A GUIDE TO YOUR

BENEFITS

Effective November 1, 2026-October 31, 2027



AGBU Alex & Marie MANOOGIAN SCHOOL

Heritage · Achievement · Excellence

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!

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 10/19/2026—10/23/2026.

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.

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.

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.

Benefit Breakdown

Useful Terms to Remember

Cost-Sharing: The Logistics Behind your Benefits.

Think of your health plan as a partnership between you and your insurance carrier. When you both contribute toward the cost of your care, it is referred to as “cost-sharing”. The key terms—**Copayments, Deductibles, and Coinsurance**—are the building blocks for understanding your coverage. Anytime you use a covered service, you’ll share in the cost. This can be through paying a set copay, putting dollars toward your deductible, or covering a percentage through coinsurance. Knowing these terms upfront keeps you in control and helps you get the most from your benefits.

Deductible

The first part of what you pay for your health care before your insurance begins contributions. An “Embedded” Deductible is when one member of a family *cannot* exceed the individual deductible amount. In an “Aggregated” Deductible, one member of the family *can* accumulate the full family deductible.

Coinsurance

The share of your health care costs after you’ve met your deductible. It is calculated as a percentage of the allowed cost of the service.

Copayment

A fixed amount that you pay for your health services when you receive them. Due at the time of service.

All of your cost-sharing will count toward your plan’s **Out-of-Pocket Maximum**. If you reach that limit, your insurer will cover 100% of your care for the remainder of the plan year. When this happens, you will only have to pay your monthly premiums.

Benefit Breakdown

Examples

Listed below are examples of cost-sharing and how the balances would be split between a member and the insurance carrier:

Deductible Example

On Lily's Medical plan, a procedure applies to her plan's individual deductible of $2,000. When Lily receives her procedure, she has not yet met her deductible with the cost being $500. She pays the full cost of the procedure, and has $1,500 left in deductible expenses for the remainder of the year. The $500 Lily pays tracks toward her annual deductible and Out-of-Pocket Maximum.

Coinsurance Example

Ashley has already met her medical deductible for her annual health insurance plan. Under her plan, there is 20% coinsurance for outpatient physical therapy services after her deductible is met. Ashley goes to a physical therapist for a session that costs $200, meaning she pays 20% ($40) and her insurance pays the remaining $160. The amount that Ashley pays also tracks toward her Out-of-Pocket Maximum for the year.

Copayment Example

Matthew has a Doctor's appointment that costs $150, with his medical plan having a $20 copay for office visits. Matthew pays his $20 copay which tracks towards his Out-of-Pocket Maximum, and the insurance covers the remaining $130 from his visit.

Benefit Enrollment

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. You will receive an email from Employee Navigator to notify you when open enrollment begins. Below is a sample of that email:

Hello [First Name],

[Company] is hosting your annual Open Enrollment. Open Enrollment is an annual event that allows you to make changes to existing benefits or elect new benefits for the first time.

If this is your first time enrolling, you can register by accessing this Registration link. During the registration process, you may be required to enter personal identifying data as well as the following company identifier: [Company Identifier]

If you are already registered, start making changes to your insurance elections today through this Login link.

Thank you, [Company]

****This is an automated email. Please do not reply.**

First Time User

Website: austinbenefits.employeenavigator.com

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

Follow the steps to complete your enrollment.

Enroll Now

employee NAVIGATOR

Benefit Enrollment (Cont.)

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 complete your enrollment.

Additional Information

- If you forgot your username or password, click on the links provided on the above website to obtain your information securely. 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”.

Medical Benefits

Understanding the Different Types of Medical Networks

Choosing the right medical network affects how you access care, the referrals you need, and your out-of-network coverage. **Health Maintenance Organizations (HMOs)** offer lower costs but strict rules and limited networks, **Preferred Provider Organizations (PPOs)** provide the most freedom to choose providers, often at higher premiums. Use this guide to compare requirements for primary care doctors, referrals, authorizations, and coverage inside and outside Michigan.

	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Do you need a Primary Care Doctor (PCP)?	Yes	No
Do you need a referral to see a specialist?	Yes	No
Do you need a prior authorization for surgery?	Yes	Yes
What Network is Used in Michigan?	Blue Care Network HMO	Blue Cross Blue Shield
What Network is Used Outside of Michigan?	No coverage outside of Michigan unless you have an emergency	BlueCard Traditional

Medical Benefits

Blue Care Network and Blue Cross Blue Shield of Michigan

Your medical benefits protect you and your family from high, unexpected healthcare costs and include free preventive care—like vaccines, screenings, and checkups—when you use in-network providers.

	BCN HMO $500 (Core)	BCBSM PPO $250 (Buy-Up)
	In-Network	In-Network
Deductible per Calendar Year		
Single	$500	$250
Family	$1,000	$500
Co-insurance %		
	100% Covered	80% Covered
Co-Insurance Maximum		
Single	N/A	$1,000
Family	N/A	$2,000
Out-of-Pocket Maximum		
Single	$2,000	$6,600
Family	$4,000	$13,200
In-Network Office Visit Copays / Prescription Drug Copays		
PCP Copay	$20	$20
Specialist Copay	$30	$40
Urgent Care Copay	$35	$60
Emergency Room Copay	$150 Copay after Deductible	$150 Copay
RX Coverage	$4 or $15 / $40 / $80 / 20% **($200 Max)** / 20% **($300 Max)**	$10 / $40 / $80 / 15% **($150 Max)** / 25% **($300 Max)**

Medical Benefit Costs

Blue Care Network

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 (CORE) INCLUDES VISION EMPLOYEE COST			
0-14	$0.00	40	$0.00
15	$0.00	41	$0.00
16	$0.00	42	$0.00
17	$0.00	43	$0.00
18	$0.00	44	$0.00
19	$0.00	45	$0.00
20	$0.00	46	$0.00
21	$0.00	47	$0.00
22	$0.00	48	$0.00
23	$0.00	49	$0.00
24	$0.00	50	$0.00
25	$0.00	51	$0.00
26	$0.00	52	$0.00
27	$0.00	53	$0.00
28	$0.00	54	$0.00
29	$0.00	55	$0.00
30	$0.00	56	$0.00
31	$0.00	57	$0.00
32	$0.00	58	$0.00
33	$0.00	59	$0.00
34	$0.00	60	$0.00
35	$0.00	61	$0.00
36	$0.00	62	$0.00
37	$0.00	63	$0.00
38	$0.00	64	$0.00
39	$0.00	65+	$0.00

BCN HMO $500 (CORE) INCLUDES VISION SPOUSE & DEPENDENT COSTS			
0-14	$174.76	40	$293.69
15	$190.29	41	$299.19
16	$196.23	42	$304.47
17	$202.17	43	$311.80
18	$208.56	44	$320.96
19	$216.61	45	$331.72
20	$223.23	46	$344.53
21	$230.06	47	$358.95
22	$230.04	48	$375.42
23	$230.02	49	$391.65
24	$230.01	50	$409.95
25	$230.91	51	$428.01
26	$235.48	52	$447.90
27	$240.96	53	$468.01
28	$249.87	54	$489.72
29	$257.18	55	$511.44
30	$260.84	56	$534.97
31	$266.34	57	$558.73
32	$271.83	58	$584.08
33	$275.27	59	$596.64
34	$278.94	60	$621.99
35	$280.79	61	$643.91
36	$282.64	62	$658.29
37	$284.48	63	$676.32
38	$286.33	64	$687.26
39	$290.01	65+	$687.23

Medical Benefit Costs

Blue Cross Blue Shield of Michigan

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 11/1/2026.

BCBSM PPO $250 (BUY-UP) INCLUDES VISION EMPLOYEE COST

0-14	$54.78	40	$91.52
15	$59.65	41	$93.24
16	$61.51	42	$94.89
17	$63.38	43	$97.18
18	$65.38	44	$100.04
19	$67.38	45	$103.41
20	$69.47	46	$107.42
21	$71.61	47	$111.93
22	$71.61	48	$117.09
23	$71.61	49	$122.17
24	$71.61	50	$127.90
25	$71.90	51	$133.56
26	$73.33	52	$139.79
27	$75.05	53	$146.09
28	$77.84	54	$152.89
29	$80.13	55	$159.70
30	$81.28	56	$167.07
31	$83.00	57	$174.52
32	$84.72	58	$182.47
33	$85.79	59	$186.41
34	$86.94	60	$194.36
35	$87.51	61	$201.23
36	$88.08	62	$205.74
37	$88.66	63	$211.40
38	$89.23	64	$214.84
39	$90.37	65+	$214.84

BCBSM PPO $250 (BUY-UP) INCLUDES VISION SPOUSE & DEPENDENT COSTS

0-14	$229.54	40	$385.20
15	$249.94	41	$392.43
16	$257.74	42	$399.36
17	$265.55	43	$408.98
18	$273.95	44	$421.00
19	$283.99	45	$435.13
20	$292.70	46	$451.95
21	$301.67	47	$470.88
22	$301.65	48	$492.50
23	$301.63	49	$513.83
24	$301.62	50	$537.85
25	$302.81	51	$561.57
26	$308.81	52	$587.69
27	$316.01	53	$614.10
28	$327.71	54	$642.61
29	$337.32	55	$671.13
30	$342.12	56	$702.04
31	$349.33	57	$733.25
32	$356.55	58	$766.55
33	$361.06	59	$783.05
34	$365.88	60	$816.35
35	$368.30	61	$845.14
36	$370.72	62	$864.03
37	$373.14	63	$887.71
38	$375.56	64	$902.10
39	$380.38	65+	$902.07

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:

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.

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.

Phone

Please contact BCN Customer Service at **1-800-662-6667.**

Note: If you do not select a PCP using one of these methods, one will be automatically assigned to you and your family members.

Using Your BCBS Mobile App and Virtual Visits

AUSTIN BENEFITS GROUP

Blue Cross BlueShield

Manage your health anytime with the Blue Cross Blue Shield mobile app. Access your ID card, track claims, find in-network doctors, and more. Use Virtual Visits to connect with board-certified doctors 24/7 for minor illnesses, mental health support, and more—from the comfort of home.

MOBILE APP

- Download the app from your devices app store
- Sign in using your login information, or register with your member credentials
- Once logged in, you can access many features:
  - View your virtual ID card
  - Check deductibles, claims, and out of pocket balances
  - Explore quality ratings and cost estimates
  - Find in-network doctors, hospitals, and pharmacies
  - Access the24/7 nurse hotline and support tools

Scan this QR code for further instructions!

VIRTUAL VISITS

- Download the Teladoc Health app on your phone or log in through your online BCBS account.
- Navigate to the Virtual Care section.
- Choose a provider that fits your needs.
- Answer the prompts to set up your visit.
- Confirm your visit and attend!

Download on the App Store

GET IT ON Google Play

MICHIGAN

www.austinbenefits.com 248.594.5550 service@austinbenefits.com



AUSTIN BENEFITS GROUP

MEET MAVEN

Free virtual support for family building, pregnancy, parenting, and menopause.

With Maven, you get personalized 24/7 care and guidance for your path to parenthood and beyond. You have access to Maven through your health plan at no cost.

YOU AND YOUR COVERED PARTNER GET:

Personalized support from a dedicated care advocate

Virtual appointments and messaging with Maven providers and coaches

Expert-approved resources such as articles and on-demand classes

Scan the QR code to get started with any of these programs for free!

MAVEN SHOWS UP AT EVERY STEP

Starting a Family
Thinking about planning your family
Exploring fertility treatments (IUI, IVF, & egg freezing)
Choosing a surrogacy or adoption agency
Managing mental health

Having a Child
Creating your birth plan
Breastfeeding or bottle feeding support
Navigating infant sleep
Returning to work

Navigating Parenthood
Pediatric care
Parent coaching
Help finding the right child care
Developmental support

Managing Menopause
Managing symptoms
Understanding treatment options
Pelvic floor therapy
Career coaching

Maven is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing family building and women's health support services. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licenses of the Blue Cross and Blue Shield Association.

www.austinbenefits.com 248.594.5550 service@austinbenefits.com

Dental Benefits

Dental Coverage through Delta

Dental insurance helps cover the cost of routine and preventive care—like checkups, cleanings, and X-rays—so you can maintain good oral health and catch issues early. This year's dental plan gives you access to a large network of trusted dental providers, helping you get quality care at lower out-of-pocket costs.

	PPO Network	Premier Network	Out-of-Network
Deductible per Calendar Year			
Single	$50	$50	$50
Family	$150	$150	$150
Annual Maximum Per Person			
	$1,500	$1,500	$1,500
Preventative Care % Covered (Cleanings, Exams, X-Rays, etc.)			
	100%	100%	100%
Basic Care % Covered (Fillings, Simple Extractions, Crown Repairs, etc.)			
	80%	80%	80%
Major Care % Covered (Bridges, Dentures, Crowns, Implants)			
	50%	50%	50%

Cost Per Pay Period:	
Single	$0
Two Person	$20.93
Family	$51.91

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

Dental Plan Enhancements



DELTA DENTAL®

Preventative Advantage

Get rewarded when going for preventative care! The cost of the care is not included in the annual maximum so more funds will be available if you have a major expense!

Covered Cleanings

Dental Cleanings are covered by your insurance up to 2x a year.

Vision Benefits

Blue Vision (VSP Choice Network)

Vision insurance helps you take care of your eyes and catch any issues early. By choosing an in-network provider, you can reduce your out-of-pocket costs. Your plan includes a comprehensive eye exam every 12 months, plus coverage to help you purchase glasses or contact lenses.

	In-Network	Out-of-Network*
Benefit Frequency		
Exam	Every 24 Months	Every 24 Months
Contact Lenses / Lenses	Every 24 Months	Every 24 Months
Frames	Every 24 Months	Every 24 Months
Materials Copay		
Exams	$5	Covered up to $34
Materials	$10	N/A
Frames	Covered up to $200	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

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

Life Insurance Benefit

UNUM

Life insurance provides financial protection for your loved ones in case of your unexpected passing. It can help cover expenses like funeral costs, outstanding debts, or everyday living expenses.

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

Voluntary Life Insurance through UNUM	
Benefit Amount Options	
Employee Benefit Amount	$10K Increments up to 5x BAE or $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 / Included
Age Reduction Schedule	Reduces by 50% at 70

WHO GETS WHAT? YOU DECIDE.



CHOOSING A BENEFICIARY:

1. Understanding Life Insurance

- Life Insurance provides financial support to your loved ones after your passing.
- Your loved ones receive the financial support to cover expenses, debts, or any future needs.

2. Identify your Primary Beneficiary

- Your Primary Beneficiary is the person or entity that will receive the benefit first.
- Common choices include Spouse, Children, Other Family members, Trust, or Estate.

3. Identify your Contingent Beneficiary

- Your Contingent Beneficiary is the person or entity that receives the benefit **ONLY** if the primary beneficiary is deceased or unable to accept the benefit.

4. Communicate and Update

- Communicate to your beneficiaries that they've been named in your policy.
- Continue to update if there are any changes that need to be made.

Note: Multiple Primary or Contingent Beneficiaries may be selected through specified percentage shares.

Questions? Contact Austin Benefits Support: service@austinbenefits.com

Disability Insurance Benefit

UNUM

Disability insurance replaces a portion of your income if you're unable to work due to illness or injury. This helps you manage everyday expenses like groceries, rent, or car payments while you focus on your recovery.

Short Term Disability through UNUM	
Company Provided, No Cost to You.	
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

Long Term Disability through UNUM	
Company Provided, No Cost to You.	
Benefit Amount	60% of Your Monthly Earnings up to $5,000
Definition of Disability	3 Years Own occupation
Pre-Existing Condition Limit	3/12
Benefit Duration	SS ADEA

Additional Benefit Offerings

ID Watchdog Identity Protection
* 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.

Cost Per Pay Period:	
Single	$5.03
Family	$8.72

MENTAL HEALTH CONNECT

POWERED BY: AUSTIN BENEFITS GROUP

EXCLUSIVE TO AUSTIN BENEFITS GROUP CLIENTS

Struggling with mental health challenges can be overwhelming.
Finding the right care shouldn't be.

What is Mental Health Connect?

Mental Health Connect offers confidential behavioral health navigation to help individuals find and connect with suitable mental health services covered by their insurance. For employers, we provide tools and support to enhance workplace well-being and productivity through tailored mental health solutions.

How We Help

Confidential Behavioral Health Navigators: Our experts confidentially assess your needs, recommend suitable services, and connect you with vetted providers covered by your insurance.

Employer Support: We assist employers in prioritizing mental health by offering tools to support their team members', enhancing workplace culture and productivity.

Trusted Partner

Bridge the Gap: Learn about the services tailored for your Employee's need. Access to care is streamlined.

Quick Response: We respond promptly within 24 hours during business hours: (8:00am - 5:00pm) Monday - Friday

Immediate Support: No wait times for your employees. We respond immediately and begin the intake on the first call. Please note, calls will be returned within 24 business hours.

3 Steps

1. Call to Schedule Intake Meeting
2. Initial Intake Meeting & First Appt
3. Recommendations & Follow-Up

CALL US FOR IMMEDIATE SUPPORT

(248) 397-6433

REACH US BY EMAIL:

mhc@riversbendpc.com

In case of an emergency, PLEASE CALL 911 for emergency support.

Our Commitment

Partnering with River's Bend PC, we offer expert mental health care navigation and direct services to help you or your employees thrive. Local support for Michigan residents.

AUSTIN BENEFITS
WWW.AUSTINBENEFITS.COM

RIVER'S BEND PC
www.RiversBendPC.com

At Rivers Bend, we provide tailored behavioral health care and, if needed, will refer you to a trusted statewide partner for the appropriate level of care, ensuring a smooth transition while prioritizing your well-being.

Helpful Information

BCBSM / BCN Medical Plans:

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

Need a letter for your auto insurance carrier? Download the mobile app or log into your portal by scanning the QR code below:

Blue Care Network of Michigan

Delta Dental Plan:

Scan the QR Code for helpful Delta Plan Resources:

DELTA DENTAL®

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 a 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

BlueCross BlueShield



HOW TO

OBTAIN PROOF OF QUALIFIED HEALTHCARE COVERAGE

FOR YOUR AUTO INSURANCE

The quickest way to obtain the Proof of Qualified Healthcare Coverage for your Auto Insurance is to either log into your Blue Cross member account or by downloading the BC mobile app. If not, you can also call customer service, (number found on the back of your BC insurance card) and they will be able to send you a copy of the letter.

ONLINE

1. Log into your account on the browser
2. Click "My Coverage"
3. Click "ID Cards & Proof of Coverage"
4. Scroll down to the "Proof of Coverage" section and you will see "Proof of Qualified Healthcare Coverage for Auto Insurance (PDF)"

MOBILE APP

1. Navigate to the app store on your mobile device and download the BCBSM app.
2. Click the 3 blue lines in the top left corner of the screen
3. Click "Forms and Documents"
4. Scroll down to the bottom of the page and you will find "Proof of Healthcare Coverage for Auto Insurance"

Scan this QR code for further instructions!

Download on the App Store

GET IT ON Google Play

MICHIGAN

Questions? Contact Austin Benefits Support: service@austinbenefits.com

AUSTIN BENEFITS GROUP

GUARANTEED SERVICE

Our support doesn't stop after Open Enrollment

- Austin Benefits Group stands beside you year-round to help navigate through any claims questions, find in-network providers, or understand how to maximize preventative care and wellness programs.

- When unexpected health events arise or when clarity is needed on benefits usage, our team is only a phone call or email away to guide you through the process.

Creating confidence in your plan

- We ensure that you will see your benefits not just as paperwork, but as a valuable resource that you can confidently use throughout your life.

- Confidence comes from understanding. We make sure that you will have both the knowledge and resources to use your benefits wisely.

Questions? Contact us today!

www.austinbenefits.com 248.594.5550 service@austinbenefits.com

AUSTIN BENEFITS GROUP

“We are here every step of the way to ensure your benefits work as hard as you do.”

248.594.5550
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