \$250 per day for up to one year Covered Accidents/Injuries Fractures, dislocations, other injuries, burns, broken teeth/dental care, surgical, diagnostic, concussions, follow-up care, transportation and lodging, and dismemberment. <i>This is just a small sampling of covered accidents. Please see plan documents for the complete list.</i></p>
<p>NEW!! Voluntary Critical Illness You pay the cost of this benefit. NEW!!</p>	<p>Team Member Benefit Up to \$20,000 Spouse Benefit Up to \$20,000 Child Benefit Up to \$10,000 (child benefit included in Team Member election) Pre-Existing Injuries existing in the three months before coverage begins will not be covered for the first 12 months of coverage Covered Illnesses Invasive cancer, heart attack, stroke, organ failure, kidney failure, heart failure, ALS, coma, loss of speech, sight or hearing, Parkinson's Disease, benign brain tumor, Alzheimer's Disease, carcinoma in situ, coronary arteriosclerosis, Addison's Disease, Huntington's Disease, Multiple Sclerosis. <i>Coverage amounts vary. Please see plan documents for coverage amounts, a complete list of covered illnesses, and Team Member costs.</i></p>
<p>Voluntary Hospital Your cost for this benefit per weekly pay: Team Member \$4.43 Team Member + Spouse \$9.22 Team Member+ Child \$7.49 Family \$12.27 Your cost for this benefit per bi-weekly pay: Team Member \$8.86 Team Member + Spouse \$18.43 Team Member+ Child \$14.97 Family \$24.55</p>	<p>Provides cash benefits for out-of-pocket expenses associated with hospital stays for an illness or off-the-job injury. Hospital Admission \$1,000 Hospital ICU Admission \$1,000 Daily Hospital Confinement \$200 per day for up to 30 days Hospital ICU Confinement \$200 per day for up to 30 days Pre-Existing Injuries or illnesses existing in the three months before coverage begins will not be covered for the first 12 months of coverage <i>Please see plan documents for complete coverage details.</i></p>

Compliance Notices

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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). In addition, 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) 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' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact the Plan Administrator.

Newborns' and Mothers' Health Protection Act Notice

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).



Key Contacts

Contacts	Email / Website	Telephone
CLS Human Resources-Production Peter Sanchez	psanchez@clsimage.com	800.875.4636 x 7029
CLS Human Resources-All Others Dawn McMillen	dmcmillen@clsimage.com	269.365.8710
Employee Benefits Keyser 24.7.365 Client Advocate Service	myadvocate@keyseragency.com	877.381.3570
Medical & Prescription Blue Care Network	bcbsm.com	855.237.3501
Prescription Savings Blue Care Network/PillarRx	bcbsm.com	636.614.3126
Prescription Savings Clever RX	cleverrx.com/keyser Group 3004 Member 1248	888.879.7336
Employee Assistance Program Guardian	lbhworklife.com User Name WorkLife Password 70101	800.386.7055
Dental Delta Dental	deltadentalmi.com	800.524.0149
Vision Ameritas/EyeMed Insight Network	eyemed.com	866.804.0982
Flexible Spending Account BASIC	basiconline.com	800.444.1922
Financial Protection Benefits Guardian	guardianlife.com	888.482.7342



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