



montcalm
care network

2023

**EMPLOYEE
BENEFITS GUIDE**

Effective January 1, 2023



Contact Information

The list below highlights who to contact regarding your employee benefits. When contacting a carrier, please have your plan number and I.D. ready, as you may be asked to verify your identity. For answers to any questions regarding your benefits, please contact Human Resources Directly.

| | | |
|--|--|---|
| HUMAN RESOURCES |  | Lorenda Davis HR Coordinator (989) 831-7576 ldavis@montcalmcare.net |
| MEDICAL & PRESCRIPTION |  | Blue Cross Blue Shield (800) 972-9797 www.bcbsm.com |
| HEALTH SAVINGS ACCOUNT (HSA) |  | HealthEquity 866-382-3510 www.healthequity.com |
| DENTAL |  | Delta Dental 800-524-0149 www.deltadentalmi.com |
| VISION |  | EyeMed 1-866-939-3633 www.eyemedvisioncare.com |
| LIFE AND DISABILITY |  | Mutual of Omaha 1-800-228-7104 www.mutualofomaha.com |
| CRITICAL ILLNESS, ACCIDENT AND HOSPITAL INDEMNITY |  | UNUM 866-679-3054 www.unum.com |
| FLEXIBLE SPENDING ACCOUNT & COBRA ADMINISTRATOR |  | Varipro 800-732-3412 www.varipro.com |
| EMPLOYEE ASSISTANCE PROGRAM (EAP) |  | New Directions 800-624-5544 https://eap.ndbh.com/ Company code: Montcalm |
| LIGHTHOUSE |  | Jason Nickel, Senior Vice President 616-281-5670 jnickel@lighthousegroup.com Tammy Flores, Senior Account Manager 616-281-5672 tflores@lighthousegroup.com |



2023 Employee Benefits Overview

Your needs, and those of your family, are unique to you. That’s why Montcalm Care Network provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by Montcalm Care Network. For others, it is a shared contribution between you and the company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at Montcalm Care Network. Please take the time to review and evaluate all the options available to you and your family.

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Eligibility

Who is Eligible?

Different benefits have different eligibility criteria. Generally, you are eligible for Montcalm Care Network benefits based on the criteria below:

Medical, Dental, Vision and Voluntary Life & Voluntary AD/D, Flexible Spending, UNUM

- An employee working **30** or more hours per week

Employer paid Basic Life, AD/D, Short-Term Disability & Long-Term Disability

- A full-time employee working **40** or more hours per week

Your dependents are eligible and include:

- Your legal spouse, as defined by Federal Law
- Your child(ren) up to age 26
 - Medical / Dental / Vision: covered to the end of the year in which they turn age 26
 - Voluntary Life: covered to the end of the month in which they turn age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19); includes natural, stepchildren who live with you, legally adopted/or a child placed for adoption, or a child under your legal guardianship

Termination of Coverage

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 UNUM coverage will end on the last day in which you become ineligible. Your life coverages are portable. Your UNUM coverages are also portable. Plan Administrator will mail portability applications after termination, and you have 31 days to complete and send in your first payment.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, vision and FSA coverage.

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

Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **30** days of first becoming eligible for benefits. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period or if you experience a qualifying event.
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the **first of the month following date of hire**.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through December 31, 2023. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **30** days of the event. Proof of life events is subject to approval by Montcalm Care Network. Documentation is required to be submitted timely. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption. Qualifying life events include, but are not limited to:

- Your marriage or divorce
- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your spouse or covered dependent
- Change in you or your spouse’s work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse’s Open Enrollment differs from yours
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation if the move impacts access to coverage

Other qualifying events may also apply. Please contact Human Resources.

Please Note:

Federal regulations require Montcalm Care Network to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

How to Enroll

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company paid benefits.

Employee Navigator


Each employee will need to use Employee Navigator to make their enrollment elections. Below you will find instructions on how to register in Employee Navigator, choose your benefits and verify what family members will be covered under each benefit. You will be able to verify the choices you've made along with your total payroll deduction amount.

You will have access to view all the benefit details available anytime throughout the year, including the Summary of Benefits Coverage for our Medical, Dental, Vision, Life, and Disability Insurance plans, and your designated beneficiary. If you have logged into Navigator in previous years, you will use the same login that you created.

How to Enroll

- 1 Visit www.employeenavigator.com Click **LOGIN** to get started.
- 2 New users: Click **REGISTER AS NEW USER**. You will need to create your account. In order for the system to find your record, provide your name, Company Identifier (**NMCN**), your PIN (last 4 of your SSN) and your birth date. Then create your username and password.
- 3 Once logged in, click on **START ENROLLMENT** to begin your open enrollment elections. Then click **GET STARTED**.
- 4 Confirm your personal information, including your address. Edit any information that needs updating. Click **SAVE & CONTINUE** on the bottom of each page to move to the next page.
- 5 Confirm your dependent information. You can add or edit a dependent. This does not indicate enrollment, this section houses information only. There's no need to delete dependents.
- 6 Walk through each of your benefit elections and make your Open Enrollment Elections.
- 7 Complete any necessary forms, including beneficiaries and Evidence of Insurability if needed.
- 8 Review your benefit elections, costs, plans, and dependents on your Enrollment Summary. Click **SIGN** when complete.

Login Screen



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

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Register as a New User

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)


Birth Date
(mm/dd/yyyy)

Next >

Employee Navigator Profile Dashboard

[Contact HR](#) | [Demo Employee](#)

[Home](#) | [Profile](#) | [Benefits](#) | [Required Tasks](#) | [Resources](#)



You have 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR Tasks

Good Afternoon, Demo!

You have 30 days left to complete your ben: fit enrollment.

Start Enrollment

Employee Navigator Profile Dashboard

[Home](#) | [Profile](#) | [Benefits](#) | [Required Tasks](#) | [Resources](#)

Personal Information

Track your status by using the task bar.

First Name

Middle Name

Last Name

Suffix

Preferred Name

Gender ☒ Male ☐ Female

Date of Birth

SSN

Tobacco User ☐ Yes ☒ No

Phone Number

Email Address

Progress: 0 of 9

View steps ▼

1. Personal Information
2. Address
3. Dependent Information
4. Medical
5. Health Savings Account
6. Dental
7. Vision
8. Voluntary Life
9. Voluntary Short-Term Disability

Your benefits may differ from what appears above.

Complete each page, click "Save & Continue" to move onto the next page. Once completed, click "Finish".

Save & Continue



Medical Coverage

Montcalm Care Network offers 3 medical plans through **Blue Cross Blue Shield (BCBS)** with the following features:

- The plan offered to you is a Preferred Provider Organization (PPO). With this plan you have the option to receive care from in-network or out-of-network providers. Your out-of-pocket costs may be higher when using out-of-network **BCBS** providers, and lower when using in-network **BCBS** providers.
- Preventive care is covered at 100% when using an in-network provider, with some exceptions related to COVID-19.
- Includes prescription drug coverage and additional savings on certain medications for chronic conditions. BCBSM and their vendor, Sempre Health, will proactively reach out to members who have filled a prescription for a qualifying medication and send program information for enrollment. You can also call 1 855 935-1557 or visit <https://enroll.semprehealth.com/bcbsm> to enroll.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs **January 1 – December 31**.
- If you enroll in the **PPO HDHP HSA \$2000 Plan**, your HSA account will be set up through HealthEquity. You will need to substantiate your information in order to receive the HSA Debit Card.
- Employees share in the cost of medical/prescription benefits.
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).

Finding In-Network Providers

To search for in-network medical providers, log onto <https://www.bcbsm.com/index/find-a-doctor.html>.

Access to Your Healthcare

After you are enrolled in a Montcalm Care Network medical plan, log onto www.bcbsm.com and register to access self-service tools and resources to help manage your medical benefits.

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Montcalm Care Network's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Medical Plan Options

| Blue Cross Blue Shield | Plan #1 BCBSM PPO \$500 | Plan #2 BCBSM PPO \$2,000 | Plan #3 BCBSM PPO HSA \$2,000 |
|---|------------------------------------|------------------------------------|--|
| Medical | | | |
| | <u>In-Network</u> | <u>In-Network</u> | <u>In-Network</u> |
| Calendar Year Deductible (Individual / Family) | \$500 / \$1,000 | \$2,000 / \$4,000 | \$2,000 / \$4,000 *(Aggregate) |
| Coinsurance | Plan pays 80% Employee pays 20% | Plan pays 80% Employee pays 20% | Plan pays 80% Employee pays 20% |
| Coinsurance <i>Max</i> | \$2,500 / \$5,000 | \$2,500 / \$5,000 | N/A |
| Calendar Year Out-of-Pocket Max ¹ (Individual / Family) | \$8,150 / \$16,300 | \$8,150 / \$16,300 | \$4,000 / \$8,000 |
| Preventive Care | 100% covered | 100% covered | 100% covered |
| Primary Care Office Visit | \$20 Copay | \$30 Copay | Plan pays 80% after deductible |
| Specialty Care Office Visit | \$20 Copay | \$30 Copay | Plan pays 80% after deductible |
| Virtual Care Visit (must use Blue Cross virtual doctors) | \$20 Copay | \$30 Copay | \$59 charge |
| Urgent Care Facility | \$20 Copay | \$30 Copay | Plan pays 80% after deductible |
| Emergency Room Care | \$150 Copay | \$150 Copay | Plan pays 80% after deductible |
| Inpatient Hospital | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Outpatient Surgery | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Routine Radiology / Lab | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Advanced Radiology (MRI, MRA, CAT, PET Scan) | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Prescription | | | |
| | You Pay | You Pay | |
| Retail (up to 30-day supply) Tier 1 / Tier 2 / Tier 3 | \$10 / \$40 / \$80 | \$10 / \$40 / \$80 | After Deductible: \$10 / \$40 / \$80 |

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

Aggregate Deductible – The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract.

Medical Contributions

2023 Medical Per Pay Rates (24 Pays)

| Coverage Type | Plan #1 BCBS PPO \$500 | | Plan #2 BCBS PPO \$2,000 | | Plan #3 BCBS PPO HSA \$2,000 | |
|---------------|---------------------------|-----------------|-----------------------------|----------------|---------------------------------|----------------|
| | MCN Employer Cost | Employee Share | MCN Employer Cost | Employee Share | MCN Employer Cost | Employee Share |
| Single | \$266.40 | \$47.01 | \$249.93 | \$24.72 | \$227.26 | \$18.43 |
| Double | \$639.37 | \$112.83 | \$599.83 | \$59.32 | \$545.42 | \$44.22 |
| Family | \$799.22 | \$141.04 | \$749.80 | \$74.16 | \$681.78 | \$55.28 |

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 Employee Navigator system. Employees must have other medical coverage to be eligible for opt-out payment. Opt-out payment is taxable income

- \$120.00 a month for singles
- \$240.00 a month for double/family

Plan Cost Comparisons

| Plan #1 Vs. Plan #2 | | | |
|--|-----------------|-------------------|-------------------|
| Annual Employee Cost | Single | Double | Family |
| Plan #1 PPO \$500 | \$1,128.29 | \$2,707.92 | \$3,384.90 |
| Plan #2 PPO \$2,000 | \$593.24 | \$1,423.77 | \$1,779.73 |
| Difference in Payroll Contributions (Annual Savings to Employees) | \$535.05 | \$1,284.15 | \$1,605.17 |
| Plan #1 Vs. Plan #3 | | | |
| Annual Employee Cost | Single | Double | Family |
| Plan #1 PPO \$500 | \$1,128.29 | \$2,707.92 | \$3,384.90 |
| Plan #3 PPO HSA \$2,000 | \$442.23 | \$1,061.36 | \$1,326.70 |
| Difference in Payroll Contributions (Annual Savings to Employees) | \$686.06 | \$1,646.53 | \$2,058.20 |
| Plan #2 Vs. Plan #3 | | | |
| Annual Employee Cost | Single | Double | Family |
| Plan #2 PPO \$2,000 | \$593.24 | \$1,423.77 | \$1,779.73 |
| Plan #3 PPO HSA \$2,000 | \$442.23 | \$1,061.36 | \$1,326.70 |
| Difference in Payroll Contributions (Annual Savings to Employees) | \$151.01 | \$362.41 | \$453.03 |

Tip! Deposit the savings into your HSA to use for out-of-pocket medical, dental, and vision expenses!



Where to Seek Care

Virtual Visits

Each medical plan includes **Blue Cross Online** visits, which provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, the **Blue Cross Virtual Care** program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

Blue Cross Online Visits is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient. Plan 1 & Plan 2 both have a \$20 copay for Virtual Visits. Plan 3 (HDHP) has a \$59 charge for virtual visits.

Doctors on **Blue Cross Online Visits** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

How to Use Blue Cross Online Visits

1. Download the **BCBSM Online Visits** app or go online to **bcbsmonlinevisits.com** to learn more.
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members.
3. Video chat or talk with a doctor from home, work or when traveling.

Benefits of Virtual Care Visits

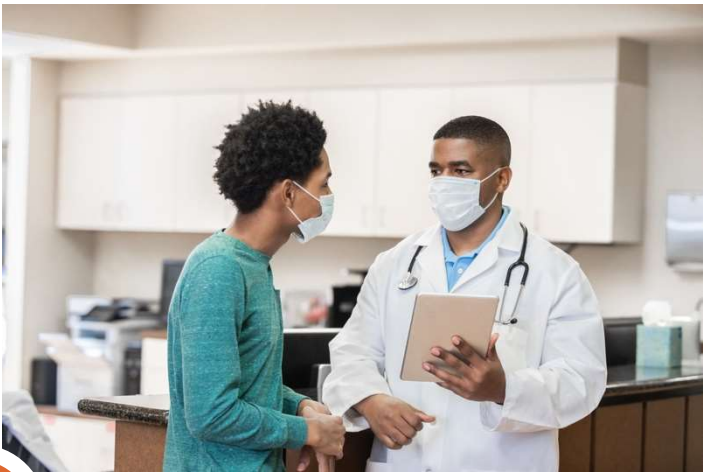
- Less time away from work
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem**, you should **call 911 or go straight to the nearest hospital emergency room (ER)**.

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access **Blue Cross** virtual care services or go to an urgent care center.



Go to Emergency Room

or

Go to Urgent Care

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections



Health Savings Account (HSA)

Only available for those enrolled in the HSA medical plan

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

Montcalm Care Network will also make contributions to your HSA if you enroll in the **BCBSM PPO HSA Plan**. This is "free money" for you to use to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for domestic partners and/or other dependents who do not qualify as tax dependents are not reimbursable under the HSA.

Advantages of an HSA

- An HSA is like a 401(k), allowing you to invest and plan for current & future health expenses
- Balance rolls over each year so you won't lose your contributions
- Triple tax savings – you do not pay federal tax* on:
 - Contributions to the account
 - Spending on qualified expenses
 - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave the Company
- Use the funds (now or in the future) for eligible medical, dental, or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia, and more
- Money left in the savings account earns tax-free interest*
- Some administrators will allow you to move your balance above a certain limit into mutual funds and direct your investment strategy.
- Once you turn 65, you can use money in the account to pay for non-medical expenses. You'll just need to pay income taxes.
- **To view a list of qualified expenses**, visit www.irs.gov/publications/p969. Some examples of qualified expenses include, but are not limited to:

| | | | |
|--------------------------------|----------------------|----------------------|-----------------------|
| Acupuncture | Dental Fees | Hospital Care | Therapy Treatments |
| Blind Person Services | Doctor Fees | Medicare Parts A & B | Weight loss programs |
| Childbirth Preparation Classes | Eyeglasses/Exam Fees | Operations | X-rays |
| Chiropractors | Hearing Aids | Retirement Home | Stop Smoking Programs |

**Tax treatment of HSAs for state tax purposes may vary by state.*

Funding and Enrolling in an HSA

Once you are covered by a qualified health plan (HDHP PPO 80% \$2000/\$4000 DED) your HSA account will be set up through HealthEquity. You will need to substantiate your information in order to receive the HSA Debit Card. Once you set up your HSA, any payroll deductions you have elected may begin. It is important to get your HSA set up as quickly as possible because you cannot turn in expenses incurred before the account was set up. Once your HSA is opened, remember to designate a beneficiary for this account. You can change the amount you contribute to your HSA at any time during the plan year.

Who can open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP).
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- You are not covered by another major medical plan, including the plan of your spouse or parent.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Health Care FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/p969/

2023 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes the employee **and** Montcalm Care Network's contributions. Montcalm Care Network will contribute to your HSA up to the annual amounts listed below. Montcalm Care Network's annual HSA contribution will be prorated based on the eligibility date in the plan (**i.e.** if you are hired in May and eligible June 1, you only receive 7/12 of the annual amount). The Montcalm Care Network HSA contribution will be made on the first day you are eligible.

| | 2022 IRS Contribution Limit | 2023 IRS Contribution Limit | Montcalm Care Network will contribute |
|-----------------------|-----------------------------|-----------------------------|---------------------------------------|
| Employee Only | \$3,650 | \$3,850 | \$1,000 |
| Employee + Dependents | \$7,300 | \$7,750 | \$2,000 |

* If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. **To view a list of qualified expenses**, visit <https://healthequity.com/hsa-qme>.

Health Savings Account

An HSA lets you put money away for future healthcare costs while saving on taxes. How? HSAs are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your pay-check, and your HSA can grow tax-free too.

- ☒ No 'use-it-or-lose-it,' keep your HSA forever
- ☒ Create a healthcare emergency safety net
- ☒ Invest¹ your HSA tax-free, like a 401(k)



Annual tax saving potential²

| | |
|-------------------------------|---------------------------------|
| \$1,550 Family plan | \$770 Individual plan |
|-------------------------------|---------------------------------|

2023 IRS Contribution Limits

| | |
|-------------------------------|-----------------------------------|
| \$7,750 Family plan | \$3,850 Individual plan |
|-------------------------------|-----------------------------------|

Members 55+ can contribute an extra \$1,000

Common qualified medical expenses:

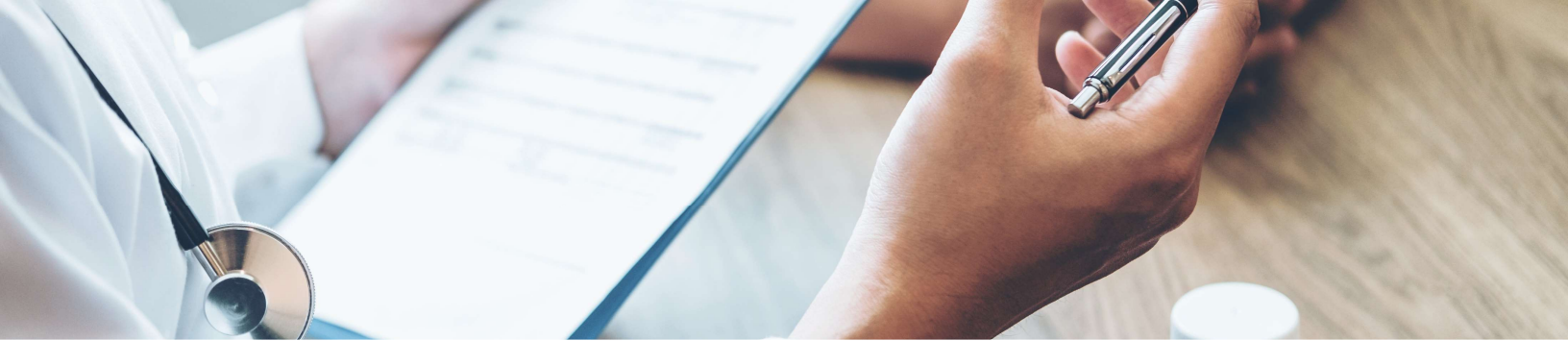
- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



**See how much
you can save**

[HealthEquity.com/
Learn/HSA](https://HealthEquity.com/Learn/HSA)

¹Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ²Estimated savings are based on an assumed combined federal and state income tax rate of 20%. Actual savings will depend on your taxable income and tax status. | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.



Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Two types of FSAs are available:

- Health Care
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

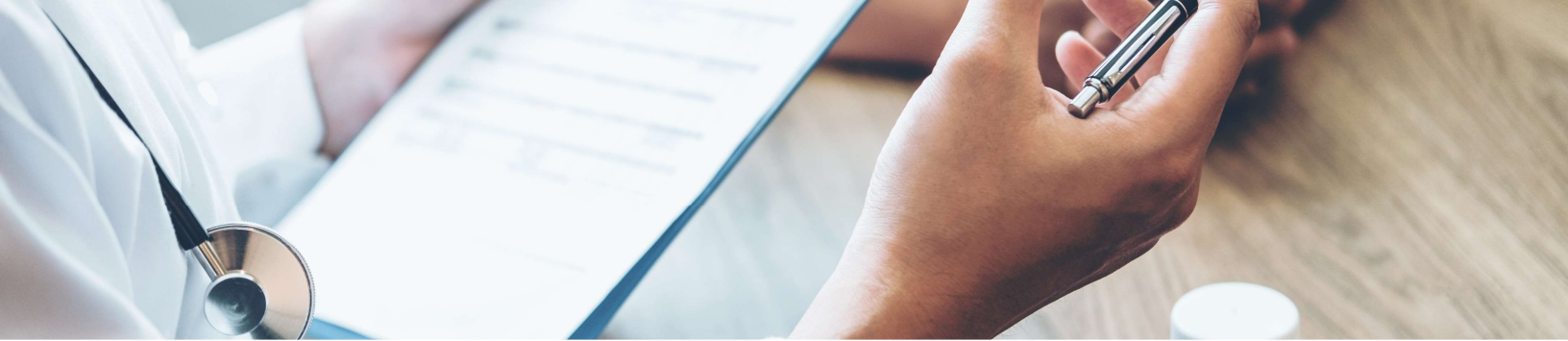
How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **January 1 to December 31**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care FSA will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

The Flexible Spending Account plans are administered by **Varipro**. To register and log into your FSA account(s), go to www.member.varipro.com.

Runout Period after Termination: You have 2 months after date of termination to file claims incurred before your termination date.



Flexible Spending Accounts (FSA) Continued

Health Care FSA

This FSA allows you to submit eligible medical, dental and vision expenses for reimbursement. You can deposit up to \$3,050 to the Health Care FSA for the 2023 calendar year.

Limited Purpose Health Care FSA *Available to HSA plan participants only*

If you move from the traditional medical plan to the HDHP plan, you may also roll over up to \$610 of unused FSA dollars into our Limited Purpose FSA. Using this account in conjunction with the HSA gives you the opportunity to save additional pre-tax money. You can use the Limited Purpose FSA for eligible dental and vision expenses only. You can contribute up to \$3,050 for the 2023 calendar year in this account.

Health Care FSA Roll Over

If you enroll in a Health Care FSA, you have the option to carry forward up to \$610 to the following plan year. These funds will not count against your future FSA election plan contribution limit. Any unused balances in excess of \$610 at the end of 2023 will be forfeited.

Dependent Care FSA

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under the age of 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2023** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).



How to Save \$\$\$!

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use OptumRX

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home. Through OptumRX, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist.*

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price* of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.

*Note: prescription claims paid outside the BCBS network will not track towards your deductible.



Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **EyeMed** vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use **EyeMed** providers. To search for providers, log onto www.EyeMed.com.

No ID card will be provided; give the group #1004721 and your SSN to your vision provider when obtaining services.

| EyeMed | Frequency | In-Network |
|--|----------------------|---|
| Eye Exam | Once every 12 months | \$0 copay |
| Frame | Once every 12 months | \$180 allowance; Employee is responsible for 80% of the charge over \$180 |
| Lenses (Single vision, lined bifocal, lined trifocal) | Once every 12 months | \$10 copay |
| Progressive Lenses (Standard) | Once every 12 months | Range from \$75 - \$120 copay |
| Contacts—instead of glasses | Once every 12 months | \$0 copay \$180 allowance |

VISION: EyeMed

| Coverage Type | Per Pay (24) |
|---------------|--------------|
| Single | \$0.50 |
| Double | \$1.00 |
| Family | \$1.50 |





Dental

Montcalm Care Network offers dental coverage through **Delta Dental**. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Delta Dental and agree to accept negotiated fees as “payment in full” for services rendered. When you use out-of-network providers, Delta Dental will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Delta Dental providers. To search for in-network providers, go to www.deltadentalmi.com and click on **Find a Dentist**.

Delta Dental

| | <u>In-Network</u> |
|--|-------------------|
| Calendar Year Maximum * (plan pays) | Up to \$1,000 |
| | Plan pays |
| Calendar Year Deductible | None |
| Preventive Services <i>Routine exams, fluoride, space maintainers & X-rays</i> | 100% |
| Basic Services <i>Fillings, Extractions, Root Canals, Oral Surgery</i> | 80% |
| Major Services <i>Bridges, Dentures, Bridge Repairs, Crowns</i> | 50% |
| Orthodontia (to age 19) | 50% |
| Orthodontia Lifetime Maximum (per person) | \$1,000 |

* Plan deductibles and maximums accumulate on a **calendar year** (January 1 – December 31). These amounts reset on January 1 of each year.

DENTAL: Delta Dental

| Coverage Type | Per Pay (24) |
|---------------|--------------|
| Single | \$5.50 |
| Double | \$11.00 |
| Family | \$14.00 |



Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

Montcalm Care Network provides Basic Life insurance coverage of **\$25,000 to full time employees**. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays **\$25,000** in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by **Mutual of Omaha** and is paid for by Montcalm Care Network. You are automatically enrolled in these benefits. Please note there are reduced benefits after age 65.

Voluntary Life and AD&D

As a new hire working 30 or more hours, you can purchase Voluntary Life and Accidental Death & Dismemberment insurance for you, your legal spouse, and dependent children **without providing medical information up to certain guaranteed issue (GI) amounts** (see chart). If you leave the Company, this coverage can be taken with you. Employees pay the full cost of Voluntary Life and Voluntary AD&D insurance on an after-tax basis.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Mutual of Omaha.

Benefit amounts reduce at age 65. Please refer to the benefit summary for details.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Mutual of Omaha, you will not have Voluntary Life coverage.

Voluntary Life/AD&D Amounts Available

| | |
|-------------------|--|
| Employee | Increments of \$10,000 to lesser of 5 times your salary or \$250,000 Guaranteed Issue: \$50,000 |
| Spouse | Increments of \$5,000 to maximum \$50,000 (cannot exceed 100% of employee election) Guaranteed Issue: \$25,000 |
| Child (to age 26) | Increments of \$2,000 up to \$10,000 (cannot exceed 100% of employee election) Guaranteed Issue: \$10,000 |

Open Enrollment Provision

Annual Benefit Amount Increase: Employees who elect the minimum benefit when initially eligible may increase their benefit by 1 increment during the annual enrollment period without any medical questions asked, up to the Guarantee Issue amount.



Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has been exhausted.

Montcalm Care Network offers STD and LTD insurance at no cost to any employee working 40 hours. Administered by **Mutual of Omaha**, you are automatically enrolled in these benefits.

Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

| | |
|------------------|--|
| Benefit Begins | 1 st day of accident or 8 th day for illness |
| Benefit Amount | 60% of your weekly salary to \$800 per week |
| Benefit Duration | Up to 13 weeks |

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than **90** days. Proof of disability is required.

| | |
|------------------------|--|
| Benefit Begins | After 90 of qualified disability |
| Benefit Amount | 60% of basic monthly earnings to \$5,000 per month |
| Benefit Duration | Social Security Normal Retirement Age (SSNRA) |
| Pre-Existing Condition | 3 months prior / 12 months insured |

Optional Protection Benefits

Montcalm Care Network offers additional voluntary benefit plans through **UNUM**. 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.

Insurance policies available for purchase (through after-tax payroll deductions) include **Critical Illness, Hospital Indemnity and Accident**. These benefits may help fill the gap until you meet your medical plan deductible. The UNUM benefit plans are portable, which means you can take these benefits with you if you leave the Company. Rates are based on age and policy elected.

Critical Illness Insurance

This insurance **pays a lump-sum cash benefit** directly to the insured following the diagnosis of a covered critical illness or event, including (but not limited to) Alzheimer's disease, invasive cancer, heart attack, kidney failure, stroke and major organ transplants. Please refer to the UNUM plan summaries for details and rates.

| Voluntary Critical Illness | Plan Highlights |
|------------------------------------|---|
| Coverage Options: | Employee, Spouse and Children |
| Pre-Existing Condition: | If treated in the 12 months prior to the plan effective date, you will be excluded for the first 12 months of coverage |
| Benefit Amounts: | Employee: \$10,000, \$20,000 or \$30,000 Spouse: 50% of the employee coverage amount as long as you have purchased coverage for yourself Child: 50% of the employee election amount (At no cost) |
| Benefit Waiting Period: | 30 days |
| Covered Conditions Include: | Heart Attack, Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Coma because of Severe Traumatic Brain Injury, Benign Brain Tumor, Cerebral Palsy, Cleft Lip or Palate, Cystic Fibrosis. <i>Adding coverage for Cancer is available as an option in the Lighthouse Connect system.</i> |

Hospital Indemnity Insurance

Hospital Indemnity insurance **pays a cash benefit** when you or your covered family members are hospitalized due to treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Please refer to the UNUM plan summaries for details and rates.

| Schedule of Benefits | |
|---|---------|
| Admission and ICU Admission (1 day per year) | \$1,000 |
| Daily Stay (per day up to 365 days) | \$100 |
| Daily Stay - Hospital ICU (per day up to 15 days) | \$100 |
| Short Stay (1 day per year) | \$259 |





Optional Protection Benefits (Continued)

Accident Insurance

Accident insurance **pays a cash benefit** when you or your covered family members suffer injuries sustained in an accident. Covered injuries include fractures, burns, concussions, tears, lacerations, broken teeth and eye injuries. Additional benefits may be paid, including ambulance, emergency care, testing and therapy. Please refer to the UNUM plan summaries for details and rates.

| Voluntary Accident Plan | Plan Highlights |
|---|---|
| Coverage Options: | Employee Only, Employee + Spouse, Employee + Child and Family |
| Accidental Death Benefit: | Once per lifetime; if payable: Employee: \$50,000; Spouse: \$25,000; Child: \$12,500 |
| Emergency Care Benefit <i>Physician's Office/Urgent Care</i> | \$75 |
| Hospital Admission: <i>Non-ICU and ICU</i> | Admission/ICU admission is payable once per covered accident \$1,000 |
| Emergency Room Treatment: | \$150 |
| Medical Testing Benefit: <i>X-Ray, MRI, Ultrasound, NCV, CT/CAT, EEG</i> | \$50 - \$200 |
| Ambulance Benefit: <i>Ground/Air Transportation</i> | \$300/\$1,000 |



Additional Benefits

Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Offered through **New Directions**, the **Montcalm Care Network EAP** can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more. These benefits are available to employees, anyone living in the employee's immediate household, and children up to 26 years of age.

Provided at **no cost to you**, counselors are available for support by phone 24 hours a day, seven days a week at **800-624-5544**.

Online resources are also available by logging onto www.eap.ndbh.com (Company Code: montcalm).

Mobile App – search for “New Directions EAP”





Municipal Employees' Retirement System (MERS)

Montcalm Care Network's MERS Retirement Savings Plan allows employees to save for retirement through convenient payroll deductions. The Plan, administered by **Municipal Employees' Retirement System**, is designed with the following features:

- 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) 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:

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



The Lighthouse Resource Center

Effortless insurance – all of your needs, all in one place.

As a member of the Lighthouse Network, enjoy the ease of having all of your insurance needs in one place. The Lighthouse Resource Center offers you access to the industry's leading experts in life insurance, Medicare & individual health insurance, and personal insurance including home, auto, and umbrella.

As an independent insurance agency, we compare plans from a variety of competitive carriers to find the best policy, so you can get the best coverage at a rate you can afford.

The Resource Center Offers:



Auto
Insurance



Home
Insurance



Umbrella
Policies



Life
Insurance



Medicare &
Individual



And
More

To Get Started:



**Individual Insurance
or Medicare needs:**

Scan or [click here](#)



**Home, Auto, or
Umbrella Insurance:**

Scan or [click here](#)

Contact the resource center:

- If you are in between jobs or newly hired with a benefits waiting period
- In the event of termination, separation of employment, or reduced hours to discuss alternatives to COBRA
- If you have dependents turning 26
- If you plan to retire before 65
- If you'd like a free personal insurance consultation
- For Medicare education and enrollment support



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Retire Confidently.

Medicare 101

JOIN US FOR A RETIREMENT PLANNING OVERVIEW

- Original Medicare overview
- Medicare enrollment periods
- Electing supplemental coverage
- Delaying enrollment
- HSA impact on Medicare enrollment
- Pitfalls to avoid
- Set up a Lighthouse Group consultation

For accommodations of persons with special needs at meetings, please call 616.455.9486, TTY users should call 771

[LIGHTHOUSEGROUP.COM](https://www.lighthousegroup.com)



The Lighthouse Resource Center

FOR MEDICARE ELIGIBLE INDIVIDUALS

The Lighthouse Resource Center promises a trusted relationship that serves as a foundation on which valued protection is built. By choosing our Medicare Specialists, you will have an advocate who will provide an extraordinary experience and knowledge to help you understand the Medicare options available to you pre- and post-retirement.

Medicare Explained

We understand the choices and decisions you are being asked to make at a time when you may face great uncertainty in your life. We can help you understand:

- Medicare Parts A, B, C, & D
- Medigap

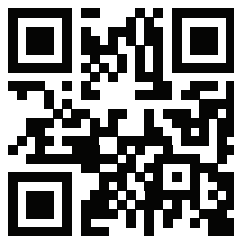
Enrollment Support - How and When to Enroll in:

- Parts A & B
- Parts C & D
- Medigap
- Delaying enrollment

As Trusted Medicare Experts, we help you find supplemental Medicare options that may:

- Reduce monthly premiums
- Provide lower out-of-pocket costs
- Allow access to your preferred providers and pharmacies
- Cover prescription drugs
- Include preventative dental, vision, and hearing benefits

To get started, use your phone camera to scan this code and complete our online intake form:



Or call the team directly at 616.455.9456



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The Lighthouse Resource Center

FOR INDIVIDUAL HEALTH CARE NEEDS

Shopping for a healthcare plan can be overwhelming, but our Resource Center is here to help. With our team of licensed agents, Lighthouse can help you navigate through the Affordable Care Act and provide options to fit both your healthcare needs and your budget.

In Between Jobs or Newly Hired:

If you are seeking employment or have recently been hired by an employer and are in a probationary period for benefits, we can help. Lighthouse can provide short-term medical options prior to becoming eligible for employer-sponsored health coverage.

Termination, Separation of Employment, or Reduced Hours:

As an alternative to COBRA, Lighthouse can provide individual coverage to you and your family in the event you lose employer-sponsored health coverage due to an involuntary or voluntary separation or reduction in hours.

Dependents Turning 26:

Individuals with dependents turning 26 may contact Lighthouse for continuing health coverage options for young adults. Many times, your dependent may qualify for cost-sharing reductions or tax-credits to help pay monthly premiums on an individual health plan.

Early Retirement:

Are you looking to retire before turning 65? Lighthouse will work with you and your spouse to secure an individual health plan to cover you until obtaining Medicare eligibility.

To get started, use
your phone camera to
scan this code and
complete our online
intake form:



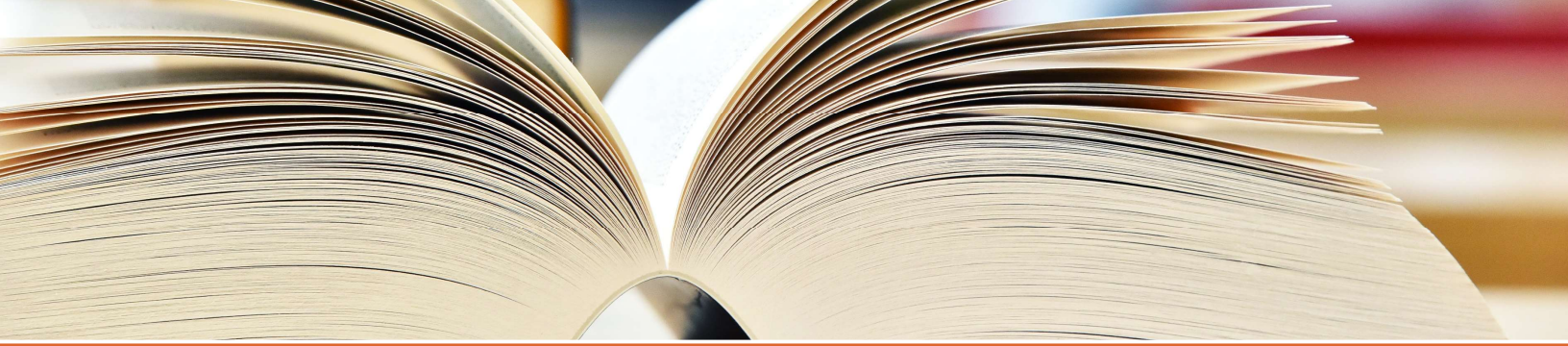
Or call the team directly at 616.455.9456



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Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck on a pre-tax basis.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

Deductibles typically run from **January – December** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance Company pays all remaining costs.

What does coinsurance mean?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.

Coinsurance: The percentage of eligible expenses you pay for services, once you have satisfied the plan's deductible.

Consumerism: A buzzword promoting the idea that you have greater control over decisions that affect your care—and your spending—when you educate yourself on the cost of services and compare providers and treatment options accordingly.

Contributions: The set amount you pay to participate in a benefit plan. For employer-sponsored benefits coverage, contributions are typically deducted from your pay in equal amounts each pay period.

Copay (or copayment): A flat dollar amount you pay for certain services when you receive care.

Cost sharing: The amount you pay for part of your covered expenses in the form of copays, coinsurance, and/or deductibles.

Covered expense: Services, treatment, and equipment that is eligible for reimbursement or coverage under your health plan or insurance policy.

Deductible: The amount you must pay each year before the plan pays benefits for most covered expenses.

Eligible Dependents: Dependents you can cover under your healthcare benefits, in accordance with state and federal legislation.

Evidence of Insurability (EOI): Information about your health and lifestyle that is necessary for underwriting your life insurance policy.

Explanation of Benefits (EOB): A statement from your insurance company explaining the services covered by your plan, including the amounts applied to your deductible (if any) and paid on your behalf.

Flexible Spending Account (FSA): An account that allows you to set aside pre-tax funds for eligible expenses. There are two main types: Health Care FSA, which covers eligible out-of-pocket healthcare expenses; and, Dependent Care FSA, which covers eligible dependent daycare expenses.

Formulary: A list of prescription drugs preferred by your health plan.

Generic drugs: Lower-cost alternatives to brand-name drugs, generics meet the requirements for quality, strength, purity, and potency.

Health plan: Insurance that covers health issues, including medical, dental, and vision.

In-network services (IN): Services you receive from providers in your plan's network who have agreed to charge lower negotiated fees to plan members.

Open Enrollment (OE): The one time each year to enroll in your employer-sponsored benefits.

Out-of-network services (OON): Services you receive from providers outside your plan's network; they typically cost more out of pocket than in-network services.

Out-of-pocket expenses (OOP): What you pay towards the cost of services, including deductibles, copays, and coinsurance.

Out-of-pocket maximum (OOM): The most you will pay for out-of-pocket expenses in a plan year. Once you reach this amount, the plan pays 100 percent of covered expenses for the rest of the year.

Plan year: The 12-month period during which benefit plan records are kept on file.

Preventive care: Routine services (physicals, immunizations, screenings, etc.) typically covered by your medical plan that allow you to catch problems before they become too serious or costly.

Primary Care Physician (PCP): A doctor who provides, coordinates, and refers your healthcare services.

Qualifying Life Event (QLE): Also called a "qualifying change in status" (e.g., marriage, divorce, birth, adoption, etc.), a QLE allows you to change your benefit elections during the plan year.

Telehealth (or telemedicine): The use of electronic information and technology to receive care remotely via phone, mobile device, or computer.

Voluntary Benefits (VB): Insurance products offered through the workplace that supplement your medical coverage by paying a cash benefit for certain covered illnesses and injuries. Products can also offer coverage in the areas of disability, life insurance, identity theft, legal services, and pet health.



This benefits guide is a summary and provides an overview of the benefits offered to eligible employees and their dependents. It is not a complete description of the coverage offered nor the varying eligibility that may apply under different benefits. If this guide does not address your specific questions, please refer to the [Resources / Contact Information](#), review the underlying policies or plan documents, or contact Human Resources for additional information.

Controlling provisions are provided in each benefit plan policy. If there is any discrepancy between this guide and the underlying policies or plan documents, the policies or plan document will control.

This benefits guide is not a binding contract or guarantee of coverage. Montcalm Care Network reserves the right to end, suspend, or amend any plan or benefit provided, at any time, for any reason, in whole or in part.