

ENROLLMENT GUIDE



2023-2024

Scan the QR Code to login to Employee Navigator





CONTENTS & CONTACTS

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IMPORTANT CONTACTS					
PLAN	CONTACT	PHONE	WEBSITE/EMAIL		
MEDICAL/RX	Blue Cross Blue Shield	(877) 790-2583	www.bcbsm.com		
MEDICAL/RX	Blue Care Network	(800) 662-6667	www.bcbsm.com		
DENTAL	Delta Dental	(800) 524-0149	www.deltadentalmi.com		
VISION	EyeMed	(888) 362-7463	www.eyemed.com		
LIFE & DISABILITY	Guardian	(888) 600-1600	www.guardiananytime.com		
FLEXIBLE SPENDING ACCOUNT	TASC	(800) 422-4661	www.tasconline.com		
HEALTH SAVINGS ACCOUNT	Health Equity	(866) 346-5800	www.healthequity.com		
VOLUNTARY BENEFITS	Colonial	(800) 325-4368	www.coloniallife.com		
BENEFIT ADVOCATE	Wilshire Benefits Group	(844) 870-2010	advocate@wilshirebenefits.com		

ENROLLMENT & ELIGIBILITY

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections unless you or your family members experience an eligible "qualifying life event."

- Attend an open enrollment information session to learn about this year's benefit offerings and ask any questions you may have.
- Complete your enrollment on Employee Navigator. You can access Employee Navigator by scanning the QR code on the front of this guide or by visiting https://www.employeenavigator.com/benefits/Account/Login
- Be prepared. If you are adding a new dependent you must submit proof of eligibility such as a marriage license, birth certificate, adoption/legal guardian papers, etc. including social security numbers and dates of birth to Human Resources. Upon authorization, you will add the dependent into Employee Navigator.
- Your new benefit elections will be effective July 1 or after completion of your new hire waiting period.

DEPENDENT ELIGIBILITY

ELIGIBLE:

- Legally married spouse
- Natural or adopted children/stepchildren up to age 26, regardless of status, student or marital (some exclusions may apply)
- Children under your legal guardianship
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for

INELIGIBLE:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

QUALIFYING LIFE EVENT

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the year if you experience a qualifying life event. As with a new enrollee, you must login to Employee Navigator to make changes. This must be done within 30 days of the change or you will be considered a late enrollee and you may not be eligible.

Examples of qualifying life event:

- · You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage (60 day notification)
- Significant increase or decrease in plan benefits or cost

^{**}If you are to terminate employment with Summit Management Consulting, your last day of coverage will be your last day of employment. For example, if your last day of employment is 5/10, your first day without coverage will be 5/11.

COMMON INSURANCE TERMS

Before you enroll, here are some common terms you need to know and understand.

Premium/Contribution

The cost you pay to participate in the employer health plan. Your premium is separate from your deductible and out-of-pocket maximum.

Copays

A fixed dollar amount you pay for healthcare services, such as doctor's visits, urgent care, or emergency room services. Copays track toward your out-of-pocket maximum, but do not apply towards the deductible.

Deductible

The amount you pay for certain covered healthcare services before your insurance plan starts to pay on your behalf.

Coinsurance

The percentage of a covered healthcare service you pay after the deductible is satisfied.

Out-of-pocket Maximum The most you will pay for eligible healthcare services in one year. Copays, deductible, and coinsurance expenses track towards meeting your out-of-pocket maximum. Once the out-of-pocket maximum is met, your health plan pays 100% of the costs for covered benefits (with some exceptions).

Preventive Care

Routine healthcare services like check-ups, immunizations, and screenings for adults, women, and children paid by your insurance.

PREVENTIVE CARE

Preventive care services are those that are linked to routine wellness exams and screenings. Non-preventive services are those that are considered diagnostic or treatment for an illness, injury, or other medical condition.

Preventive care is covered at 100% in-network. The US Preventive Service Task Force maintains a list of preventive services that all Health Care Reform compliant plans should cover at 100% for in-network providers.

If you go in for a preventive screening and a condition is found, it is no longer preventive and will be billed as Diagnostic (and not covered at 100%).

Common Preventive Services

- Routine physical exam
- Well baby and child care
- Immunizations
- Bone density tests
- Cholesterol screenings
- Mammograms
- Pap smears/pelvic exams
- Colonoscopies

- Prostate test
- Screenings for HIV and HPV
- Breastfeeding supplies
- Contraceptive drugs and devices



MEDICAL/RX

The table below gives a summary of the in-network Medical coverage. All covered services are subject to medical necessity as determined by the plan. Seeking services from an out-of-network provider will result in higher cost-sharing obligation. Refer to the benefit summary for more detailed plan coverage. HMO plans do not have out-of-network coverage except for emergency services.

Medical Plans	Blue Care Network	Blue Cross Blue Shield				
In-Network	HMO \$1,500	PPO \$2,500	PP0 \$3,000	PPO HSA \$3,000		
Deductible Year	July 1 - June 30					
Network Name	BCN HMO	BCBSM PP0	BCBSM PP0	BCBSM PP0		
Deductible	\$1,500/\$3,000 (Embedded)	\$2,500/\$5,000 (Embedded)	\$3,000/\$6,000 (Embedded)	\$3,000/\$6,000 (Embedded)		
Coinsurance	20%	20%	20%	20%		
Coinsurance Maximum	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	N/A		
Out-of-Pocket Max	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$6,900/\$13,800		
Office Visit	\$20 copay	\$30 copay	\$30 copay	20% after deductible		
Virtual Visit	\$20 copay	\$30 copay	\$30 copay	Covered 80% after deductible		
Specialist Visit	\$40 copay (when referred)	\$50 copay	\$50 copay	20% after deductible		
Preventive Visits	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%		
Chiropractic Visits	\$40 copay (30 visits) (when referred)	\$30 copay (12 visits)	\$30 copay (12 visits)	20% after deductible (12 visits)		
Urgent Care	\$50 copay	\$60 copay	\$60 copay	20% after deductible		
Emergency Room	\$250 after deductible	\$250	\$250	20% after deductible		
Inpatient/Outpatient Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible		
PCP Required	Yes	No	No	No		
HSA Compatible	No	No	No	Yes		
	Pre	scription Drug Cove	rage			
Drug List	Custom	Custom	Custom	Custom		
Generic (Preferred/Non-preferred)	\$4 copay / \$15 copay	\$10 copay	\$20 copay	\$20 copay after deductible		
Brand (Preferred/Non-preferred)	\$40 copay / \$80 copay	\$40 copay / \$80 copay	\$60 copay / 50% (\$80-\$100)	\$60 copay / 50% (\$80-\$100) after deductible		
Specialty (Preferred/Non-preferred)	20%-\$200 / 20%-\$300	\$40 copay / \$80 copay	20%-\$200 / 25%-\$300	20%-\$200 / 25%-\$300 after deductible		
Semi-Monthly Employee Contributions						
Single	\$71.72	\$68.86	\$39.02	\$28.19		
Employee + Spouse	\$143.44	\$137.72	\$72.83	\$56.38		
Employee + Child(ren)	\$129.09	\$123.95	\$67.63	\$45.11		
Family	\$193.64	\$185.93	\$104.04	\$78.93		

^{*}Employees with a spouse who is working and eligible for benefits through his/her employer and declines their employer benefits will be charged a spousal surcharge of \$100 per pay (\$200 monthly).

Embedded Deductible: All individuals deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

DENTAL & VISION

The table below gives a summary of the dental and vision coverage offered. It is recommended to use an in-network provider. Using an out-of-network provider will result in higher cost-sharing obligation and potential to balance bill you for the difference between the insurances allowable amount and provider billed amount. Refer to the benefit summary for more detailed plan coverage.

DENTAL - Delta Dental					
Benefit Description	Tier 1 - Delta PP0	Tier 3 - Non-Network			
Deductible	\$50/\$150				
Preventative Services	100% 100% 100%				
Basic Services	100% after deductible	80% after deductible	80% after deductible		
Major Services	60% after deductible	50% after deductible	50% after deductible		
Orthodontics	50%	50%	50%		
Dental Maximum-Annual		\$1,000			
Orthodontia Maximum-Lifetime		\$1,000			
Sem	ni-Monthly Employee C	ontributions			
Single		\$4.25			
Family		\$12.30			
	VISION - EyeN	1ed			
Benefit Description		In-Network			
Network		Insight			
Exam Frequency	Once per 12 months				
Lenses Frequency		Once per 12 months			
Contact Lenses Frequency	Once p	per 12 months (In lieu of ler	nses)		
Frames Frequency		Once per 12 months			
Exam Copay		\$10			
Lenses Copay		\$25			
Frame Allowance	\$130				
Contacts Allowance	\$130				
Contact Lenses Fitting Copay					
Semi-Monthly Employee Contributions					
Single	\$3.85				
Employee + Spouse	\$7.32				
Employee + Child(ren)	\$7.71				
Family	\$11.33				

LIFE INSURANCE

Life Insurance is an important benefit that will protect your family by helping to cover expenses that your loved ones may be left with in the event of your passing. The company provides a Life and Accidental Death and Dismemberment (AD&D) insurance policy to all full-time eligible employees, at not cost.

You also have the opportunity to purchase additional term life and AD&D insurance for yourself, spouse, and child(ren). If you should ever leave the Company, you may be able to continue your policy directly with the carrier. In order to elect spousal and child life insurance, you must elect Voluntary Life and AD&D insurance coverage for yourself.

Basic Life/AD&D - Guardian					
Benefit Description					
Benefit Amount 1x Annual Base Salary up to \$50,000					
Additional Benefits Employee Assistance Program (EAP)					
Voluntary Life/AD	Voluntary Life/AD&D - Guardian				
Benefit Description					
Employee Increments	\$10,000				
Employee Maximum	\$300,000				
Employee Guarantee Issue	\$100,000*				
Spouse Increments	\$5,000				
Spouse Maximum	100% of Employee Benefit up to \$250,000				
Spouse Guarantee Issue	\$25,000*				
Child(ren) Increments	\$5,000				
Child(ren) Maximum	100% of Employee Benefit up to \$10,000				
Child(ren) Guarantee Issue	\$10,000				

Make sure to update your beneficiary designation each year.

^{*}You may elect the guarantee issue amount without medical questions if you are a new hire or newly eligible. Anything over this amount will be subject to a medical questionnaire (Evidence of Insurability).

DISABILITY

PROTECTING YOUR PAYCHECK

When life takes an unexpected turn, we want you to focus on recovery instead of worrying about paying your bills. To help prevent financial hardship, our short-term disability plan allows you to receive a percentage of your pay while you are unable to work due to a non work-related accident or illness.

Short Term Disability - Guardian Benefit Description Accident Elimination Period 7 Days Illness Elimination Period 7 Days Benefit Percentage 60% Maximum Weekly Benefit \$750 Benefit Duration 12 Weeks



FLEXIBLE SPENDING ACCOUNTS

A SIMPLE WAY TO SAVE

Take advantage of significant tax savings by participating in a flexible spending account (FSA). You can elect to have a portion of your paycheck contributed pre-tax to pay for qualified medical expenses such as deductibles, co-payments, dental and vision, or to pay for qualified dependent care. We partner with TASC for your FSA administration.

HEALTH CARE FSA

Funds from a healthcare FSA can be used for qualified expenses including medical dental, vision, deductibles, co-payments and coinsurance. For a full list of qualified expenses allowed by the IRS see Publication 502. With healthcare FSAs, the entire amount is available on the first day of the health plan year. You don't have to wait for your payroll contributions to accumulate before paying your expenses with your FSA.

DEPENDENT CARE FSA

A dependent care FSA enables you to set aside pre-tax dollars to pay for qualified dependent care expenses. Funds can be used to pay for day care, preschool, elderly care or other dependent care. To qualify for a dependent care FSA, the IRS requires that the dependent care is necessary for you or your spouse to work, look for work or attend school full-time.

CONTRIBUTION LIMITS

The current annual health care FSA pretax contribution limit is \$3,050. If you and your spouse each have a health care FSA, you can each contribute \$3,050.

The dependent care FSA limit is \$5,000 per household/family. If you and your spouse each have a dependent care FSA, you are limited to \$5,000 between the two of you.

HOW TO ENROLL IN AN FSA

First, decide if you want to enroll in a health care and/or dependent care FSA. Then, review your expenses from last plan year and think about what you expect this year. This will help you decide how much to contribute to a health care or dependent care FSA. Your employer will deduct your pretax contributions from your paycheck (in equal amounts during the plan year) and deposit into your FSA.

IMPORTANT FSA INFO

- FSA's have a use-it-or-lose-it rule. This
 means you forfeit any unused funds at the end
 of the plan year.
- Your FSA has a grace period rule that allows you up to 2 1/2 months after the plan year ends to incur expenses and submit them for reimbursement.
- You cannot change your contribution unless you have a change in status.
- Specific to a dependent care FSA, you can change your contribution if:
 - There is a change in your provider
 - There is a change in the cost for a provider (unless this provider is a relative)

HEALTH SAVINGS ACCOUNT

A health savings account (HSA) is like a 401(k) for healthcare. HSAs are tax-advantaged accounts that can accumulate interest and earn investment returns. The funds can be used to pay for qualified medical expenses today or can be saved for future expenses. The account is owned by you, is 100% vested from day one, and lets you build up savings for future needs. We partner with Health Equity for your HSA administration.

TRIPLE TAX ADVANTAGE

HSA's come with a triple tax benefit:

- 1. Reduces federal income taxes: When you contribute to an HSA directly from your paycheck, you reduce your federal income tax by the amount you deposit in your HSA. You are also able to contribute post-tax and claim that contribution when filing your taxes.
- 2. Tax-free interest: Your money earns interest while it is in the account and you do not pay taxes on the interest earned. Any gains on dollars invested in mutual funds are also tax-free.
- 3. Tax-free withdrawals: You never pay taxes on HSA withdrawals when used to pay for qualified medical expenses, including medical, dental, vision, and pharmacy expenses.

HSA ELIGIBILITY

To qualify for an HSA, you must be enrolled in an HSA-powered health plan and meet the following requirements:

- Have no other health coverage, such as a flexible spending account, military or VA benefits (see IRS Publication 969).
- Not be enrolled in Medicare.
- Not be claimed as a dependent on someone else's tax return.

HOW TO ENROLL IN AN HSA

First, enroll in an HSA qualified plan. You can fund your HSA through pre-tax payroll deductions or transfer money into your account. To take full advantage of tax savings and to build a reserve for the future, consider maximizing your contributions as set by the IRS.

CONTRIBUTION LIMITS

2023:

Single: \$3,850 Family: \$7,750

At age 55, an additional \$1,000 is allowed annually.

QUALIFIED MEDICAL EXPENSES

Qualified medical expenses are designated by the IRS. They include medical, dental, vision and prescription expenses. See IRS publication 502 for a list of specific examples. Some examples include:

- Acupuncture
- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- · Fertility enhancement
- · Hearing aids
- Lab work
- Medical supplies
- Physical exams
- Prescriptions
- Orthodontia
- Radiology
- Stop-smoking programs
- Surgery (non-cosmetic)
- Therapy
- And more...

VOLUNTARY BENEFITS

VOLUNTARY ACCIDENT INSURANCE

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from Colonial Life.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

VOLUNTARY CRITICAL ILLNESS

As an active employee, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Colonial Life.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough? Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

VOLUNTARY HOSPITAL INDEMNITY

No one can predict when a sudden medical expense could impact your way of life. Health insurance helps, but it doesn't cover everything.

If you're admitted to the hospital for a covered accident or covered sickness, or obtain other medical expenses, Colonial Life's hospital indemnity insurance, could potentially pay you a lump sum to help pay for out-of-pocket expenses.

BENEFIT ADVOCATE

Your Benefit Advocate is dedicated to helping you make the most of your benefits. Insurance can be difficult to understand, that's why we provide a dedicated phone and email line to answer your questions year round.

Your Benefit Advocate can help answer questions about your benefit options during open enrollment and questions that come up throughout the year.

Reach out to your benefit advocate for help with:

- Finding an in-network provider
- Questions on bills you receive from providers
- Claims you believe haven't paid correctly
- New ID cards
- Pharmacy or prescription issues
- Questions on how your benefits work
- Benefit coverage questions
- Benefit eligibility
- Employee Navigator questions
- And more

Your Benefit Advocate is available
Monday—Friday 8:30 AM—4:00 PM EST
advocate@wilshirebenefits.com
844-870-2010

ADDITIONAL INFORMATION

BCBSM/BCN How to Activate your Online Blue Cross Member Account

BCBSM/BCN Get the Blue Cross Mobile App

BCBSM/BCN Virtual Assistant

BCBSM/BCN Online Visits

BCBSM/BCN Finding Participating Doctors

BCN Making Referrals Easier to Understand

BCN Care When You Travel

BCBSM/BCN Blue365 Deals

Delta Dental Mobile App

Delta Dental Online Account

EyeMed Mobile App

Guardian Online Account

Guardian EAP

TASC Mobile App

TASC FSA Participant Benefits

Health Equity Health Savings Account (HSA)

know. compare. choose.

How to activate your online Blue Cross member account

Enjoy the convenience — and freedom — you get with your account:

- - Check your balance and coverage.
- \$≣
 - Track your claims and explanation of benefits statements.
- 🛵 Find care and look up costs.
- Get answers fast to questions about your plan with MIBlue Virtual AssistantSM, an interactive, automated chat feature.
- Show your member ID card, and order more when you need them.

Plus, you can get member discounts, health and well-being resources and more.

ACTIVATE YOUR ACCOUNT IN ONE OF THREE WAYS:

Go online.

- 1. Go to bcbsm.com/register and select Register Now.
- 2. Once your account is activated, you can set up one for each of your dependents.

Use our app.

- 1. Download the app from the App Store® or Google Play™ (search BCBSM).
- 2. Tap the app and then Register.

Text us.

Text **REGISTER** to **222764** to start setting up your account.*

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^{*}Message and data rates may apply. Visit bcbsm.com for our Terms and Conditions of Use and Privacy Practices.



know. compare. choose.

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Get the app.





Search BCBSM.

Or, text APP to 222764.

Get the Blue Cross mobile app

- Check your coverage, claims and balances.
- Show and share your plan's ID card.
- Find in-network care and compare costs.*
- Check hospital and doctor quality.
- Get answers fast to questions about your plan with the 24/7 support of MIBlue Virtual AssistantSM.

Your health care plan — at your fingertips.



*Cost estimates for certain services are available to most non-Medicare members.

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Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.





Medical and behavioral health

Convenient online care for body and mind

It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A doctor for minor illnesses such as a cold, flu or sore throat when their primary care doctor isn't available.
- A behavioral health professional or psychiatrist to help work through different challenges such as anxiety or grief.



For the whole family

Family members on your plan can also use online visits. Just add children younger than 18 to your account. Your spouse, and children 18 and over, should create their own accounts.

What's included in online visits

Medical care

Use it when you're traveling or at home with a sick child. Or when your primary care doctor isn't available.

Visits last about 10 minutes although the doctor will spend as much time as needed. You can see a doctor on demand or by appointment 24 hours a day, seven days a week.

Behavioral health care

Online visits give you more choices for behavioral health care. Talk to therapists and psychiatrists about life's challenges from the comfort of home.

Therapy visits

Therapists such as psychologists, licensed clinical social workers, marriage and family therapists and professional counselors use talk therapy.

Therapy is available to adults and children age 10 and older by appointment from 7 a.m. to 11 p.m. Visits typically last 45 minutes.

Psychiatry visits

Psychiatrists can make diagnoses and prescribe and manage medications.

Psychiatry is available to adults age 18 and over and visits are by appointment only. Extended hours during evenings and on weekends may be available. The initial visit usually lasts 45 minutes with 15 minute follow-up visits.

Prescriptions

Doctors may write prescriptions, if appropriate. They don't write prescriptions for controlled substances.

How does it work?

Fast and convenient

Sign up now

Mobile – Download the BCBSM Online VisitsSM app

Web - Visit bcbsmonlinevisits.com

Phone - Call 1-844-606-1608

Add your Blue Cross or Blue Care Network health care plan information.



See a doctor or therapist

- 1. Launch the online visits app or website, and log in to your account.
- 2. Choose a service: Medical, Therapy or Psychiatry.
- 3. Pick a doctor or begin a scheduled visit and enter your payment information.
- 4. Meet with the doctor or therapist online.
- 5. Get a prescription, if appropriate, sent to a local pharmacy.
- **6.** Send a visit summary to your primary care doctor or other health care provider at the end of your online visit.

Choose a doctor or therapist who's right for you

There are hundreds of doctors and therapists to choose from. They're all specially trained in online visits. You can read their profiles to learn more about them such as languages they speak and other experience.

Doctors have an average of 15 years practicing medicine and are U.S. board-certified. They have experience in areas such as pediatrics, family medicine and emergency care. Psychiatrists are board-certified in psychiatry or neurology.

The masters- and doctoral-level therapists are licensed and credentialed in the state where you're having a visit.

For questions about your online visits account or an online visit, call 1-844-606-1608, 24 hours a day, seven days a week.

Remember to coordinate all care through your primary care doctor. Blue Cross Online VisitsSM uses the American Well® technology platfo m and p ovider network, and is powered by American Well®. American Well® is an independent company that provides online visits for Blue Cross and BCN members.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم TTY:711 2583-469-877، إذا لم تكن مشتركا بالفعل.

如果您,或是您正在協助的對象,需要協助,您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員,請撥在您的卡背面的客戶服務電話;如果您還不是會員,請撥電話877-469-2583,TTY:711。

کی بیسلان کی بخت فید و به این میسلان کی بیسلان کی بیران کی بیسلان کی بیران کی بیران کی بیران کی بیران کی بیران کار کرد کرد کرد کرد کرد کرد کرد کر

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য লা হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号(メンバーでない方は877-469-2583, TTY: 711)までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: ocross-complaint@hhs.gov. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.



know. compare. choose.

When you need info about your plan fast – MIBlue Virtual AssistantSM is at your service

Sometimes you need quick answers to questions about your plan. What's covered under my plan? What's my copay? How do I find a doctor in my plan's network?

Ask MIBlue Virtual Assistant.

MIBlue Virtual Assistant is an interactive, automated chat feature available through your online Blue Cross member account. Get immediate 24/7 support to find the plan information you need.

Here's what it can do

EXECUTE: Log in to your online account*, or use our app, and select the Virtual Assistant icon.

MIBlue Virtual Assistant is ready to help you:



Find options for care.

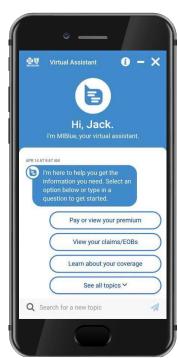
Search for doctors and hospitals.

🔜 Look up your copay, deductible and other balances.

Find a certain claim or referral.

Even use it to order another member ID card and update your paperless options.

No office hours. No waiting. No problem.



Log in to your account — and introduce yourself to MIBlue Virtual Assistant.

*To activate your account, go to **bcbsm.com/register** or text **REGISTER** to **222764**. Message and data rates may apply. Visit **bcbsm.com** for our *Terms and Conditions of Use* and *Privacy Practices*. Or for our app, go to **bcbsm.com/app**.

Why does "participation" matter?

Participating providers are doctors, hospitals, pharmacies and medical equipment companies that have signed contracts with Blue Cross® Blue Shield® of Michigan and Blue Care Network to provide services at negotiated rates, as part of their network.

- If you enroll in a PPO plan, you can see doctors in- or out-of-network, but you will spend less when you use participating (in-network) providers.
- If you enroll in an HMO, in most cases, you will only be covered when using a participating provider, and you will need to assign a participating primary care physician to coordinate your care.

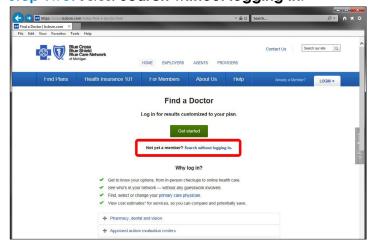
Locating Participating Providers and Verifying the Status of Your Current Doctor

The Blue Cross Find a Doctor tool allows you to easily search for doctors, verify their participation in your plan's network, and much more.

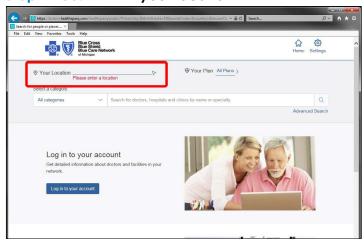
Step One: Visit **bcbsm.com**, select **Find a Doctor**.



Step Two: Select Search without logging in.

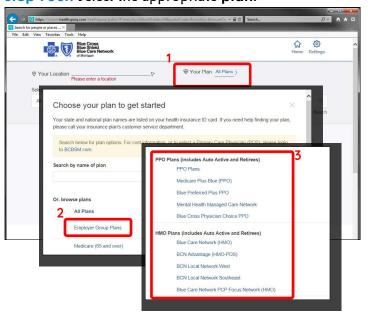


Step Three: Provide your location.

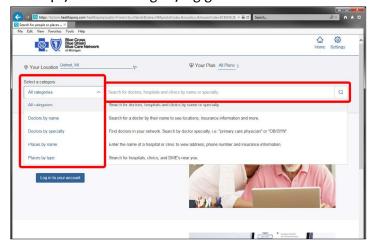


Continued...

Step Four: Select the appropriate **plan**.



Step Five: Refine your search by **category** or **keyword**, or simply click the magnifying glass icon to search.



Provider Records: Include a variety of helpful information including locations, affiliations, certifications, languages spoken, office hours, contact information, and more.

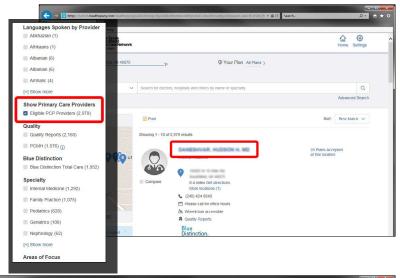
The **Plans Accepted** option (A) can be used to verify the networks a provider participates in.

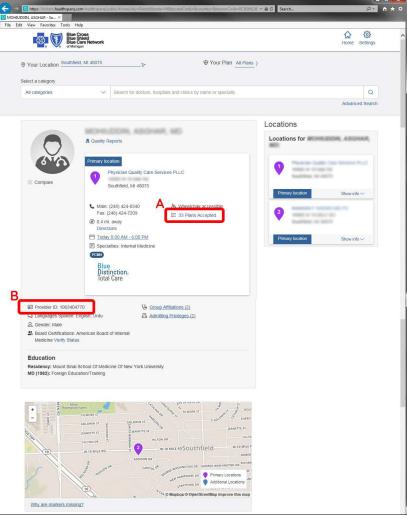
The **Provider ID** (B) field lists the doctors NPI number, which must be provided when assigning a primary care physician.

For Additional Assistance: Contact your authorized independent Blue Cross Blue Shield of Michigan and Blue Care Network agent.

In addition to locating primary care physicians, The Blue Cross Find a Doctor tool can also be used to find specialists and hospitals. When logged into a member account, it can also assist in pricing procedures, and finding pharmacies with the lowest costs for specific prescription drugs.

Click: Any provider name to access additional detail. The filters at left can be used to refine results by a variety of attributes. Selecting Eligible PCP Providers will reduce results to only those doctors eligible to be assigned as a primary care physician.







Making referrals easier to understand for Blue Care Network members in East and Southeast Michigan

EDUCATE ENGAGE EMPOWER









Your doctor is your health partner

Your primary care physician, or PCP, is responsible for the care you receive — from preventive health services to treatment for illness. As your health care partner, your PCP makes sure that you get the care you need when you need it.

Getting care

PCPs provide many services in their offices, and they arrange for specialist care or special tests. Your network gynecologist or obstetrician can also refer you to specialists for OB-GYN-related services. Specialists decide on the services and the number of visits required for treatment.

Extensive network of specialists

Our network includes thousands of specialists. More than likely, your PCP or OB-GYN will refer you to someone he or she knows professionally. Sometimes the specialist may even be part of the same group as your PCP.

When you don't need a referral

You don't need a referral for behavioral health services, as long as you are seen by a provider who's in your plan's network. Also, female members don't need a referral to see a gynecologist or obstetrician in your plan's network for annual well woman visits and obstetrical care (Woman's Choice program). Your OB-GYN can also refer you for specialist care, but only for OB-GYN-related services.

Chiropractic services

As a member in the East or Southeast region (see other side for a map of the regions), you must have a referral from your PCP for chiropractic services. The chiropractor must also get BCN approval before providing manipulations or other physical medicine services to you.



Referrals for specialist care

Your PCP manages your health care through a referral process with these guidelines:

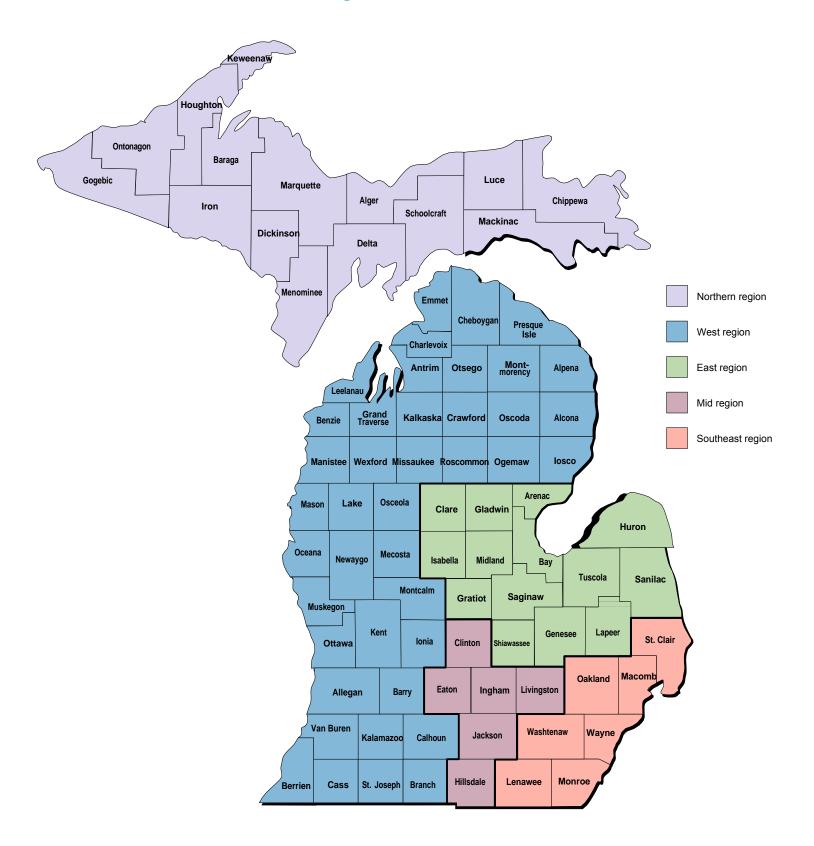
- Your PCP refers you to a specialist. Check that the specialist is in your plan's network. Also ask if there's anything else
 you need to do to ensure coverage.
- You may need special approval from BCN for certain services. You need approval from BCN for all services from specialists who aren't in your plan's network.
- Only your PCP or OB-GYN can refer you for specialist care.
- If the service requires a referral and your PCP or OB-GYN doesn't refer you, you may be responsible for the charges.
- Changing your PCP while a specialist is treating you may change your treatment authorization. Check with your new PCP.

Questions?



If you have questions about the referral process, call the Customer Service number on the back of your member ID card (TTY: 711).

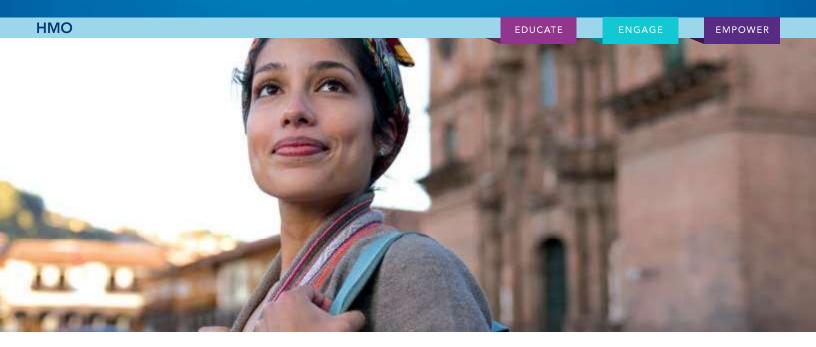
Blue Care Network regions



Blue Care Network



Care when you travel



Coverage that travels

When you're a Blue Care Network member, you're always covered for emergency care — in Michigan, across the country and around the world. Just show your BCN member ID card. Because some BCN plans pay only urgent and emergency services outside Michigan, check your coverage before receiving care. Refer to your *Certificate of Coverage* and related riders once you enroll in your plan. Or call Customer Service at the number on the back of your BCN member ID card.

BlueCard® nationwide access

If you have a suitcase logo on your BCN member ID card, you're connected to BlueCard® Traditional doctors and hospitals when you travel outside Michigan but within the United States. BlueCard, a program through the Blue Cross and Blue Shield Association, gives you seamless national access to out-of-state BlueCard Traditional doctors and hospitals.

Other than the out-of-pocket expenses that your plan may require (deductible, copayments and coinsurance), you shouldn't have any up-front health care expenses if you use a BlueCard Traditional provider for covered services.

Refer to your *Certificate of Coverage* and riders to see what's covered when you travel or call Customer Service for details.

To locate a BlueCard Traditional provider

- Use your online member account at bcbsm.com.
- Use our mobile app.
- Visit bcbsm.com/find-a-doctor, and select your BCN plan.
- Call Customer Service using the number on the back of your BCN member ID card.
- Call BlueCard at 1-800-810-BLUE (2583).

See the table below for how to get the care you need when you're on the go. Talk with your primary care provider before traveling to address any health concerns.

If you're traveling	And you need	Here's what you do
In Michigan	EMERGENCY CARE (The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.)	Call 911 or go to the nearest emergency room.
	URGENT CARE (The condition requires a medical evaluation within 48 hours.)	Go to the nearest urgent care center. To locate an urgent care center, visit bcbsm.com/find-a-doctor and select your BCN plan; use your online member account or our mobile app; call Customer Service using the number on the back of your BCN member ID card.
	NONURGENT CARE	Call your primary care provider to coordinate services that don't require immediate attention.
In the United States but outside Michigan	EMERGENCY CARE	Call 911 or go to the nearest emergency room.
	URGENT CARE	Go to the nearest urgent care center. To locate an urgent care center, visit bcbsm.com/find-a-doctor and select your BCN plan; use your online member account or our mobile app; call Customer Service or call BlueCard at 1-800-810-BLUE (2583).
	ROUTINE CARE	Call Customer Service for details about your health benefits and required authorizations.
	OTHER SERVICES (Such as elective surgeries, hospitalizations, mental health or substance use disorder services)	To locate a nearby BlueCard Traditional physician: Visit bcbsm.com/find-a-doctor and select your BCN plan; use your online member account or our mobile app; call Customer Service or call BlueCard at 1-800-810-BLUE (2583).
Outside the United States	EMERGENCY CARE	Go to nearest emergency room. (You may be required to pay for services and then seek reimbursement.) Get an itemized bill and medical records to speed reimbursement.

The information provided here is for members with the BlueCard benefit who are traveling or temporarily located outside Michigan. Please note, different guidelines apply to Blue Elect PlusSM POS and Blue Elect Plus HSASM POS members.

Pharmacy coverage when you travel

If your plan includes pharmacy coverage, you'll be able to fill prescriptions when you travel. Your BCN member ID card is accepted at the thousands of pharmacies nationwide that participate with Blue Cross plans, including most major chains.



Save money and live healthier with Blue365®







Membership has its benefits

Blue Cross Blue Shield of Michigan and Blue Care Network members can score big savings on a variety of health-related products and services.

Member discounts with Blue365 offers exclusive deals on things like:

- Fitness and well-being: Health magazines, fitness gear and gym memberships
- Healthy eating: Meal delivery kits and weight-loss programs
- Lifestyle: Travel and recreation
- Personal care: Lasik and eye care services, dental care and hearing aids

Cash in on discounts

Start saving today! Show your member ID card at participating local retailers or use an offer code online.

You can view a full list of discount offers from your Blue Cross member account. To get started:

- Log in or register at bcbsm.com or the Blue Cross mobile app.
- Once you're logged in at **bcbsm.com**, select *Blue365*® *member discounts* from the *Health & Well-Being* tab.
- If you're on the Blue Cross mobile app, tap the menu icon (=), then *Discounts*.





Member discounts with Blue365

Take advantage of discounts from the businesses listed below and many more.





























You can conveniently access discounts from any device — anytime, anywhere.







Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Program information valid as of July 2022.

The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield plans. Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under health care plan policies with Blue Cross Blue Shield of Michigan or Blue Care Network, its contracts with Medicare or any other applicable federal health care program. Neither Blue Cross Blue Shield of Michigan, Blue Care Network nor the Blue Cross and Blue Shield Association recommends, endorses, warrants or guarantees any specific vendor or item.



Your benefits, at your fingertips!

The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the dentist search without logging in, or enter your username and password to securely access your personal benefit information or estimate your dental care costs.

» Coverage and claims information

See your plan type, benefit levels, deductibles, maximums and more. Check the status of recent dental claims. Add your dependents to your account to be able to access the whole family's coverage in one spot.

» Dental Care Cost Estimator

This easy-to-use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

» Dentist search

It's easy to find a participating dentist near you! Search and compare dental offices to find one that suits your needs. Narrow the list with criteria like "language spoken" and "specialty." After you choose a dentist, you can save the contact information and get directions.

Carrier © 2:15 PM Welcome JOHN Enrollees JOHN SUSAN CHLOE + My Last Services CLEANING EXAM X-RAY 03/10/2016 03/10/2016 03/10/2016 DELTA DENTAL DELTA DENTAL OF MICHIGAN Delta Dental PPO plus Premier Tap for more details Welcome Find a Dental Coal Estimator My Coverage My Claims

» Mobile ID card

There's no need to carry a paper ID card. Simply show the dentist's office your mobile ID card right on your screen. Easily save it to your device for quick access using Apple Wallet or Google Pay.

Get started

Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download our app on a device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right.

SCAN TO DOWNLOAD APP

Log in for secure access

Delta Dental members can log in using the username and password used to log in to www.deltadental.com. If the member hasn't registered for an account yet, they may visit www.deltadentalmi.com/memberportal and click "Sign up." A member can retrieve a forgotten username or password within the mobile app or by visiting www.memberportal.com. Members must log in each time they access the secure portion of the app. No personal health information is ever stored on the member's device.



Stay Informed About Your Dental Benefits With Member Portal

Member Portal is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to Member Portal, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.



All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

- 1. Visit www.memberportal.com.
- 2. Log in.

NOTE: Member Portal has replaced Consumer Toolkit®. If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.



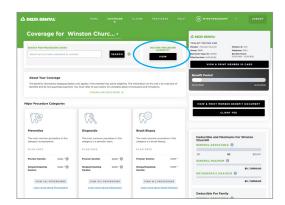
- If you have already registered, enter your credentials and click the "Login" button.
- If you are new to Member Portal, click the "Sign up!" link to register.
 NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID.
 The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber's Social Security number.
- 3. Complete required fields and follow the on-screen instructions.
- 4. Select your own username and password to access the site.

Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.

Member Portal features

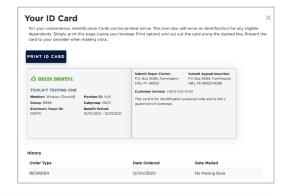
Find your benefits

Confirm eligibility and review benefits by clicking the **Coverage** link at the top.



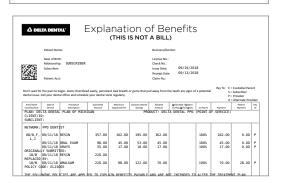
Print ID card

View and print your ID card 24/7 by following the **Print ID Card** link.



View your EOBs

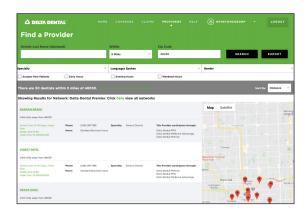
Review and print EOBs by clicking the **Claims** link and entering the dates and patient's name.



Find a dentist

Use the **Find a Provider** link to select your Delta Dental network and find a participating dentist near you.

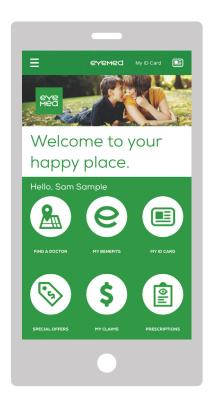
Nationwide, three out of four dentists participate in of Delta Dental networks, which means members have lots of choices nearby.



On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience—anytime, anywhere.



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Check out the App Store or Google Play to download the new app





LENSCRAFTERS'







S Guardian

Using your Guardian benefits

Tools that can make it easy and convenient to use your benefits anytime, anywhere.

Guardian is committed to making it as easy as possible for you to use and understand your benefits, with customer service you can depend on.

Find a provider online

- Go to guardianlife.com
- Simply click on Connect With Us at the top of the page
- Follow the easy steps to search for a network provider to save on dental care



- No need for an ID card to use your Guardian benefits. Simply provide your Group ID number to your doctor's office at the first visit.
- If you don't have a printed copy of your Member ID card, visit the Forms and Materials section of <u>quardianlife.com/login</u> it's fast and easy.

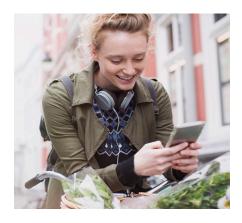
Access to an array of tools

 Guardianlife.com includes easy-to-use tools to help understand the value of your benefits. This includes educational articles and dental cost estimator tools.

Real-time assistance

• Speak to a Guardian representative about your benefits and claims for help using <u>quardianlife.com</u>.

Customer Service Center: 1-800-627-4200



Guardian Find a Provider & ID Card App

Search Guardian Find a Provider and ID Card App on the App Store and Google Play.

- Find a Dental Provider
- Access to your ID card

The Guardian Life Insurance Company of America New York, NY

guardianlife.com

Dental products are 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. GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America® New York, NY. © Copyright 2021 The Guardian Life Insurance Company of America.

2021-129232 (11/23)



Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources - including WillPrep Services



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



🖳 Visit

ibhworklife.com



🔍 User ID

Matters



Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week1.

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

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program 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 IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.-5 p.m. PST.



How to Find and Use the TASC Mobile App



With the TASC mobile app you can track and manage all your TASC benefit accounts and access numerous helpful tools, anywhere at anytime. It's full of self-service features and boasts a user rating of over four stars!

Download the TASC App

The TASC <u>mobile app</u> is a free download for your mobile device (Apple or Android). When you're in the Apple App Store or Google Play, search for "TASC" and locate the green app icon (see at right).





Search for "TASC" (green icon)

Sign On to the TASC App

If not already established, you must create an account on Universal Benefit Account* online (<u>uba.tasconline.com/login</u>) with an email and password. You will then use those same login credientials to sign on to the TASC mobile app.

What You Can View (Visibility)

- √ Total Contributions (and by account)
- √ Total Expenditures (and by account)
- ✓ Transactions
- ✓ Account Details
 - What's Covered (by account)
 - Available Balance
 - Annual Election Amount
 - Employer Contribution
 - Transactions
 - Account Summary



What You Can Do (Functionality)

- ✓ Manage benefit cards in TASC Wallet
- ✓ Receive Alerts

Actions available under the "MORE" button:

- ✓ Pay a provider with "Picture to Pay"
- Upload/access substantiation
- Lookup eligible healthcare expenses
- Request a Reimbursement (see below)
- Transfer funds
- Manage MyCash Account
- Submit a Support Request (customer care)

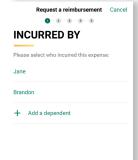
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How to Request a Reimbursement via Mobile App

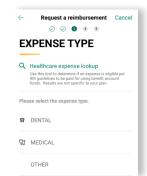
Begin by clicking the "More" button and selecting "Request a Reimbursement." Follow the screen prompts to complete the request. Have your substantiation (receipt, EOB, etc.) ready to capture with device camera (refer to your plan specifics to find out if substantiation is required for manual reimbursements).

Important Note for medical expense reimbursements: The reimbursement payment will draw from the healthcare account based on the depletion order set by your employer/plan, thus you are not able to choose which healthcare account to use.











Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:



HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- R Prescriptions, vaccinations, and OTC
- € Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school



- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at irs.gov

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1. With less tax taken, your take-home pay increases!

Consider this example: (For illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay:

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

That's a net increase in take-home pay of \$166 every month!

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at https://www.tasconline.com/tasc-calculators/tasc-fsa-calculator/

How to participate.

It's easy to start saving with an FSA. Just follow 3 simple steps:

1. DECIDE how much you want to contribute for the upcoming plan year

The more you contribute, the lower your taxable income will be. In spite of this, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. A grace period or carryover may be in place for your plan. Check with your employer for plan specifics.



START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits at www.tasconline.com/benefits-limits.

If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent** Care FSA funds are only available as payroll contributions are made.

SPECIAL **FEATURES**



Identify Theft Protection: All active participants receive TASC Identity Theft Protection.



MyCash Account: Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

3. ACCESS your funds easily using the TASC Card

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast — within 12 hours — when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!





Track and manage all TASC benefits and access numerous helpful tools, anywhere and anytime—with just one app!





Search for "TASC" (green icon)



ACCELERATE YOUR HEALTH SAVINGS

Combining a HealthEquity HSA with an HSA-qualified health plan delivers incredible benefits





BUILD HEALTH SAVINGS

Choose a low premium health plan.

HSA-qualified health plans offer the lowest premiums, enabling you to unlock immediate savings. Just put the money you would have paid toward traditional premiums into your HSA. Voila! Long-term health savings.



MAXIMIZE TAX SAVINGS

Pre-tax contributions help reduce your annual taxable income.

Your HSA earns tax-free interest and you never pay taxes or penalties when you withdraw HSA dollars for qualified expenses. See a full list of qualified medical expenses at Learn. Health Equity.com/QME



KEEP YOUR MONEY—FOREVER

Spend it. Save it. Invest it.² It's yours.

Unlike flexible spending accounts (FSA), money in your HSA rolls over year after year-even if you change employers or health plans.

HSA triple-tax advantage¹

- · Make pre-tax contributions
- Grow tax-free interest earnings
- · Enjoy tax-free distributions for qualified medical expenses



SAVE FOR RETIREMENT

Your HealthEquity HSA works like a second 401(k).

Invest your HSA dollars into low-cost mutual funds, then watch your earnings grow tax-free. When you're 65, you can withdraw HSA dollars for any expense—you'll just need to pay regular income taxes. Of course, if you use that money for qualified medical expenses, you never pay taxes at all.3

HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

²Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

³After age 65, if you withdraw funds for any purpose other than qualified medical expenses, you will be subject to income taxes. Funds withdrawn for qualified medical expenses will remain tax-free.

MAYBE YOU'VE HAD AN HSA BEFORE, BUT YOU'VE NEVER HAD AN HSA LIKE THIS



Get support 24/7

Call us day or night. Our US-based service team measures success by problems solved. We'll do whatever it takes.



Say goodbye to hassle

Log in and manage everything via our simple mobile app.⁴ Want to submit a claim? Easy. Just snap a photo and you're on your way.



Stay informed

Check out our vast library of webinars, tutorials, videos, calculators, and more. You'll find tips and tricks to make the most of your HSA.

JOIN FIVE MILLION+ HEALTH SAVERS

For more than two decades we've empowered some of the biggest companies in the world—and the smartest savers on the block.

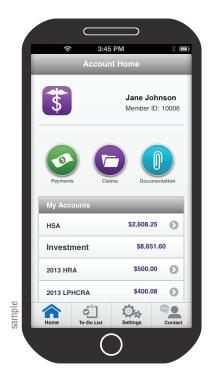


Enroll today. Talk to your benefits team. 866.735.8195 | HealthEquity.com/Learn

⁴Accounts must be activated via the HealthEquity website in order to use the mobile app.

HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life changing decisions.

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Now available on-the-go



The HealthEquity mobile app¹ provides easy, on-the-go access to all of your health accounts. The free app provides comprehensive tools to help you manage transactions and maximize your health savings.

CONVENIENT, POWERFUL TOOLS:

On-the-go access

You can access all account types wherever you go

Photo documentation
Simply take a photo with your device to initiate claims and payments

Send payments & reimbursements from HSA

You can send payments to providers or reimburse yourself for out-of-pocket expenses from your HSA

Manage debit card transactions

Link your debit card transactions to claims and documentation

▶ View claims status

View the status of claims as well as link payments and documentation to claims

■ Make claims on FSA/HRA

Create new reimbursement claims for FSA and HRA transactions

For help with the mobile app, contact us at:

866.346.5800 available every hour of every day

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