



ENROLLMENT GUIDE



2023-2024

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Employee Navigator*



CONTENTS & CONTACTS

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IMPORTANT CONTACTS

PLAN	CONTACT	PHONE	WEBSITE/EMAIL
MEDICAL/RX	Blue Cross Blue Shield	(877) 790-2583	www.bcbsm.com
MEDICAL/RX	Blue Care Network	(800) 662-6667	www.bcbsm.com
DENTAL	Delta Dental	(800) 524-0149	www.deltadentalmi.com
VISION	EyeMed	(888) 362-7463	www.eyemed.com
LIFE & DISABILITY	Guardian	(888) 600-1600	www.guardiananytime.com
FLEXIBLE SPENDING ACCOUNT	TASC	(800) 422-4661	www.tasconline.com
HEALTH SAVINGS ACCOUNT	Health Equity	(866) 346-5800	www.healthequity.com
VOLUNTARY BENEFITS	Colonial	(800) 325-4368	www.coloniallife.com
BENEFIT ADVOCATE	Wilshire Benefits Group	(844) 870-2010	advocate@wilshirebenefits.com

COMMON INSURANCE TERMS

Before you enroll, here are some common terms you need to know and understand.

Premium/Contribution

The cost you pay to participate in the employer health plan. Your premium is separate from your deductible and out-of-pocket maximum.

Copays

A fixed dollar amount you pay for healthcare services, such as doctor's visits, urgent care, or emergency room services. Copays track toward your out-of-pocket maximum, but do not apply towards the deductible.

Deductible

The amount you pay for certain covered healthcare services before your insurance plan starts to pay on your behalf.

Coinsurance

The percentage of a covered healthcare service you pay after the deductible is satisfied.

Out-of-pocket Maximum

The most you will pay for eligible healthcare services in one year. Copays, deductible, and coinsurance expenses track towards meeting your out-of-pocket maximum. Once the out-of-pocket maximum is met, your health plan pays 100% of the costs for covered benefits (with some exceptions).

Preventive Care

Routine healthcare services like check-ups, immunizations, and screenings for adults, women, and children paid by your insurance.

MEDICAL/RX

The table below gives a summary of the in-network Medical coverage. All covered services are subject to medical necessity as determined by the plan. Seeking services from an out-of-network provider will result in higher cost-sharing obligation. Refer to the benefit summary for more detailed plan coverage. **HMO plans do not have out-of-network coverage except for emergency services.**

Medical Plans	Blue Care Network	Blue Cross Blue Shield		
In-Network	HMO \$1,500	PPO \$2,500	PPO \$3,000	PPO HSA \$3,000
Deductible Year	July 1 - June 30			
Network Name	BCN HMO	BCBSM PPO	BCBSM PPO	BCBSM PPO
Deductible	\$1,500/\$3,000 (Embedded)	\$2,500/\$5,000 (Embedded)	\$3,000/\$6,000 (Embedded)	\$3,000/\$6,000 (Embedded)
Coinsurance	20%	20%	20%	20%
Coinsurance Maximum	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	N/A
Out-of-Pocket Max	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$6,900/\$13,800
Office Visit	\$20 copay	\$30 copay	\$30 copay	20% after deductible
Virtual Visit	\$20 copay	\$30 copay	\$30 copay	Covered 80% after deductible
Specialist Visit	\$40 copay (when referred)	\$50 copay	\$50 copay	20% after deductible
Preventive Visits	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Chiropractic Visits	\$40 copay (30 visits) (when referred)	\$30 copay (12 visits)	\$30 copay (12 visits)	20% after deductible (12 visits)
Urgent Care	\$50 copay	\$60 copay	\$60 copay	20% after deductible
Emergency Room	\$250 after deductible	\$250	\$250	20% after deductible
Inpatient/Outpatient Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
PCP Required	Yes	No	No	No
HSA Compatible	No	No	No	Yes

Prescription Drug Coverage

Drug List	Custom	Custom	Custom	Custom
Generic (Preferred/Non-preferred)	\$4 copay / \$15 copay	\$10 copay	\$20 copay	\$20 copay after deductible
Brand (Preferred/Non-preferred)	\$40 copay / \$80 copay	\$40 copay / \$80 copay	\$60 copay / 50% (\$80-\$100)	\$60 copay / 50% (\$80-\$100) after deductible
Specialty (Preferred/Non-preferred)	20%-\$200 / 20%-\$300	\$40 copay / \$80 copay	20%-\$200 / 25%-\$300	20%-\$200 / 25%-\$300 after deductible

Semi-Monthly Employee Contributions

Single	\$71.72	\$68.86	\$39.02	\$28.19
Employee + Spouse	\$143.44	\$137.72	\$72.83	\$56.38
Employee + Child(ren)	\$129.09	\$123.95	\$67.63	\$45.11
Family	\$193.64	\$185.93	\$104.04	\$78.93

*Employees with a spouse who is working and eligible for benefits through his/her employer and declines their employer benefits will be charged a spousal surcharge of \$100 per pay (\$200 monthly).

Embedded Deductible: All individuals deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

DENTAL & VISION

The table below gives a summary of the dental and vision coverage offered. It is recommended to use an in-network provider. Using an out-of-network provider will result in higher cost-sharing obligation and potential to balance bill you for the difference between the insurances allowable amount and provider billed amount. Refer to the benefit summary for more detailed plan coverage.

DENTAL - Delta Dental

Benefit Description	Tier 1 - Delta PPO	Tier 2 - Premier	Tier 3 - Non-Network
Deductible	\$50/\$150		
Preventative Services	100%	100%	100%
Basic Services	100% after deductible	80% after deductible	80% after deductible
Major Services	60% after deductible	50% after deductible	50% after deductible
Orthodontics	50%	50%	50%
Dental Maximum-Annual	\$1,000		
Orthodontia Maximum-Lifetime	\$1,000		

Semi-Monthly Employee Contributions

Single	\$4.25
Family	\$12.30

VISION - EyeMed

Benefit Description	In-Network
Network	Insight
Exam Frequency	Once per 12 months
Lenses Frequency	Once per 12 months
Contact Lenses Frequency	Once per 12 months (In lieu of lenses)
Frames Frequency	Once per 12 months
Exam Copay	\$10
Lenses Copay	\$25
Frame Allowance	\$130
Contacts Allowance	\$130
Contact Lenses Fitting Copay	Up to \$40

Semi-Monthly Employee Contributions

Single	\$3.85
Employee + Spouse	\$7.32
Employee + Child(ren)	\$7.71
Family	\$11.33

VOLUNTARY BENEFITS

VOLUNTARY ACCIDENT INSURANCE

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from Colonial Life.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

VOLUNTARY CRITICAL ILLNESS

As an active employee, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Colonial Life.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough? Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

VOLUNTARY HOSPITAL INDEMNITY

No one can predict when a sudden medical expense could impact your way of life. Health insurance helps, but it doesn't cover everything.

If you're admitted to the hospital for a covered accident or covered sickness, or obtain other medical expenses, Colonial Life's hospital indemnity insurance, could potentially pay you a lump sum to help pay for out-of-pocket expenses.

BENEFIT ADVOCATE

Your Benefit Advocate is dedicated to helping you make the most of your benefits. Insurance can be difficult to understand, that's why we provide a dedicated phone and email line to answer your questions year round.

Your Benefit Advocate can help answer questions about your benefit options during open enrollment and questions that come up throughout the year.

Reach out to your benefit advocate for help with:

- Finding an in-network provider
- Questions on bills you receive from providers
- Claims you believe haven't paid correctly
- New ID cards
- Pharmacy or prescription issues
- Questions on how your benefits work
- Benefit coverage questions
- Benefit eligibility
- Employee Navigator questions
- And more

Your Benefit Advocate is available
Monday—Friday 8:30 AM—4:00 PM EST
advocate@wilshirebenefits.com
844-870-2010



Blue Cross
Blue Shield
Blue Care Network
of Michigan






Confidence comes with every card.®



know. compare. choose.

How to activate your online Blue Cross member account

Enjoy the convenience — and freedom — you get with your account:

-  Check your balance and coverage.
-  Track your claims and explanation of benefits statements.
-  Find care and look up costs.
-  Get answers fast to questions about your plan with MIBlue Virtual AssistantSM, an interactive, automated chat feature.
-  Show your member ID card, and order more when you need them.


Plus, you can get member discounts, health and well-being resources and more.

ACTIVATE YOUR ACCOUNT IN ONE OF THREE WAYS:

Go online.

1. Go to bcbsm.com/register and select *Register Now*.
2. Once your account is activated, you can set up one for each of your dependents.

Use our app.

1. Download the app from the App Store® or Google Play™ (search **BCBSM**).
2. Tap the  app and then *Register*.

Text us.

Text **REGISTER** to **222764** to start setting up your account.*

*Message and data rates may apply. Visit bcbsm.com for our *Terms and Conditions of Use* and *Privacy Practices*.

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know. compare. choose.

Get the app.



Search BCBSM.

Or, text APP to 222764.

Get the Blue Cross mobile app

- Check your coverage, claims and balances.
- Show and share your plan's ID card.
- Find in-network care and compare costs.*
- Check hospital and doctor quality.
- Get answers fast to questions about your plan with the 24/7 support of MIBlue Virtual AssistantSM.

Your health care plan — at your fingertips.



Tap the app.

*Cost estimates for certain services are available to most non-Medicare members.

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If you text us to activate your account, you'll be sent a Blue Cross mobile app download link. Message and data rates may apply. Visit bcbsm.com for our Terms and Conditions of Use and Privacy Practices.



Blue Cross Online VisitsSM

Medical and behavioral health

Convenient online care for body and mind

It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A doctor for minor illnesses such as a cold, flu or sore throat when their primary care doctor isn't available.
- A behavioral health professional or psychiatrist to help work through different challenges such as anxiety or grief.

For the whole family

Family members on your plan can also use online visits. Just add children younger than 18 to your account. Your spouse, and children 18 and over, should create their own accounts.



Confidence comes with every card.®

What's included in online visits

Medical care

Use it when you're traveling or at home with a sick child. Or when your primary care doctor isn't available.

Visits last about 10 minutes although the doctor will spend as much time as needed. You can see a doctor on demand or by appointment 24 hours a day, seven days a week.

Behavioral health care

Online visits give you more choices for behavioral health care. Talk to therapists and psychiatrists about life's challenges from the comfort of home.

Therapy visits

Therapists such as psychologists, licensed clinical social workers, marriage and family therapists and professional counselors use talk therapy.

Therapy is available to adults and children age 10 and older by appointment from 7 a.m. to 11 p.m. Visits typically last 45 minutes.

Psychiatry visits

Psychiatrists can make diagnoses and prescribe and manage medications.

Psychiatry is available to adults age 18 and over and visits are by appointment only. Extended hours during evenings and on weekends may be available. The initial visit usually lasts 45 minutes with 15 minute follow-up visits.

Prescriptions

Doctors may write prescriptions, if appropriate. They don't write prescriptions for controlled substances.

How does it work?

Fast and convenient

Sign up now

Mobile – Download the BCBSM Online VisitsSM app

Web – Visit bcbsmonlinevisits.com

Phone – Call 1-844-606-1608

Add your Blue Cross or Blue Care Network health care plan information.



See a doctor or therapist

1. Launch the online visits app or website, and log in to your account.
2. Choose a service: *Medical, Therapy or Psychiatry*.
3. Pick a doctor or begin a scheduled visit and enter your payment information.
4. Meet with the doctor or therapist online.
5. Get a prescription, if appropriate, sent to a local pharmacy.
6. Send a visit summary to your primary care doctor or other health care provider at the end of your online visit.

Choose a doctor or therapist who's right for you

There are hundreds of doctors and therapists to choose from. They're all specially trained in online visits. You can read their profiles to learn more about them such as languages they speak and other experience.

Doctors have an average of 15 years practicing medicine and are U.S. board-certified. They have experience in areas such as pediatrics, family medicine and emergency care. Psychiatrists are board-certified in psychiatry or neurology.

The masters- and doctoral-level therapists are licensed and credentialed in the state where you're having a visit.

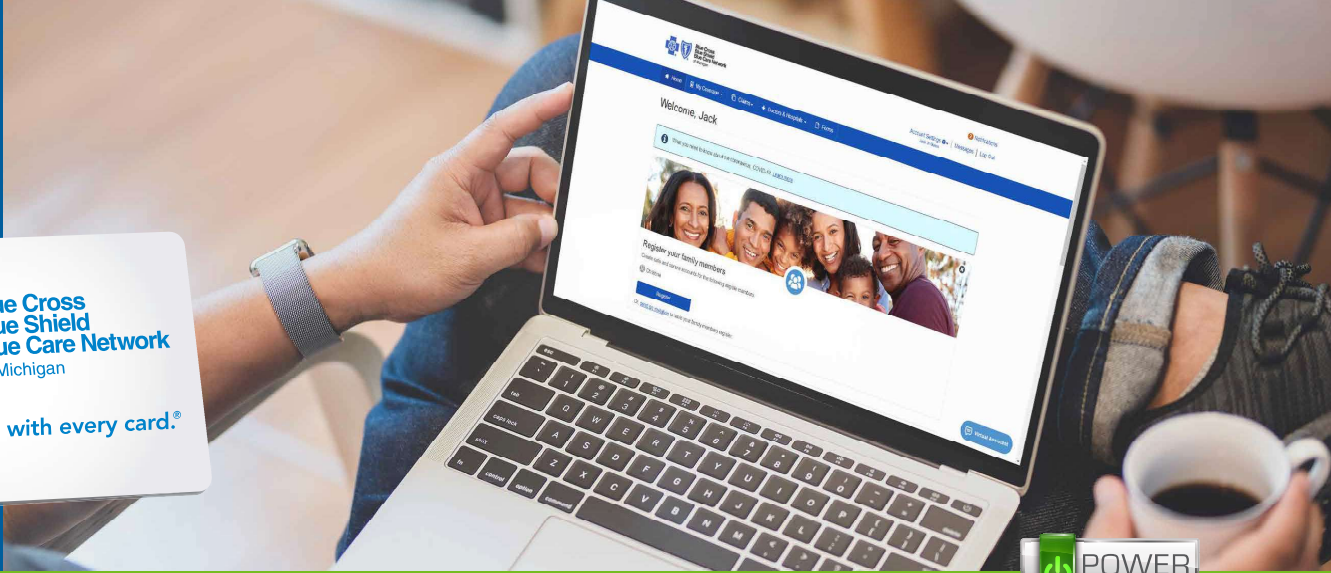
For questions about your online visits account or an online visit, call 1-844-606-1608, 24 hours a day, seven days a week.

Remember to coordinate all care through your primary care doctor. Blue Cross Online VisitsSM uses the American Well[®] technology platform and provider network, and is powered by American Well[®]. American Well[®] is an independent company that provides online visits for Blue Cross and BCN members.

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Confidence comes with every card.®



know. compare. choose.

When you need info about your plan fast – MIBBlue Virtual AssistantSM is at your service

Sometimes you need quick answers to questions about your plan. What's covered under my plan? What's my copay? How do I find a doctor in my plan's network?

Ask MIBBlue Virtual Assistant.

MIBBlue Virtual Assistant is an interactive, automated chat feature available through your online Blue Cross member account. Get immediate 24/7 support to find the plan information you need.

Here's what it can do

Log in to your online account*, or use our app, and select the Virtual Assistant icon.

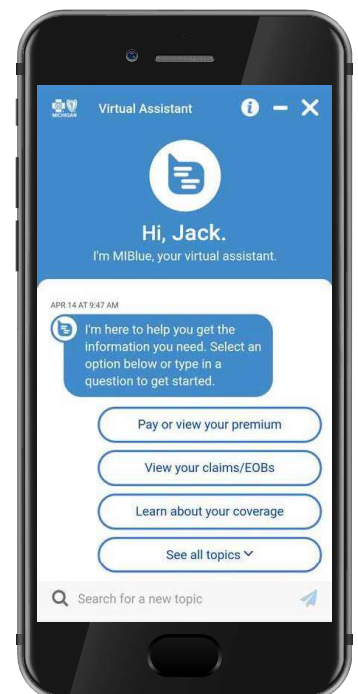
MIBBlue Virtual Assistant is ready to help you:

- Check your coverage.
- Find options for care.
- Search for doctors and hospitals.
- Look up your copay, deductible and other balances.
- Find a certain claim or referral.

Even use it to order another member ID card and update your paperless options.

No office hours. No waiting. No problem.

Log in to your account — and introduce yourself to MIBBlue Virtual Assistant.



*To activate your account, go to bcbsm.com/register or text **REGISTER** to **222764**. Message and data rates may apply. Visit bcbsm.com for our *Terms and Conditions of Use* and *Privacy Practices*. Or for our app, go to bcbsm.com/app.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Why does “participation” matter?

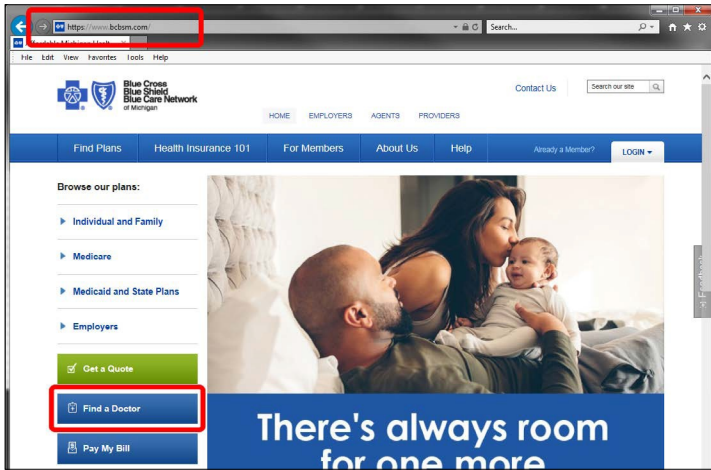
Participating providers are doctors, hospitals, pharmacies and medical equipment companies that have signed contracts with Blue Cross® Blue Shield® of Michigan and Blue Care Network to provide services at negotiated rates, as part of their network.

- If you enroll in a PPO plan, you can see doctors in- or out-of-network, but you will spend less when you use participating (in-network) providers.
- If you enroll in an HMO, in most cases, you will only be covered when using a participating provider, and you will need to assign a participating primary care physician to coordinate your care.

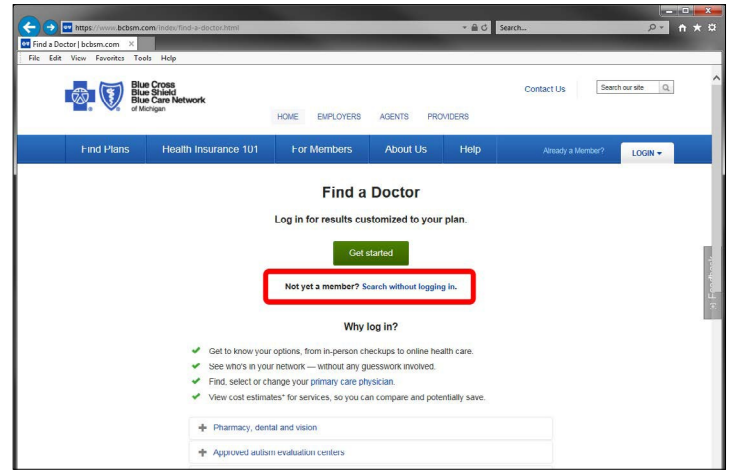
Locating Participating Providers and Verifying the Status of Your Current Doctor

The Blue Cross Find a Doctor tool allows you to easily search for doctors, verify their participation in your plan’s network, and much more.

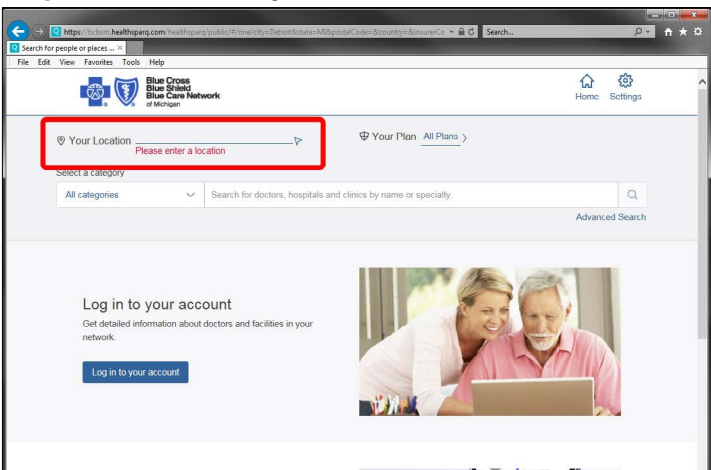
Step One: Visit [bcbsm.com](https://www.bcbsm.com), select Find a Doctor.



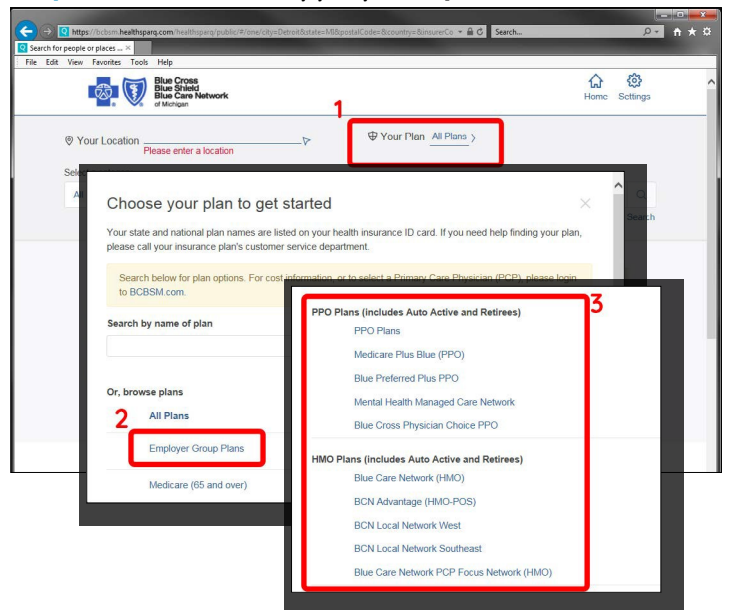
Step Two: Select Search without logging in.



Step Three: Provide your location.

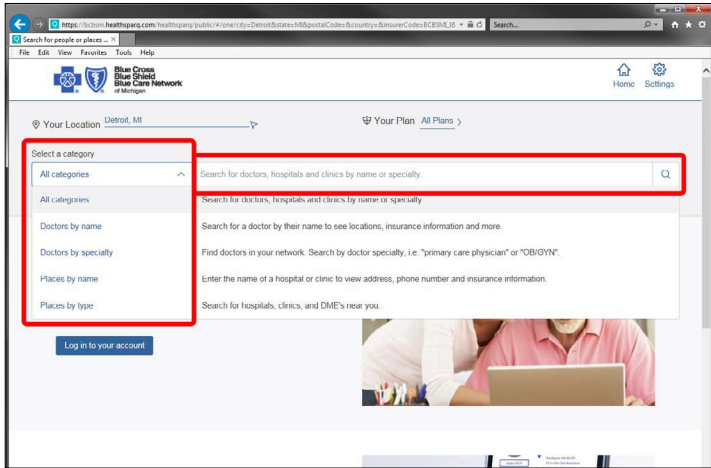


Step Four: Select the appropriate plan.

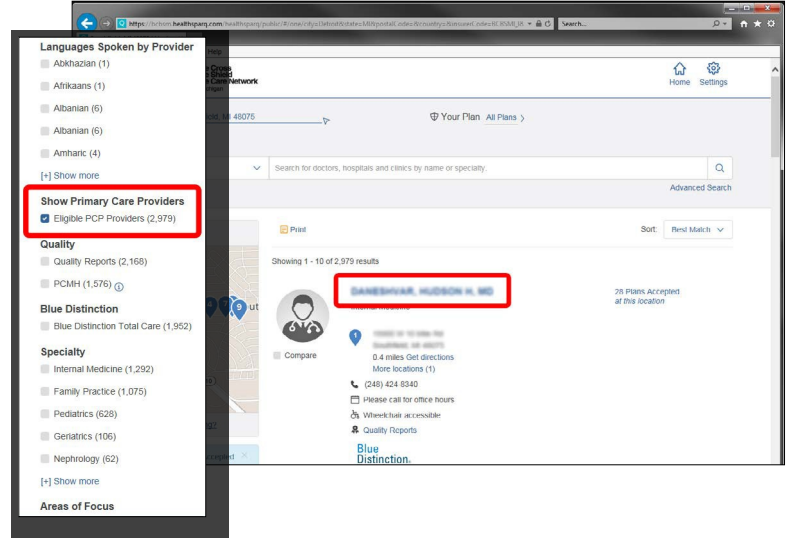


Continued...

Step Five: Refine your search by **category** or **keyword**, or simply click the magnifying glass icon to search.



Click: Any **provider name** to access additional detail. The filters at left can be used to refine results by a variety of attributes. Selecting **Eligible PCP Providers** will reduce results to only those doctors eligible to be assigned as a primary care physician.

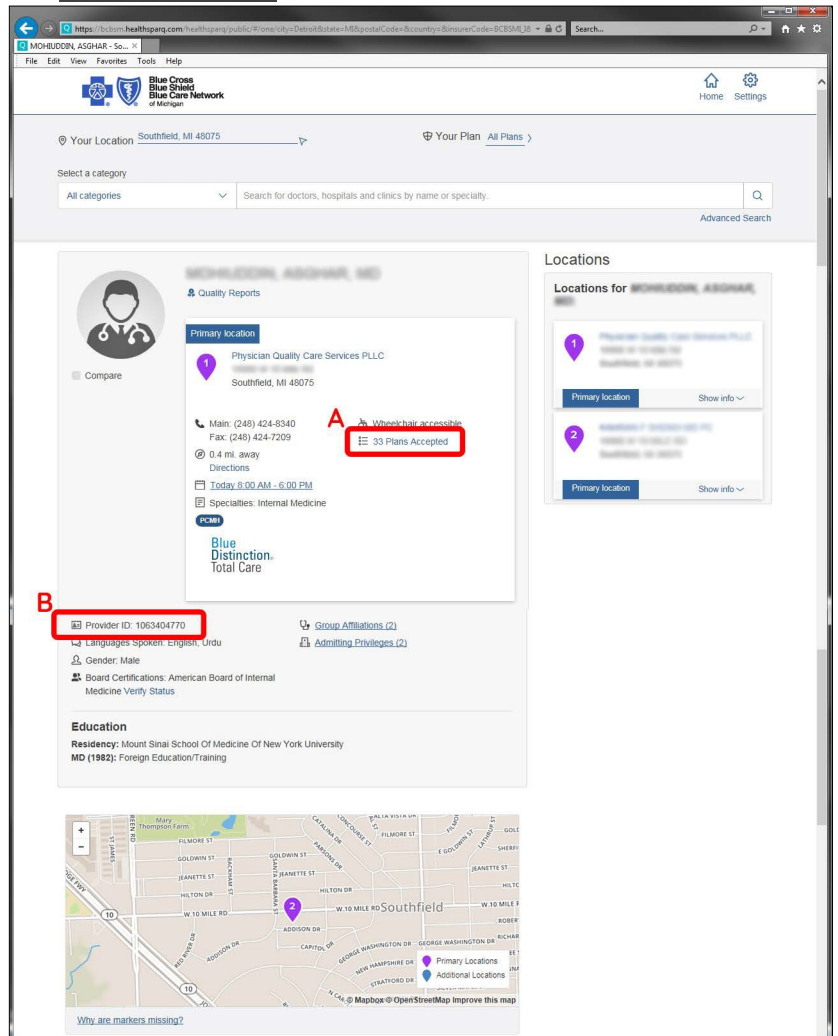


Provider Records: Include a variety of helpful information including locations, affiliations, certifications, languages spoken, office hours, contact information, and more.

The **Plans Accepted** option (A) can be used to verify the networks a provider participates in.

The **Provider ID** (B) field lists the doctors NPI number, which must be provided when assigning a primary care physician.

For Additional Assistance: Contact your authorized independent Blue Cross Blue Shield of Michigan and Blue Care Network agent.



In addition to locating primary care physicians, **The Blue Cross Find a Doctor tool** can also be used to find specialists and hospitals. When logged into a member account, it can also assist in pricing procedures, and finding pharmacies with the lowest costs for specific prescription drugs.



Making referrals easier to understand for Blue Care Network members in East and Southeast Michigan

EDUCATE

ENGAGE

EMPOWER



Your doctor is your health partner

Your primary care physician, or PCP, is responsible for the care you receive — from preventive health services to treatment for illness. As your health care partner, your PCP makes sure that you get the care you need when you need it.

Getting care

PCPs provide many services in their offices, and they arrange for specialist care or special tests. Your network gynecologist or obstetrician can also refer you to specialists for OB-GYN-related services. Specialists decide on the services and the number of visits required for treatment.

Extensive network of specialists

Our network includes thousands of specialists. More than likely, your PCP or OB-GYN will refer you to someone he or she knows professionally. Sometimes the specialist may even be part of the same group as your PCP.

When you don't need a referral

You don't need a referral for behavioral health services, as long as you are seen by a provider who's in your plan's network. Also, female members don't need a referral to see a gynecologist or obstetrician in your plan's network for annual well woman visits and obstetrical care (Woman's Choice program). Your OB-GYN can also refer you for specialist care, but only for OB-GYN-related services.

Chiropractic services

As a member in the East or Southeast region (see other side for a map of the regions), you must have a referral from your PCP for chiropractic services. The chiropractor must also get BCN approval before providing manipulations or other physical medicine services to you.



Referrals for specialist care

Your PCP manages your health care through a referral process with these guidelines:

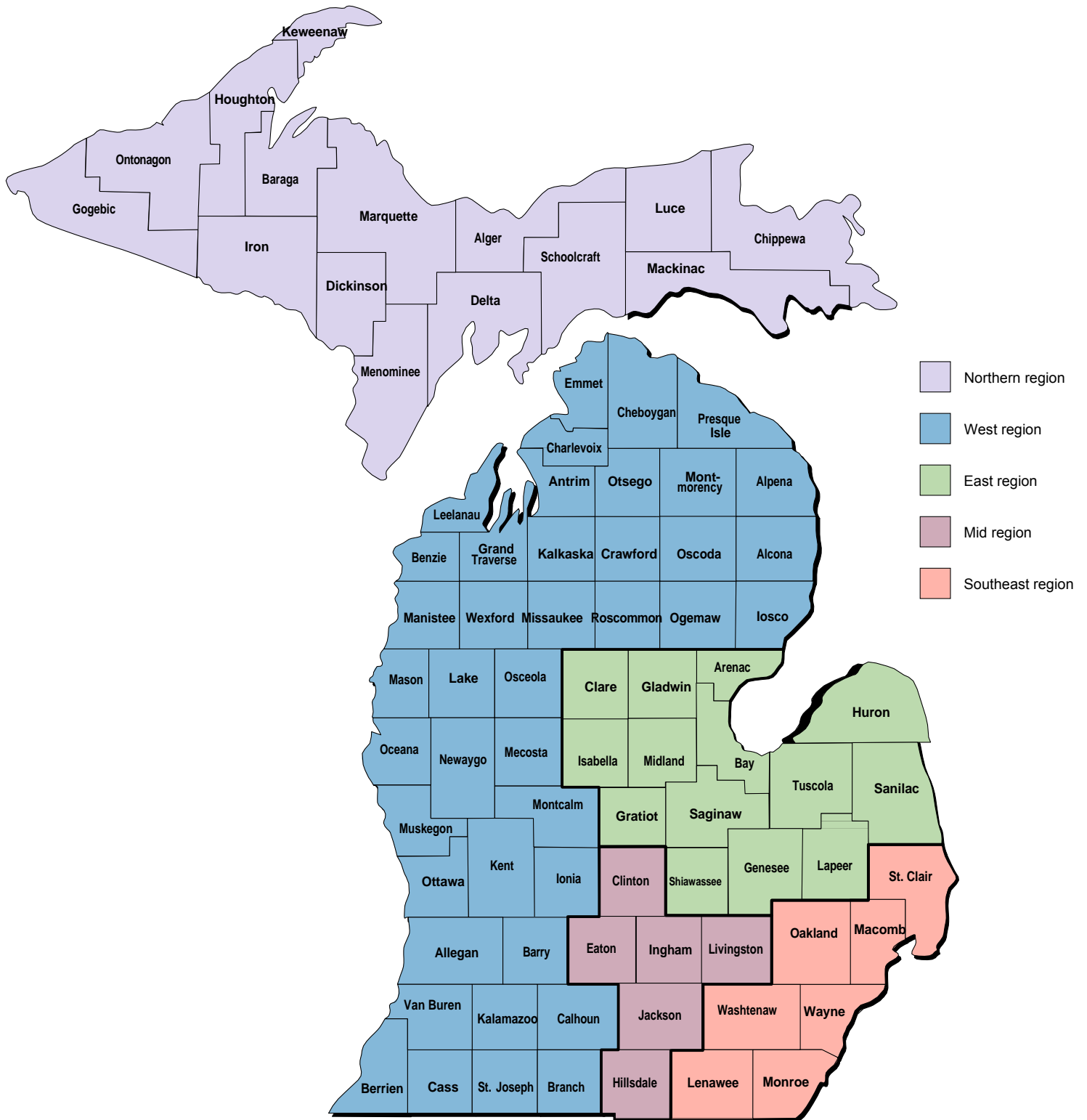
- Your PCP refers you to a specialist. Check that the specialist is in your plan's network. Also ask if there's anything else you need to do to ensure coverage.
- You may need special approval from BCN for certain services. You need approval from BCN for all services from specialists who aren't in your plan's network.
- Only your PCP or OB-GYN can refer you for specialist care.
- If the service requires a referral and your PCP or OB-GYN doesn't refer you, you may be responsible for the charges.
- Changing your PCP while a specialist is treating you may change your treatment authorization. Check with your new PCP.

Questions?



If you have questions about the referral process, call the Customer Service number on the back of your member ID card (TTY: 711).

Blue Care Network regions



Blue Care Network

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



Coverage that travels

When you're a Blue Care Network member, you're always covered for emergency care — in Michigan, across the country and around the world. Just show your BCN member ID card. Because some BCN plans pay only urgent and emergency services outside Michigan, check your coverage before receiving care. Refer to your *Certificate of Coverage* and related riders once you enroll in your plan. Or call Customer Service at the number on the back of your BCN member ID card.

BlueCard® nationwide access

If you have a suitcase logo on your BCN member ID card, you're connected to BlueCard® Traditional doctors and hospitals when you travel outside Michigan but within the United States. BlueCard, a program through the Blue Cross and Blue Shield Association, gives you seamless national access to out-of-state BlueCard Traditional doctors and hospitals.


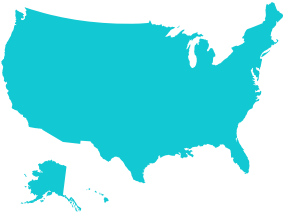

Other than the out-of-pocket expenses that your plan may require (deductible, copayments and coinsurance), you shouldn't have any up-front health care expenses if you use a BlueCard Traditional provider for covered services.

Refer to your *Certificate of Coverage* and riders to see what's covered when you travel or call Customer Service for details.

To locate a BlueCard Traditional provider

- Use your online member account at bcbsm.com.
- Use our mobile app.
- Visit bcbsm.com/find-a-doctor, and select your BCN plan.
- Call Customer Service using the number on the back of your BCN member ID card.
- Call BlueCard at **1-800-810-BLUE (2583)**.

See the table below for how to get the care you need when you're on the go. Talk with your primary care provider before traveling to address any health concerns.

If you're traveling	And you need	Here's what you do
In Michigan 	EMERGENCY CARE (The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.)	Call 911 or go to the nearest emergency room.
	URGENT CARE (The condition requires a medical evaluation within 48 hours.)	Go to the nearest urgent care center. To locate an urgent care center, visit bcbsm.com/find-a-doctor and select your BCN plan; use your online member account or our mobile app; call Customer Service using the number on the back of your BCN member ID card.
	NONURGENT CARE	Call your primary care provider to coordinate services that don't require immediate attention.
In the United States but outside Michigan 	EMERGENCY CARE	Call 911 or go to the nearest emergency room.
	URGENT CARE	Go to the nearest urgent care center. To locate an urgent care center, visit bcbsm.com/find-a-doctor and select your BCN plan; use your online member account or our mobile app; call Customer Service or call BlueCard at 1-800-810-BLUE (2583) .
	ROUTINE CARE	Call Customer Service for details about your health benefits and required authorizations.
	OTHER SERVICES (Such as elective surgeries, hospitalizations, mental health or substance use disorder services)	To locate a nearby BlueCard Traditional physician: Visit bcbsm.com/find-a-doctor and select your BCN plan; use your online member account or our mobile app; call Customer Service or call BlueCard at 1-800-810-BLUE (2583) .
Outside the United States 	EMERGENCY CARE	Go to nearest emergency room. (You may be required to pay for services and then seek reimbursement.) Get an itemized bill and medical records to speed reimbursement.

The information provided here is for members with the BlueCard benefit who are traveling or temporarily located outside Michigan. Please note, different guidelines apply to Blue Elect PlusSM POS and Blue Elect Plus HSASM POS members.

Pharmacy coverage when you travel

If your plan includes pharmacy coverage, you'll be able to fill prescriptions when you travel. Your BCN member ID card is accepted at the thousands of pharmacies nationwide that participate with Blue Cross plans, including most major chains.



Confidence comes with every card.®

Save money and live healthier with Blue365[®]



Membership has its benefits

Blue Cross Blue Shield of Michigan and Blue Care Network members can score big savings on a variety of health-related products and services.

Member discounts with Blue365 offers exclusive deals on things like:

- **Fitness and well-being:** Health magazines, fitness gear and gym memberships
- **Healthy eating:** Meal delivery kits and weight-loss programs
- **Lifestyle:** Travel and recreation
- **Personal care:** Lasik and eye care services, dental care and hearing aids

Cash in on discounts

Start saving today! Show your member ID card at participating local retailers or use an offer code online.

You can view a full list of discount offers from your Blue Cross member account. To get started:

- Log in or register at **bcbsm.com** or the Blue Cross mobile app.
- Once you're logged in at **bcbsm.com**, select *Blue365[®] member discounts* from the *Health & Well-Being* tab.
- If you're on the Blue Cross mobile app, tap the menu icon (=), then *Discounts*.



Blue365

Because health is a big dealSM

Member discounts with Blue365

Take advantage of discounts from the businesses listed below and many more.



You can conveniently access discounts from any device — anytime, anywhere.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Program information valid as of July 2022.

The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield plans. Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under health care plan policies with Blue Cross Blue Shield of Michigan or Blue Care Network, its contracts with Medicare or any other applicable federal health care program. Neither Blue Cross Blue Shield of Michigan, Blue Care Network nor the Blue Cross and Blue Shield Association recommends, endorses, warrants or guarantees any specific vendor or item.

Your benefits, at your fingertips!

The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the dentist search without logging in, or enter your username and password to securely access your personal benefit information or estimate your dental care costs.

» Coverage and claims information

See your plan type, benefit levels, deductibles, maximums and more. Check the status of recent dental claims. Add your dependents to your account to be able to access the whole family's coverage in one spot.

» Dental Care Cost Estimator

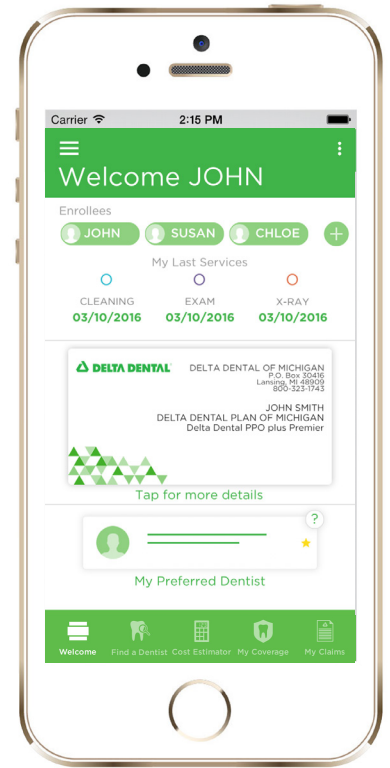
This easy-to-use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

» Dentist search

It's easy to find a participating dentist near you! Search and compare dental offices to find one that suits your needs. Narrow the list with criteria like "language spoken" and "specialty." After you choose a dentist, you can save the contact information and get directions.

» Mobile ID card

There's no need to carry a paper ID card. Simply show the dentist's office your mobile ID card right on your screen. Easily save it to your device for quick access using Apple Wallet or Google Pay.



Get started

Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download our app on a device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right.



SCAN TO
DOWNLOAD APP

Log in for secure access

Delta Dental members can log in using the username and password used to log in to www.deltadental.com. If the member hasn't registered for an account yet, they may visit www.deltadentalmi.com/memberportal and click "Sign up." A member can retrieve a forgotten username or password within the mobile app or by visiting www.memberportal.com. Members must log in each time they access the secure portion of the app. No personal health information is ever stored on the member's device.

Stay Informed About Your Dental Benefits With Member Portal

Member Portal is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to Member Portal, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.



All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

1. Visit www.memberportal.com.
2. Log in.

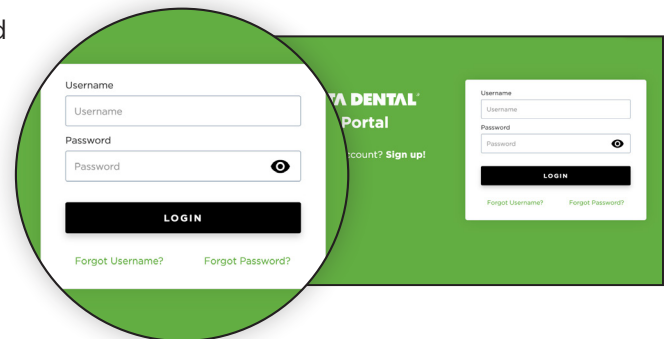
NOTE: Member Portal has replaced Consumer Toolkit®. If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.

- If you have already registered, enter your credentials and click the “Login” button.
- If you are new to Member Portal, click the “Sign up!” link to register.

NOTE: You will need the subscriber’s (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber’s Social Security number.

3. Complete required fields and follow the on-screen instructions.
4. Select your own username and password to access the site.

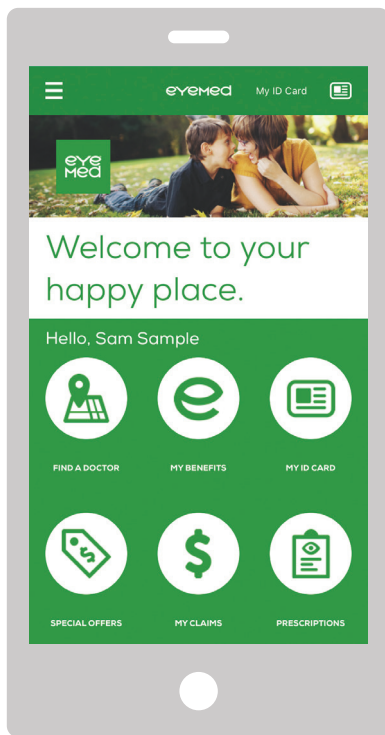
Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.



On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Check out the App Store or Google Play to download the new app



LENSCRAFTERS™





Using your Guardian benefits

Tools that can make it easy and convenient to use your benefits anytime, anywhere.

Guardian is committed to making it as easy as possible for you to use and understand your benefits, with customer service you can depend on.

Find a provider online

- Go to guardianlife.com
- Simply click on **Connect With Us** at the top of the page
- Follow the easy steps to search for a network provider to save on dental care

View/print your ID card at guardianlife.com

- No need for an ID card to use your Guardian benefits. Simply provide your Group ID number to your doctor's office at the first visit.
- If you don't have a printed copy of your Member ID card, visit the Forms and Materials section of guardianlife.com/login — it's fast and easy.

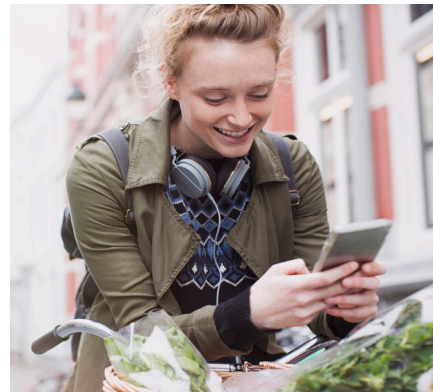
Access to an array of tools

- [Guardianlife.com](https://guardianlife.com) includes easy-to-use tools to help understand the value of your benefits. This includes educational articles and dental cost estimator tools.

Real-time assistance

- Speak to a Guardian representative about your benefits and claims for help using guardianlife.com.

Customer Service Center: 1-800-627-4200



Guardian Find a Provider & ID Card App

Search Guardian Find a Provider and ID Card App on the App Store and Google Play.

- Find a Dental Provider
- Access to your ID card

The Guardian Life Insurance
Company of America
New York, NY

guardianlife.com

Dental products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America® New York, NY. © Copyright 2021 The Guardian Life Insurance Company of America.

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

ibhworklife.com



User ID

Matters



Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.



How to Find and Use the TASC Mobile App

With the TASC mobile app you can track and manage all your TASC benefit accounts and access numerous helpful tools, anywhere at anytime. It's full of self-service features and boasts a user rating of over four stars!

Download the TASC App

The TASC [mobile app](#) is a free download for your mobile device (Apple or Android). When you're in the Apple App Store or Google Play, search for "TASC" and locate the green app icon (see at right).



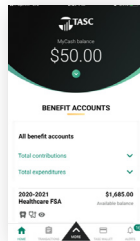
Search for "TASC" (green icon)

Sign On to the TASC App

If not already established, you must create an account on Universal Benefit Account* online (uba.tasconline.com/login) with an email and password. You will then use those same login credentials to sign on to the TASC mobile app.

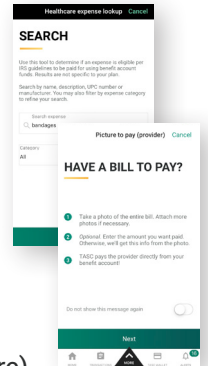
What You Can View (Visibility)

- ✓ Total Contributions (and by account)
- ✓ Total Expenditures (and by account)
- ✓ Transactions
- ✓ Account Details
 - What's Covered (by account)
 - Available Balance
 - Annual Election Amount
 - Employer Contribution
 - Transactions
 - Account Summary



What You Can Do (Functionality)

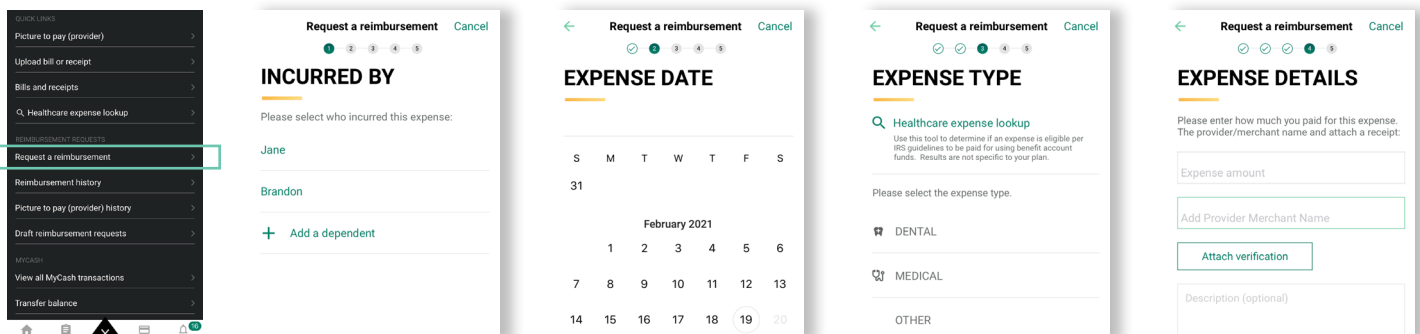
- ✓ Manage benefit cards in TASC Wallet
- ✓ Receive Alerts
- Actions available under the "MORE" button:**
- ✓ Pay a provider with "Picture to Pay"
- ✓ Upload/access substantiation
- ✓ Lookup eligible healthcare expenses
- ✓ Request a Reimbursement (see below)
- ✓ Transfer funds
- ✓ Manage MyCash Account
- ✓ Submit a Support Request (customer care)



How to Request a Reimbursement via Mobile App

Begin by clicking the "More" button and selecting "Request a Reimbursement." Follow the screen prompts to complete the request. Have your substantiation (receipt, EOB, etc.) ready to capture with device camera (refer to your plan specifics to find out if substantiation is required for manual reimbursements).

Important Note for medical expense reimbursements: The reimbursement payment will draw from the healthcare account based on the depletion order set by your employer/plan, thus you are not able to choose which healthcare account to use.





Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:



HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

TIPS

- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at irs.gov

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1. With less tax taken, your take-home pay increases!

Consider this example:
(For illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay:

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at www.tasconline.com/tasc-calculators/tasc-fsa-calculator/

How to participate.

It's easy to start saving with an FSA.

Just follow 3 simple steps:

1. DECIDE how much you want to contribute for the upcoming plan year

The more you contribute, the lower your taxable income will be. In spite of this, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. A grace period or carryover may be in place for your plan. Check with your employer for plan specifics.

PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits at www.tasconline.com/benefits-limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES



Identify Theft Protection: All active participants receive TASC Identity Theft Protection.

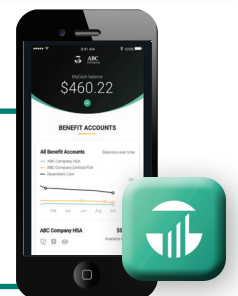


MyCash Account: Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

3. ACCESS your funds easily using the TASC Card

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast – within 12 hours – when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!



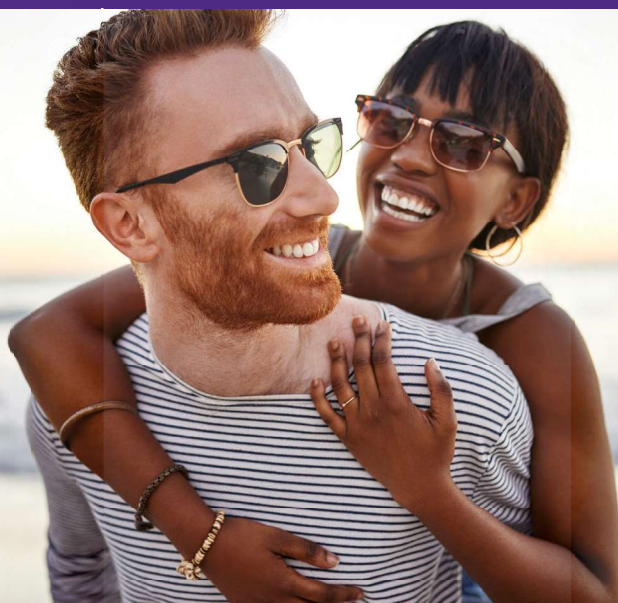
Track and manage all TASC benefits and access numerous helpful tools, anywhere and anytime—with just one app!



Search for "TASC" (green icon)

ACCELERATE YOUR HEALTH SAVINGS

Combining a HealthEquity HSA with an HSA-qualified health plan delivers incredible benefits



BUILD HEALTH SAVINGS

Choose a low premium health plan.

HSA-qualified health plans offer the lowest premiums, enabling you to unlock immediate savings. Just put the money you would have paid toward traditional premiums into your HSA. Voila! Long-term health savings.



MAXIMIZE TAX SAVINGS

Pre-tax contributions help reduce your annual taxable income.

Your HSA earns tax-free interest and you never pay taxes or penalties when you withdraw HSA dollars for qualified expenses. See a full list of qualified medical expenses at [Learn.HealthEquity.com/QME](https://www.healthequity.com/QME)



KEEP YOUR MONEY—FOREVER

Spend it. Save it. Invest it.² It's yours.

Unlike flexible spending accounts (FSA), money in your HSA rolls over year after year—even if you change employers or health plans.

HSA triple-tax advantage¹

- Make pre-tax contributions
- Grow tax-free interest earnings
- Enjoy tax-free distributions for qualified medical expenses



SAVE FOR RETIREMENT

Your HealthEquity HSA works like a second 401(k).

Invest your HSA dollars into low-cost mutual funds, then watch your earnings grow tax-free. When you're 65, you can withdraw HSA dollars for any expense—you'll just need to pay regular income taxes. Of course, if you use that money for qualified medical expenses, you never pay taxes at all.³

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

²Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

³After age 65, if you withdraw funds for any purpose other than qualified medical expenses, you will be subject to income taxes. Funds withdrawn for qualified medical expenses will remain tax-free.

MAYBE YOU'VE HAD AN HSA BEFORE, BUT YOU'VE NEVER HAD AN HSA LIKE THIS



Get support 24/7

Call us day or night. Our US-based service team measures success by problems solved. We'll do whatever it takes.



Say goodbye to hassle

Log in and manage everything via our simple mobile app.⁴ Want to submit a claim? Easy. Just snap a photo and you're on your way.



Stay informed

Check out our vast library of webinars, tutorials, videos, calculators, and more. You'll find tips and tricks to make the most of your HSA.

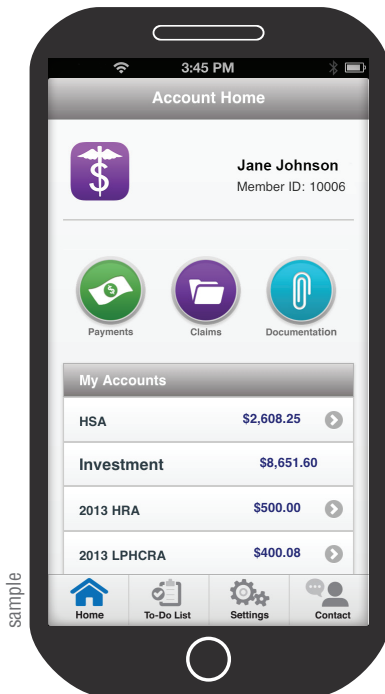
JOIN FIVE MILLION+ HEALTH SAVERS

For more than two decades we've empowered some of the biggest companies in the world—and the smartest savers on the block.



Enroll today. Talk to your benefits team.
866.735.8195 | [HealthEquity.com/Learn](https://www.healthequity.com/learn)

⁴Accounts must be activated via the HealthEquity website in order to use the mobile app. HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life changing decisions. Copyright © 2020 HealthEquity, Inc. All rights reserved. OE_HSA_1-pager_August_2020



Now available on-the-go



The HealthEquity mobile app¹ provides easy, on-the-go access to all of your health accounts. The free app provides comprehensive tools to help you manage transactions and maximize your health savings.

CONVENIENT, POWERFUL TOOLS:

> On-the-go access

You can access all account types wherever you go

> Photo documentation

Simply take a photo with your device to initiate claims and payments

> Send payments & reimbursements from HSA

You can send payments to providers or reimburse yourself for out-of-pocket expenses from your HSA

> Manage debit card transactions

Link your debit card transactions to claims and documentation

> View claims status

View the status of claims as well as link payments and documentation to claims

> Make claims on FSA/HRA

Create new reimbursement claims for FSA and HRA transactions

For help with the mobile app, contact us at:

866.346.5800

available every hour of every day

NOTES

A large, rounded rectangular area with a dark blue border and a light gray background. It contains 20 horizontal dashed lines for writing notes.

NOTES

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ENROLLMENT GUIDE COMPLIMENTS OF



The information in this guide is a summary and presented for illustrative purposes only. While every effort was taken to accurately report your benefits, discrepancies or errors are possible. In case of discrepancy between this Guide and the actual plan documents or plan certificates/riders, the actual plan document or certificates/riders will prevail. The company reserves the right to amend or terminate these benefits at any time. The information in this guide does not constitute a contract of employment. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

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