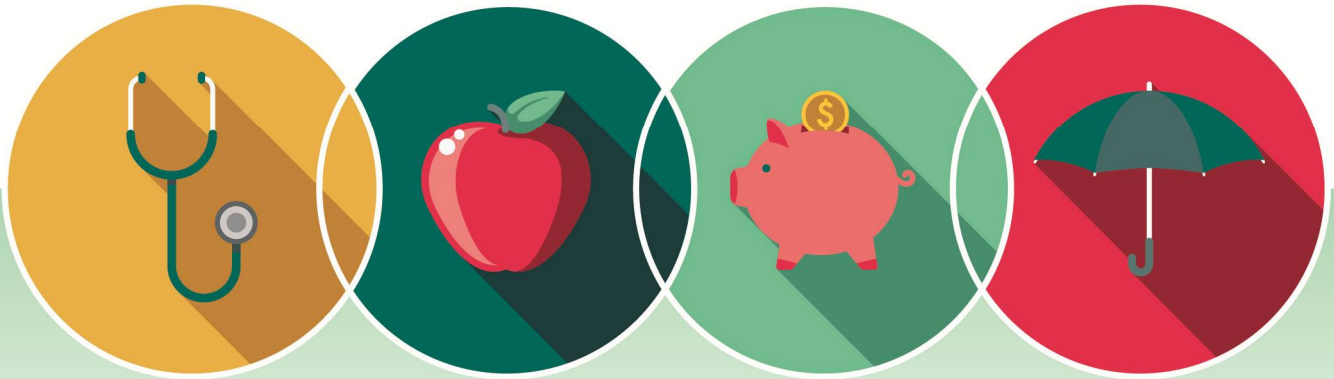


2019 - 2020 **Benefits Guide**



Health • Financial • Work-Life

July 1, 2019 - June 30, 2020

WELCOME

Whether you are new to our organization or an existing member of Choice Schools Associates, 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, teladoc 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.
- Benefits will terminate as of midnight the day of termination or lay-off from the employer, unless otherwise specified.
- **Eligible dependents include children up to the end of the month in which they turn age 26 for medical, dental and vision. Voluntary Life coverage is available for children age 14 days to age 26 (regardless of student status or marital status).**

Qualified Life Events

Elections you make at this time will remain in effect until the 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 **30 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.

*In such cases you have 60 days to notify HR of the event instead of 30.

Our Benefits Website

Our benefits website is not only for enrolling in benefits, but also for accessing more detailed information, HR-related forms and contact information for carriers. **Follow the directions on the Employee Navigator Online Benefit Enrollment page and Employee Enrollment User Guide included toward the back of this guide.**

LOOK INSIDE

Medical Coverage

Health Savings Account

Teladoc Coverage

Dental Coverage

Vision Coverage

Flexible Spending Program

Basic Life and AD&D Coverage

Voluntary Life/AD&D Coverage

Short-Term Disability Coverage

Voluntary Long-Term Disability Coverage

EAP / Resources

Rates

Employee Navigator User Guide

Benefits Contact Directory

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 and Second Home Child Development Center offer all eligible employees working at least 30 hours per week, and their eligible dependents, a choice of 4 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.

For complete coverage details please refer to the benefit summaries or Summaries of Benefits and Coverage on Employee Navigator.

KEY MEDICAL BENEFITS	BCN	BCBSM	BCBSM	BCBSM
	HMO Basic Plan	PPO Standard Plan	PPO Premium Plan	PPO HDHP HSA Plan*
	In-Network	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)				
Single	\$2,000	\$500	\$0	\$1,350
Double / Family	\$4,000	\$1,000	\$0	\$2,700
Coinsurance Maximum (per calendar year)				
Single	\$1,500	\$1,500	N/A	N/A
Double / Family	\$3,000	\$3,000	N/A	N/A
Out-of-Pocket Maximum (per calendar year)				
Single	\$6,600	\$6,350	\$6,350	\$2,250
Double / Family	\$13,200	\$12,700	\$12,700	\$4,500
Covered Services				
Primary Care Physician	\$30 copay	\$25	\$20	20% coinsurance after deductible
Specialist	\$40 copay	\$25	\$20	20% coinsurance after deductible
Routine Preventive Care	covered 100%	covered 100%	covered 100%	covered 100%
Outpatient Diagnostic Lab & X-ray	20% coinsurance after deductible <small>*Advanced Imaging—\$150 copay</small>	20% coinsurance after deductible	covered 100%	20% coinsurance after deductible
Emergency Room	\$250 copay (copay waived if admitted)	\$100 copay (copay waived if admitted or for accidental injury)	\$100 copay (copay waived if admitted or for accidental injury)	20% coinsurance after deductible
Urgent Care Facility	\$50 copay	\$25 copay	\$20 copay	20% coinsurance after deductible
Inpatient Hospital Stay	20% coinsurance after deductible	20% coinsurance after deductible	covered 100%	20% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	20% coinsurance after deductible	covered 100%	20% coinsurance after deductible
Retail RX (30-Day Supply)				
Generic	\$20 copay	\$15 copay	\$10 copay	\$15 after deductible
Preferred Brand	\$60 copay	\$50 copay	\$40 copay	\$50 after deductible
Non-Preferred Brand	\$80 copay	\$70 or 50% of approved amount, whichever is greater (\$100 max.)	\$80 copay	\$70 or 50% of approved amount after deductible, whichever is greater (\$100 max.)
Generic and Preferred Brand Specialty	20% coinsurance (\$200 max.)	same as above	same as above	20% of approved amount (\$200 max) after deductible
Non-Preferred Brand Specialty	20% coinsurance (\$400 max.)	same as above	same as above	25% of approved amount (\$300 max) after deductible
Mail Order RX (90-Day Supply) **Specialty Rx—30 day supply only**				
	2x applicable copay	2x applicable copay	2x applicable copay	3x applicable copay minus \$10 after deductible (Specialty Rx is same as above)

*Full family deductible must be met before benefits are paid for any one person on the contract.



HEALTH SAVINGS ACCOUNT

*****Only available when you elect the BCBSM PPO HDHP HSA Plan*****

Your HSA can be used for qualified expenses, including those of your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified medical expenses.

Lake Michigan Credit Union will issue you a debit card, giving you direct access to your account balance. When you have a qualified medical expense, you can use your debit card to pay. You must have a balance to use your debit card. There are no receipts to submit for reimbursement.

Eligible expenses include doctors' office visits, eye exams, prescription expenses, laser eye surgery and more. IRS Publication 502 provides a complete list of eligible expenses and can be found on www.irs.gov.

Eligibility

You are eligible to open and fund an HSA if:

- You are enrolled in Choice Schools Associates, LLC's HDHP Plan.
- You are not covered by your spouse's non-HSA health plan.
- Your spouse does not have a health care Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.

- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Individually Owned Account

You own and administer your Health Savings Account. You determine how much you'll contribute to the account, when to use the money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is portable, even if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

You must elect the HDHP Plan with Choice Schools Associates, LLC. You will need to complete all HSA enrollment materials (if electing for the first time) and designate the amount to contribute on a pre-tax basis. Once you establish your HSA Account, Choice Schools will transfer your bi-weekly contribution, once bank account information has been provided and verified.

Maximize Your Tax Savings

Contributions to an HSA are tax-free (they can be made through payroll deduction on a pre-tax basis when you open an account with Lake Michigan Credit Union). The money in this account (including interest and investment earnings) grows tax-free. As long as the funds are used to pay for qualified medical expenses, they are spent tax-free. Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2019, contributions (which include any employer contribution) are limited to the following:

HSA Funding Limits	
Single	\$3,500
Double/Family	\$7,000
Catch-Up Contribution (Ages 55+)	\$1,000

Employer HSA Annual Contribution*	
Single	\$1,320
Double	\$1,320
Family	\$1,320

***Choice Schools Associates, LLC will contribute \$50.77 per pay period.**

HSA contributions in excess of the IRS annual contribution limits (\$3,500 for individual coverage and \$7,000 for family coverage for 2019) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you can do one of two things:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year you may want to consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.

The Choice Schools Associates, LLC HSA will be established with Lake Michigan Credit Union. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources.

Notes



Brought to you by:
American Health Holding

So many reasons to use Teladoc®



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.

<p>1</p>  <p>Talk to a doctor anytime, anywhere you happen to be</p>	<p>2</p>  <p>Receive quality care via phone, video or mobile app</p>	<p>3</p>  <p>Prompt treatment, median call back in 10 min</p>
<p>4</p>  <p>A network of doctors that can treat every member of the family</p>	<p>5</p>  <p>Prescriptions sent to pharmacy of choice if medically necessary</p>	<p>6</p>  <p>Teladoc is less expensive than the ER or urgent care</p>

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Ear infection
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit 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 copayment.
- 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

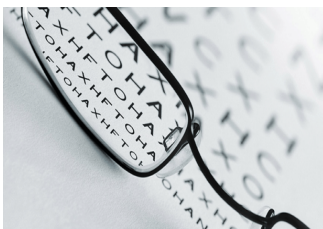
Following is a high-level overview of the Dental coverage. For completed coverage details, please refer to the benefit summary in Employee Navigator.

KEY DENTAL BENEFITS	PPO and Premier In-Network
Deductible (per calendar year)	
Per Individual	\$0 per member \$0 per family
Benefit Maximum (per calendar year; Preventive, Basic and Major Services combined)	
Per Individual	\$1,500
Covered Services	
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia (Children up to age 19)	50%; \$1,500 lifetime maximum per child



Vision Coverage: VSP

Following is a high-level overview of the Vision coverage. For completed coverage details, please refer to the benefit summary in Employee Navigator.



Key Vision Benefits	Frequency	In-Network
Exam	Every 12 months	\$10 copay
Prescription Glasses	Every 12 months	\$25 copay
Lenses Single Vision Lined Bifocal Lined Trifocal Progressive	Every 12 months	(Included in Prescription Glasses) (Included in Prescription Glasses) (Included in Prescription Glasses) \$0—\$160 Copay
Frames	Every 24 months	(Included in Prescription Glasses) \$130 Allowance
Contact Lenses (instead of glasses)	Every 12 months	\$130 allowance (Up to \$60 exam copay for fitting)



FLEXIBLE SPENDING ACCOUNT

****Not available with the BCBSM PPO HDHP HSA Plan****

Flexible Spending Account

You can contribute up to \$2,700 for qualified medical expenses (deductibles, copays and coinsurance, for example) with pre-tax dollars, which will reduce the amount of your taxable income and increase your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them, so you don't have to wait for reimbursement.

Please note: Over-the-counter (OTC) drugs are not eligible for reimbursement through an FSA without a doctor's prescription.

You can only elect an FSA if you enroll in the BCN HMO or Blue Cross Standard or Premium Plan.

How to Use the Account

You can use your FSA debit card at locations such as doctor and dentist offices, pharmacies, and vision service providers. The card cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The swipe transaction will be denied if you attempt to use the card at an ineligible location.

Should you need to submit a receipt, you will receive an email or be mailed a receipt notification from Infinisource. You should always retain a receipt for your records.

General Rules and Restrictions

In exchange for the tax advantages that FSAs offer, the IRS has imposed the following rules and restrictions for both Health Care and Dependent Care FSAs:

- Your expenses must be incurred during the 2019 plan year.
- Your dollars cannot be transferred from one FSA to another.
- You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event like marriage, divorce or birth of a child.
- If you have remaining funds in your FSA account at the end of the plan year and are still eligible for the FSA, you will be able to roll over \$500 from your current plan to the new plan year. Any amount over \$500 remaining will be forfeited.



DEPENDENT CARE REIMBURSEMENT ACCOUNT

Dependent Care Reimbursement Account

Through the use of a Dependent Care Reimbursement Account (DCRA), 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 a DCRA or take a federal tax credit - but not both.

How to Use the Account

The DCRA operates much like a bank account. Deposits are made into your account through pre-tax payroll deductions. Withdrawals from the account are made using a reimbursement form, which is available on Employee Navigator. Reimbursement requests can also be submitted online to Infnisource, along with a copy of your receipt and/or bill and a description of the expense.

General Rules and Restrictions

Dependent care expenses are expenses incurred by you to enable you to work. If you are married, the expenses must be to enable you and your spouse to work, or your spouse to attend school on a full time basis. The expenses must be for the care of your dependent that is under age thirteen and for whom a personal-exemption deduction is allowed for federal income tax purposes; 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.

If you are single or married filing a joint return, the maximum amount that can be reimbursed (i.e., deposited) is the lowest of your earned income or your spouse's earned income, or \$5,000. If you are married and you file a separate tax return, the maximum amount that can be reimbursed (i.e., deposited) is the lower of 100% of your spouse's income or \$2,500. If your spouse is a full-time student or is incapable of self-care, your spouse's earned income is assumed to be not less than \$3,000 if you provide care for one person and \$6,000 if you provide for two or more people.

Plan Carefully

Since funds going into your account are free from taxes, the IRS imposes some restrictions on the operation of this account. Expenses must be incurred within the year or within the 2 1/2 month grace period following the end of the year. If you have funds remaining in your DCRA account at the end of the period, according to IRS regulations, **you will forfeit this amount**. You will receive a statement from Infnisource before the end of the plan year to help you manage this account.

Know your Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account

Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following list is based on eligible and ineligible expenses used by federal employees.

Eligible Expenses

Baby/Child to age 13

- ✓ Lactation consultant
- ✓ Lead-based paint removal*
- ✓ Special formula*
- ✓ Tuition: special school/teacher for disability or learning disability*
- ✓ Well baby/well child care

Dental

- ✓ Dental x-rays
- ✓ Dentures and bridges
- ✓ Exams and teeth cleaning
- ✓ Extractions and fillings
- ✓ Oral surgery
- ✓ Orthodontia
- ✓ Periodontal services

Eyes

- ✓ Eye exams
- ✓ Eyeglasses and contact lenses
- ✓ Laser eye surgeries
- ✓ Prescription sunglasses
- ✓ Radial keratotomy

Hearing

- ✓ Hearing Aids and Batteries
- ✓ Hearing exams

Lab Exams/Tests

- ✓ Blood Tests and Metabolism Tests
- ✓ Body Scans
- ✓ Cardiograms
- ✓ Laboratory Fees
- ✓ X-Rays

Medical Equipment/Supplies

- ✓ Air purification equipment*
- ✓ Arches and other orthotic inserts
- ✓ Contraceptive devices
- ✓ Crutches, walkers, wheel chairs
- ✓ Exercise equipment*
- ✓ Hospital beds*
- ✓ Mattresses*
- ✓ Medic alert bracelet or necklace
- ✓ Nebulizers
- ✓ Orthopedic shoes*
- ✓ Oxygen
- ✓ Post-mastectomy clothing
- ✓ Prosthetics
- ✓ Syringes
- ✓ Wigs*

Medical Procedures/Services

- ✓ Acupuncture
- ✓ Alcohol and drug/substance abuse (inpatient treatment and outpatient care)
- ✓ Ambulance
- ✓ Fertility enhancement and treatment
- ✓ Hair loss treatment*
- ✓ Hospital services
- ✓ Immunization
- ✓ In vitro fertilization
- ✓ Personal trainers*
- ✓ Physical examination (not employment-related)
- ✓ Reconstructive surgery (due to a congenital defect, accident or medical treatment.)
- ✓ Service animals
- ✓ Sterilization/sterilization reversal
- ✓ Transplants (including organ donor)
- ✓ Transportation*

Obstetrics

- ✓ Doulas*
- ✓ Lamaze class
- ✓ OB/GYN exams
- ✓ OB/GYN prepaid maternity fees (reimbursable after date of birth)
- ✓ Pre- and post-natal treatments

Practitioners

- ✓ Allergist
- ✓ Chiropractor
- ✓ Christian Science Practitioner
- ✓ Dermatologist
- ✓ Homeopath
- ✓ Naturopath*
- ✓ Optometrist
- ✓ Osteopath
- ✓ Physician
- ✓ Psychiatrist or Psychologist

Therapy

- ✓ Alcohol and Drug Addiction
- ✓ Counseling (must be treating a medical condition)
- ✓ Exercise Programs*
- ✓ Hypnosis*
- ✓ Massage*
- ✓ Occupational
- ✓ Physical
- ✓ Smoking Cessation Programs*
- ✓ Speech
- ✓ Weight Loss Programs*

Medications

- ✓ Insulin
- ✓ Prescription drugs

The IRS does not allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- Contact lens or eyeglass insurance
- Cosmetic surgery/procedures
- Electrolysis
- Insurance premiums and interest
- Long-term care premiums
- Marriage or career counseling
- Sunscreen (SPF less than 15 needs RX)
- Swimming lessons

Note: This list is not meant to be all-inclusive

Please note: The IRS will not allow OTC medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription.

Eligible Over-the-Counter Items

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high level list of over-the-counter (OTC) items that clearly are not medicine or drugs and are eligible for purchase with Health Care FSA dollars. You can use your benefits card for these items

Antiseptics, wound cleaners

Alcohol, peroxide, Epsom salt

Baby electrolytes

Pedialyte, Enfalyte

Denture adhesives, repair and cleansers

PoliGrip, Benzodent, Efferdent

Diabetes testing and aids

Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products

Diagnostic products

Thermometers, blood pressure monitors, cholesterol testing

Elastics/athletic treatments

ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

Eye care

Contact lens care

Family planning

Pregnancy and ovulation kits

First aid dressings and supplies

Band Aid, 3M Nexcare, non-sport tapes

Hearing aid/medical batteries

Incontinence products

Attends, Depend, GoodNites for juvenile incontinence

Reading glasses and maintenance accessories

Sunscreen (SPF 15 and over)

For additional information, please contact:

Infinisource
PO Box 488
Coldwater, MI 49036-0488

PH: 866.370.3040
Fax: 800.379.5670
Email: fsa@infinisource.com

Basic Life/AD&D Coverage: Mutual of Omaha

We help our eligible employees maintain financial security by providing a Basic Life and Accidental Death and Dismemberment (AD&D) benefit.

This benefit is provided at **NO COST** to you.

Basic Life and AD&D	Amount
Employee	\$50,000



Voluntary Life/AD&D Coverage: Mutual of Omaha

If you determine you need more than the Employer-paid Basic Life/AD&D coverage, you may purchase additional Life/AD&D insurance on yourself and your spouse, and additional Life insurance on your 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		
	Increments of \$10,000 (minimum) to a maximum of \$200,000, not to exceed 5x your annual salary	5x annual salary, up to \$200,000
Spouse		
	Increments of \$5,000 (minimum) to a maximum of \$50,000, not to exceed 100% of employee's benefit	100% of employee's benefit, up to \$50,000
Child(ren)		
	Dependent children age 14 days to age 26	\$10,000

*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 amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.

*At each open enrollment period, if you are currently enrolled in coverage you are eligible to increase your coverage by one \$10,000 increment, up to the Guarantee Issue amount of \$200,000 (not to exceed 5x annual salary). Currently enrolled spouses are subject to Evidence of Insurability for any increase.

*Voluntary Child Life is not subject to Evidence of Insurability.

*Spouse rates & age reductions based on employee's age. See summary in Employee Navigator for full details.

*Your cost will increase as your age increases.



INCOME PROTECTION

Short-Term Disability Coverage: Mutual of Omaha

The financial consequences of a disability can be disastrous to your financial security and that of your family. We provide **Short-Term Disability** insurance to all eligible employees and **pay the full cost** of this benefit.

Short-Term Disability	Benefit
Benefit Percentage	66.67% of weekly salary
Weekly Benefit Maximum	\$750
When Benefits Begin	1st day due to injury 8th day due to illness
Maximum Benefit Duration	90 days

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

Voluntary Long-Term Disability Coverage: Mutual of Omaha

We also offer eligible employees a Voluntary Long-Term Disability plan. Refer to Employee Navigator or the attached rate grid to calculate your cost.

Voluntary Long-Term Disability	Benefit*
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.

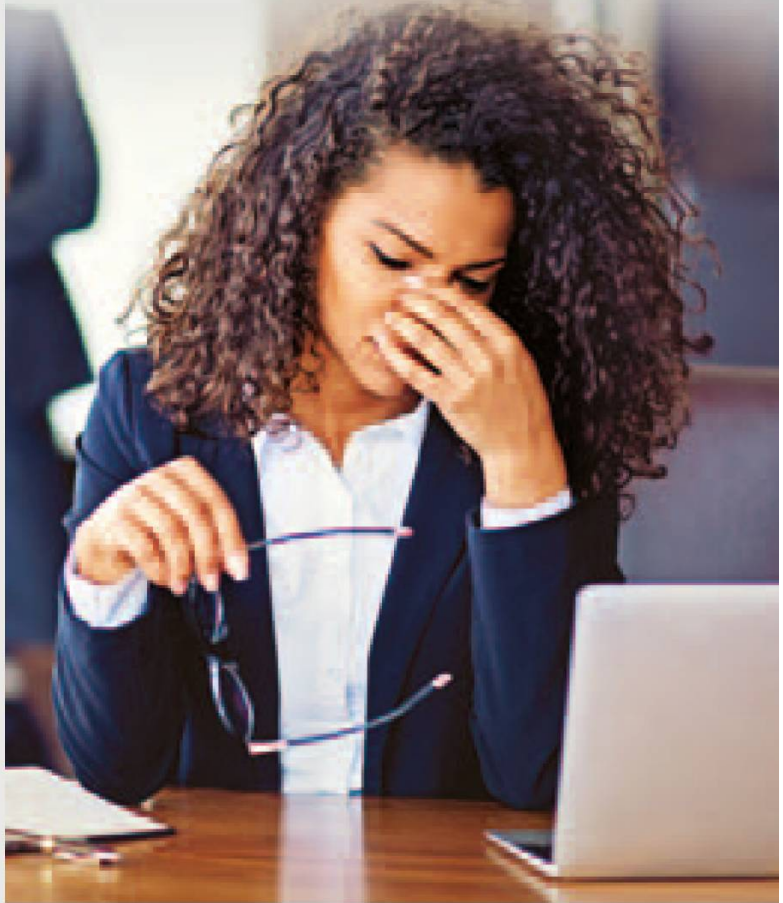
*Pre-existing condition limitation applies. You have a pre-existing condition if you received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the 3 months prior to your effective date of coverage, and the disability begins in the first 12 months after your effective date of coverage.

*During your initial eligibility period only, you can elect coverage without having to provide Evidence of Insurability (information about your health). Coverage elected at a future open enrollment will require Evidence of Insurability, and will not be effective unless approved by the insurance carrier.



Employee Assistance
Program

When You Need Someone to Talk To



Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office: 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, Hauppauge, NY 11788-2937, is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.





Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.

When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.

Mutual of Omaha's Employee Assistance Program (EAP) assists employees and their eligible dependents with personal and job-related concerns, including:

- ✓ Emotional well-being
- ✓ Family and relationships
- ✓ Legal and financial
- ✓ Healthy lifestyles
- ✓ Work and life transitions

EAP Benefits

As an employee, or eligible dependent, of your company your EAP benefits include:

- ✓ Access to EAP professionals 24 hours a day, seven days a week
 - Information and referral services
- ✓ Service for employees and eligible dependents
- ✓ Robust network of licensed and/or certified mental health professionals
- ✓ Three face-to-face sessions* with a counselor (per issue)
- ✓ Legal resources
 - Online will preparation
 - Legal consultations
 - Legal library and online forms
- ✓ Resources for:
 - Work/life balance
 - Substance use
 - Dependent and Elder Care resources
- ✓ Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

**One legal consultation per issue (maximum three per calendar year). California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period per person.*

Highly Trained, Experienced EAP Staff

Our EAP staff members are all licensed, master's level Employee Assistance Professionals. They provide a solution-focused approach by assessing your situation and referring to the appropriate resources necessary.

What to Expect

When you call, you will speak directly to an EAP professional to receive **immediate support and guidance**.

You can entrust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP professional can assist by locating affordable solutions in your area.

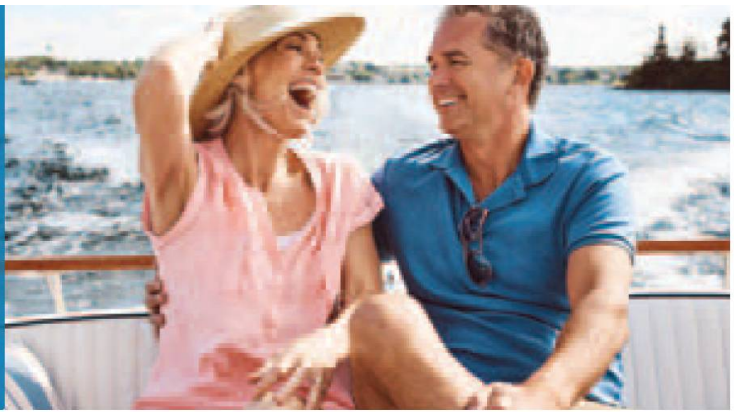


EAP Consultation

Mutual of Omaha's Employee Assistance Program provides professional, confidential quality consultation, 24 hours a day.

- mutualofomaha.com/eap
- 1-800-316-2796

Worldwide Travel Assistance That Travels With You



Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip - We'll Be There If You Need Us - 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

*Brought to you by Mutual of Omaha Insurance Company. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius

452632

Emergency Travel Support Services

- Telephonic translation and interpreter services - 24/7 access to telephone translation services
- Locating legal services - referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage - assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash - assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages - assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement - coordination of credit card, airline ticket or other documentation replacement
- Vehicle return - if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free: 1-800-856-9947	Outside the U.S. call collect: (312) 935-3658
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WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free: 1-800-856-9947	Outside the U.S. call collect: (312) 935-3658
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Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud

- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are limited to \$200,000 per person per event.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations.



> Identity Theft Assistance

AN ESSENTIAL SERVICE FOR YOUR PROTECTION



Each year millions of Americans become victims of identity theft. Information that personally identifies you, such as your name, Social Security number or credit card numbers can be stolen and used to commit fraud or other crimes.

Identity Theft Assistance, provided by AXA Assistance, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised.

ID Theft Assistance is available as part of your overall Travel Assistance package offered by your employer. Services include:

AWARENESS AND EDUCATION

We help you understand the growing threat of identity theft by:

- > Promoting awareness of identity theft
- > Answering your questions about identity theft and how to recognize if you've become a victim
- > Educating you on how to avoid having your identity stolen

RECOVERY ASSISTANCE

If your identity is compromised, the most important thing to do is **respond quickly**. We assist you by:

- > Connecting you to the fraud departments at your bank(s) and credit card companies
- > Facilitating access to credit bureaus and obtaining a complimentary credit report
- > Guiding you in contacting federal government and local law enforcement agencies and filing reports and complaints



Access ID Theft Assistance services by calling AXA Assistance toll-free at (800) 856-9947.

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Travel Assistance Services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. Mutual of Omaha does not warrant or guarantee, or make any representation as to the quality of the services provided by AXA, or any provider to whom a referral is made by AXA. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will, however, make all reasonable efforts to provide such services and help you resolve the emergency situation.



› Will Preparation

SERVICES PROVIDED BY WILLING

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

You have access to affordable, online will preparation services provided by Willing.

EASY, AFFORDABLE AND SECURE

Willing uses bank-level security to keep your information safe and secure. In just 10 minutes, you can create a personalized will.

Here's how it works:

- › Log on to www.willing.com/mutualofomaha
- › Answer simple multiple choice questions on your computer or smartphone
- › Download and print any document instantly
- › At time of checkout, enter Mutual55 to receive your affordable Will Preparation package
- › Update your information with any major life change, i.e., marriage, divorce, birth of a child
- › Plan includes Last Will & Testament, Living Will, Power of Attorney, and Revocable Living Trust or Transfer of Death Deed at an affordable price



Create your will at
www.willing.com/mutualofomaha

Will preparation and estate planning services are independently offered by Bequest, Inc. (Willing) and are subject to their terms of service and privacy policy. Willing is an online service that provides legal forms and legal information. Willing is not a law firm and is not a substitute for an attorney's advice. United of Omaha Insurance Life Company and Companion Life Insurance Company (United and Companion) are authorized to provide marketing services. United, Companion and Willing are independent, unaffiliated companies. United and Companion do not provide, are not responsible for and do not guarantee the accuracy, adequacy or results of any service or documents provided by Willing.

> Your Hearing Discount Program



PROGRAM BENEFITS INCLUDE

- > **Custom hearing solutions** – we find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers
- > **Risk-free 60-day trial** – 100 percent money-back guarantee on hearing aid purchase
- > **Hearing aid low price guarantee** – if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5 percent
- > **Continuous Care** – one year free follow-up, two years of free batteries and a three-year warranty

ACCESSING YOUR BENEFITS IS AS EASY AS...

1. Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

To learn more visit amplifonusa.com/mutualofomaha



KEEP THIS CARD FOR FUTURE ACCESS TO:

- > Discounted hearing testing
- > Low price guarantee
- > 60-day risk-free trial period
- > 2 years batteries with purchase



**TO ACTIVATE YOUR BENEFIT,
CALL 1-888-534-1747 TODAY!**

SPECIAL MONEY SAVING OFFER!

Call today for your FREE hearing screening appointment!

Please bring this offer with you to your appointment.

CALL 1-888-534-1747 TODAY!

This is not a medical exam and is only intended to assist with amplification selection.

This is not health insurance. Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Mutual of Omaha Insurance Company has been authorized to provide marketing services including sales. Mutual of Omaha Insurance Company and Amplifon are independent, unaffiliated companies.

2019-2020 Employee Contributions Rates (Bi-Weekly)

Medical Coverage

Coverage Tier	BCN HMO Basic Plan	BCBSM PPO Standard Plan	BCBSM PPO Premium Plan	BCBSM PPO HDHP HSA Plan
	Per Pay Cost	Per Pay Cost	Per Pay Cost	Per Pay Cost
Single	\$0.00	\$0.00	\$50.00	\$0.00
Double	\$163.14	\$344.91	\$435.00	\$289.60
Family	\$265.52	\$492.73	\$598.00	\$410.56

Dental Coverage

Coverage Tier	Delta Dental
	Per Pay Cost
Single	\$0.00
Double	\$31.87
Family	\$31.87

Vision Coverage

Coverage Tier	VSP
	Per Pay Cost
Single	\$0.00
Double	\$1.65
Family	\$5.46

Cash in Lieu

If you have declined medical, dental, vision coverage, and Flex deductions, Choice Schools will provide a credit of \$100 toward your Bi-Weekly benefits contribution.

Per Pay Credit

\$100.00

Teladoc

Per Pay Cost

\$1.11

Voluntary LTD

Premium Factor by age		Voluntary Long-Term Disability Worksheet		Example: age 42 earning \$40,000 annually
<30	\$0.0010154	List your monthly earnings (Maximum covered payroll is \$8,333.33 monthly)	\$	\$3,333.33
30-34	\$0.0015692			
35-39	\$0.0026308			
40-44	\$0.0040154			
45-49	\$0.0055846			
50-54	\$0.0072000	Multiply by Premium Factor Age:	\$	\$0.0040154
55-59	\$0.0092308			
60-64	\$0.0077077			
65-69	\$0.0060923	Your Estimated Bi-Weekly Premium*	\$	\$13.38
70-99	\$0.0052154			

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

Employee - Voluntary 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	\$70,000	\$80,000	\$90,000	\$100,000
under 25	0.0369	0.37	0.74	1.11	1.48	1.85	2.22	2.58	2.95	3.32	3.69
25-29	0.0369	0.37	0.74	1.11	1.48	1.85	2.22	2.58	2.95	3.32	3.69
30-34	0.0369	0.37	0.74	1.11	1.48	1.85	2.22	2.58	2.95	3.32	3.69
35-39	0.0508	0.51	1.02	1.52	2.03	2.54	3.05	3.55	4.06	4.57	5.08
40-44	0.0785	0.78	1.57	2.35	3.14	3.92	4.71	5.49	6.28	7.06	7.85
45-49	0.1154	1.15	2.31	3.46	4.62	5.77	6.92	8.08	9.23	10.38	11.54
50-54	0.2123	2.12	4.25	6.37	8.49	10.62	12.74	14.86	16.98	19.11	21.23
55-59	0.3277	3.28	6.55	9.83	13.11	16.38	19.66	22.94	26.22	29.49	32.77
60-64	0.3462	3.46	6.92	10.38	13.85	17.31	20.77	23.69	26.62	29.54	32.46
65-69	0.6323	6.32	12.65	18.97	25.29	31.62	37.94	44.26	50.58	56.91	63.23
70-74	1.3292	13.29	26.58	39.88	53.17	66.46	79.75	93.05	106.34	119.63	132.92
75-79	3.909	39.09	78.18	117.28	156.37	195.46	234.55	273.65	312.74	351.83	390.92

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

Employee - Voluntary Life and AD&D Bi-Weekly Cost (cont.)

AGE	Bi-Weekly Rate per \$1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
under 25	0.0369	4.06	4.43	4.80	5.17	5.54	5.90	6.27	6.64	7.01	7.38
25-29	0.0369	4.06	4.43	4.80	5.17	5.54	5.90	6.27	6.64	7.01	7.38
30-34	0.0369	4.06	4.43	4.80	5.17	5.54	5.90	6.27	6.64	7.01	7.38
35-39	0.0508	5.59	6.10	6.60	7.11	7.62	8.13	8.64	9.14	9.65	10.16
40-44	0.0785	8.64	9.42	10.21	10.99	11.78	12.56	13.35	14.13	14.92	15.70
45-49	0.1154	12.69	13.85	15.00	16.16	17.31	18.46	19.62	20.77	21.93	23.08
50-54	0.2123	23.35	25.48	27.60	29.72	31.85	33.97	36.09	38.21	40.34	42.46
55-59	0.3277	36.05	39.32	42.60	45.88	49.16	52.43	55.71	58.99	62.26	65.54
60-64	0.3462	38.08	41.54	45.01	48.47	51.93	55.39	58.85	62.32	65.78	69.24
65-69	0.6323	69.55	75.88	82.20	88.52	94.85	101.17	107.49	113.81	120.14	126.46
70-74	1.3292	146.21	159.50	172.80	186.09	199.38	212.67	225.96	239.26	252.55	265.84
75-79	3.909	429.99	469.08	508.17	547.26	586.35	625.44	664.53	703.62	742.71	781.80

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

Spouse (Age based on employee) - Voluntary 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	\$35,000	\$40,000	\$45,000	\$50,000
under 25	0.0369	0.18	0.37	0.55	0.74	0.92	1.11	1.29	1.48	1.66	1.85
25-29	0.0369	0.18	0.37	0.55	0.74	0.92	1.11	1.29	1.48	1.66	1.85
30-34	0.0369	0.18	0.37	0.55	0.74	0.92	1.11	1.29	1.48	1.66	1.85
35-39	0.0508	0.25	0.51	0.76	1.02	1.27	1.52	1.78	2.03	2.28	2.54
40-44	0.0785	0.39	0.78	1.18	1.57	1.96	2.35	2.75	3.14	3.53	3.92
45-49	0.1154	0.58	1.15	1.73	2.31	2.88	3.46	4.04	4.62	5.19	5.77
50-54	0.2123	1.06	2.12	3.18	4.25	5.31	6.37	7.43	8.49	9.55	10.62
55-59	0.3277	1.64	3.28	4.92	6.55	8.19	9.83	11.47	13.11	14.75	16.38
60-64	0.3462	1.73	3.46	5.19	6.92	8.65	10.38	12.12	13.85	15.58	17.31
65-69	0.6323	3.16	6.32	9.48	12.65	15.81	18.97	22.13	25.29	28.45	31.62

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.

Amount of Insurance	Divided by 1,000	Multiplied by rate	Bi-Weekly Cost
\$180,000	/ 1,000 = 180	x \$0.1154	\$20.77
		x	
		x	

Dependent Child(ren) - Voluntary Life Bi-Weekly Cost

\$10,000	0.92
----------	------

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

HUBLink (Employee Navigator) Online Benefit Enrollment

*****2019 Open Enrollment elections will be made utilizing the HUBLink (Employee Navigator) Online Benefit Enrollment portal. Please refer to the log-in information below, and the Employee Enrollment User Guide on the following pages for specific details.*****

How to Enroll:

Log into our Employee Benefit Website at: www.employeenavigator.com and click on Login

Returning User: Type in Username and Password. If you have forgotten your password, click on Reset a forgotten password once you have entered your Username. The password reset will be sent to your email address.

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.

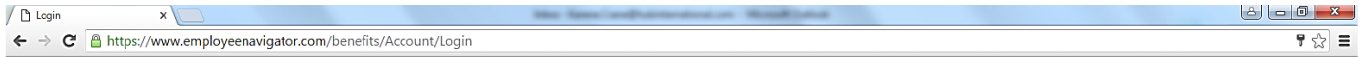
Check to make sure your Personal Information and Dependent Information is correct. Update if necessary.

Be sure to elect or waive each of the coverages.

Review your elections on the Enrollment Summary and click the Agree button to complete your enrollments.

There is a Print icon in the upper right corner of the screen if you wish to print out your benefit summary.

HUBLink (Employee Navigator) Employee Enrollment User Guide



To begin, type in www.employeeenavigator.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.

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.

<https://www.employeeenavigator.com/benefits/Account/Register>



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.

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier (provided by HR)

PIN (Last 4 Digits of SSN / ID)

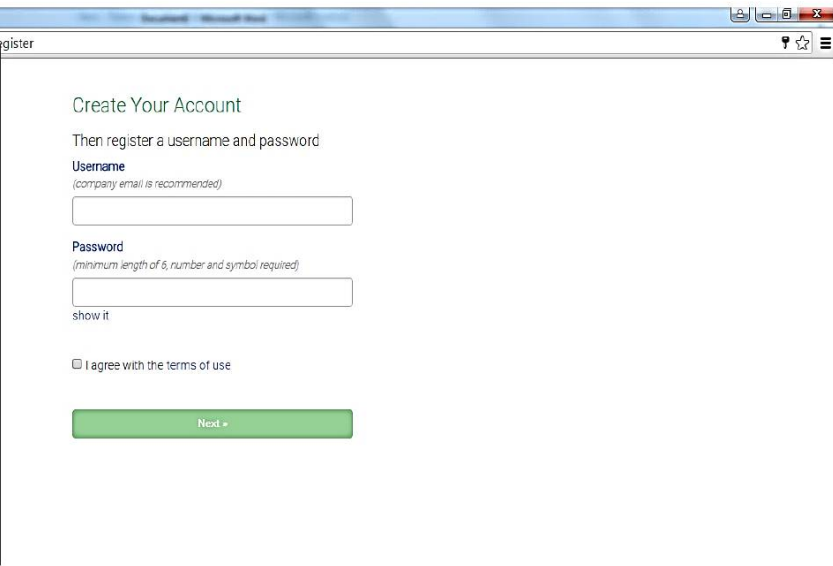
Birth Date (mm/dd/yyyy)

Next »

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.

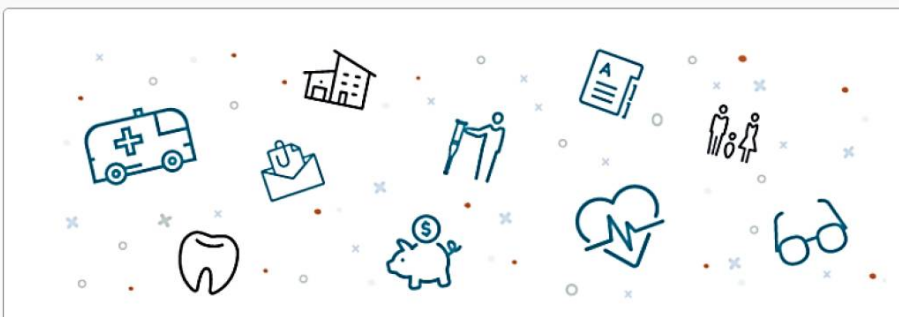
Agree with the terms of use and click Next.



This is your Home Page. To start your benefit enrollment, click on the Start Enrollment button.

Your Logo will be placed here

[New Demo](#) [Home](#) [Profile](#) [Benefits](#) [Required Tasks](#) [Resources](#)

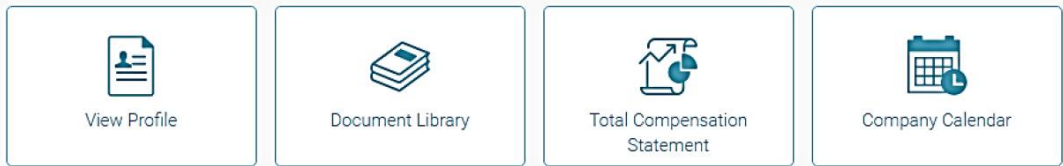


You have 1 item to complete.

1 Enroll in your benefits

Start Enrollment

Shortcuts



View Profile

Document Library

Total Compensation Statement

Company Calendar

These Shortcuts will be helpful to you later on when you need to update your address, have a Life Event which changes your enrollment, need to view documents, etc. Options here will vary based on your company's set up.

Additional items on your Home Page...

The screenshot shows a home page layout with three main sections:

- Contacts:** A list of three identical entries for "Ellen – HR Contact". Each entry includes a profile icon, an email icon with "Test@hr.com", and a phone icon with "(301) 555-1234".
- Important Documents:** A table with two columns: "Title" and "Posted". It lists six documents, including medical plans and benefit guides.
- Quick Links:** A list of four links: "CareFirst", "HUB International", "Mercantile Bank", and "Benefit Enrollment Video".

Callout boxes with arrows point to each section:

- Bottom-left: "Company contacts are listed here." (points to the Contacts section)
- Bottom-center: "You'll find your Benefit Guide here as well as other important documents. Additional documents can be found in the Document Library above." (points to the Important Documents section)
- Bottom-right: "Click these links for additional information and available videos." (points to the Quick Links section)

Company contacts are listed here.

News & Articles

No news.

You'll find your Benefit Guide here as well as other important documents. Additional documents can be found in the Document Library above.

Click these links for additional information and available videos.

Enrolling in your Benefits...Click on the Get Started button when you are ready to begin your New Hire or Open Enrollment elections...



New Hire Enrollment

Let's get rock En-rolling!

Before getting started, you'll want to have your personal information and information for your dependents ready.

The enrollment process includes:

1. Verifying your personal & dependents' demographic information
2. Electing your benefits & completing any related forms
3. Signing your enrollment confirmation summary

[Get Started](#)

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

Your Logo will be placed here

Personal Information

First Name

Middle Name

Last Name

Preferred Name

Gender Male Female

Date of Birth

SSN

Veteran Status

Tobacco User Yes No

Address 1

Address 2

Address 3

Progress: 0 of 16

[View steps >](#)

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. You can find Details and Plan Comparisons on this screen as well. 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’ button under the ‘Save and Continue’ button and choose a reason for your decline.

Your Logo will be placed here

Medical

HUB Demo Portal offers you two Medical plans to choose from. You can compare the plans by clicking on the Compare button with the plan box.

[Show Video](#)

Who am I enrolling?

Myself

Which plan do I want?

2018 BCBSM HSA \$2500 Medical Plan

\$41.54

Cost per pay period

Effective on 09/26/18

Employee

[Compare](#)
[Details](#)
[Select](#)

Progress: 2 of 16

[View steps >](#)

My Selections

Current:
No election yet

Helpful Resources

- [2018 BCN HMO \\$2000 Medical Plan Providers](#)
- [2018 BCN HMO \\$100 Medical Plan Providers](#)
- [2018 BCBSM HSA \\$2500 Medical Plan SBC](#)
- [2018 BCN HMO \\$100 Medical Plan SBC](#)
- [2018 BCN HMO \\$2000 Medical Plan SBC](#)

[Watch the Video](#)

View steps in your enrollment progress here.


Plan summaries are located here. Click on the summary title to view.

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

Your Logo will be placed here

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.



Signature required

You've elected all your benefits but we still require a signature before advancing to the next thing.

Please review the acknowledgment below

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Progress: 15 of 16



[View steps >](#)

Check over your elections on the Enrollment Summary and if everything is correct, click the Click to Sign button. This is your electronic signature confirming your elections.

If you have to make changes, simply click on the View steps link, make changes and come back to the Enrollment Summary to Sign.



Sign to complete enrollment

[Click to Sign](#)

Enrolled Plans

Benefits Contact Directory

Topic	Contact	Phone Number	Website & Network
General Benefits and/or Enrollment	Jacob Allen	(616) 785-8440	jacoballen@choiceschools.com
Medical Coverage	Blue Cross Blue Shield of MI Blue Care Network	(877) 790-2583 (800) 662-6667	www.bcbsm.com www.mibcn.com
Health Savings Account	Lake Michigan Credit Union	(616) 234-6335	ira@lmcu.org
Teladoc	Teladoc	(800) 362-2667	www.mydrconsult.com
Dental Coverage	Delta Dental	(800) 482-8915	www.deltadentalmi.com
Vision Coverage	VSP (Vision Service Plan)	(800) 877-7195	www.vsp.com
Flexible Spending Accounts	Infinisource	(866) 370-3040	www.infinisource.com
Basic Life/AD&D Voluntary Life/AD&D Short-Term Disability Voluntary Long-Term Disability	Mutual of Omaha	(800) 369-3809	www.mutualofomaha.com



Michelle Shuart

(616) 233-0186

michelle.shuart@hubinternational.com

Julia VanLiew

(616) 233-0184

julia.vanliew@hubinternational.com

Toll Free

(800) 936-4236

Benefits Website

Our benefits website, www.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 Jacob Allen in Payroll & Benefits at (616) 785-8440 or jacoballen@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.

