

# BENEFIT SUMMARY

PRODUCT	SUMMARY	CARRIER
Medical	3 Blue Cross Blue Shield Plans, with pharmacy through EHIM Pro-Care \$2,000 waiver of medical option	BCBSM
Dental	Delta Dental Preferred. Annual Benefit max. is \$1,000, deductible \$50, Annual Ortho max. \$1,000.	Delta
Vision	Exams every 12 months, contact lenses every 12 months with \$130 allowance, Exam copay is \$10	EyeMed
Basic Life	<b>Employer Paid:</b> \$10,000 employee/ \$5,000 sp. / \$2,000 child	MetLife
Voluntary Life	Coverages available for Employee, Spouse and Dependents. \$10K to 200K guaranteed issue to a max of 5x salary.	MetLife
Short Term Disability	<b>Employer Paid.</b> 60% of weekly salary <u>up to \$1,500 per week</u> . Coverage begins on the 15 <sup>th</sup> date of illness. Duration 26 weeks	MetLife
Long Term Disability	Voluntary. 60% of monthly salary up to \$7,500 per month. Elimination period 180 days. Max duration to age 65.	MetLife
Accident	Off the Job Accident coverage to pay cash benefits that correspond with specific injuries. Available also for dependents.	MetLife
Hospital Indemnity	Pays a cash benefit for hospital confinement. Available for employee, spouse and dependents.	MetLife
Critical Illness	Coverage options: \$10,000 or \$20,000. This coverage provides the selected benefit amount as a cash benefit	MetLife
Legal	ID Shield for identity protection and restoration, and LegalShield for guidance and advice on legal matters	LegalShield
EAP	Provides up to 5 personal counseling sessions around various concerns:1-800-442-0809	Employee Assistance Center
Whole Life Insurance	Voluntary Whole Life Insurance – Coverages for everyone in the family	Detroit Financial Serv.
401K	401K Retirement Plan, match up to 6% after the first year of employment. Fully vested after 3 years	Empower

# MEDICAL & RX – PLAN DESIGNS



IN-NETWORK PLAN BENEFITS	\$250	\$500	\$1,000
Deductible (Single/Family)	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000
Co-Insurance	20% (up to \$2,500 / \$5,000)	20% (up to \$2,500 / \$5,000)	20% (up to \$2,500 / \$5,000)
Maximum Out-of-Pocket (Single/Family)	\$8,300/\$16,200	\$8,300/\$16,200	\$8,300/\$16,200
Office Visit	\$20 copay	\$20 copay	\$20 copay
Specialist	\$40 copay	\$40 copay	\$20 copay
Urgent Care	\$50 copay	\$50 copay	\$50 copay
ER	\$250 copay (after deductible)	\$250 copay (after deductible)	\$250 copay (after deductible)
Generic Retail Rx	\$25 copay (\$60 for 90 days)	\$25 copay (\$60 for 90 days)	\$25 copay (\$60 for 90 days)
Preferred Brand Retail Rx	\$50 copay (\$140 for 90 days)	\$50 copay (\$140 for 90 days)	\$50 copay (\$140 for 90 days)
Non-Preferred / Specialty Rx	\$80 copay / PAP	\$80 copay / PAP	\$80 copay / PAP
Opt Out	\$2,000 annually (\$83.33 per pay) to Waive Medical	\$2,000 annually (\$83.33 per pay) to Waive Medical	\$2,000 annually (\$83.33 per pay) to Waive Medical

# BENEFITS FOR 2024 – 2025

## MEDICAL & RX – COST SHARE



Plan	Coverage	Employee Contribution (per paycheck)
\$250 Deductible	Employee only	\$ 69.84
	Employee + 1	\$ 167.63
	Employee + Family	\$ 209.54
\$500 Deductible	Employee only	\$ 31.32
	Employee +1	\$ 75.17
	Employee + Family	\$ 93.96
\$1000 Deductible	Employee only	\$ 14.80
	Employee +1	\$ 35.57
	Employee + Family	\$ 44.41

*This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract. 2024-2025 Benefits Guide.*



ProCare Rx

BENEFITS FOR 2024 – 2025

# PHARMACY BENEFIT DETAILS

1-30 Day Supply	Member
Generic	\$25.00 Copay
Preferred	\$50.00 Copay
Non-Preferred	\$80.00 Copay
Specialty RX	Patient Assistance

Each employee with UPrep Schools Medical coverage will receive a pharmacy card from **EHIM ProCare**. Please use this card anytime you go to the pharmacy to fill a prescription.

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# BENEFITS FOR 2024 - 2025

## UTILIZING PREVENTIVE CARE

### WELLNESS AND HEALTH MANAGEMENT

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



*“An ounce of prevention is worth a pound of cure”*

#### Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are recommended – see the benefit summary or SPD for the medical plan for more information.

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV

### [Blue Care Network - Find a Doctor](#)

# BENEFITS FOR 2024 - 2025



## DENTAL

### SUMMARY OF COVERAGE

Plan Features	Delta Preferred
	In-network
Annual Deductible (Individual / Family)	\$50 / \$150
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	80%
Major Procedures (Crowns, dentures, etc.)	50%
Child Orthodontia	50% with \$1,000 Lifetime Max
Calendar Year Maximum Benefit	\$1,000

To find an in-network dentist near you, visit

<https://www.deltadental.com/us/en/member/find-a-dentist.html>

Coverage	Payroll Deduction
Employee Only	\$ 2.48
Employee +1	\$ 4.77
Employee + Family	\$ 9.30

# BENEFITS FOR 2024 - 2025

## VISION

### SUMMARY OF COVERAGE



IN NETWORK	
Vision Exam	\$10 copay
Lenses	
Single	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Progressive	\$80 copay
Frames	\$0 copay, \$130 allowance, 20% discount on balance over \$120.
Medically Necessary Contact Lenses	\$0 copay \$130 allowance, 15% off balance over \$120.
Frequency (Months)	
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Contacts	Every 12 months
Per Payroll Cost	
Employee	<b>\$0.67</b>
Employee + Spouse	<b>\$1.32</b>
Employee, Spouse and Child(ren)	<b>\$1.87</b>

Participating Provider Search: [www.eyemed.com](http://www.eyemed.com)

# BENEFITS FOR 2024 - 2025

## LIFE AND AD&D INSURANCE

### SUMMARY OF COVERAGE

Plan Features	Employer Paid - Life and AD&D
Employee Benefit Amount	\$10,000
AD&D Benefit	\$10,000 additional if accidental death
Spouse coverage included	\$2,000
Dependent coverage included	\$1,000
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduction
70	35%
75	50%



Plan Features	Employee Paid – Life and AD&D
Employee Benefit Amount	Choice of \$10,000 increments up to 5x annual salary (max of \$500,000), you may elect up to \$200,000 as a newly hired employee without providing evidence of insurability(EOI). Employees can purchase up to \$20,000 at Open Enrollment without answering EOI questions.
Spouse Benefit	Choice of \$5,000 increments up to 50% of employee's election. you may elect up to \$50,000 as a newly hired employee without providing evidence of insurability(EOI).
Dependent Benefit	\$10,000
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduction
70	35%
75	50%



Employee Paid life Insurance per payroll expense can be found in Paycom. The cost is based on coverage amount selected and age.

2024- 2025 Employee Benefit Guide

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# BENEFITS FOR 2024 - 2025

## DISABILITY INSURANCE

### SUMMARY OF COVERAGE

Plan Features	Short Term Disability
Employee Benefit Amount	60% of your weekly salary
Maximum Benefit Amount	\$1,500 per week
Elimination Period (Accident)	14 days
Elimination Period (Sickness)	14 days
Benefit Duration	26 weeks



**Employer paid benefit**

Plan Features	Long Term Disability
Employee Benefit Amount	60% of your monthly salary
Maximum Benefit Amount	\$7,500 per month
Elimination Period	180 days
Benefit Duration	To age 65



**Employee Paid LTD Insurance** per payroll expense can be found in Paycom. The cost is based on coverage amount selected and age.

# BENEFITS FOR 2024 - 2025

## ACCIDENT INSURANCE



### Accident

Accident coverage pays you a benefit based on the services that are performed to treat your off-the-job accident. It helps to supplement your out-of-pocket costs associated with an accident such as broken bones, dislocations, concussions, cuts, burns, bee stings, etc. See the schedule of benefits in Paycom for coverage specifics.

### Key accident coverage highlights

- Premiums remain the same for employees of all ages
- No medical questions or proof of good health (evidence of insurability) is required for employees to receive coverage
- Cash benefits paid directly to the insured in addition to any medical benefit received
- You can keep the coverage, if you ever leave the company
- Provide additional protection—benefits are available to help protect children under 18 who experience an accident during an organized sports activity
- The policy pays multiple cash benefits for each injury and covered treatment when an insured individual sustains more than one injury in the same accident

Coverage	Cost
Employee	\$ 4.08
Employee + Spouse	\$ 7.72
Employee + Child	\$ 8.42
Employee + Family	\$ 10.57

# BENEFITS FOR 2024 - 2025

## CRITICAL ILLNESS INSURANCE

This coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs (such as cancer, major organ failure, etc.), what you should be focusing on is getting better. You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, this coverage also provides cash benefits for them. The cash benefit is based on a percentage payable for each condition. See examples below.

Heart attack	100%
Arterial / vascular disease	25%
Stroke	100%
Major organ failure	100%
Renal (kidney) failure	100%
Invasive cancer	100%
Non-invasive cancer	30%

The cost of this coverage varies by dollar amount selected, family members covered, and age. Your rates and options will be available in Paycom.



# BENEFITS FOR 2024 - 2025

## HOSPITAL INDEMNITY

This coverage pays a cash benefit for hospital confinement. This benefit is payable directly to you. There is Guaranteed issue coverage and coverage is available for your spouse and children. Examples of some of the payouts are: \$500 for the day of hospital admission, \$150 per day of confinement. See the policy summary in Paycom for all the details.

Coverage	Cost
Employee	\$ 3.84
Employee + Spouse	\$ 10.08
Employee + Child	\$ 6.63
Employee + Family	\$ 10.92



# BENEFITS FOR 2024 - 2025

## ID SHIELD / LEGALSHIELD

Legal experts on your side, whenever you need them.

**ID Shield** membership includes security and privacy monitoring, social media monitoring, identity restoration and consolation services.

- If your identity is stolen, ID Shield will fully restore to pre-theft status.

**Legal Shield** offers advice, consultation and representation including legal guidance for common issues.

- Membership includes a dedicated law firm, contracts and document review as well as preparation of your end-of-life documents.

Plan	Individual per payroll	Family per payroll
LegalShield	\$ 3.84	\$ 3.84
ID Shield	\$ 4.48	\$ 9.48
LegalShield/Combined	\$ 16.45	\$ 19.45

# BENEFITS FOR 2024 - 2025

## FLEXIBLE SPENDING ACCOUNTS

**Flexible Spending Accounts enable you to budget for qualified expenses and contain costs through tax savings.**

**Healthcare Flexible Spending Account:** An employer-sponsored healthcare benefit that allows employees to set aside up to \$3,200 (2024) annually to cover the cost of qualified medical expenses. FSAs work on an annual plan year basis and are funded through regular payroll deductions on a pre-tax basis. These tax-free funds can help you cover thousand of expenses you would usually pay for out-of-pocket. You can use the funds to cover medical expenses for yourself, your spouse and qualifying dependents.

During Open Enrollment you select the annual amount you want to contribute, however you must keep in mind that you must utilize all the funds during the plan year. FSA accounts are subject to a “use-it or lose-it” rule. The IRS provides a full list of qualifying expenses, and you have access to the FSASore where you can use your card for purchases.



**Dependent Care Spending Account:** Employees can set aside tax-free money toward dependent care costs. These costs could be toward daycare, care for elderly or disabled tax dependents or toward Before & After School care. You can contribute \$5,000 per household to a Dependent Care FSA. Dependents include children up to age 13; your tax-dependent spouse or qualifying child.

During Open Enrollment you select the annual amount you want to contribute, however you must keep in mind that you must utilize all the funds during the plan year. You will have access to the funds as they are deducted from your payroll.

# BENEFITS FOR 2024 - 2025

# EMPLOYEE ASSISTANCE PROGRAM

**1-800-442-0809** Please mention, “I have an EAP with Detroit 90/90 UPREP”

## Your EAP Benefits Include:

- 5 sessions of free, confidential counseling per episode of care
- Psychiatric Urgent Care Center services for ages 18+
- 24/7 hotline for crisis calls
- Free 30-minute legal consultation
- Free 30-minute financial consultation
- Free elder care consultation
- Personal Advantage online library access
- All benefits are available to the employee and EVERY member of their household.



Scan the QR Code above to  
call the EAP benefit line.

To see all your benefits, visit:

<https://pinerest.personaladvantage.com/>

And enter **uprep** as the company username.

# BENEFITS FOR 2024-2025

## HOW TO GET HELP WITH BENEFITS

If you have an issue that involves your **Medical** insurance, please call the phone number on the back of your medical card.



1417-SF-5241 (OHENW) 00001861-BLUE400008000-MICHIGAN  
20231228B02 Sh: 0 Bin 1  
JC12 Env [918] Csets 1 of 1

**Blue Cross Blue Shield of Michigan**  
600 E. Lafayette Blvd., Detroit MI 48226-2998  
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

**bcbsm.com**  
To locate BCBS participating providers outside of Michigan:  
Misuse may result in prosecution.  
If you suspect fraud, call:

800-810-2583  
800-482-3787

Use of this card is subject to terms of applicable contracts, conditions and user agreements. BCBSM provides administrative services only and has no financial risk for claims.

BCBS providers: file claims with the local BCBS Plan. For Medicare claims, bill Medicare.


For eligibility, benefits and claims information refer to <https://bluewaterbenefitsadmin.com>. Failure to certify may result in a reduction of benefits.

Blue Water Benefits Administrators\*  
Medical Plan Customer Service 24/7 automated system  
Confidential Health Questions Pre-cert all IP Required

800-229-2210  
800-641-5566

\*Contracts separately with the group

Limited or no benefits except when receiving services from a BlueCard PPO Network Provider.



If you have an issue with a **Prescription** and are at the Pharmacy do not leave the pharmacy, call the phone number on the back of your pharmacy card for immediate assistance. You may also call EHIM ProCare with any pharmacy questions. **1-800-699-3542.**

If you need assistance with a high-cost prescription, please reach out to the FOCUS team: 1-888-902-5533

When you have benefit questions, billing questions, additional id cards and more, the Sympl Benefits Team is available by phone, text, or email. 1-844-447-9675 or [help@symplbenefits.com](mailto:help@symplbenefits.com) You can also use this QR code for assistance in contacting the Sympl Team.





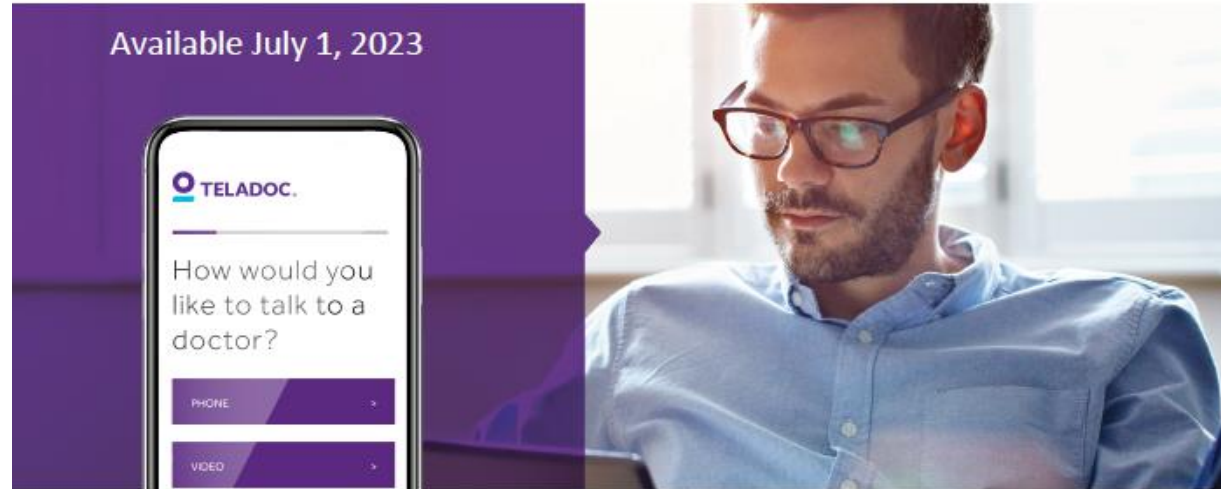
# BENEFITS FOR 2024-2025



# TELEHEALTH

Included with your Medical Insurance: Teladoc

Remember Teladoc for those middle of the night medical issues, or if you need to talk to a doctor while you are on vacation.



**You've got Teladoc Health**  
Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



### Create account

Use your phone, the app, or the website to create an account and complete your medical history



### Talk to a doctor

Request a time and a Teladoc Health doctor will contact you



### Feel better

The doctor will diagnose symptoms and send a prescription if necessary

**Talk to a doctor for free**

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app