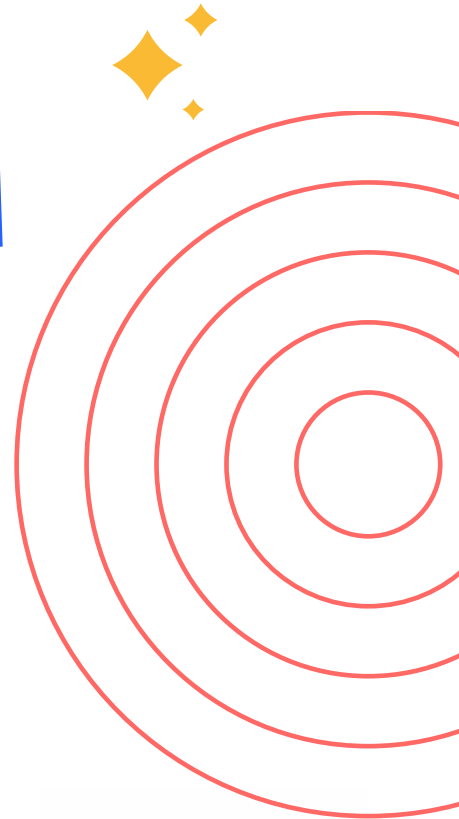


# THE POOL

Transforming Your Wellbeing Together

## 2026 Benefits Guide

Montcalm Care Network

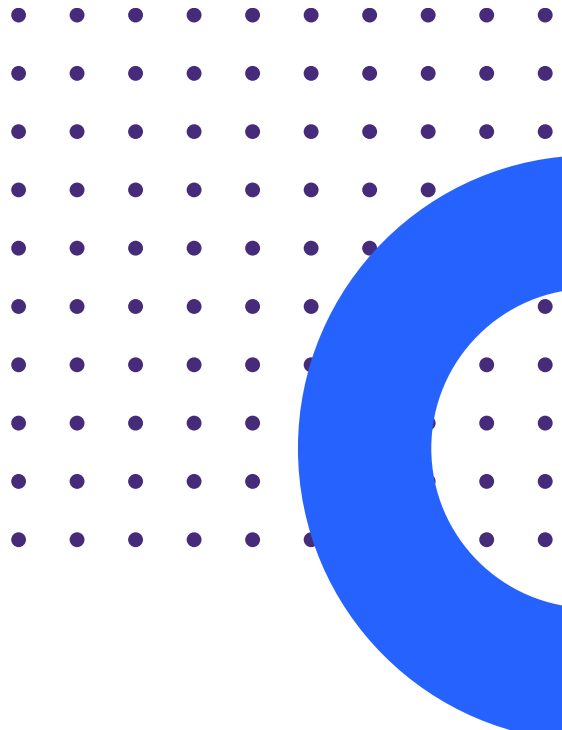


montcalm  
care network



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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 Human Resources at 989-831-7576 or HR@montcalmcare.net.

## Eligibility and Enrollment

You are eligible to participate in Montcalm Care Network's benefits if you are a full-time employee working at least 30 hours per week. If you enroll in benefits, you may also cover your:

- Legal spouse
- Children up to age 26- including natural, step-children 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 to [www.plansource.com](http://www.plansource.com) 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)
- Gain or loss of Medicare or Medicaid coverage during the year
- Relocation if the move impacts access to coverage
- Death of a dependent



You have 30 days from the date of the event to log on to [www.plansource.com](http://www.plansource.com) 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.

## Copay

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

## Network

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

## 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.

## 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.

## 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	BCBSM Value 2000 *New	BCBSM Value HSA 2000	BCBSM Enhanced 1000	Priority HSA \$3500
Employee only	\$21.36	\$0.86	\$71.79	\$0.00
2-Person	\$153.40	\$104.20	\$274.44	0.00
Family	\$154.31	\$92.81	\$305.61	\$0.00

Coverage Tier	Delta Dental Plan	EyeMed Vision Plan
Employee only	\$6.50	\$0.50
2-Person	\$13.00	\$1.00
Family	\$20.00	\$1.50

## Opt-Out Credit

Montcalm Care Network is offering an opt-out payment for employees who opt-out of coverage of medical insurance. 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.

- \$200.00 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.

	BCBSM Value 2000 203		BCBSM Value HSA 2000 153/154	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Coinsurance</b> <i>(employee pays)</i>	20%	40%	20%	40%
<b>Coinsurance Max</b>	\$2,000/ \$4,000	N/A	N/A	N/A
<b>Out-of-pocket Maximum</b> <i>(Individual/family)</i>	\$4,500 / \$9,000	\$4,500 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Montcalm Care Network Contribution to Health Savings Account</b> <i>(Individual/family)</i>	N/A		N/A	
<b>Preventive Care</b>	Covered at 100%	Not Covered at 100%	Covered at 100%	Not Covered at 100%
<b>Office Visits</b> Telemedicine Primary Care Urgent Care Specialist	\$20 PCP copay; \$40 Specialist copay	60% after deductible; telemedicine not covered	80% after deductible	60% after deductible; telemedicine not covered
<b>Emergency Room</b>	\$150 copay (waived if admitted)		80% after deductible	



## Finding providers in-network

You'll save the most money who you choose in-network doctors, hospitals, and pharmacies. Log onto [www.BCBSM.com](http://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.

	BCBSM Enhanced 1000 117		NEW *Priority Health Priority HSA 3500 PH06	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$7,000 / \$14,000
<b>Coinsurance (employee pays)</b>	20%	40%	20%	40%
<b>Coinsurance Max</b>	N/A	N/A	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Out-of-pocket Maximum</b> <i>(Individual/family)</i>	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,500 / (\$10,600**) \$11,000	\$11,000 / \$22,000***
<b>Montcalm Care Network Contribution to Health Savings Account*</b>	N/A		Single: \$1,273.33 2-Person: \$1,605.00 Family: \$2,988.00	
<b>Preventive Care</b>	Covered at 100%	Not Covered at 100%	Covered at 100%	Not Covered at 100%
<b>Office Visits</b> Telemedicine Primary Care Urgent Care Specialist	\$20 copay	60% after deductible; telemedicine not covered	80% after deductible	60% after deductible
<b>Emergency Room</b>	\$50 copay (waived if admitted)		80% after deductible	Paid at the Network Level

\*Newly eligible employees and/or new hires will receive prorated employer contributions based on month of eligibility.

\*\* No one person in a family may contribute more than \$10,600 towards the \$11,000 family deductible.

\*\*\* Please note the out-of-network family out-of-pocket maximum of \$22,000.

## Finding providers in-network



You'll save the most money when you choose in-network doctors, hospitals, and pharmacies. Log onto [www.PriorityHealth.com](http://www.PriorityHealth.com) and use the Find a Doctor tool when searching for care.

# How an HSA Plan Works

## Understanding Your Family Deductible: Embedded vs. Aggregate

### Embedded

#### Value 2000 Plan

With an embedded deductible, each member of your family has their own annual deductible and out-of-pocket maximum (OOP Max) amount.

If any **one** of you meets the individual deductible, the plan will start paying coinsurance for only **that** person.

If expenses for **two or more** of you reach the family deductible, then **all** of you are considered to have met the deductible and the plan pays coinsurance for the whole family.

### Aggregate

#### Both HSA Plans

With an aggregate deductible, you'd have **one** family deductible that applies to all covered members.

If **one, or a combination**, of you have health expenses that meet the family deductible, the deductible is then considered to be met for **all**.

At that point, the plan begins paying coinsurance for the **whole family** until you reach the OOP Max.



# 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

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

The medical carrier can keep track of deductible expenses

or

You receive network discounts off your bill

2. The medical carrier will process your claim and send you an explanation of benefits telling you what you now owe after their discount

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



### 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 medical ID card:

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

or

You receive the medical carrier's discounts off your prescription

2. The pharmacy can tell you the cost of your prescription and the carrier applies that amount to your annual deductible in real time

3. You can use your HSA debit card to pay the charge at the pharmacy



# Prescription Drug Coverage

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

	BCBSM Value 2000		BCBSM Value HSA 2000	
	In Network		In Network	
<b>Retail (30-day Supply)</b> Generic Preferred Non-preferred	\$10 copay; 20% coinsurance; 20% coinsurance		\$10 copay after deductible; 20% coinsur after ded.; 20% coinsur after ded.	
<b>Mail order (90-day Supply)</b> Generic Preferred Non-preferred	\$20 copay; 20% coinsurance; 20% coinsurance		\$20 copay after deductible; 20% coinsur after ded.; 20% coinsur after ded.	
<b>Specialty - Retail Only (30-day Supply)</b> Generic Preferred Non-preferred	20% coinsurance; 20% coinsurance; 20% coinsurance		\$10 copay after deductible; 20% coinsur after ded. 20% coinsur after ded.	

## Generic Drugs

Generic drugs are FDA-approved 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 brand-name drug.

## 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 the mail-order pharmacy. If you have questions about home delivery for specialty medications, please call AllianceRx Walgreens Pharmacy. For your Priority Health Plan, please contact Priority Health directly.

## Preferred Drugs

BCBSM and Priority Health 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.

# Prescription Drug Coverage

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

	BCBSM Enhanced 1000		Priority HSA 3500	
	In Network		In Network	
<b>Retail (30-day Supply)</b> Generic Preferred Non-preferred	\$10 copay; 20% coinsurance \$40-\$80; 20% coinsurance \$60-\$100		\$10 copay after deductible; 20% coinsur after ded.; 20% coinsur after ded.	
<b>Mail order (90-day Supply)</b> Generic Preferred Non-preferred	\$20 copay; 20% coinsurance \$80-\$160; 20% coinsurance \$120-\$200		\$20 copay after deductible; 20% coinsur after ded.; 20% coinsur after ded.	
<b>Specialty - Retail Only (30-day Supply)</b> Generic Preferred Non-preferred	\$10 copay; 20% coinsurance \$40-\$80; 20% coinsurance \$60-\$100		20% coinsur after ded.; 20% coinsur after ded. 20% coinsur after ded.	

## Generic Drugs

Generic drugs are FDA-approved 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 brand-name drug.

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## Preferred Drugs

BCBSM and Priority Health 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
<b>Annual Deductible</b> (Individual/Family)	None
<b>Annual Maximum</b> (Per Person)	\$1,000
<b>Preventive Care</b> (Routine Cleaning and X-rays)	100%
<b>Basic Services</b> (Fillings, Basic Root Canals)	80%
<b>Major Services</b> (Extractions, Crowns)	50%
<b>Orthodontia</b> (Children up to age 18)	50%
<b>Orthodontia Lifetime Maximum</b> (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](http://www.deltadentalmi.com) or calling 800-524-0149.

# Vision Coverage



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

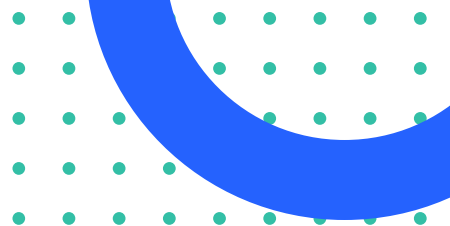
	EyeMed Vision Plan
	In-Network
<b>Eye Exam</b> (Once every 12 months)	\$0 copay
<b>Lenses</b> (Once every 12 months)	Single, Bifocal, Trifocal \$10 copay; Standard Progressive \$75; Premium Progressive \$95 - \$120; Custom Progressive \$75, 20% off retail price less \$120 allowance
<b>Frames</b> (Once every 12 months)	Up to \$180 allowance; 20% off remaining balance
<b>Contact Lenses</b> (Once every 12 months) In Lieu of Glasses <div style="text-align: right; padding-right: 20px;">             Fitting              Elective           </div> Medically Necessary	\$0 copay Up to \$180 allowance

## Finding ophthalmologists in-network



Find an in-network eye doctor by visiting [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or calling 866-939-3633.

# Spending Accounts



## Paying for Health Care

Montcalm Care Network offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)
<b>What medical plan can I choose?</b>	HDHP Plan <i>*Value HSA 2000 or Priority HSA 3500 only</i>	Non-HDHP plan <i>*Value 2000 or Enhanced 1000 only</i>
<b>What expenses are eligible?</b>	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	
<b>When can I use the funds?</b>	Funds are available as you contribute to the account	All funds you elect for the year are available January 1
<b>Can I roll over funds each year?</b>	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)	You may roll up to \$680 into the new 2027 plan year
<b>How do I pay for eligible expenses?</b>	With your HealthEquity debit card (you can also submit claims for reimbursement online at <a href="http://www.healthequity.com">www.healthequity.com</a> )	
<b>How much can I contribute each year?</b>	\$4,400 for individual coverage or \$8,750 for family coverage (this total includes company funding) in 2026	Between \$500 and \$3,400 in 2026
<b>Can I change my contributions throughout the year?</b>	Yes, you can login to <a href="http://www.plansource.com">www.plansource.com</a> 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.healthequity.com](http://www.healthequity.com).

# Spending Accounts

## Paying for Dependent Care

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

	Dependent Care FSA
<b>What is it?</b>	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
<b>Why should I consider it?</b>	You can lower your taxable income to save some money while you take care of your daycare expenses
<b>What expenses are eligible?</b>	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account with each paycheck
<b>Can I roll over funds each year?</b>	No, you will lose any funds remaining in your account at the end of the year
<b>How do I pay for eligible expenses?</b>	Submit claims for reimbursement online at <a href="http://www.healthequity.com">www.healthequity.com</a>
<b>How much can I contribute each year?</b>	Between \$500 and \$7,500 in 2026
<b>Can I change my contributions throughout the year?</b>	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

### Important Notes:

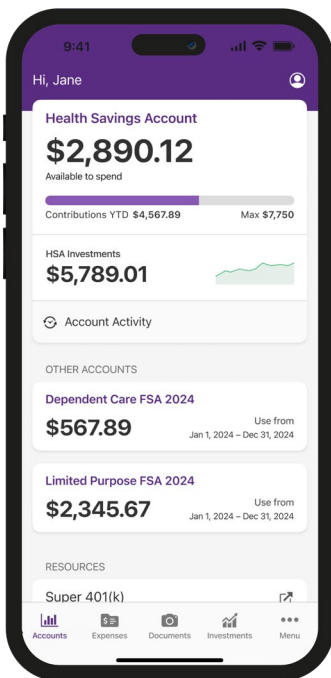
All FSA accounts follow the use-it-or-lose-it rule. You will lose any funds remaining in your account at the end of the year.

A Dependent Care FSA can be paired with an HSA.

# Spending Accounts

## Accessing your HSA and FSA account information

You can see your HealthEquity spending account information through the HealthEquity portal.



## 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



Visit:

[healthequity.com](https://healthequity.com)

\*Accounts must be activated via the HealthEquity website in order to use the mobile app

# Spending Accounts

## Overview of HSA and FSA Accounts

Below are some details of both an HSA and FSA.

### Health Savings Account (HSA)

- Value HSA 2000 or Priority HSA 3500 plans only
- Contribute up to \$4,400 (single) or \$8,750 (family) for the 2026 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 \$3,400 for the 2026 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 \$680 into 2027 plan year to be used within first 2 ½ months of 2026; anything over will be forfeited
- Includes debit card

### Limited Purpose Flexible Spending Account (FSA)

Includes everything listed above for a Healthcare FSA, **EXCEPT**:

An LPFSA is designed to be used alongside an HSA, but funds can **ONLY** be used for qualified dental and vision expenses

A comprehensive list of qualified purchases can be found at [www.irs.gov/publications/p502](https://www.irs.gov/publications/p502)

# Life and AD&D 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.

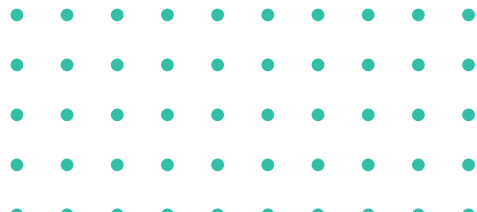
As a new hire working 30 or more hours, you can purchase voluntary life insurance and AD&D without providing medical information up to certain guaranteed issue (GI) amounts: EE (\$50k), Spouse (\$25k), Children to age 26 (\$10K). Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Mutual of Omaha. 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, your request will not be approved.

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

### 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 Guaranteed Issue amount.

**Important Note:** When an employee turns 65, benefits are reduced, and premiums adjust accordingly. Premiums also change at the next policy anniversary if the employee moves to a new age band.



# Disability Insurance

## Disability Insurance

Montcalm Care Network 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.

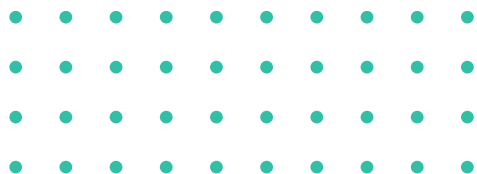
### Short-term Disability

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 earning until the benefit duration has ended.

### Long-term Disability

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

	How it works	Who Pays
<b>Short-term Disability</b>	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
<b>Long-term Disability</b>	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

## 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 in-person sessions with local behavioral health counselors if needed. Find more information at [www.pinerest.org/eap](http://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

**800.442.0809**

(press 1 and follow the prompts)

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

### Your EAP Benefits Include

- 7 sessions of free, confidential counseling per episode of care
- In-the-moment support available 24/7
- Free consultations
- Personal Advantage online library
- Wallet Wisdom online financial wellness
- All benefits available to every member of the household

### What if I Need Immediate Support?

If you or a loved one are in crisis or experiencing suicidal thoughts, please visit a hospital ER or Pine Rest Psychiatric Urgent Care Center.\*

Access in-the-moment support by calling 800.442.0809 (press 1 and follow the prompts).

\*ER and Psychiatric Urgent Care are not included in the EAP benefits.



Benefit Line  
800.442.0809



Online Scheduling  
[pinerest.org/scheduling](http://pinerest.org/scheduling)

## EAP Contact Info

800.442.0809 (press 1 and follow the prompts)  
[eap@pinerest.org](mailto:eap@pinerest.org)



# 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%



# 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

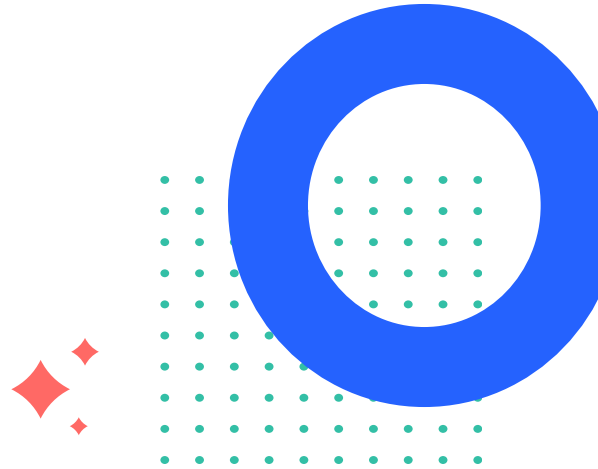
This coverage helps defray the costs of hospital confinements. When confirmed to the hospital as a result of a covered illness or accident, benefits from this plan are paid directly to you to help cover out of pocket expenses.

## 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.



## Contact Information for Questions and Claims

### 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](mailto:Michaela_Castro@ajg.com)

### Questions for Coverage

Lisa Mattern

210.348.4184

[Lisa\\_Mattern@ajg.com](mailto:Lisa_Mattern@ajg.com)



# Voluntary Hospital Indemnity Insurance



## Quick View

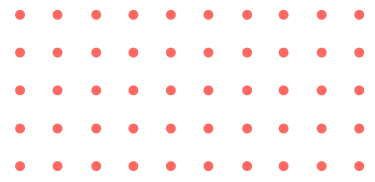
The cost of a hospital stay can be financially difficult if money is tight and you're not prepared. Having the right coverage in place before you experience an unexpected sickness or injury can help eliminate the stress of financial concerns and provide support when needed most.

Benefit Name	Amount
Initial Hospital Confinement (24 hrs)	<b>\$1,000</b> (once per sickness or accident per calendar year)
Daily Hospital Confinement	<b>\$150</b> (up to 31 days)
ICU Supplemental Confinement (daily) (pays in addition to daily confinement)	<b>\$150</b> (up to 10 days)
Intermediate ICU (pays in addition to daily confinement)	<b>\$75</b> (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)

<b>Employee:</b> \$8.23	<b>Employee + Spouse:</b> \$16.52	<b>Employee + Child(ren):</b> \$13.17	<b>Family:</b> \$21.46
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# Voluntary Critical Illness Insurance



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

### Bi-Weekly Deductions (24 of 26 Pay Periods)

Attained Age	\$10,000		\$20,000		\$30,000	
	Spouse benefit: \$10,000* Child(ren) benefit: \$5,000		Spouse benefit: \$20,000* Child(ren) benefit: \$10,000		Spouse benefit: \$30,000* Child(ren) benefit: \$15,000	
	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
46-50	\$7.13	\$14.26	\$14.26	\$28.51	\$21.38	\$42.76
51-55	\$11.45	\$22.91	\$22.91	\$45.81	\$34.36	\$68.71
56-60	\$14.01	\$28.02	\$28.02	\$56.03	\$42.02	\$84.04
61-65	\$23.15	\$46.29	\$46.29	\$92.58	\$69.44	\$138.88
66+	\$37.34	\$74.68	\$74.68	\$149.35	\$112.02	\$224.03

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



# Voluntary Accident Insurance



## 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		Provisions	
Urgent Care: <b>\$150</b>		Physical Therapy: <b>\$25 (10)</b>		<b>Off the job</b>	
Crutches: <b>\$100</b>		Laceration: <b>up to \$600</b>		Over <b>20</b> named Benefits	
X-Ray: <b>\$50</b>		Concussion: <b>\$150</b>		No limit on the number of accidents	
Follow up Treatment: <b>\$50 (3)</b>		Hospital Admission: <b>\$1,000</b>		<b>20%</b> Organized Athletic Activity Rider	
Fractures/Dislocations: <b>up to \$8,000</b>		Hospital Confinement: <b>\$200 (365)</b>		Portable at the same rate	
*Fracture Schedule			*Dislocation 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)			
<b>Employee:</b> \$3.96	<b>Employee + Spouse:</b> \$6.94	<b>Employee + Child(ren):</b> \$10.62	<b>Family:</b> \$13.60

# Pool Benefits

Being a member of The Pool gives you and your family have access 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. Available to those diagnosed with diabetes.

*\*Type 1 or Type 2 with BCBSM. Type 2 only with Priority Health.*



### 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 have access 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.



### Muscle & Joint Pain Relief

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.

### Maternity & Postpartum Support

Virtual, 24/7 support with things like creating your birth plan, breast and bottle feeding, navigating infant sleep, returning to work, managing your mental health, and more.



# Priority Health Member Benefits

New benefits offered to members enrolled in a Priority Health plan through The Pool

## Digestive Health Support

Through your coverage with Priority Health, receive personalized digestive care with virtual visits, support discovering symptom triggers, nutrition coaching, mind-gut stress relief, and more.\*

*\*Ayble Health visits are subject to your plan's deductible.*

ayble  
health

PriorityGPS® 

## PriorityGPS

This concierge care navigation team can help you with things like navigating health care, understanding your benefits and coverage, all while bringing together your integrated care teams.

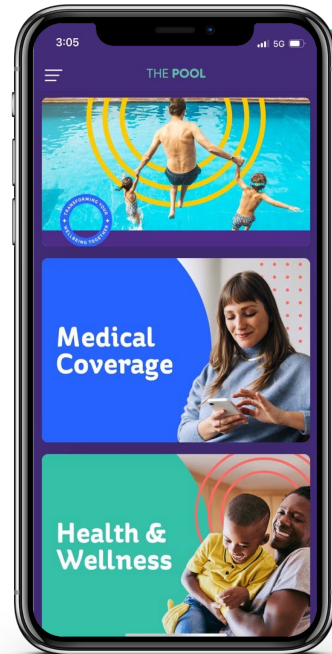
The number to contact will be listed on the back of your ID card!

# 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
- And more!

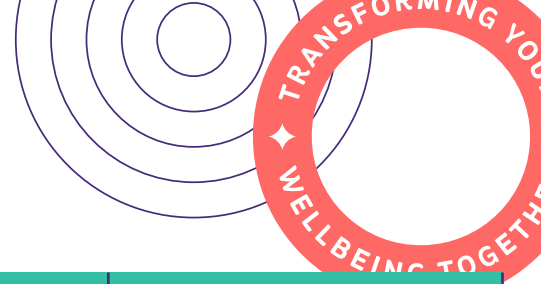


**Ready to download?**

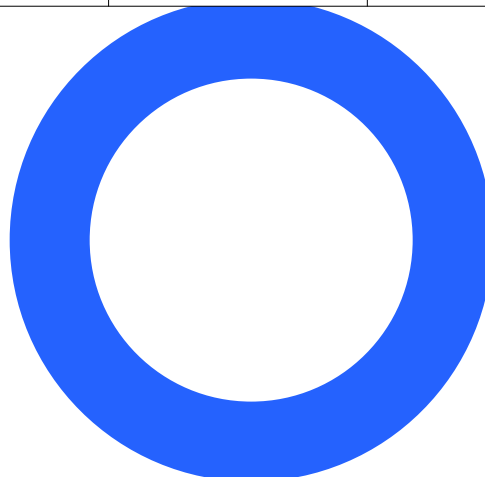
Search "The Pool by WMHIP" in your app store



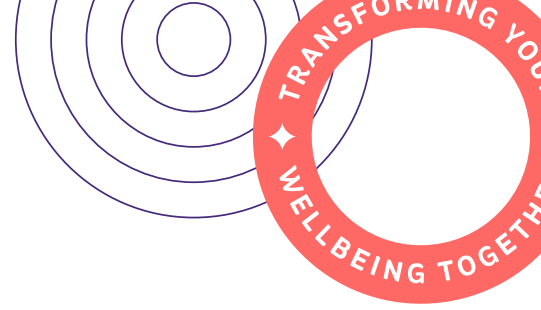
# Contact Information



Benefit	Vendor	Phone	Website / Email
<b>Medical</b>	Blue Cross/Blue Shield of Michigan	855.811.2223	bcbsm.com
<b>Rx</b>	Optum Rx & AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com
<b>Medical / Rx</b>	Priority Health	800.956-1954	priorityhealth.com
<b>Dental</b>	Delta Dental of Michigan	800.524.0149	deltadentalmi.com
<b>Vision</b>	EyeMed	866.939.3633	eyemedvisioncare.com
<b>COBRA</b>	PlanSource	888.266.1732	plansource.com <a href="mailto:COBRA@plansource.com">COBRA@plansource.com</a>
<b>Retirement</b>	MERS	800.767.6377	mersofmich.com
<b>Health Savings Account Flexible Spending Accounts</b>	HealthEquity	866.382.3510	my.healthequity.com
<b>Life, AD&amp;D, Disability</b>	Mutual of Omaha	800.228.7104	mutualofomaha.com
<b>Critical Illness, Accident, and Hospital Indemnity</b>	AFLAC	Coverage – Lisa Mattern 210.348.4184	Claims – Micha Castro <a href="mailto:Michaela_Castro@ajg.com">Michaela_Castro@ajg.com</a>
<b>EAP</b>	Pine Rest	800.442.0809	pinerest.org/eap Company Code: MontcalmCare



# Contact Information



## Blue Cross Blue Shield of Michigan

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

## Priority Health

Benefit	Website / Email	Other
<b>Omada</b>	Go.omadahealth.com/priorityhealth	
<b>Teladoc Health</b>	Teladochealth.com/expert-care/condition-management	<b>Text:</b> "GO GET STARTED" to 85240 <b>Call:</b> 800-945-4355 and use registration code GETSTARTED
<b>Virta</b>	Virtahealth.com/join/thepoolmi	
<b>2nd.MD</b>	2nd.md/thepool	Call 1.866.841.2575
<b>Hinge Health</b>	Hingehealth.com/thepool	
<b>Maven</b>	Mavenclinic.com/join/takecare	



**Thank you.**

