



A GUIDE TO YOUR
Benefits

November 1, 2024 – October 31, 2025



AUSTIN BENEFITS GROUP
— Smart Benefit Solutions —



Welcome

We recognize the importance of being able to provide our employees as well as their families with quality benefits as part of the compensation package. We value your contribution to our mission and have developed this comprehensive benefits package to deliver the quality and value you expect while satisfying the diverse needs of our workforce.

Thank you for all that you do for our organization!

Eligibility

If you are a full-time employee, you are eligible to enroll in the benefits outlined in this menu. Full-time employees are those who work 30 or more hours per week.

Enrollment Window

For newly hired employees or for those who become newly eligible during the plan year, you must enroll no later than 30 Days after your eligibility date or the date of your change in eligibility status. All other eligible employees must enroll during Open Enrollment, which this year is from 9/24/2024—10/1/2024.

Qualifying Event

Outside of Open Enrollment, you are not permitted to make changes to your benefit elections unless you experience a qualifying event defined as: marriage, divorce or legal separation, birth or adoption of a child, a change in your or your spouse's employment or insurance status, a dependent ceasing to meet eligibility requirements, a change in residence that affects coverage. If you experience a qualifying event, you must notify HR within 30 days of the qualifying event or you will not be able to make changes to your current benefit plan elections until the next open enrollment period.



Disclaimer

This Benefit Menu is intended to be a convenient summary of the major points of your benefit plan. This Benefit Menu does not cover all provisions, limitations and exclusions. If this document differs from any plan document(s), the plan document(s) will prevail.





Enroll Now

Enrolling in Benefits is a very easy process as we utilize the online enrollment tool Employee Navigator. This system will walk you through the enrollment process step by step detailing all of the benefits available to you. Starting the process is as easy as logging in!

First Time Users

If you have not logged in before, please follow these 3 easy steps:

Website: austinbenefits.employeenavigator.com

Instructions:

1. Click on Register as a New User
2. You will be asked to enter the following data:
 - * First Name
 - * Last Name
 - * Company Identifier: AGBU
 - * Pin: Last 4 of your SSN
 - * Birth Date in MM/DD/YYYY format
3. Follow the steps to complete your enrollment.

benefits login



employee navigator

Returning Users

If you have completed your benefit enrollment before, logging on is quick:

Website: austinbenefits.employeenavigator.com

Instructions:

1. Enter the username and password that you made the first time you logged in.
2. Follow the steps to completed your enrollment.

Additional Information

- If you forgot your username or password, click on the links provided on the above website to obtain your information security. The resent information will be sent to your email address on file.
- When logged in, if you are looking for more details about the plan design, click on the “details” button.
- When you choose an option that works for you, click “Select” and then “Save and Continue”.
- Helpful Resources are located in the document library as well as plan summaries, mobile app flyers and carrier information.



Medical Benefits

Medical Benefits are designed to protect you and your family from unexpected, high medical claim costs. In addition, your preventative care, like vaccines, screenings and some check ups will be covered at no charge when you go to an in-network provider.

If you choose to enroll in a BCN HMO plan, you are required to select a Primary Care Physician who will manage your care and refer you to a specialist when you need them. Your PCP will ensure that you are staying in network at all times. If you are traveling outside of the State of Michigan, you have coverage in an emergency.

	BCN HMO \$500 100%	
	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible per Calendar Year		
Single / Family:	\$500 / \$1,000	N/A
Coinsurance % After Deductible		
Co-Insurance %:	100% Covered	N/A
Coinsurance Maximum per Calendar Year		
Single / Family:	N/A	N/A
True Out of Pocket Maximum per Calendar Year		
Single / Family:	\$1,500/ \$3,000	N/A
In-Network Office Visit Copays / Prescription Drug Copays		
PCP / Specialist Copay:	\$20 / \$30	
Urgent Care Copay:	\$35	
ER Copay:	\$150 Copay (waived if admitted)	
Rx Coverage:	\$4 or \$15 / \$40 / \$80 / 20% (\$200 Max) / 20% \$300 Max)	



Medical Benefits Continued

If you choose to enroll in a BCBSM PPO plan, you will have complete flexibility to see both in and out of network providers. You will receive the highest level of benefit from the plan when staying in-network. In addition, you have coverage when traveling out side of Michigan and you don't have to pick a Primary Care Doctor or obtain a referral.

	BCBSM Simply Blue PPO \$250	
	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible per Calendar Year		
Single / Family:	\$250 / \$500	\$500 / \$1,000
Coinsurance % After Deductible		
Co-Insurance %:	80% Covered	60% Covered
Coinsurance Maximum per Calendar Year		
Single / Family:	\$1,000 / \$2,000	\$2,000 / \$4,000
True Out of Pocket Maximum per Calendar Year		
Single / Family:	\$6,600 / \$13,200	\$13,200 / \$26,400
In-Network Office Visit Copays / Prescription Drug Copays		
PCP / Specialist Copay:	\$20 / 40	
Urgent Care Copay:	\$60	
ER Copay:	\$150 Copay (waived if admitted)	
Rx Coverage:	\$10 / \$40 / \$80 / 15% (\$150 Max) / 25% \$300 Max)	



Selecting Your Provider

Required for BCN HMO Plans

BCN HMO Plans require that you select a Primary Care Physician (PCP) for you and your family members when seeking care if you reside in the State of Michigan. If you are moving from a PPO plan to the HMO plan, you will not be able to select a PCP until your effective date under the HMO plan.

There are three methods to make your PCP selection:

1. **Mobile Application:** Log into the BCBSM app and navigate to the PCP selection section. Enter the required information and select your preferred PCP from the network list.
2. **Online Website:** Log into your member portal at <https://member.bcbsm.com/mpa/responsive/#/Login>. Navigate to the PCP selection section, enter the required information and choose your preferred PCP from the network list.
3. **Phone:** Please contact BCN Customer Service at 1-800-662-6667.

Please note that if you do not select a PCP using one of these methods, one will be automatically assigned to you and your family members.





Medical Benefit Costs

Below please find the bi-weekly contributions for the medical plan offerings available to you. The following BCN rates are based on age at the time you become eligible for benefits.

BCN HMO \$500 100%			
(Vision Included)			
Spouse and Dependent Costs			
0-14	\$134.98	40	\$225.49
15	\$146.98	41	\$229.73
16	\$151.56	42	\$233.78
17	\$156.15	43	\$239.43
18	\$161.09	44	\$246.49
19	\$166.03	45	\$254.78
20	\$171.15	46	\$264.66
21	\$176.44	47	\$275.78
22	\$176.44	48	\$288.48
23	\$176.44	49	\$301.01
24	\$176.44	50	\$315.12
25	\$177.15	51	\$329.06
26	\$180.67	52	\$344.41
27	\$184.91	53	\$359.94
28	\$191.79	54	\$376.70
29	\$197.44	55	\$393.47
30	\$200.26	56	\$411.64
31	\$204.49	57	\$429.99
32	\$208.73	58	\$449.57
33	\$211.38	59	\$459.28
34	\$214.20	60	\$478.86
35	\$215.61	61	\$495.80
36	\$217.02	62	\$506.92
37	\$218.44	63	\$520.86
38	\$219.84	64	\$529.32
39	\$222.67	65+	\$529.32

Employer covers Employee costs of the BCN HMO \$500 100% plan.
Employee is responsible for Spouse and Dependent costs.





Medical Benefit Costs

Below please find the bi-weekly contributions for the medical plan offerings available to you. The following BCBSM rates are based on your age on 11/1/2024.

BCBSM Simply Blue PPO \$250			
(Vision Included)			
Employee Costs			
0-14	\$41.51	40	\$69.35
15	\$45.20	41	\$70.65
16	\$46.61	42	\$71.90
17	\$48.02	43	\$73.63
18	\$49.54	44	\$75.80
19	\$51.06	45	\$78.36
20	\$52.63	46	\$81.39
21	\$54.26	47	\$84.81
22	\$54.26	48	\$88.72
23	\$54.26	49	\$92.57
24	\$54.26	50	\$96.91
25	\$54.48	51	\$101.20
26	\$55.57	52	\$105.92
27	\$56.87	53	\$110.70
28	\$58.98	54	\$115.85
29	\$60.72	55	\$121.01
30	\$61.59	56	\$126.60
31	\$62.89	57	\$132.24
32	\$64.19	58	\$138.26
33	\$65.01	59	\$141.25
34	\$65.88	60	\$147.27
35	\$66.31	61	\$152.48
36	\$66.74	62	\$155.90
37	\$67.18	63	\$160.19
38	\$67.62	64	\$162.79
39	\$68.48	65+	\$162.79

BCBSM Simply Blue PPO \$250			
(Vision Included)			
Spouse and Dependent Costs			
0-14	\$176.49	40	\$294.84
15	\$192.18	41	\$300.38
16	\$198.18	42	\$305.68
17	\$204.18	43	\$313.07
18	\$210.63	44	\$322.29
19	\$217.09	45	\$333.14
20	\$223.78	46	\$346.06
21	\$230.70	47	\$360.59
22	\$230.70	48	\$377.20
23	\$230.70	49	\$393.58
24	\$230.70	50	\$412.04
25	\$231.63	51	\$430.26
26	\$236.24	52	\$450.34
27	\$241.78	53	\$470.64
28	\$250.78	54	\$492.55
29	\$258.16	55	\$514.47
30	\$261.85	56	\$538.23
31	\$267.39	57	\$562.23
32	\$272.92	58	\$587.83
33	\$276.38	59	\$600.53
34	\$280.08	60	\$626.13
35	\$281.92	61	\$648.28
36	\$283.77	62	\$662.82
37	\$285.61	63	\$681.04
38	\$287.46	64	\$692.11
39	\$291.15	65+	\$692.11





Dental Benefits

Dental insurance helps pay for dental care and includes regular checkups, cleanings and X-rays. Below please find the details of this year's Dental plan offering:

Dental Coverage Through Delta Dental			
	<u>PPO Network</u>	<u>Premier Network</u>	<u>Out of Network*</u>
Deductible per Calendar Year			
Single / Family:	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum Per Calendar Year			
Per Person:	\$1,500	\$1,500	\$1,500
Presentative Care Coverage (Cleanings and Exams)			
% Covered:	100%	100%	100%
Basic Care Coverage (Fillings)			
% Covered:	80%	80%	80%
Major Care Coverage (Bridges, Dentures)			
% Covered:	50%	50%	50%
Dental Plan Enhancements			
Preventative Advantage	The dental plan rewards you for going for preventative care! The cost of the care is not included in the annual maximum so there are more funds available if you have a major expense!		
Cleanings Per Year	2x		
Cost Per Pay Period:			
Single:	\$0		
Two Person:	\$20.24		
Family:	\$50.21		

**Out-of-Network Provider can charge you for differences between what the insurance carrier pays and their billed rate.*



Vision Benefits

Vision insurance can help you maintain your vision as well as detect any problems. Below please find the details of this year's Vision plan offering:

Vision Coverage Through BCBSM—VSP Choice Network (Included with Medical)		
	<u>In-Network</u>	<u>Out-of-Network</u>
Benefit Frequency		
Exam	Every 24 Months	
Contact Lenses / Lenses	Every 24 Months	
Frames	Every 24 Months	
Materials Copay		
Exams:	\$5	Covered Up to \$34
Materials:	\$10	
Frames:	Covered up to \$130	Covered Up to \$38.25
Elective Contact Lenses:	Covered Up to \$130	Covered up to \$100
Medically Necessary Contact Lenses:	Covered in Full	Covered Up to \$210





Vision Benefit Costs

Below please find the bi-weekly contributions for the vision plan offerings available to you. The following BCBSM rates are based on your age on 11/1/2024.

BCBSM Vision			
Spouse and Dependent Costs			
0-14	\$0.00	40	\$1.67
15	\$0.00	41	\$1.69
16	\$0.00	42	\$1.72
17	\$0.00	43	\$1.74
18	\$0.00	44	\$1.76
19	\$1.58	45	\$1.78
20	\$1.58	46	\$1.80
21	\$1.56	47	\$1.82
22	\$1.54	48	\$1.84
23	\$1.52	49	\$1.86
24	\$1.51	50	\$1.88
25	\$1.50	51	\$1.90
26	\$1.50	52	\$1.91
27	\$1.50	53	\$1.92
28	\$1.50	54	\$1.93
29	\$1.50	55	\$1.94
30	\$1.50	56	\$1.94
31	\$1.51	57	\$1.95
32	\$1.52	58	\$1.95
33	\$1.54	59	\$1.94
34	\$1.55	60	\$1.93
35	\$1.57	61	\$1.92
36	\$1.59	62	\$1.91
37	\$1.61	63	\$1.89
38	\$1.62	64	\$1.86
39	\$1.65	65+	\$1.84





Life Insurance Benefit

Life insurance can help provide for your loved ones if something were to happen to you. We understand the value of this benefit and provide it at no cost to you as part of the benefit package. Below please find the details of this year's Life Insurance offering:

Company Provided Life Insurance Through Guardian	
Benefit Amount:	\$25,000
Waiver of Premium:	Included
Accelerated Death Benefit:	Included
Portability / Conversion:	Included
Age Reduction Schedule:	Reduces by 50% at 70

Voluntary Life Insurance Through Guardian	
Benefit Amount Options	
Employee Benefit Amount:	\$10K Increments up to \$500K
Spouse Benefit Amount:	\$5K Increments up to \$250K, not to exceed 100% of Employee Amount
Child Benefit Amount:	\$2K Increments up to \$10K, not to exceed 100% of Employee Amount
Guarantee Issue Amounts	
Employee GI Amount:	\$150K
Spouse GI Amount:	\$25K
Child GI Amount:	\$10K
Voluntary Life Plan Provisions	
Waiver of Premium:	Included
Accelerated Death Benefits:	Included
Portability / Conversion:	Included
Age Reduction Schedule:	Reduces by 50% at 70



Disability Insurance Benefit

Disability coverage provides you with income replacement when you are unable to work. This allows you to cover expenses like groceries, rent or car payment. Below please find the details of this year's disability plan offerings:

Company Provided Short Term Disability Through Guardian	
Benefit Amount:	60% of Your Weekly Earnings Up to \$1,000
Accident Coverage Begins:	Day 1
Illness Coverage Begins:	Day 8
Benefit Duration:	Up to 13 Weeks

Company Provided Long Term Disability Through Guardian	
Benefit Amount:	60% of Your Monthly Earnings Up to \$5,000
Definition of Disability:	Own Occupation / Any Occupation Thereafter
Pre-Existing Condition Limit:	3 / 12
Benefit Duration:	SSNRA





Additional Benefit Offerings

Additional Benefit Offerings are provided to you to ensure you have your family covered based on your individual circumstances. All of these benefits are voluntary and can be adjusted each year during Open Enrollment. Below please find the details of this year's additional plan offerings:

Identity Theft Coverage

through ID Watchdog

- * Services include identity protection, family credit and social security account number monitoring, ability to lock your credit report, social medial account monitoring and more.
- * ID Watchdog monitors for signs of potential fraud across billons of data points including the dark web, credit reporting and high risk transactions to keep you and your family safe.





Helpful information

BCBSM / BCN Medical Plans

Scan the QR Code below for helpful BCBSM / BCN / Blue Elect Plan Resources.



Delta Dental Plan

Scan the QR Code below for helpful Delta Dental Plan Resources.



Disability Plan

You must be actively at work in order to participate in this plan.

Life Insurance Plans

- * You must select a beneficiary for these plans otherwise the benefit will be sent to probate court.
- * You must be actively at work in order to participate in this plan.
- * The insurance carrier may require you to submit Evidence of Insurability before approving this coverage.

Have Questions? Need Assistance?

Do you need assistance selecting the right plans? Do you have an upcoming procedure and want to know how it is covered? Did you receive a bill you are not sure if you should pay?

Reach out to our Benefits Partner, Austin Benefits Group at:

service@austinbenefits.com or (248) 594-5550



AUSTIN BENEFITS GROUP
— Smart Benefit Solutions —

Questions? Contact Austin

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