



2024-25
**Benefit
Guide**

July 1, 2024 - June 30, 2025

Click to explore
your benefit options



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective July 1, 2024 - June 30, 2025.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Enrollment

Go to hcc.prismhr.com/hcc. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

BlueCross BlueShield of MI PPO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

BlueCross BlueShield of MI HMO

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

BlueCross BlueShield of MI HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.**
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.**



Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Your calendar year contributions may not exceed the IRS limits listed below.

HSA Contribution Limit	2024	2025
Employee Only	\$4,150	TBD
Family (employee + 1 or more)	\$8,300	TBD
Catch-up (age 55+)	\$1,000	TBD

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	BlueCross BlueShield of MI \$500 Deductible		BlueCross BlueShield of MI No Deductible HMO (MI ONLY)	BlueCross BlueShield of MI \$2,500 Deductible PPO (HSA Compatible)	
	In-Network	Out-of-Network ¹	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per calendar year)					
Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000	None / None	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (per calendar year)					
Individual / Family	\$8,150 / \$16,300	\$16,300 / \$32,600	\$8,150 / \$16,300	\$4,000 / \$8,000	\$8,000 / \$16,000
Covered Services					
Office Visits (physician/specialist)	\$20 / \$20 copay	40%*	\$20 / \$30 copay	10%*	30%*
Virtual Visits	\$20 copay	40%*	\$20 copay	10%*	30%*
Routine Preventive Care	No charge	N/A	No charge	No charge	N/A
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	10%	10%*	30%*
Complex Imaging	20%*	40%*	\$150 copay	10%*	30%*
Chiropractic Services	\$20 copay	40%*	\$30 copay	10%*	30%*
Ambulance	20%*		10%	10%*	
Emergency Room	\$150 copay		\$250 copay	10%*	
Urgent Care Facility	\$20 copay	40%*	\$35 copay	10%*	30%*
Inpatient Hospital Stay	20%*	40%*	10%	10%*	30%*
Outpatient Surgery	20%*	40%*	10%	10%*	30%*
Prescription Drugs					
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$60 (\$2,500 out of pocket limit 2x's family)		\$10 / \$30 / \$60 / \$80 / 20% up to \$200 or \$300 (\$1,000 out of pocket limit 2x's family)	\$10* / \$40* / \$80*	
Mail Order (90-day supply)	\$30 / \$60 / \$120	N/A	3x's copay (\$10 discount)	\$20* / \$80* / \$160*	N/A

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Online Visits

Getting sick is never convenient, and finding time to get to the doctor can be hard. BlueCross BlueShield provides plan members and covered dependents access to virtual care for non-emergency medical issues and behavioral health needs through Online Visits. Visit bcbsmonlinevisits.com.

The BCBSM App

Manage your health care plan anytime, anywhere with the BCBSM mobile app. Use the app to find in-network providers, download a digital ID Card, access your claims and more. To download, visit bcbsm.com/app!

Online Wellness Resources

Blue Cross Health & Well-Being online resources, powered by WebMD, give you access to a broad range of information and tools. Best of all, it's available at your fingertips 24 hours a day, every day, through your Blue Cross member account.

Member discounts with Blue365

BCBSM offers exclusive deals on things like:

- ▶ Fitness and wellness: Health magazines, fitness gear and gym memberships
- ▶ Healthy eating: Cookbooks, cooking classes and weight-loss programs
- ▶ Lifestyle: Travel and recreation
- ▶ Personal care: Lasik vision correction, hearing aids and more

myStrength by Livongo

This digital behavioral health solution provides personalized support to help you reduce stress, improve your sleep, manage depression, anxiety, chronic pain and much more. Take a short survey, choose what to focus on and get 24/7 access to the myStrength app. Visit strength.livongo.com/BLUECROSSMI-START/register and use registration code BLUECROSSMI-START.

AbleTo

AbleTo is a virtual cognitive behavioral therapy platform providing an 8 week evidence-based program with personalized care for symptoms of depression, anxiety, stress and more. Sessions are confidential and work around your schedule. Visit ableto.com/bcbsm to get started.



Dental

We are proud to offer you a choice of dental plans.

Mutual of Omaha DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Mutual of Omaha network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO		DPPO
	In-Network	Out-of-Network ¹	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$50 / \$150		\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)			
Per Individual	\$1,000		\$1,000
Covered Services			
Preventive Services	No charge		No charge
Basic Services	20%*		25%*
Major Services	50%*		60%*
Orthodontia (Child Only)	\$1,000 Lifetime Maximum		\$1,000 Lifetime Maximum

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

Mutual of Omaha

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Mutual of Omaha network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	Mutual of Omaha	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$37
Materials Copay	\$10 copay	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$32
Single Vision		Up to \$48
Bifocal		Up to \$76
Trifocal		
Frames (once every 24 months)	Covered up to \$150	Up to \$66
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150	Up to \$120



Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by TASC. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2024-25, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental Treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

NOTE: If you enroll in the HSA medical plan, you may not participate in a health care FSA.

Dependent Care FSA

For 2024-25, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Commuter Benefits

Parking: \$300
Transit: \$300

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will **NOT** be returned to you or carried over to the following year.

You can incur expenses through June 30th, 2025, and must file claims by September 30th, 2025.

The IRS and your employer establish the maximum amount you may contribute each year. See the plan documents for details.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Mutual of Omaha.

Benefit Amount	
Employee	1x's salary up to \$300,000 maximum

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; minimum \$10,000 up to 5 times salary or \$300,000 maximum	\$100,000
Spouse/DP	\$5,000 increments up to 100% of employee coverage; minimum \$5,000 up to \$150,000 maximum	\$30,000
Child(ren)	Under Age 26 - Up to \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at **NO COST** to you through Mutual of Omaha

Benefit Percentage	60% of predisability earnings
Weekly Benefit Maximum	Up to \$1,000
When Benefits Begin	After 7 th day of disability
Maximum Benefit Duration	Up to 12 weeks

Long-Term Disability

Provided at **NO COST** to you through Mutual of Omaha

Benefit Percentage	60% of predisability earnings
Monthly Benefit Maximum	Up to \$6,000
When Benefits Begin	After 90 th day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age



Employee Assistance Program

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Mutual of Omaha.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Valuable Extras

We also offer the following additional benefits:

- ▶ **Principal 403b:** You may elect to have a specific percentage of your pay deducted either pre-tax or post-tax (Roth Deferrals) and invested into the 403(b) plan. DCP will make a safe harbor match of 100% for the first 3% of pay you contribute into the plan plus a 50% match on deferrals between 3% and 5% (4% total if you are contributing 5% or more of your eligible compensation). To login, visit principal.com or download the Principal mobile app to access your 403(b) from a smartphone or a tablet.
- ▶ **Norton LifeLock Identity Theft:** LifeLock provides all-in-one protection against threats to employees' identity, devices, and privacy from the leading brand in identity theft protection and cybersecurity. Benefits include identity monitoring, stolen wallet protection, data breach notifications, credit card activity alerts and much more.



Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Mutual of Omaha are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. The accident plan pays benefits for accidental injuries. When your medical bill arrives, you'll be relieved you have accident insurance on your side. A \$50 wellness benefit is payable upon completion of a routine wellness screening or procedure designed to promote health.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000². But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. MetLife Accident and Critical Illness Impact Study.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	(Semi-Monthly) Employee Contribution		
	\$500 Deductible PPO	No Deductible HMO (MI ONLY)	\$2,500 Deductible PPO (HSA Compatible)
Employee Only	\$104.27	\$102.66	\$81.59
Employee + 1	\$387.44	\$381.47	\$303.17
Employee + Family	\$484.30	\$476.84	\$378.97

Dental

Coverage Tier	(Semi-Monthly) Employee Contribution	
	High Plan	Low Plan
Employee Only	\$5.43	\$2.91
Employee + Spouse/DP	\$17.63	\$9.45
Employee + Child(ren)	\$22.25	\$11.93
Family	\$32.74	\$17.55

Vision

Coverage Tier	(Semi-Monthly) Employee Contribution
Employee Only	\$3.95
Employee + Spouse/DP	\$9.06
Employee + Child(ren)	\$10.04
Family	\$15.33

Accident Plan

Coverage Tier	(Semi-Monthly) Employee Contribution
Employee Only	\$7.59
Employee + Spouse/DP	\$11.98
Employee + Child(ren)	\$14.74
Family	\$19.90

Hospital Indemnity Plan

Coverage Tier	(Semi-Monthly) Employee Contribution
Employee Only	\$10.71
Employee + Spouse/DP	\$23.56
Employee + Child(ren)	\$14.13
Family	\$28.27

LifeLock Plan

Coverage Tier	(Semi-Monthly) Employee Contribution
Employee	\$7.50
Family	\$14.99

Supplemental Life/AD&D

Supplemental Life/AD&D and critical illness rates are available online during enrollment.

Domestic Partner (DP) Contributions: Your contributions to cover an DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an DP must be taken on an after-tax basis.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BlueCross BlueShield of MI	888-288-1718	bcbsm.com
Prescription Drug Coverage	BlueCross BlueShield of MI	888-288-1718	bcbsm.com
Dental	Mutual of Omaha	800-927-9197	mutualofomaha.com/dental
Vision	Mutual of Omaha	833-279-4358	mutualofomaha.com/vision
Flexible Spending Accounts (FSAs)	TASC	800-422-4661	tasconline.com
Life/AD&D	Mutual of Omaha	800-877-5176	mutualofomaha.com/support/claims
Disability	Mutual of Omaha	800-877-5176	mutualofomaha.com/support/forms
Employee Assistance Program (EAP)	Mutual of Omaha EAP	800-316-2796	mutualofomaha.com/eap
Identity Theft	NortonLifeLock, Inc.	844-698-8640	my.norton.com

Benefits Website

Our benefits website hcc.prismhr.com/hcc can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Adrienne Carey at 847-247-8811
adrienne.carey@hubinternational.com

Cathy Kendrick at 317-964-1067
ckendrick@phalenacademies.org



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



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