



montcalm care network

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About Your Benefits

At Montcalm Care Network, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Montcalm Care Network benefits. If you have any questions, feel free to reach out to Nicki Kipp at 989-831-7573 or nkipp@montcalmcare.net.

Eligibility and Enrollment

You're eligible to participate in Montcalm Care Network's benefits if you are an employee regularly working 30 or more hours per week. If you enroll in benefits, you may also cover your:

- Legal spouse
- Children up to age 26 including natural, stepchildren who live with you, legally adopted/placed for adoption, or under your legal guardianship
- Unmarried children of any age who are mentally or physically disabled

An employee working 30+ hours is eligible for:

- Medical
- Dental
- Vision
- Voluntary Life
- Voluntary AD&D
- Flexible Spending Accounts
- Voluntary Benefits with AFLAC

An Employee working 40+ hours is eligible for all of the benefits above plus:

- Employer Paid Basic Life
- Employer Paid AD&D
- Short-Term Disability
- Long Term Disability



You have 30 days from your hire date to log in and enroll. Your benefits begin on the first day of the month following your hire date.

About Your Benefits

Making Changes to Your Benefits

Each year, you can make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in your employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on and make the change. Keep in mind, the change you make must be directly related to the event.

Termination

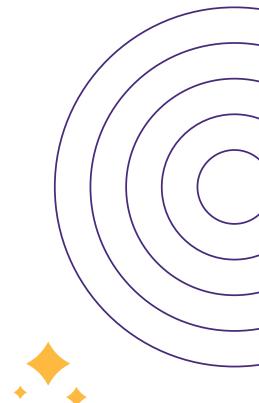
If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your Medical, Dental, Vision and Life coverage will end on the last day of the month in which you become ineligible; your Disability, FSA, and AFLAC coverage will end on the last day in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, vision and FSA coverage. If eligible, a COBRA qualifying event notice will be mailed to the address on file with your offerings.

Your life coverages as well as your AFLAC coverages are portable. HR will provide portability applications after termination, and you have 31 days to complete and send in your first payment.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Children age out of coverage at the age of 26. Medical, dental, and vision **coverage will continue through the end of the month that they become 26**. At that time, a COBRA qualifying event notice will be mailed to the address on file with their offerings.





Common Health Insurance Terms



Below are a few helpful insurance terms to know before looking through your coverage options.

Deductible

The amount you pay out of pocket for health care services before your plan begins to pay a portion.

Coinsurance

Your share of the costs of covered health care services after you reach your deductible.

Example: Your plan shows 20% coinsurance for a covered service. If the service costs \$100, you pay \$20.

Copay

A set dollar amount you pay for a covered health service, typically at the time of receiving the service.

Preventive Care

An annual, routine or physical checkup.
Preventive care includes immunizations, lab tests, screenings, and other services intended to prevent illnesses. This is 100% covered by your health plan.

Network

The health facilities and providers your medical plan is contracted with to provide services, typically at a lower, negotiated rate.

Out-of-Pocket Maximum

The most you'll have to pay for health care services before your plan begins to pay for 100% of covered costs.

Coverage Costs

Below is an overview of your benefit coverage costs

Per-paycheck (24 pays) cost for medical, dental, and vision coverage:

Coverage Tier	Value 2000	Enhanced 1000	Value HSA 2000	Dental Plan	Vision Plan
Employee Only	\$39.71	\$76.23	\$29.43	\$6.50	\$0.50
2-Person	\$95.31	\$182.96	\$70.65	\$13.00	\$1.00
Family	\$119.13	\$228.70	\$88.31	\$20.00	\$1.50

Opt-Out Credit

\$100.00 per month opt-out credit (single, double & family)



Medical Coverage



See the table below for an overview of coverage options and charges for each

plan.

piari.	Value 2000 182		Enhanced 1000 117	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Coinsurance (employee pays)	20%	40%	20%	40%
Coinsurance Max	\$2,500/\$5,000	Covered at in- network level	N/A	N/A
Out-of-pocket Maximum (Individual/family)	\$4,500 / \$9,000	\$4,500 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Preventive Care	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Office Visits Telemedicine Primary Care Urgent Care Specialist	\$30 PCP copay; \$50 Specialist copay; \$60 Urgent Care copay	60% after deductible; telemedicine not covered	\$20 copay	60% after deductible; telemedicine not covered
Emergency Room	\$150 copay (waived if admitted)		\$50 copay (wai	ved if admitted)



Finding providers in-network

You'll save the most money who you choose in-network doctors, hospitals, and pharmacies. Log onto www.BCBSM.com and use the Find a Doctor tool when searching for care.

Medical Coverage



See the table below for an overview of coverage options and charges for each plan.

	Value HSA 2000 153/154		
	In-Network	Out-of-Network	
Deductible	\$2,000 / \$4,000	\$4,000 / \$8,000	
Coinsurance (employee pays)	20%	40%	
Coinsurance Max	N/A	N/A	
Out-of-pocket Maximum (Individual/family)	\$3,000 / \$6,000	\$6,000 / \$12,000	
Montcalm Care Network Contribution to Health Savings Account (Individual/family)	\$700 / \$1,400		
Preventive Care	Covered at 100% Not Covered		
Office Visits Telemedicine Primary Care Urgent Care Specialist	80% after deductible	60% after deductible; telemedicine not covered	
Emergency Room	80% after deductible		

Opt-Out Credit

Montcalm Care Network is offering an opt-out payment for employees who opt-out of coverage under Montcalm's medical. You must still complete enrollment in the PlanSource system. Employees must have other medical coverage to be eligible for opt-out payment. Opt-out payment is taxable income.

•\$100.00 per month opt-out credit (single, double & family)



Finding providers in-network

You'll save the most money who you choose in-network doctors, hospitals, and pharmacies. Log onto www.BCBSM.com and use the Find a Doctor tool when searching for care.

How an HSA Plan Works

Understanding Your Family Deductible

This picture explains when the plan starts covering your costs...





How an HSA Plan Works

Understanding how an HSA account works with an HDHP Plan

Below explains how an HSA works with the HSA (HDHP) medical plan...

Medical Plan Example



You go to the doctor for a 'sick' visit. At checkout, you ask the front desk to bill your insurance:

BCBSM can keep track of deductible expenses

You receive network discounts off your bill



BCBSM will process your claim and send you an explanation of benefits telling you what you now owe after their discount



Wait for your doctor to bill with the new discounted amount. You can use your HSA debit card to pay the bill



THF POOL Western Michigan Health Insurance



Prescription Drug Example

1. You go to the pharmacy to pick up a prescription and you have not yet met the annual deductible. At checkout, you provide your BCBSM ID card:

In real time, BCBSM can tell the pharmacy if the deductible is met

You receive BCBSM discounts off your prescription

- The pharmacy can tell you the cost of your prescription and BCBSM applies that amount to your annual deductible in real time
- You can use your HSA debit card to pay the charge at the pharmacy

Prescription Drug Coverage

Prescription drug coverage through BCBSM is included with all medical plans. Review the chart below for the amount you will pay for the prescription drug service

listed.

Value 2000		Enhanced 1000	Value HSA 2000
	In Network	In Network	In Network
Retail (30-day Supply) Generic Preferred Non-preferred	\$20 copay \$40 copay \$80 copay	\$10 copay 20% coinsur \$40 - \$80 20% coinsur \$60- \$100	\$10 copay after ded. 20% coinsur after ded. \$40- \$80 20% coinsur after ded. \$60- \$100
Mail order (90-day Supply) Generic Preferred Non-preferred	\$40 copay \$80 copay \$160 copay	\$20 copay 20% coinsur \$80 - \$160 20% coinsur \$120 - \$200	\$20 copay after ded. 20% coinsur after ded. \$80- \$160 20% coinsur after ded. \$120- \$200
Specialty - Retail Only (30-day Supply) Generic Preferred Non-preferred	15% coinsurance 15% coinsur \$200 max 25% coinsur \$300 max	\$10 copay 20% coinsur \$40 - \$80 20% coinsur \$60 min - \$100	\$10 copay after deductible; 20% coinsur after ded. \$40- \$80 20% coinsur after ded. \$60- \$100

Generic Drugs

Generic drugs are FDAapproved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brandname drug.

THE **POOL**

Western Michigan Health Insurance

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BCBSM's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call AllianceRx Walgreens Pharmacv at 1-866-515-1355 or visit the website at alliancerxwp.com.

Preferred Drugs

BCBSM regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.



Dental Coverage



See the table below for an overview of your dental plan.

	Delta Dental Plan	
	In-Network	
Annual Deductible (Individual/Family)	None	
Annual Maximum (Per Person)	\$1,000	
Preventive Care (Routine Cleaning and X-rays)	100%	
Basic Services (Fillings, Basic Root Canals)	80%	
Major Services (Extractions, Crowns)	50%	
Orthodontia (Children up to age 18)	50%	
Orthodontia Lifetime Maximum (Per Person)	\$1,000	



Finding dentists in-network

You'll pay less for services when you use a dentist in the Delta Dental of Michigan network. Find an in-network dentist by visiting www.deltadentalmi.com or calling 800-524-0149.

Vision Coverage



See the table below for an overview of your vision plan.

	EyeMed Vision Plan	
	In-Network	
Eye Exam (Once every 12 months)	\$0 copay	
Lenses (Once every 12 months)	Single, Bifocal, Trifocal \$10 copay; Standard Progressive \$75; Premium Progressive \$95 - \$120; Custom Progressive \$75, 20% off retail price less \$120 allowance	
Frames (Once every 12 months)	Up to \$180 allowance; 20% off remaining balance	
Contact Lenses (Once every 12 months) In Lieu of Glasses Fitting Elective		
Medically Necessary		

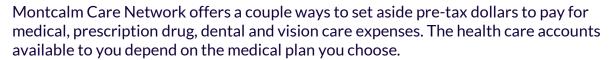
Finding ophthalmologists in-network



Find an in-network eye doctor by visiting www.eyemedvisioncare.com or calling 866-939-3633.

Spending Accounts

With HealthEquity



	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	
What medical plan can I choose?	HDHP *Value HSA 2000 only	Non-HDHP plan	
What expenses are eligible?		ug, dental and vision care a full list of eligible expenses)	
When can I use the funds?	Funds are available as you contribute to the account	All funds you elect for the year are available January 1	
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire) You may rollover up to \$660 into the new 2026 plan year		
How do I pay for eligible expenses?	With your HealthEquity debit card (you can also submit claims for reimbursement online at www.my.healthequity.com)		
How much can l contribute each year?	\$4,300 for individual coverage or \$8,550 for family coverage (this total includes company funding) in 2025		
Can I change my contributions throughout the year?	Yes, you can log on to www.my.healthequity.com to change your per-paycheck contributions at any time	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year	

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.



What are the tax implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at www.my.healtheguity.com.

Spending Accounts

With HealthEquity

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA		
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time		
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses		
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)		
When can I use the funds?	Funds are available as you contribute to the account with each paycheck		
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year		
How do I pay for eligible expenses?	Submit claims for reimbursement online at my.healthequity.com		
How much can I contribute each year?	Between \$500 and \$5,000 in 2025		

Important Notes:

All FSA accounts follow the use-it-or-lose-it rule. You will lose any funds remaining in your account at the end of the year.

This FSA can be paired with an HSA.



Health Equity Spending Accounts

Accessing your HSA and FSA account information

You can see your HealthEquity spending account information through you BCBSM member account, the HealthEquity portal, or both.

BCBSM

Member account and app

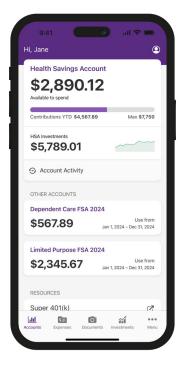
Your Blue Cross member account will automatically link to your HealthEquity account(s).

- Check your account balances
- Coverage information
- Deposits and withdrawals









HealthEquity

Member account and app

Register your account directly through HealthEquity to get more information.

- On-the-go access and history
- Photo documentation
- Send payments and reimbursements
- Manage debit card transactions
- Initiate claims and view their status

Spending Accounts

Overview of HSA and FSA Accounts

Below are some details of both an HSA and FSA.

Health Savings Account (HSA)

- HSA 2000 Plan only
- Contribute up to \$4,300 (single) or \$8,550 (family) for the 2025 plan year; Aged 55+ additional \$1,000
- Funds available as deposited
- Funds can be used for any qualified healthcare expense (including dental and vision)
- Balance carries over
- Funds stay in account until spent (even into retirement)
- Funds controlled and owned by you
- Cannot contribute to a Healthcare FSA
- Election can be changed at any time
- Employer contributions count against your limits
- Cannot contribute if you are covered under a non-high deductible plan, Medicare, SSDI, Tricare, full medical FSA, or spouse's employer plan
- Includes debit card
- New employees will receive prorated employer contributions

Healthcare Flexible Spending Account (FSA)

- Contribute up to \$3,300 for the 2025 plan year for healthcare FSA
- Full election available from day one
- Follows use-it-or-lose-it rule
- Funds can be used for any qualified healthcare expense (including dental and vision)
- Election "locked in" unless you have a qualifying event
- Cannot enroll in an HSA
- Can only roll over up to \$660 into 2026 plan year to be used within first 2 ½ months of 2026; anything over will be forfeited
- Includes debit card

A comprehensive list of qualified purchases can be found at www.irs.gov/publications/p969



Life, AD&D and Disability Insurance

Life and AD&D Insurance

Montcalm Care Network provides basic life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha at no cost to full time employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it works	Basic Life and AD&D (Full-Time Employees)	Voluntary Life and AD&D (30+ Hour Employees)
Life	Your beneficiaries receive this benefit if you pass away	\$25,000	You: Increments of \$10,000 up to the lesser of 5x your annual salary or \$250,000. Your spouse: Increments of \$5,000 up to the lesser or 100% of the employee benefit or \$50,000 Your child(ren): Increments of \$2,000 up to \$10,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	\$25,000	You: Increments of \$10,000 up to the lesser of 5x your annual salary or \$250,000. Your spouse: Increments of \$5,000 up to the lesser or 100% of the employee benefit or \$50,000 Your child(ren): Increments of \$2,000 up to \$10,000

Disability Insurance

Montcalm Care Network also provides disability insurance through Mutual of Omaha at no cost to full time employees. This benefit replaces a portion of your income if you

become disabled and are unable to work.

	How it works	Who Pays
Short-term Disability	You receive 60% of your income up to \$800 per week. Benefits begin after 1 calendar day of absence from work for accidents and 8 calendar days for an illness and continue for up to 13 weeks.	Company
Long-term Disability You receive 60% of your income up to \$5,000 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security retirement age.		Company



Additional Benefits

Montcalm Care Network offers additional voluntary benefit plans through AFLAC. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan. These policies are available for purchase (through after-tax payroll deductions) and may help fill the gap until you meet your medical plan deductible.

Hospital Indemnity

This coverage helps defray the costs of hospital confinements. When confirmed to the hospital as a result of a covered illness or accident, benefits from this plan are paid directly to you to help cover out of pocket expenses.

Critical Illness

This coverage pays a lump sum benefit direct to you when a covered illness is diagnosed. It's designed to help participants cover out of pocket expenses not covered by medical insurance.

Accident

This policy is popular with many Americans who have active lifestyles, children in sports, etc. This benefit is designed to help cover out of pocket expenses when an accident occurs and pays directly to you based on injuries sustained and treatment received.



Additional Benefits

Employee Assistance Program

To help you with personal issues and concerns, Montcalm Care Network provides you and your family with an employee assistance program (EAP) at no cost to you. Call Pine Rest for 24/7, confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions. They can also set up inperson sessions with local behavioral health counselors if needed. Find more information at www.pinerest.org/eap (company code: montcalmcare) or call 800-442-0809.

When calling, be sure to state "I have EAP with Montcalm Care Network" to ensure you are not billed for the session.





Employee Assistance Program
A Guide to Your Benefits

Please remember to say, "I have an EAP with Montcalm Care Network"

800.442.0809

Press 1 and follow the prompts

Your EAP Benefits Include

- · 7 sessions of free, confidential counseling per episode of care
- In-the-moment support available 24/7
- Free legal consultation
- · Free financial consultation
- · Free elder care consultation
- Personal Advantage online library access
- · Wallet Wisdom online financial wellness
- All benefits available to employee and EVERY member of their household



Scan the QR Code above



Additional Benefits

Retirement Savings Plan

Montcalm Care Network offers a retirement savings plan administered by Municipal Employees' Retirement System (MERS) with a generous employer match and convenient payroll deductions.

Contributions

For employees who are regularly scheduled to work 20 or more hours per week, MCN will match employee contributions at a ratio of 2:1 up to 3% into a Defined Contribution plan (e.g., if employee contributes 3%, then MCN contributes 6%). Employees are vested 25% after 2 years of service, 50% after 3 years and 100% after 4 years of employment. Employees who work less than 20 hours per week will have the opportunity to voluntarily participate in the MERS 457(b) program but will not be eligible for the Defined Contribution match.

All employee contributions go into a 457(b) Traditional or Roth account; all employer contributions go into a Defined Contribution (401a) account.

Employee contributions above 3.0% are permitted into the 457(b) account but will not be matched by the employer.

457(b) contributions can be changed at any time. Requested changes will take place the first pay period of the following month.

A maximum employer match of 6% will be contributed into the DC plan based on the employee's contribution in the MERS 457(b) program. Examples of matching are as follows:

457 Employee Contribution	DC Employer Contribution
1%	2%
2%	4%
3%	6%
4%	6%



Voluntary Critical Illness Insurance

\$10,000

Spouse benefit: \$10.000*

\$14.26

\$22.91

\$28.02

\$46.29

\$74.68



\$30,000

Spouse benefit: \$30,000*

\$42.76

\$68.71

\$84.04

\$138.88

\$224.03

\$21.38

\$34.36

\$42.02

\$69.44

\$112.02

Quick View

When a major illness is diagnosed, there can be several expenses that aren't covered by your regular medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid directly to you to help cover out of pocket expenses.

Choose a Benefit Amount	Covered Illness	Provisions		
\$10,000 \$20,000	Invasive Cancer Heart Attack	Guarantee Issue No Pre-existing Condition Waiting period		
\$30,000	Stroke		0.000	Different Illness Diagnosis: 6 month separation
Spouse benefit at 100%	Major Organ Transplant 100% transplant list	100% transplant list	Same Illness Diagnosis: 6 month separation	
Child(ren) benefit at 50% To age 26	Kidney Failure Skin Cancer \$1,000	Portable at same rate		
No additional premium	Once per calendar year	No maximum number of payouts		

Bi-Weekly Deductions (24 of 26 Pay Periods)

\$20,000

Spouse benefit: \$20,000*

\$28.51

\$45.81

\$56.03

\$92.58

\$149.35

	Child(ren) b	enefit: \$5,000	Child(ren) be	nefit: \$10,000	Child(ren) b	enefit: \$15,000
Attained Age	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse
18-25	\$1.26	\$2.52	\$2.52	\$5.04	\$3.79	\$7.57
26-30	\$1.96	\$3.92	\$3.92	\$7.84	\$5.89	\$11.77
31-35	\$2.75	\$5.51	\$5.51	\$11.01	\$8.26	\$16.51
36-40	\$3.82	\$7.65	\$7.65	\$15.29	\$11.47	\$22.93
41-45	\$5.23	\$10.46	\$10.46	\$20.91	\$15.68	\$31.36

\$14.26

\$22.91

\$28.02

\$46.29

\$74.68

Eligible child(ren) are automatically covered to the age of 26 with no premium charged *Rates are based on employee age for both employee and spouse

46-50

51-55 56-60

61-65

66+

\$7.13

\$11.45

\$14.01

\$23.15

\$37.34

Voluntary Accident Insurance

Affac.

Quick View

Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount	Benefit and Amount	Provi	sions
Urgent Care: \$150	Physical Therapy: \$25 (10)	Off the job	
Crutches: \$100	Laceration: up to \$600	Over 20 named Benefits	
	Concussion: \$150	No limit on the nu	mber of accidents
X-Ray: \$50	Hospital Admission: \$1,000	20% Organized Athletic Activity Rider Portable at the same rate	
Follow up Treatment: \$50 (3)			
Fractures/Dislocations: up to \$8,000	Hospital Confinement: \$200 (365)		
*Fractur	*Dislocatio	n Schedule	
Coccyx/Rib/Finger/Toe	\$320	Finger/Toe	\$140
Vertebral Processes/Sacrum	\$800	Elbow	\$350
Facial Bones (except teeth)	\$1,200	Wrist	\$437.50
Upper Arm/Upper Jaw/Skull (Simple)	\$1,400	Lower Jaw	\$525
Lower Jaw/Shoulder Blade/Collar Bone	\$1,600	Hand	\$612.50
Forearm/Hand/Wrist/Foot/ Ankle/Kneecap	\$2,000	Foot/Ankle	\$700
Leg	\$2,400	Shoulder	\$875
Skull (Depressed)	\$3,000	Knee	\$1,137.50
Pelvis	\$3,200	Hip	\$1,750
Vertebrae/Sternum	\$3,600		
Hip/Thigh	\$4,000		

^{*}Open reduction fractures/dislocations will pay at 200% of the listed amount

Bi-Weekly Deductions (24 of 26 Pay Periods)			
Employee:	Employee + Spouse:	Employee + Child(ren):	Family:
\$3.96	\$6.94	\$10.62	\$13.60

Voluntary Hospital Indemnity Insurance



Quick View

The cost of a hospital stay can be financially difficult if money is tight and you're not prepared. Having the right coverage in place before you experience an unexpected sickness or injury can help eliminate the stress of financial concerns and provide support when needed most.

Bene	fit Name	An	nount	
Initial Hospital Confinement (24 hrs)		· ·	\$1,000 (once per sickness or accident per calendar yea	
Daily Hospital Confinement			\$150 (up to 31 days)	
ICU Supplemental Confinement (daily) (pays in addition to daily confinement)			\$150 (up to 10 days)	
Intermediate ICU (pays in addition to daily confinement)			\$75 (up to 10 days)	
	Provisions			
Guarantee Issue?			Yes	
Pre-existing Condition Waiting Period?			No	
Pre-existing pregnancy covered?			Yes	
Mental and Nervous Disorders covered?			Yes	
Drug and Alcohol Addiction covered?			Yes	
Portable?			Yes	
Bi-Weekly Deductions (24 of 26 Pay Periods)				
Employee: \$8.23	Employee + Spouse: \$16.52	Employee + Child(ren): \$13.17	Family: \$21.46	

Montcalm Care Network

Voluntary Benefits Questions and Claims

Contact Information



AFLAC Claims Website

https://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx

Questions or Assistance with Claims

Micha Castro

210.757.4273

Michaela Castro@ajg.com

Questions for Coverage

Lisa Mattern

210.348.4184

Lisa Mattern@ajg.com

Pool Benefits

Being a member of The Pool gives you and your family access to free benefits and programs, at no cost to you.

Diabetes Support and Prevention





Diabetes Prevention

Build sustainable habits to improve your health and lose weight with access to interactive, digital lifestyle programs; professional health coaches; and more. You and/or family members are eligible if at risk for Type 2 Diabetes.



Diabetes Management

Receive a smart glucose meter, unlimited strips and lancets, and have access to expert coaches who provide advice on diet, lifestyle, and more.



Diabetes Reversal

If you or a family member have been diagnosed with Diabetes, Virta helps you lower blood glucose levels, lose weight, and reduce your need for medication by making meaningful changes to your diet.

Pool Benefits

Being a member of The Pool gives you and your family access to free benefits and programs, at no cost to you.

Other Value Adds



Virtual Second Opinions

Receive a second opinion on a diagnosis, scheduled surgery, or treatment plan from a top national specialist, all from the comfort of your home.





If you're struggling with back, joint, or muscle pain, Hinge Health is a virtual exercise therapy program proven to reduce or even eliminate pain.

The Pool App

Access to your health benefits, all in one place.

The app houses information on:

- Your medical benefits
- Free Pool programs and resources
- Important health reminders throughout the year
- Employees and Spouses can download the app

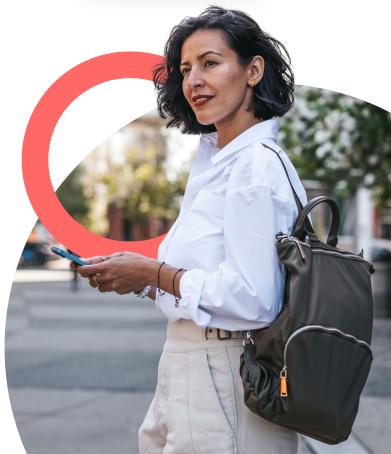
And more!





Ready to download?

Search "The Pool by WMHIP" in your app store



Legal Notices

Click to access:

HIPAA Privacy Notice Reminder

2024 Medicare D Letter

Women's Health and Cancer Rights / Newborns' and Mothers' Health Protection

Special Enrollment Rights

Marketplace Notice



Contact Information

Benefit	Vendor	Phone	Website / Email	
Medical	Blue Cross/Blue Shield of Michigan	855.811.2223	bcbsm.com	
Rx	Optum Rx & AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com	
Dental	Delta Dental of Michigan	800.524.0149	deltadentalmi.com	
Vision	EyeMed	866.939.3633	eyemedvisioncare.com	
COBRA	PlanSource	888.266.1732	plansource.com COBRA@plansource.com	
Retirement	MERS 800.767.6377 mersofmich		mersofmich.com	
Health Savings Account Flexible Spending Accounts	HealthEquity	866.382.3510	my.healthequity.com	
Life, AD&D, Disability	Mutual of Omaha	800.228.7104	mutualofomaha.com	
Critical Illness, Accident, and Hospital Indemnity	AFLAC	Coverage – Lisa Mattern 210.348.4184	Claims – Micha Castro Michaela_Castro@ajg.com	
EAP	Pine Rest	800.442.0809	pinerest.org/eap Company Code: MontcalmCare	

Benefit	Website / Email	Other
Omada	Omadahealth.com/wmhip	
		Text: "GO WMHIP" to 85250
Teladoc Health	Teladochealth.com/join/wmhip	Call: 800-945-4355 and use registration code WMHIP
Virta	Virtahealth.com/join/thepoolmi	
2nd.MD	2nd.md/thepool	Call 1.866.841.2575
Hinge Health	Hingehealth.com/thepool	







Thank you.



