

2017

Benefit Guide

RIGHT FOR YOU. RIGHT FOR YOUR FAMILY.

See inside for important information about your benefits



**Employee Benefit Guide
2017 - 2018**

WELCOME

Whether you are new to our organization or an existing member of Choice Schools Associates, LLC, MIChoice, LLC or Second Home Child Development Center we are excited that you have made us your employer of choice. This booklet is to help inform you of the benefits available as a full-time active employee.

Eligibility

- Employees working 30 hours per week are eligible for medical, dental, vision and flexible spending benefits.
- Employees must work 35 hours per week to be eligible for all other benefits.
- Benefits are effective on the first of the month following date of hire
- If termination date is **between the 1st and 15th of the month**, coverage will terminate on the 15th of the month.
If the termination date is **between the 16th and the end of the month**, coverage will terminate on the end of the month.

Qualified Life Events

Elections you make at this time will remain in effect until next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time.

Qualified life events include:

- **Change in status:** Marriage, divorce, legal separation, annulment or death
- **Change in number of dependents:** Birth, death, divorce, adoption/placement for adoption or dependent reaching limiting age
- **Change in employment status** of employee, dependent or spouse that affects the individual's eligibility
- **Change in employee, spouse or dependent coverage** on spouse's plan during spouse's Open Enrollment period
- **Change in entitlement** to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)* for employee, dependent or spouse
- **Change in eligibility for group health plan premium assistance** under Medicaid or CHIP* for employee, dependent or spouse

It is **your responsibility** to notify Human Resources (HR) within **31 days** of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. When you, your dependent(s) or your spouse become enrolled as a result of a qualified life event, coverage will be made effective retroactive to the date of the event. For more information please contact HR.

Our Benefits Website

Our benefits website is your one-stop shop not only for enrolling in benefits, but also for accessing more information, HR-related forms and contact information for carriers. Simply log on to <https://employeenavigator.com> and follow the directions above, or see the User Guide included at the back of this guide.

Employee Navigator Essentials App: After enrolling first through a web browser on your smart phone, tablet or computer, you can download the free Employee Navigator Essentials App. The app is a one-stop shop that provides access to your employee profile, benefits elections and benefits documents all year.

LOOK INSIDE

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HOW TO ENROLL

Log into our Employee Benefit Website at: <https://employeenavigator.com>

Returning User: Type in Username and Password or Click on Reset a forgotten password.

New User: Click on Register as a New User. Complete the fields requested to match with the information already loaded in the system.

Use **Choice Sch** as the Company Identifier.

Or see the User Guide attached.

Medical Coverage: Blue Cross Blue Shield of MI & Blue Care Network

Medical benefits are an important part of your financial security. The impact that an unexpected medical expense may have on the financial well being of a family can be overwhelming. Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center offer all eligible employees working at least 30 hours per week, and their eligible dependents, a choice of 3 health insurance plans.

If you elect the **Blue Care Network HMO Plan**, you are required to select a participating Primary Care Physician (PCP). You will be able to see a specialist with a referral from your Primary Care Physician.

If you elect one of the **Blue Cross Blue Shield Plans**, you are not required to select a Primary Care Physician (PCP). You will be able to see a specialist without a referral, and may also choose to see providers outside the Blue Cross Network, subject to additional out-of-pocket expenses.

Key Medical Benefits	BCN	BCBS		BCBSM	
	HMO Basic Plan	PPO Standard Plan		PPO Premium Plan	
	In-Network Only	In-Network	Out of Network	In-Network Only	Out of Network
Deductible (per calendar year)					
Single	\$1,000	\$250	\$5,000	\$0	\$5,000
Double	\$2,000	\$500	\$10,000	\$0	\$10,000
Family	\$2,000	\$500	\$10,000	\$0	\$10,000
Coinsurance Maximum (per calendar year)					
Single	\$2,000	\$1,000	\$5,000	N/A	N/A
Double	\$4,000	\$2,000	\$10,000	N/A	N/A
Family	\$4,000	\$2,000	\$10,000	N/A	N/A
Out-of-Pocket Maximum (per calendar year) - Includes Deductible , Coinsurance and Copays					
Single	\$6,600	\$6,350	\$12,700	\$6,350	\$8,000
Double	\$13,200	\$12,700	\$25,400	\$12,700	\$16,000
Family	\$13,200	\$12,700	\$25,400	\$12,700	\$16,000
Covered Services					
Primary Care Physician	\$30 Co-pay	\$25 Co-pay	Covered 50% after OON deductible	\$20 Co-pay	Covered 50% after OON deductible
Specialist	\$40 Co-pay	\$25 Co-pay	Covered 50% after OON deductible	\$20 Co-pay	Covered 50% after OON deductible
Routine Preventive Care	100% Covered	100% Covered	Not Covered	100% Covered	Not Covered
Outpatient Diagnostic Lab & X-ray*	20% Co-insurance after In-Network Deductible *Advance Imaging -\$150 Copay	20% Co-insurance after In-Network Deductible	Covered 50% after deductible	100% Covered	Covered 50% after OON deductible
Emergency Room	\$150 Co-pay (Co-pay waived if admitted)	\$100 Co-pay (Co-pay waived if admitted or for accidental Injury)		\$100 Co-pay (Co-pay waived if admitted or for accidental Injury)	
Urgent Care Facility	\$50 Co-pay	\$25 Co-Pay	Covered 50% after OON deductible	\$20 Co-pay	Covered 50% after OON deductible
Inpatient Hospital Stay	20% Co-insurance after In-Network Deductible	20% Co-insurance after In-Network Deductible	Covered 50% after OON deductible	100% Covered	Covered 50% after OON deductible
Outpatient Surgery	20% Co-insurance after In-Network Deductible	20% Co-insurance after In-Network Deductible	Covered 50% after OON deductible	100% Covered	Covered 50% after OON deductible
Prescription Drug					
Tier 1 (Generic)	\$15 Co-pay	\$15 Co-pay	Copay Amount + 25% of BCBSM approved amount for drug. See Benefit Guide for specifics.	\$10 Co-pay	Copay Amount + 25% of BCBSM approved amount for drug. See Benefit Guide for specifics
Tier 2 (Preferred Brand)	\$50 Co-pay	\$50 Co-pay		\$40 Co-pay	
Tier 3 (Non Preferred Brand)	\$80 Co-pay	\$70 or 50% of approved amount, whichever is greater, but no more than \$100		\$80 Co-pay	
Specialty					
Mail Order (90-day supply)	2Xs the applicable co-pay up to a 90 day supply	2Xs the applicable co-pay up to a 90 day supply		2Xs the applicable co-pay up to a 90 day supply	

****Eligible dependents include children up to the end of the month in which they turn age 26.****



Talk to a



anytime

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for Free

 MyDrConsult.com

 1-800-DOC-CONSULT (362-2667)

Mail-Order Prescription: Express Scripts (BCBSM / BCN)

Through the Mail Order Service, you can purchase up to a 90-day supply of most prescription medications and order refills for many of the medications you take on an on-going basis. All medications are delivered to your home. **To obtain a mail-order form, please see your Employee Navigator homepage.**

Instructions for ordering prescriptions through mail-order:

Please take a minute to make sure...

- You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.
- You have either filled out the credit card section on the front of this order form or included a check or money order for the required co-payment.
- You have written your member ID number on any check or money order.
- You have filled out the Health, Allergy and Medication Questionnaire. This information will help Express Scripts better serve your prescription drug needs.

BCBSM - You can call 1-800-903-8346 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card. Get more information from our website. Visit us at www.bcbsm.com

BCN - You can call 1-800-229-0832 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card. Get more information from our website. Visit us at www.express-scripts.com

Dental Coverage: Delta Dental

Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center realize the importance of good dental care in the maintenance of your overall good health. Good dental care requires regular checkups and preventive care. Your dental insurance provides important insurance protection against the high cost of dental care for you and your family and is currently provided by Delta Dental. Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center provide eligible employees working at least 30 hours per week and their eligible dependents, a group dental insurance plan.



Key Dental Benefits	PDP Plus Plan
	In-Network
Deductible (per calendar year)	
Individual	\$0
Family	\$0
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)	
Per Individual	\$1000
Covered Services	
Preventive Services	100% Covered
Basic Services	80% Covered
Major Services	50% Covered
Orthodontia (Adults & Children)	50% covered

Vision Coverage: VSP

Eye Care is about more than just getting glasses or contacts. It's about health. This is why Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center offers eligible employees working at least 30 hours per week, and their eligible dependents, vision insurance from VSP.

Key Vision Benefits	Frequency	In-Network
Exam	Every 12 Months	\$10 Co-pay
Prescription Glasses	Every 12 Months	\$25 Co-pay
Lenses Single Vision Bifocal Trifocal	Every 12 months	(Included in Prescription Glasses)
Frames	Every 24 Months	(Included in Prescription Glasses)
Contact Lenses (instead of glasses)	Every 12 Months	\$130 Allowance for Contacts (Co-pay does not apply)



****Eligible dependents include children up to the end of the month in which they turn age 26.****



Basic Life/AD&D Coverage: The Standard

Your life and AD&D Insurance program provides an important source of income and financial security for your dependents in the event of your death. The AD&D Insurance benefit provide additional insurance protection to you and your family in the case of your accidental death or a specific accidental injury. Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center provide eligible employees working at least 35 hours per week group life and accidental death and dismemberment (AD&D) insurance . This is provided at **no cost** to the employee.

- Age reductions apply, see summary in Employee Navigator for full details.

Employee Life and AD&D

Amount	\$50,000
--------	-----------------

Voluntary Life/AD&D: The Standard

Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center offer the opportunity for all eligible employees to purchase additional life and accidental death and dismemberment (AD&D) insurance on themselves and their spouse, and life insurance on their child(ren). In order to purchase coverage for your spouse and/or child(ren), you must purchase coverage for yourself. Refer to Employee Navigator or the attached rate grid to calculate your cost.

	Benefit Option	Guarantee Issue*
Employee	\$10,000 increments, up to \$300,000	\$150,000
Spouse	\$5,000 increments, up to \$150,000	\$30,000
Child(ren)	Live birth to age 21 or to age 25 if full-time student	\$10,000

* Your Cost will increase as your age increases.

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

* Age reductions apply, see summary in Employee Navigator for full details.

Disability Coverage: The Standard

The financial consequences of a disability can be disastrous to your financial security and that of your family.

Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center provide **Short-Term Disability** insurance to all eligible employees working at least 35 hours per week and **pay the full cost** of this benefit.

Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center offer eligible employees working at least 35 hours per week a **Voluntary Long-Term Disability** plan through The Standard. Refer to Employee Navigator or the attached rate grid to calculate your cost.

Short-Term Disability

Benefit Percentage	66.67% of weekly salary
Weekly Benefit Maximum	\$500
When Benefits Begin	1st day/8th day
Maximum Benefit Duration	90 Days

Voluntary Long-Term Disability

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	90 Days
Maximum Benefit Duration	Later of age 65 or Social Security Normal Retirement Age

Note: Refer to summary in Employee Navigator for more details and/or limitations.



Flexible Spending Program (FSA)

Flexible Spending Accounts (FSAs) are administered through BASIC. The account operates much like a bank account. Deposits are made into your account through pre-tax payroll deductions. Withdrawals from the accounts are made using a reimbursement form, which is available through your Employee Navigator page.

- Through the use of the Healthcare FSA, you can use pre-tax dollars to pay for uninsured medical, prescription, dental and vision expenses, and even over-the-counter items that are used to treat a specific medical condition.
- Through the use of the Dependent Care FSA, you can reduce your tax burden by using pre-tax dollars to pay for eligible child or dependent care expenses. Federal law also allows you to claim a direct credit against federal income taxes for eligible child or dependent care expenses. You may use this account or take a federal tax credit - but not both.

Health Care FSA

Eligible Expenses	Qualified medical, dental and vision expenses not covered by insurance
Maximum Annual Contributions	\$2,500

Dependent Care FSA

Eligible Expenses	Qualified dependent care, such as child or elder day care
Maximum Annual Contribution	\$5,000 (or \$2,500 if married and filing separately)

For a complete list of qualified health care expenses, visit:

<http://www.irs.gov/pub/irs-pdf/p502.pdf>.

For a complete list of qualified dependent care expenses, visit:

<http://www.irs.gov/pub/irs-pdf/p503.pdf>.

MORE ON FSAs

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

- **“Use it or lose it”** Plan Carefully. Since funds going into your account are free from taxes, the IRS imposes some restrictions on the operation of this account. The expenses must be incurred within the year or within the 2 ½ month grace period following the end of the year or the funds will be forfeited.
- **The Reimbursement Form** (*found on your Employee Navigator homepage*). The Reimbursement Form, along with a copy of your receipt and/or bill, and a description of the expense should be submitted to BASIC. A check will then be issued to you.
- **Dependent care expenses** are expenses incurred by you to enable you to work. The expenses must be for the care of your dependent that is under age thirteen (13), or for the care of your dependent or spouse who is physically or mentally incapable of self-care, or for household services in connection with the care of such a person.



Rates

2016 Employee Contribution Rates

Medical Coverage

Coverage Tier	Employee Contribution (Biweekly)		
	BCN/HMO Basic Plan \$1000/\$2000 Deductible 80% Plan	BCBSM/PPO Standard Plan \$250/\$500 Deductible 80% Plan	BCBSM/PPO Premium Plan \$0 Deductible 100% Plan
Single	\$0.00	\$0.00	\$43.90
Double	\$154.00	\$324.62	\$430.00
Family	\$250.55	\$463.75	\$595.46

Dental Coverage

Coverage Tier	Employee Contribution (Biweekly)
	Delta Dental
Single	\$0.00
Double	\$25.38
Family	\$25.38

Vision Coverage

Coverage Tier	Employee Contribution (Biweekly)
	VSP
Single	\$0.00
Double	\$1.65
Family	\$5.46



Cash in Lieu:

If you have declined medical, dental and vision coverage, Choice Schools will provide a credit of \$45 toward your Bi-Weekly benefits contribution.

Employee Bi-weekly Benefit
\$45.00

Teladoc

Employee Bi-weekly Cost
\$1.04

Voluntary LTD

Bi-Weekly Premium Calculation		Example: Sample Employee, Age 35	Attained Age	Premium Factors
List your monthly earnings (*Maximum covered payroll is \$8,333.33 Monthly)	\$ _____	\$2,500	<30	0.001015
Multiply by your premium factor	_____	0.002631	30 – 34	0.001569
Your Estimated Bi-Weekly Premium**	\$ _____	\$6.58	35 – 39	0.002631
			40 – 44	0.004015
			45 – 49	0.005585
			50 – 54	0.007200
			55 – 59	0.009231
			60 – 64	0.007708
			65 – 69	0.006092
			70 – 74	0.005215
			75 – 99	0.005215

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency

Voluntary Life Coverages

Employee - Life and AD&D Bi-Weekly Cost

AGE	Bi-Weekly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
under 25	0.0369	0.37	0.74	1.11	1.48	1.85	2.21	3.69	4.06	4.43	4.80	5.17	5.54
25-29	0.0369	0.37	0.74	1.11	1.48	1.85	2.21	3.69	4.06	4.43	4.80	5.17	5.54
30-34	0.0369	0.37	0.74	1.11	1.48	1.85	2.21	3.69	4.06	4.43	4.80	5.17	5.54
35-39	0.0508	0.51	1.02	1.52	2.03	2.54	3.05	5.08	5.59	6.10	6.60	7.11	7.62
40-44	0.0785	0.79	1.57	2.36	3.14	3.93	4.71	7.85	8.64	9.42	10.21	10.99	11.78
45-49	0.1154	1.15	2.31	3.46	4.62	5.77	6.92	11.54	12.69	13.85	15.00	16.16	17.31
50-54	0.2123	2.12	4.25	6.37	8.49	10.62	12.74	21.23	23.35	25.48	27.60	29.72	31.85
55-59	0.3277	3.28	6.55	9.83	13.11	16.39	19.66	32.77	36.05	39.32	42.60	45.88	49.16
60-64	0.3462	3.46	6.92	10.39	13.85	17.31	20.77	34.62	38.08	41.54	45.01	48.47	51.93
65-69	0.6323	6.32	12.63	18.95	25.27	31.58	37.89	65.00	71.50	78.00	84.50	91.00	97.50
70-74	1.3292	13.29	26.58	39.87	53.16	66.45	79.74	141.10	154.21	167.32	180.43	193.54	206.65

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Spouse (Age based on employee) - Life and AD&D Bi-Weekly Cost

AGE	Bi-Weekly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
under 25	0.0369	0.18	0.37	0.55	0.74	0.92	1.11
25-29	0.0369	0.18	0.37	0.55	0.74	0.92	1.11
30-34	0.0369	0.18	0.37	0.55	0.74	0.92	1.11
35-39	0.0508	0.25	0.51	0.76	1.02	1.27	1.52
40-44	0.0785	0.39	0.79	1.18	1.57	1.96	2.36
45-49	0.1154	0.58	1.15	1.73	2.31	2.89	3.46
50-54	0.2123	1.06	2.12	3.18	4.25	5.31	6.37
55-59	0.3277	1.64	3.28	4.92	6.55	8.19	9.83
60-64	0.3462	1.73	3.46	5.19	6.92	8.66	10.39
65-69	0.6323	3.16	6.32	9.48	12.63	15.78	18.93

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:
Use this formula to calculate premium for benefit amounts over amounts listed above.

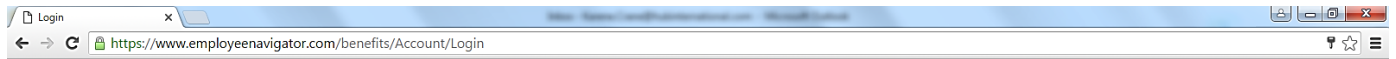
Example	Amount of Insurance	Divided by 1,000	Multipled by rate	Bi-Weekly Cost
Age 33	\$150,000	/ 1,000 = 150	x \$0.0369	\$5.54
			X	
			X	

Dependent Child(ren) - Life Bi-Weekly Cost

\$10,000
0.92

Premium covers all dependent children regardless of the number of children.

HUBLink (Employee Navigator) Employee Enrollment User Guide



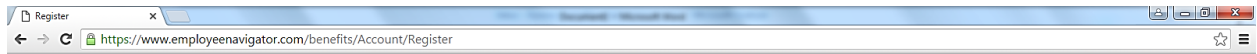
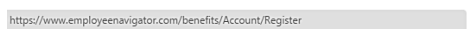
To begin, type in www.employeenavigator.com and click on Login when the website loads.

If you are a returning user, type in your Username and your Password.

If you are a new user, click on Register as a new user.

The login form features the 'employee NAVIGATOR' logo at the top. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. Below the button are two links: 'Reset a forgotten password' and 'Register as a new user'. At the bottom, there are links for 'Privacy Policy', 'Terms of Use', and 'Legal Notice', and a copyright notice for '© 2016 Employee Navigator, LLC'.

If you have forgotten your password, click on Reset a forgotten password. The password reset will be sent to your email address (please check both your personal and work emails). Complete the password reset and return to this login screen.



To Create your New User account, you will need this Company Identifier:

Choice Sch

Your PIN is the last 4 digits of your Social Security Number.

TIP: If your information doesn't take with your name displayed like this: John Smith, try all caps JOHN SMITH.

Click Next

If your information matches the information in the portal, you will be advanced to the next screen.

The registration form is titled 'Create Your Account'. It begins with the instruction 'First, let's find your company record'. The form contains five input fields: 'First Name', 'Last Name', 'Company Identifier' (with a note '(provided by HR)'), 'PIN' (with a note '(Last 4 Digits of SSN / ID)'), and 'Birth Date' (with a note '(mm/dd/yyyy)'). A green 'Next >' button is located at the bottom of the form.

If you have an email address in the system, this will display as your user name, although you can choose to change that here.

Password requirements are at least one letter, at least one symbol and at least one number, 6-12 characters in length.

Agree with the terms of use and click Next.

Create Your Account

Then register a username and password

Username

(company email is recommended)

Password

(minimum length of 6, number and symbol required)

show it

I agree with the terms of use

Contact HR Karene Crane

Your Logo will be placed here

JOHN SMITH PROFILE BENEFITS REQUIRED TASKS RESOURCES

Welcome, John.
13 days left to complete your benefit enrollment.

Start Benefits >

Profile
Update personal information

Benefits
View and manage your benefits

Required Tasks
Complete required company tasks

Resources
Find other information

News & Articles

Title	Posted
-------	--------

Compliance Documents

Title	Posted
Employee Handbook	12/04/2012
SBC Document	12/04/2012

Contacts

Ellen
HR Contact
(301) 555-1234
Test@hr.com

This is your Home Page. To start your benefit enrollment, click on the Start Benefits tab.

Enrolling in your benefits...

Check to make sure your Personal Information and Dependent Information is correct, Save and Continue.

Displayed here is the Medical Enrollment screen. All of the screens work pretty much the same. Select who you want on the plan – contributions in the Plan boxes will change as you add family members to the Plan. Select the Plan you want to enroll in and Save and Continue. If you wish to decline any benefits, use the 'Don't want this benefit' tab under the 'Save and Continue' tab and choose a reason for your decline.

Continue through all of the benefit offerings until you get your Enrollment Summary.

Plan	Carrier	Plan Title	Coverage	Effective	Cost Per Pay	Benefit
Medical	Blue Care Network of Michigan	2016 BCN HMO Medical Plan	Employee + Family	01/31/2016	\$53.08	
Dental	Delta Dental of MI	2016 Delta Dental Plan	Employee + Family	02/01/2016	\$20.86	
Vision	VSP	2016 VSP Vision Plan	Employee + Family	01/31/2016	\$5.80	
Life	Lincoln Financial Group	2015-2016 Lincoln Financial Life and AD&D	Employee	02/01/2016	\$0	\$80,000
Short-Term Disability	UNUM	2015-2016 UNUM Short Term Disability Plan	Employee	02/01/2016	\$7.67	\$461.54
Long-Term Disability	UNUM	2015-2016 UNUM Long Term Disability	Employee	02/01/2016	\$0	\$2,000

Check over your elections on the Enrollment Summary and if everything is correct, click the Agree button.

If you have to make changes, simply click on the BENEFITS link, make changes and come back to the Enrollment Summary to Agree.

Benefits Contact Directory

Topic	Contact	Phone Number	Website & Network
General Benefits and/or Enrollment	Sharon Elderkin	(616) 558-2452	sharonelderkin@choiceschools.com
Medical Coverage	Blue Cross Blue Shield of MI	(877) 790-2583	www.bcbsm.com
	Blue Care Network	(800) 662-6667	www.mibcn.com
Dental Coverage	Delta Dental	(800) 482-8915	www.deltadentalmi.com
Vision Coverage	VSP (Vision Service Plan)	(800) 877-7195	www.vsp.com
Basic Life and AD&D Coverage	The Standard	(888) 937-4783	www.standard.com
Short & Voluntary Long Term Disability Coverage	The Standard	(888) 937-4783	www.standard.com
Flexible Spending Accounts	Basic	(800) 444-1922	www.basiconline.com
Teladoc	Teladoc	(800) 362-2667	www.teladoc.com or www.mydrconsult.com
Voluntary Life/AD&D	The Standard	(888) 937-4783	www.standard.com



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(269) 982-3887

cynthia.payne@hubinternational.com

Linnea Hoekwater

(616) 233-0194

linnea.hoekwater@hubinternational.com

Toll Free

(800) 936-4236

Benefits Website

Our benefits website, <https://employeenavigator.com>, can be accessed anytime you want additional information on our benefits programs.

Human Resources

If you have additional questions, you may also contact Sharon Elderkin in Human Resources at (616) 558-2452 or sharonelderkin@choiceschools.com



Important Note: 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.

Important Notices

The Newborn Act

Under Federal and state law you have certain rights and protections regarding your Maternity benefits under the Plan.

Under federal law known as the “**Newborns’ and Mothers’ Health Protection Act of 1996**” (Newborns’ Act) group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Under Michigan law, if your Plan provides benefits for obstetrical services your benefits will include coverage for postpartum services. Coverage will include benefits for inpatient care and a home visit or visits, which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, deductibles, coinsurance factors, and Copayments that are no less favorable than for physical illness generally.

Notice of Patient Protection

If your health plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the health plan designates one for you. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of participating primary care providers, contact Blue Care Network at (800) 662-6667.

You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecology care from a health care professional in our network who specializes in obstetrics or gynecology. However, the health care professional may be required to comply with certain procedures, including obtaining authorization for certain services, following a pre-approved treatment plan, or following certain procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Care Network at (800) 662-6667.

Women’s Health and Cancer Rights Act

The Women’s Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

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

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

Summary of Benefits and Coverage (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. To help you make an informed choice the company makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about our health coverage in a standard format, to help you compare across options. The SBC also includes a Glossary of Health Coverage and Medical Terms to help you better understand health care terms used in the SBC. You can obtain a copy of the SBC at no cost to you by contacting your local HR representative.

**NOTICE OF PRIVACY POLICY AND PRACTICES
FOR CHOICE SCHOOLS ASSOCIATES, LLC, MICHoice, LLC AND SECOND HOME CHILD DEVELOPMENT CENTER
HEALTH AND WELFARE PLAN ("THE PLAN")**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PURPOSE OF THIS NOTICE

The Plan respects the privacy of the personal information supplied by its plan participants and understands the importance of keeping this information confidential and secure. This Notice describes how the Plan protects the confidentiality of the personal information it receives. These practices apply to current and former participants in the Plan.

TYPES OF PERSONAL INFORMATION THE PLAN COLLECTS

The Plan collects a variety of personal information to assist the Plan Sponsor in administering a participant's health coverage. Some of this information is provided by participants on enrollment forms, surveys and correspondence (such as address, social security number, and dependent information). The Plan also receives personal information (such as eligibility and claims information) through transactions and communication with the Plan Sponsor and participants, affiliates, employers, insurance agents, insurers and health care providers. The Plan retains this information after a participant's coverage under the self-funded group health plan ends. The Plan limits the collection of personal information to that which is necessary to administer the Plan and meet regulatory requirements.

HOW THE PLAN PROTECTS PERSONAL INFORMATION

The Plan treats personal information securely and confidentially. The Plan limits access to personal information to only those persons who need to know that information to provide products or services to the Plan Sponsor and/or participants. These persons are trained on the importance of safeguarding this information and must be named on the Confidentiality Agreement established by the Plan in accordance with procedures and applicable law. The Plan applies strict physical, electronic, and procedural security standards to protect personal information and to maintain internal procedures to promote the integrity and accuracy of that information.

DISCLOSURE OF PERSONAL INFORMATION

The Plan may share any of the personal information it collects (as described above) as permitted by law. The Plan may also disclose this information to non-affiliated entities or individuals as permitted or required by law. Non-affiliates with whom we may disclose information as permitted by law include our third party administrator, attorneys, accountants and auditors, the Plan Sponsor's authorized representatives, a participant's authorized representative, health care providers, Preferred Provider Organizations, and law enforcement or regulatory authorities. The Plan does not disclose personal information about any participant to any other third party without a participant's request, consent or authorization. The Plan participant may, at any time, revoke his/her consent or authorization to release personal information.

INDIVIDUAL RIGHTS TO ACCESS AND CORRECT INFORMATION

The Plan has procedures for a participant to access proper, reasonable and specific personal information, and will make this information available to the participant upon proper, reasonable and specific written request and consent. If you would like a copy of your personal information or believe your information is not accurate, please send your request in writing to:

Director of Payroll & Benefits
Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center Health and Welfare Plan
255 Colrain SW, Ste. 1, Wyoming, MI 49458

FURTHER INFORMATION

The Plan may amend its privacy policy from time to time in accordance with applicable law. The Plan will advise participants of its privacy and practices at least once every three years. Additionally, the notice of privacy and practices will be available to participants upon written request at no cost to the participant.

HITECH ACT

Effective September 23, 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) went into effect. The HITECH Act is the HIPAA Privacy and Security provision of the American Recovery and Reinvestment Act of 2009 (ARRA).

Under the HITECH Act, employer-sponsored health plans and other HIPAA covered entities (e.g. health care providers) must notify affected individuals HHS and sometimes the media when unsecured PHI is breached.

As an employee of Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center, we have addressed HIPAA confidentiality requirements in this HIPAA policy. Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center will comply with the HITECH Act as an employer, committing to the following additional duties:

- In the unlikely event that Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center discovers a breach of unsecured PHI, Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center will notify the PHI contact of each affected client without unreasonable delay after discovery of the breach. In no case will this delay exceed sixty (60) days. Breaches are treated as discovered on the first day on which such breach is known to the company or, by exercising reasonable diligence, should have been known to the company.
- The HITECH Act requires covered entities (e.g. employers sponsoring health plans) to make additional disclosures. These include notifications to individuals, HHS, and/or prominent media outlets. A breach is defined as "the acquisition, access use, or disclosure of [PHI] in a manner not permitted under [HIPAA] which compromises the security or privacy of the [PHI]."
- Unsecured PHI is defined as any PHI "that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specific by the Secretary (i.e. encryption or destruction)."
- In addition, Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center agrees to comply with the Security safeguards and documentation requirements in the HIPAA Regulations.
- Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center agrees to refrain from directly or indirectly receiving remuneration in exchange for any PHI of an individual unless such exchange is specifically allowed by HIPAA.
- Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center agrees to comply with the marketing limitations identified in the HITECH Act.
- Any required accounting of PHI disclosures by Choice Schools Associates, LLC, MICHoice, LLC and Second Home Child Development Center shall comply with the HITECH Act.

Important Notice from Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center has determined that the prescription drug coverage offered by the Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Choice Schools Associates, LLC, MIChoice, LLC and Second Home Child Development Center changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: **July 1, 2016**
Name of Entity: **Choice Schools Associates, LLC, MIChoice, LLC**
and Second Home Child Development Center

Address: **255 Colrain SW, Ste 1**
Wyoming, MI 49458

Contact--Position/Office: **Sharon Elderkin -**
Director of Payroll & Benefits

Phone Number: **(616) 558-2452**

