

Michigan Educational Choice Schools

2024 - 2025 Employee Benefits Guide

An overview of the wide array of benefits provided by Michigan Educational Choice Schools to help you enjoy increased well-being and financial security.



Prepared by Human Capital Concepts for Michigan Educational Choice Schools



Introduction

As an employee of Michigan Educational Choice Schools, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction, and security of you and your family are important not only to your well-being but, ultimately, in achieving our organization's goals.

For the 2024-2025 plan year, Michigan Educational Choice Schools has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Michigan Educational Choice Schools offers an overall benefits package that you can shape and mold to fit your needs.

This benefits booklet is a summary description of your Michigan Educational Choice Schools benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you and your family make the best healthcare choices.



Employee Benefits To-Do List

The following checklist will walk you through all steps required to enroll in your benefits for the current plan year.



Prepare

Educate Yourself to Make the Best Decision

- Review your healthcare costs from last year and estimate your personal and family healthcare needs for this year.
- Make the following decisions:
 1. Who will you cover this year?
 2. Who do you need to remove from coverage because they are no longer eligible due to age or change of status?
 3. What plans will you elect?
 4. If you elect a High-Deductible Health Plan, will you contribute to a Health Savings Account (HSA)? If so, how much?
 5. If you elect a Traditional (PPO) Health Plan, will you contribute to a Flexible Spending Account (FSA)? If so, how much?



Enroll

Enroll in Your Benefits

Current Employees

Complete during Open Enrollment

New Hires

Complete any time during your first 30 days of employment

- Make sure you have your (and your qualified dependents') birthdate(s), address(es), and social security number(s) on hand.
- Review your existing coverage and/or additional setup steps:
 1. Provide dependent eligibility documentation to HCC before the end of the open enrollment period.
 2. Set up your HSA or FSA based on your eligibility date.



Launch

AFTER Enrollment is Complete

- You can make changes to your elections only during your enrollment period. Make sure you have chosen appropriately as you will not be able to make changes until next year's Open Enrollment OR unless you experience a qualifying event (*see the Making Changes section in this guide*).
- Once the plan year begins, review your paycheck. If you notice errors in your payroll deductions, notify HCC **IMMEDIATELY!**
- **IMPORTANT!** Provide your new insurance card(s) to your healthcare providers after the start of the plan year.

Important Benefit Information

Navigating your benefit options can be confusing. The following information can alleviate confusion related to interpreting benefit documentation and costs.



CALENDAR YEAR VS. PLAN YEAR

Calendar Year

A calendar year refers to the standard January to December period. In health insurance, it often dictates the schedule for deductibles and out-of-pocket maximums.

Plan Year

A plan year is specific to the health plan and may not align with the calendar year. It is defined as the 12-month period during which health insurance benefit plan details and premiums are calculated.



PAYROLL BENEFIT DEDUCTIONS

Pay Ahead

Benefit invoices are due on the 1st of every month. Benefit deductions are taken one month in advance to ensure we have the money to pay the invoices each month. If benefits are effective May 1st, we start taking deductions from the first paycheck in April. If an employee has benefits effective on the date of hire or does not elect benefits in time to take deductions a month in advance, we have to 'catch up' on those missed deductions. If, for some reason, there is a large amount of catch-up that will cause a financial burden, we can divide up the amount over multiple checks.

HCC will refund any paid-ahead premiums upon the termination of benefits or employment.

The importance of reviewing your paystubs...

Health insurance is often a significant monthly expense. It is important to ensure your paystub correctly reflects your insurance plan selections. Errors can lead to lapses in coverage or unexpected medical bills.

For pay discrepancies, please contact your payroll coordinator. For benefit deduction questions, please contact your benefits coordinator.

[Click here for instructions on accessing your paystub in the Self-Service Employee Portal.](#)

Eligibility

Before you decide what plans you want to elect, it helps to know who qualifies to receive our benefits. First let's look at some definitions of who is eligible for what.



Definitions		Benefits Available				
		Medical	Dental	Vision	Life	Disability
Employee (EE)	As an employee, you can enroll in employee benefits if you are a regular full-time employee.	✓	✓	✓	✓	
Spouse (SP)	Spouses eligible to enroll include Legal Spouse (either opposite-sex or same-sex, legally married in one of the 50 states, the District of Columbia, a US territory, or a foreign country.) <i>**Certain plans allow coverage for a Domestic Partner, speak to your Benefits Coordinator for more information.**</i>	✓	✓	✓	✓	
Child(ren) (CH)	Dependent children are eligible to enroll if they are under age 26 and are one of the following (for you and/or your Spouse) • Biological Child • Adopted or placed for adoption • Stepchildren • Under legal guardianship <i>**Any aged legal dependent due to a physical or mental disability.</i>	✓	✓	✓	✓	

COVERAGE PLAN YEAR

The coverage plan year for the benefits discussed in this guide is October 1, 2024 through September 30, 2025 for medical and November 1, 2024 through October 31, 2025 for all others.

If you are newly hired or qualify for our benefits, you have 30 days from the date of hire/eligibility to enroll, and **your benefits will go into effect on the 1st of the month, following your date of hire.**

For 401(k) eligibility, please see the retirement section.

COVERAGE ENDS

For most benefits, your coverage will end on the last day of the month in which:

- Your work schedule is reduced to part-time.
- Your employment ends.
- You stop paying your premiums.
- For Dependent(s), coverage ends:
 - When your coverage ends.
 - the last day of the month in which dependent turns 26.

Making Changes



Open Enrollment season is a vital time of year for you and your employer. Because of IRS regulations, it is typically the only time during the year in which you can make changes to your benefit choices. Missing this vital deadline can mean losing coverage and/or being unable to change benefit elections until you experience a qualifying event..

Qualifying Life Events are defined by the IRS and require certain documentation. Examples of events include, but are not limited to:



Change in
Marital
Status



Change in
Number of
Dependents



Change in
Employment
Status



Change in
Court-Ordered
Coverage

WHAT IS REQUIRED WHEN YOU EXPERIENCE A QUALIFYING LIFE EVENT?

You will need to let your Benefits Coordinator know in writing/email within 30 days of the event to make any changes necessary. You may also need to provide required documentation. This can include:

- Proof of dependent relationship (marriage certificate, birth certificate, etc.)
- Any enrollment forms that may be required.
- Dated documentation providing proof of the effective date of new coverage (or end of coverage) and names of individuals gaining or losing coverage.
- Court documentation.

IF YOU DO NOT ELECT COVERAGE DURING OPEN ENROLLMENT OR NEW HIRE PERIOD:

- You will not have coverage for the remainder of the plan year unless you experience a qualifying life event.
- You will not be enrolled in any eligible Flexible Spending Accounts for the year. Participation and pre-tax contributions require enrollment every year.

WHAT IS YOUR EMPLOYER LEGALLY REQUIRED TO DO?

Legally, employers are not required to do anything for employees who have missed the enrollment deadline. In fact, the terms of certain benefit plans may prohibit them from making exceptions for those employees who do not make benefit elections in the allotted time. If employees do not make elections in the allotted time, benefits may be automatically waived.

BE PREPARED.

The open enrollment process relies on you, the employee, to take action.

HAVE SPECIFIC OPEN ENROLLMENT QUESTIONS?

Please reach out to your Benefits Coordinator. We would rather have the conversation with you before it is too late. Missing your enrollment period severely limits and might even restrict our ability to help.



Medical plan info



Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family member expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their individual accumulated expenses (the amount varies by plan).



Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays, and coinsurance.



Copays and Coinsurance

These expenses are your share of the cost paid for covered healthcare services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider.



Plan Types

- PPO and EPO - A network of doctors, hospitals, and other healthcare providers
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums

Medical - CB Platinum PPO 500



Summary of Coverage

	In Network	Out Of Network
Member Coinsurance	20%	40%
Deductible: Individual/Family	\$500/\$1,000	\$1,000/\$2,000
Out of Pocket: Individual/Family	\$8,700/\$17,400	\$17,400/\$34,800
Physical/Specialist Office Visit	\$20/\$30	40%
Emergency Room	\$150	\$150
Urgent Care	\$60	40%
Prescriptions: Retail	\$10/\$40/\$100	\$10/\$40/\$100 + 25% Coins
Prescriptions: Mail Order	\$20/\$110/\$290	\$20/\$110/\$290 + 25% Coins

	Per Pay Period Pricing
Employee Only	age-rated*
Employee + Spouse	age-rated*
Employee + Child(ren)	age-rated*
Family	age-rated*

*Please contact your HCC Benefits Coordinator for details.



Medical - CB Gold PPO 1500



Summary of Coverage

	In Network	Out Of Network
Member Coinsurance	30%	50%
Deductible: Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Out of Pocket: Individual/Family	\$9,450/\$18,900	\$18,900/\$37,800
Physical/Specialist Office Visit	\$30/\$50	50%
Emergency Room	\$250	\$250
Urgent Care	\$60	50%
Prescriptions: Retail	\$15/\$30/\$60	\$15/\$30/\$60 + 25% Coin
Prescriptions: Mail Order	\$35/\$80/\$170	\$35/\$80/\$170 + 25% Coin

	Per Pay Period Pricing
Employee Only	age-rated*
Employee + Spouse	age-rated*
Employee + Child(ren)	age-rated*
Family	age-rated*

*Please contact your HCC Benefits Coordinator for details.





Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Michigan Educational Choice Schools, all covered individuals and family members are **eligible to receive routine wellness services like these at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e., Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and childcare
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

Your Life. Your Work. Your Best.®

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Services:

Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

Wellness Support

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
- Get help with smoking cessation, back care, resiliency and more

Life is challenging. We can help.
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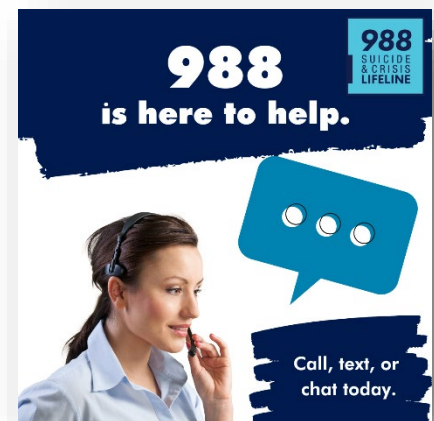
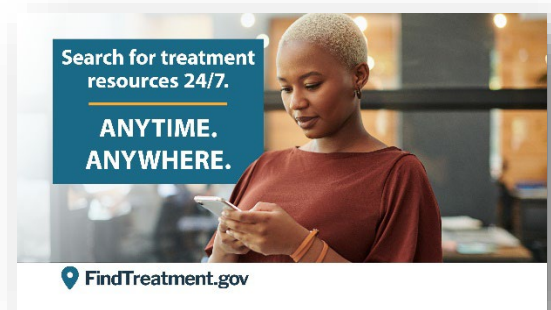
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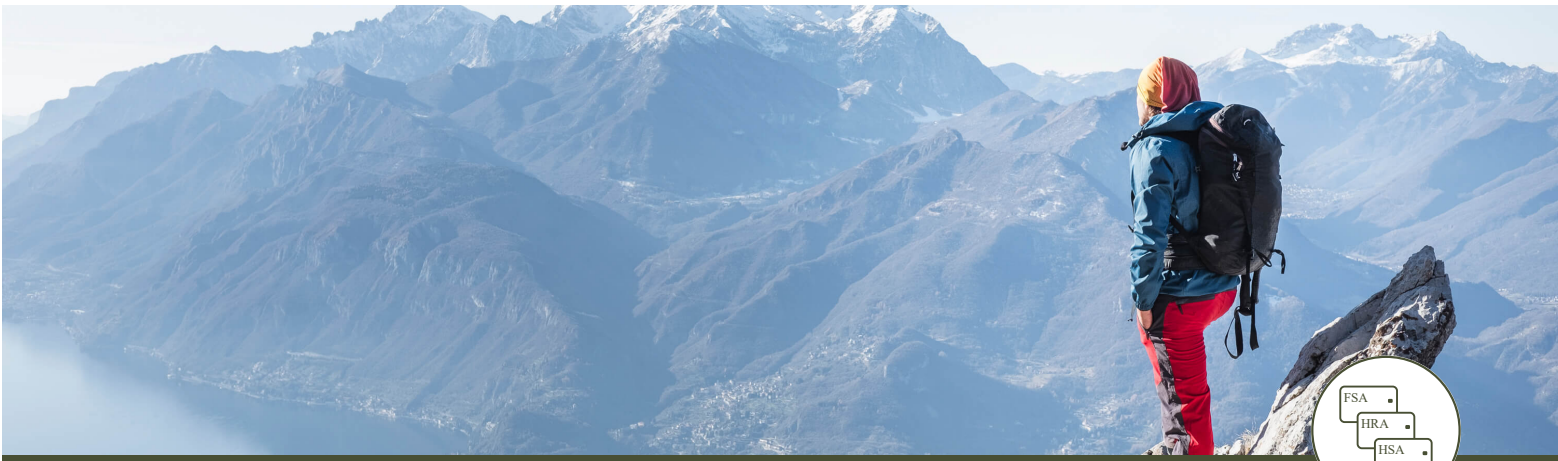
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National Mental Health Resources

- **SAMHSA FindTreatment.gov**
24/7 (800) 662-HELP (4357)
<https://findtreatment.gov/>
- **National Domestic Violence Hotline**
24/7 (800) 799-SAFE (7233)
<https://www.thehotline.org/>
- **National Eating Disorders Association (NEDA)**
<https://www.nationaleatingdisorders.org/>
- **Depression and Bipolar Support Alliance (DBSA)**
(800) 826-3632
<https://www.dbsalliance.org/>
- **Anxiety & Depression Association of America (ADAA)**
<https://adaa.org/>
- **CHADD: Child and Adults with ADD/ADHD**
(866) 200-8098
<https://chadd.org/>
- **Ditched the Drink**
<https://www.ditchedthedrink.com/>
- **National Institute of Mental Health (NIMH)**
(866) 615-6464
<https://www.nimh.nih.gov/>
- **National Institute on Aging (NIA)**
(800) 222-2225
<https://www.nia.nih.gov/>
- **SAMHSA Disaster Distress Helpline**
Call or Text (800) 985-5990
<https://www.samhsa.gov/find-help/disaster-distress-helpline>
- **Suicide & Crisis Lifeline**
Call or Text 988
<https://988lifeline.org/>





Flexible Spending Account (FSA)

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

Health FSA Eligible Expenses

- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter healthcare items such as bandages, pregnancy test kits, and blood pressure monitors

Limited FSA Eligible Expenses (*HDHP Participants Only*)

- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery

Dependent Care FSA Eligible Expenses

- Care for your child who is under the age of 13
- Before- and after-school care
- Babysitting and nanny expenses
- Daycare, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

NOTE: Dependent Care should be set up with Direct Deposit vs. a Flex Debit Card.

For more information, refer to your FSA documentation. HCC uses American Benefit Administrators (ABA) for Flexible Spending Account Management.

Employee Online Access Portal



After registering for a Flexible Spending Account (FSA) through HCC, you can access your FSA through American Benefit Administrators using the instructions below.

Please note that you will not be able to register through ABA until after the effective date.

URL: <https://abe.lh1ondemand.com/Login.aspx>

Select New User (right side)

The image shows the login page for ABA American Benefit Administrators. At the top is the ABA logo. Below it is a 'Login' section with two columns. The left column is titled 'Existing User?' and contains the text 'Login to your account', followed by 'Username' and 'Password' labels with corresponding input fields. There are links for 'Forgot Username?' and 'Forgot Password?'. A blue 'Login' button is at the bottom of this column. The right column is titled 'New User?' and contains the text 'Create your new username and password'.

Complete Identification

User Identification (Step 1 of 3)

The image shows the 'User Identification (Step 1 of 3)' form. It has a light blue header. Below the header, the text 'Complete the information below to verify your identity.' is followed by a '*Required' note. There are four rows of input fields: 'First Name*', 'Last Name*', 'Zip Code*' (with a placeholder 'Please enter your 5 digit zip code'), and 'Employee ID*'. A blue 'Next' button is located at the bottom right of the form.

Please Note: If you do not have a unique Employee ID, please use your SSN # without dashes.

Employee Online Access Portal

Security Questions (Step 2 of 3)

Please enter an answer to any 3 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password. *Required

Select a question...



Select a question...



Select a question...



Next

System will auto generate a User Name

- Participant can immediately create a User Name other than the system generated

Password

- Participant will create their Unique Password following the required credentials listed

Create Username and Password (Step 3 of 3)

Username*

*Required

Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).

Password*

The password must: - Have a minimum of 6 characters - Not be one of your last 3 passwords - Contain upper and lowercase letters - Contain at least one number

Confirm Password*

Submit

There are multiple ways for you to save money on your annual expenses with tax-free options. Take a look at how an FSA can help keep money in your bank! We’ve broken down each option below.

You choose how much money you would like to contribute.

The money is deducted tax-free from your paycheck throughout the year.

The short version: You don’t pay federal, state, or FICA taxes on this income!

2025	Regular FSA	Limited FSA	Dependent Care FSA
Am I eligible?	You can only have a Flexible Spending Account if you are participating in a traditional (non-HDHP) health plan through your employer.	If you have a high-deductible health plan and/or you contribute to an HSA, yes.	If you have qualifying dependents, yes.
What can I use it to pay for?	IRS-approved prescriptions, dental, vision, & medical costs. Visit FSAstore.com for a comprehensive list of eligible expenses.	IRS-approved dental & vision costs.	Daycare expenses for the following that allow you or your spouse to go to work or school full-time: • Dependent child under age 13 • Physically or mentally disabled dependent of any age who spends 8+ hours per day in your home.
When can I use it?	Immediately (even before accruing payroll deposits).	Immediately (even before accruing payroll deposits).	Immediately. (This is through a reimbursement account, so you can only recoup the money you have paid into the account at the time you submit reimbursement for funds.)
Can I roll over funds?	No.	No.	No.
What is the maximum annual contribution?	\$3,200*	\$3,200*	\$5,000*
Employer Contribution	None.	None.	None.
What time period will the 2024 account cover?	You can incur claims from 1/1/2025 – 12/31/2025.	You can incur claims from 1/1/2025 – 12/31/2025.	You can incur claims from 1/1/2025 – 12/31/2025.
When is the “run-out” period (the deadline to submit claims incurred in the above period)?	3/31/2026	3/31/2026	3/31/2026

*These are the 2024 limits as the 2025 Flexible Spending rates have not been released.





Dental plan info

Summary of Coverage

Dental coverage is similar to regular medical insurance - you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath, and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you are investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist when you need to receive inexpensive preventive and diagnostic care.

Review the benefits statement and overview to see everything your plan covers. If you have any questions, contact your HCC Benefits Coordinator.

Basic Dental



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum	\$750	\$750
Orthodontia Lifetime Maximum	No Coverage	No Coverage
Diagnostic/Preventative: Exams, Cleanings, Fluoride, Space Maintainers, ER Palliative, Sealants	Covered in Full	Covered in Full
Basic Services: Fillings, Periodontal Maintenance	80%	50%
Basic Services: Root Canal, Surgical Extractions	No Coverage	No Coverage
Major Services: Endodontic & Periodontal Services, Oral Surgery	No Coverage	No Coverage
Major Services: Crowns, Bridges, Dentures, Implants, Prosthodontic	No Coverage	No Coverage
Orthodontia Services: (Ages 19 and under)	No Coverage	No Coverage

	Per Pay Period Pricing
Employee Only	\$0.00
Employee + Spouse	\$1.48
Employee + Children	\$5.74
Family	\$8.53





This document provides only a summary of your benefits. All services described herein are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.

Enhanced Dental



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Diagnostic/Preventative: Exams, Cleanings, Fluoride, Space Maintainers, ER Palliative, Sealants	Covered in Full	Covered in Full
Basic Services: Fillings, Periodontal Maintenance	80%	60%
Basic Services: Root Canal, Surgical Extractions	80%	60%
Major Services: Endodontic & Periodontal Services, Oral Surgery	50%	40%
Major Services: Crowns, Bridges, Dentures, Implants, Prosthodontic	50%	40%
Orthodontia Services: (Ages 19 and under)	50%	50%

	Per Pay Period Pricing
Employee Only	\$9.09
Employee + Spouse	\$18.83
Employee + Children	\$25.01
Family	\$37.73





This document provides only a summary of your benefits. All services described herein are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.

Premier Dental



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,500	\$1,500
Diagnostic/Preventative: Exams, Cleanings, Fluoride, Space Maintainers, ER Palliative, Sealants	Covered in Full	Covered in Full
Basic Services: Fillings, Periodontal Maintenance	80%	80%
Basic Services: Root Canal, Surgical Extractions	80%	80%
Major Services: Endodontic & Periodontal Services, Oral Surgery	80%	50%
Major Services: Crowns, Bridges, Dentures, Implants, Prosthodontic	50%	50%
Orthodontia Services: (Ages 19 and under)	50%	50%

	Per Pay Period Pricing
Employee Only	\$13.04
Employee + Spouse	\$30.85
Employee + Children	\$41.74
Family	\$63.28





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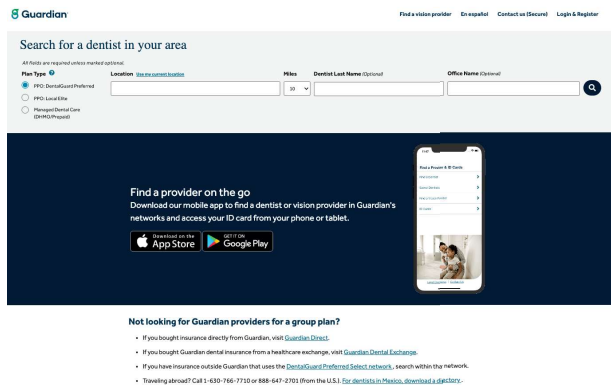


It's easy to find a network dentist

We are committed to ensuring that you have the tools and resources to get the most from your benefits. This starts with making it easy to find a network provider. Remember, using a network dentist is one of the best ways to save on important care.

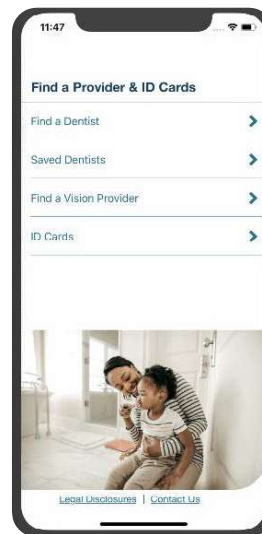
guardianlife.com

- Go to guardianlife.com
- Click "Find a dentist"
- Under "Dental benefits from your workplace" click "Find a dentist"
- Select plan type
- Enter your search parameters
- Customize your search by distance, specialty, and language spoken



Find a provider and ID card mobile app

- Search by name or location
- View results on a map and get directions
- View, print or email ID cards for use when scheduling an appointment or visiting a provider



Online or on the go — Guardian makes it easy to find a provider.



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Company of America**
guardianlife.com

New York, NY

Find a dental provider (10/25) NC

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Vision plan info

Summary of Coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases - such as glaucoma and cataracts - which can lead to vision loss.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it is not 100% covered. This will depend on the plan.

Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts, and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$150 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

Review your benefits statement to see everything your vision plan covers. Reach out to your HCC benefits coordinator with any questions.

Davis Vision



Summary of Coverage

	In Network	Out Of Network
Exam Copay	\$10	Up to \$50
Exam Frequency Limit	Once per 12 months	Once per 12 months
Lenses Copay	\$25	Up to \$40/\$67/\$86/\$126
Frames Copay	\$25	\$25
Retail Frames Allowance	\$130 + 20% Excess	Up to \$48
Frames Frequency Limit	Once per 24 months	Once per 24 months
Contacts Elective Allowance	\$130 + 15% Excess	Up to \$105
Contacts (Medically Necessary) Copay	\$0	Up to \$210
Contacts Frequency Limit	Once per 12 months	Once per 12 months
Cosmetic Extras	Average 40% - 60% off Retail	No Discounts
Glasses (Additional Pair of Frames & Lenses)	Courtesy Discount from Most Retailers	No Discounts
Laser Correction Surgery Discount	No Coverage	No Discounts
Dependent Age Limit	26	26

	Per Pay Period Pricing
Employee Only	\$3.12
Employee + Spouse	\$5.41
Employee + Child(ren)	\$5.51
Family	\$8.71



VSP Vision



Summary of Coverage

	In Network	Out Of Network
Exam Copay	\$10	\$39
Exam Frequency Limit	Once per 12 months	Once per 12 months
Lenses Copay	\$25	Up to \$48/\$67/\$86/\$126
Frames Copay	\$25	\$25
Retail Frames Allowance	\$130 + 20% Excess	Up to \$46
Frames Frequency Limit	Once per 24 months	Once per 24 months
Contacts Elective Allowance	\$130	Up to \$100
Contacts (Medically Necessary) Copay	\$0	Up to \$210
Contacts Frequency Limit	Once per 12 months	Once per 12 months
Cosmetic Extras	Average 40%-60% off Retail	No Discounts
Glasses (Additional Pair of Frames & Lenses)	Courtesy Discount from Most Retailers	No Discounts
Laser Correction Surgery Discount	No Coverage	No Discounts
Dependent Age Limit	26	26

	Per Pay Period Pricing
Employee Only	\$3.90
Employee + Spouse	\$6.75
Employee + Child(ren)	\$6.88
Family	\$10.89



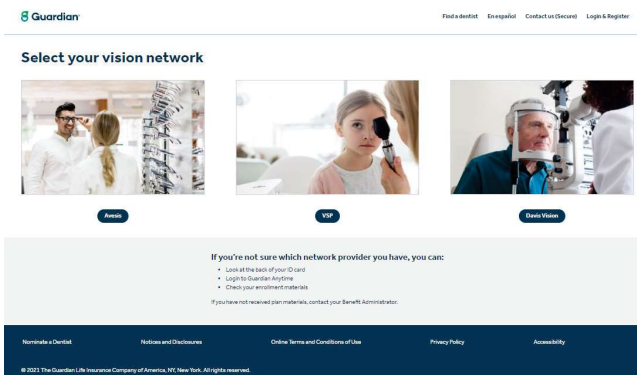


It's easy to find a network vision provider

We are committed to ensuring that you have the tools and resources to get the most from your benefits. This starts with making it easy to find a network provider. Remember, using a network vision provider is one of the best ways to save on important care.

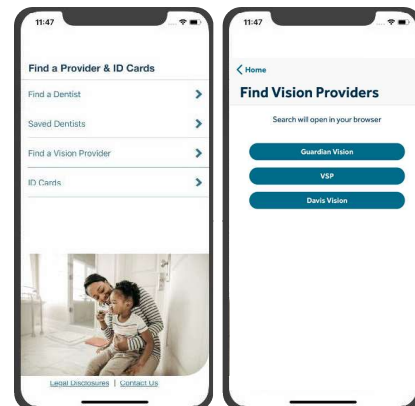
guardianlife.com

- Go to guardianlife.com
- Click "Find a vision provider"
- Select your vision network
- Select plan type
- Enter your search parameters
- Customize your search by distance, specialty, and languages spoken



Find a provider and ID card mobile app

- Search by name or location
- View results on a map and get directions
- View, print or email ID cards for use when scheduling an appointment or visiting a provider



Online or on the go — Guardian makes it easy to find a provider.



The Guardian Life Insurance Company of America
guardianlife.com

New York, NY

Find a vision provider (10/25) NC

Guardian's Vision Insurance is 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. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form No. GP-1-VSN-96-1 et al. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America® ©Copyright 2023 The Guardian Life Insurance Company of America.



Group Life Insurance

Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	\$25,000
AD&D benefit	\$25,000
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
65	35%
70	50%

Group life is 100% covered by the employer, with the option of employees adding voluntary life.



Life insurance is not a fun thing to think about. Still, if you have people who depend on you for financial support, life insurance is about protecting them in case something happens to you. Your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is an employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may also wish to enroll in voluntary life insurance.

Employees may purchase an additional \$20,000 of basic life insurance (\$2.42/pay). If they enroll late, they may need to complete an EOI form.



Voluntary Life Insurance

Summary of Coverage

Plan Features	Basic Life - Voluntary
Guaranteed Issue Amount	\$100,000
Supplemental Life Benefit Amount	Increments of \$25,000
Maximum Benefit Amount	Lesser of \$500,000 or 5x Annual Earnings
AD&D Benefit	Increments of \$25,000
Maximum AD&D Amount	Lesser of \$500,000 or 5x Annual Earnings
Spouse Benefit Amount	Increments of \$5,000 Guaranteed Issue Amount: \$25,000 Maximum Amount; \$500,000
Child(ren) Benefit Amount	\$10,000
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
65	35%
70	50%

Employees must complete an EOI form if they exceed the guaranteed issue amount or enroll late.



With voluntary life insurance, you pay a monthly premium, and your beneficiaries receive a guaranteed amount in the event of your death. Rates are based on age.

amount in the event of your death. Rates are based on age.

While this type of insurance is not fun to think about, it can be a vital lifeline for your family.

Employee Benefits Guide

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.

Commuter Benefits - Transit & Parking

Why should I choose Commuter Benefits?

Commuter Benefits allow you to put money from your paycheck aside each month, before taxes are taken out, for qualified mass transit and parking expenses.

Fast savings. You can save 40 percent or more on your costs commuting to and from work.

Get hours back in your day. The average one-way commute to work is nearly 30 minutes! By using public transit, you can use that time to read news, text friends or get a start on your day.

Improve your health. Studies have shown that people who commute to and from work in a method other than a private vehicle are less stressed.

Environmental impact. Do your part to reduce traffic congestion and reduce air pollution.

Commuter Contribution Limits. The IRS sets the maximum dollar amount you can set aside each month as a part of your Commuter Benefit. The monthly pre-tax contribution limit is Transit - **\$300** Parking - **\$300**

Any money contributed to your transit or parking benefit rolls over every month until it is used, or you are no longer eligible.

What does it cover?

Commuter funds can be used on a variety of transportation and parking expenses that allow you to travel to and from work and your mode. Eligible modes of transportation include but aren't limited to:

- Train
- Ferry
- Bus
- Vanpool (must seat at least 6 adults)
- Subway
- Parking or parking meter near your place of employment



IRS REGULATIONS

Availability of funds. Your funds become available as you contribute to the plan.

Contribution changes. You can adjust the amount you contribute to the plan each month at any time. No qualifying event is needed.

Rollovers and use-or-lose. The Commuter plan is flexible, and your funds will continue to roll over month to month until the funds are used. Upon termination your benefits debit card will be deactivated, you'll have a run-out period to submit mass transit or parking claims incurred while you were still actively employed. Your employer determines the length of the run-out period. Any remaining funds in your account are forfeited back to your employer's plan.



Pet Insurance

Pet insurance provides coverage for pet illnesses and accidents. These plans are somewhat similar to your own health insurance plan but with more focus on unforeseen medical incidents rather than routine preventive visits. Most pet plans cover dogs and cats, though some may cover other animals, such as chameleons, chinchillas, geckos, gerbils, goats, mice, lizards, hamsters, potbellied pigs, rabbits, rats, snakes, and tortoises.

Although most pet owners budget for routine care, surprise accidents, and illnesses can be costly. If you're a pet owner who would spend any amount to save your animal friend, pet insurance might be a good option to protect your finances from unexpected vet bills.

HCC offers pet insurance through Nationwide. More information is included on the following pages.

To enroll, visit:

<https://benefits.petinsurance.com/hcchr>.



Nationwide[®]

Nationwide[®]

My Pet Protection[®]

PLAN SUMMARY

Nationwide[®] pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage include¹:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your employer, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline[®]

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

**Nationwide
PetRxExpress[™]**

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



Get a quote at **PetsNationwide.com** • **877-738-7874**

¹These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, **vethelpline[®]** and **Nationwide PetRxExpress[™]** are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9056B



Pet insurance

from Nationwide®



Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly options, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

- ✓ **Get cash back on eligible vet bills:** Choose 50% or 70% reimbursement^[1]
- ✓ **Easy to use:** Low \$250 annual deductible and \$7,500 in annual benefits
- ✓ **Just for employees:** Preferred pricing offered only through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.



How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.



Get a quote at **PetsNationwide.com • 877-738-7874**

[1] Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9056A



Nationwide® is the first provider with coverage plans for birds and exotic pets



Owners of birds, reptiles and exotic pets can get 50% or 70% reimbursement on eligible veterinary expenses with pet health coverage from Nationwide®.^[1]

- Includes veterinary exams, surgeries, diagnostic testing, prescriptions and more
- Low \$250 annual deductible, not per-incident
- Use any vet, anywhere

Coverage available for:

- Amphibians
- Birds
- Chameleons
- Chinchillas
- Ferrets
- Geckos
- Gerbils
- Guinea pigs
- Hamsters
- Iguanas
- Lizards
- Mice
- Rats
- Rabbits
- Snakes
- Tortoises
- Turtles
- And more



Learn more today about avian and exotic pet coverage from Nationwide. **877-738-7874**



Nationwide®

Here's how coverage works for common avian and exotic medical conditions^[2]

Rabbit: Intestinal obstruction



Oreo, a 9-year-old male rabbit, was brought to the veterinarian after several days of abdominal pain, lethargy and loss of appetite.

He was diagnosed with an intestinal obstruction.



Veterinary bill: \$3,330

● **Nationwide reimbursed: \$2,156**

● **Owner's net cost: \$1,174**
(after \$250 annual deductible and co-pay)

Cockatiel: Excessive egg laying



Sunny, a 12-year-old cockatiel, suffered from excessive egg laying. Due to the chronic depletion of calcium to produce eggshells, she was malnourished.

After exhausting all other treatment options, Sunny's owner agreed to spay her.



Veterinary bill: \$2,332

● **Nationwide reimbursed: \$1,458**

● **Owner's net cost: \$874**
(after \$250 annual deductible and co-pay)

Bearded dragon: Gout



Elliott, a 2-year-old male bearded dragon, stopped moving and had enlarged, painful joints. He was diagnosed with gout.

His owner agreed to hospitalization for pain management and supportive care.



Veterinary bill: \$1,182

● **Nationwide reimbursed: \$653**

● **Owner's net cost: \$529**
(after \$250 annual deductible and co-pay)

Learn more today about avian and exotic pet coverage from Nationwide. **877-738-7874**

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions. Plans may not be available in all states. Policy eligibility may vary. Some species of avian and exotic pets are not eligible for coverage.

[2] These examples are based on actual pet insurance claims from Nationwide members who were enrolled prior to the introduction of the new Avian & Exotic Pet plan. Their claims were reimbursed according to the plan in which each respective member was enrolled at the time. Amounts shown here reflect how reimbursement would be calculated with the Avian & Exotic pet plan with a 70% reimbursement and a \$250 annual deductible not met on prior claims. Nationwide does not determine the amount a veterinarian may charge; that amount will vary by region and veterinary practice.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 23GRP9298



Nationwide®



**You work hard for your paycheck,
and we'd like to help you protect it.**

For more than 65 years, Aflac has been here when people need us most by helping with the expected - and unexpected - that's sure to come life's way.

Health insurance wasn't designed to cover everything. That's why there's Aflac. We can help take care of the expenses health insurance doesn't cover, so you can take care of everything else.

Aflac supplemental insurance plans pay you cash benefits directly to you (unless assigned otherwise) so you can focus more on getting better instead of worrying about medical bills and other expenses.

**Supplemental plans available to employees
of Human Capital Concepts' clients:**

- Accident Insurance
- Cancer/Specified-Disease Insurance
- Critical Illness (Specified Health Event) Insurance
- Hospital Confinement Indemnity Insurance
- Short-Term Disability Insurance

**If you are interested in Aflac supplemental insurance, please
complete the form at the link below and send it to your
HCC Benefits Coordinator.**

[Aflac Interest Link](#)

Michigan Educational Choice Schools

2024 - 2025 Employee Benefits Guide

