



|   | PAGE # | VENDOR                  | VENDOR CONTACT INFORMATION  | FT | PT | NON-BENEFITED/OCC | ELIGIBILITY DATE  |
|---|--------|-------------------------|---|----|----|-------------------|---|
| <b>MEDICAL BENEFITS</b>                         |        |                         |   |    |    |                   |   |
| Medical Plans                                   | 6-18   | ASR                     | asrhealthbenefits.com<br>800.968.3033   |    |    |                   | 1st of month following hire date  |
|   |        | PHP                     | PHPMichigan.com, 833.644.8410   |    |    |                   | 1st of month following hire date  |
| Dental Plan                                     | 20-21  | Delta Dental            | deltadentalmi.com<br>800.524.0149   |    |    |                   | 1st of month following hire date  |
| Vision Plan                                     | 22-23  | VSP                     | www.vsp.com<br>800.877.7195   |    |    |                   | 1st of month following hire date  |
| <b>LIFE AND DISABILITY INSURANCE</b>            |        |                         |   |    |    |                   |   |
| Short-Term Disability Insurance                 | 28     | MetLife                 | metlife.com/mybenefits<br>Customer Service for Disability:<br>888.463.1922<br>Customer Service for Life:<br>888.463.1922, Prompt #2     | ✓  | ✓  |                   | 1st of month following hire date  |
| Life and AD&D Insurance                         | 29     | MetLife                 | metlife.com/mybenefits<br>Customer Service for Disability:<br>888.463.1922<br>Customer Service for Life:<br>800.638.6420, Prompt #2     | ✓  | ✓  |                   | 1st of month following hire date  |
| <b>VOLUNTARY BENEFIT</b>                        |        |                         |   |    |    |                   |   |
| Short-Term Disability Buy-Up Insurance          | 28     | MetLife                 | www.metlife.com/mybenefits<br>Customer Service for Disability:<br>888.463.1922<br>Customer Service for Life:<br>888.463.1922, Prompt #2 |    |    |                   | 1st of month following hire date  |
| Long-Term Disability                            | 28     | MetLife                 | www.metlife.com/mybenefits<br>Customer Service for Disability:<br>888.463.1922<br>Customer Service for Life:<br>888.463.1922, Prompt #2 |    |    |                   | 1st of month following hire date  |
| Accident Insurance                              | 30     | MetLife                 | www.metlife.com/mybenefits<br>Customer Service: Tel 800.438.6388  |    |    |                   | 1st of month following hire date  |
| Hospital Indemnity Insurance                    | 31     | MetLife                 | www.metlife.com/mybenefits<br>Customer Service: Tel 800.438.6388  |    |    |                   | 1st of month following hire date  |
| Group Legal Insurance                           | 32     | MetLife                 | www.info.legalplans.com<br>Customer Service: Tel 800.821.6400   |    |    |                   | 1st of month following hire date  |
| <b>SAVINGS AND RETIREMENT PLANS</b>             |        |                         |   |    |    |                   |   |
| Flexible Spending Account (FSA)                 | 24     | Businessolver           | benefitsatcovenant.com<br>1.833.261.5744  |    |    |                   | 1st of month following hire date  |
| Limited Purpose (HCFSA)                         | 26     | Businessolver           | benefitsatcovenant.com<br>1.833.261.5744  |    |    |                   | 1st of month following hire date  |
| Dependent Care Flexible Spending Account (DCSA) | 25     | Businessolver           | benefitsatcovenant.com<br>1.833.261.5744  |    |    |                   | 1st of month following hire date  |
| Health Saving Account (HSA)                     | 26     | HSA Bank                | hsabank.com<br>800.357.6246   |    |    |                   | 1st of month following hire date  |
| Retirement Plan/403(b)                          | 27     | TransAmerica            | my.trsuretire.com<br>844.622.2133   |    |    |                   | At Hire   |
| <b>OTHER MISCELLANEOUS BENEFITS</b>             |        |                         |   |    |    |                   |   |
| Education Assistance                            |        | Covenant HealthCare     | 989.583.4243  | ✓  | ✓  |                   | Employed for 12 consecutive months at a FT or PT status. See Policy # 104 |
| Employee Assistance Program (EAP)               |        | Child & Family Services | 989.790.7500  | ✓  | ✓  | ✓                 | At Hire   |
| Employee Discounts and Work Perks               |        | Covenant Cares          | covenant-cares.com<br>989.583.2273  | ✓  | ✓  | ✓                 | At Hire   |
| Workplace Wellbeing                             |        | Supportline             | 888.881.5462  | ✓  | ✓  | ✓                 | At Hire   |
| Child Care                                      |        | Covenant HealthCare     | 989.583.4130  | ✓  | ✓  | ✓                 | At Hire   |
| <b>PAID TIME OFF</b>                            |        |                         |   |    |    |                   |   |
| Paid Time Off (PTO)                             |        |                         |   | ✓  | ✓  |                   | See Policy #116   |
| Jury Duty Leave                                 |        |                         |   | ✓  | ✓  | ✓                 | See Policy #304   |
| Bereavement Leave                               |        |                         |   | ✓  | ✓  | ✓                 | See Policy #108   |



## Your guide to MetLife Absence Reporting for Covenant HealthCare

MetLife makes it easy to report your disability claim as well as other types of absence, such as those that qualify under the Family and Medical Leave Act (FMLA), state leave laws and company-sponsored leaves. The following information explains how to report your disability claim or absence request and what to expect.

### Reporting your absence

If you are absent or expect to be absent from work due to sickness or pregnancy or for an accidental injury or emergency hospitalization, and/or for a reason such as: Family Medical Leave (FML), Military Leave, Company Medical Leave, Other Company-Sponsored Leave, you must report your absence by:



**1** Notifying your supervisor



**2** Contacting MetLife: **1-888-463-1922**  
*The Claims Center is available Monday through Friday, 8:00 a.m. – 11:00 p.m. Eastern Time*



**3** Or, reporting your absence to MetLife through the MyBenefits website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Standard Planned Outage Windows for MyBenefits:

Thursday 9 PM – 12 Midnight Eastern Time

Saturday 9 AM – 12 Noon Eastern Time

Saturday 9 PM – Sunday 12 Noon Eastern Time

Please note that a period of incapacity due to sickness, injury, pregnancy, your own serious health condition of more than 3 consecutive calendar days, or the serious health condition of a family member may qualify for leave under the FMLA as well as state laws similar to the FMLA ("FML"). The MetLife Disability Leave Coordinator will assist you in determining the type of leave which you are entitled to and qualify for, based on your employer's absence policy and consistent with applicable law.

### Information we may need from you (if applicable)

- Personal & Job Information: name, address, phone number, SSN, employee ID number, job title, workplace location and address, work schedule, supervisor's name and phone number and date of hire
- Sickness/Injury & Treatment Information: last day worked, nature of the illness/absence, how/when/where the injury occurred, when the disability began, date you anticipate returning to work, your health care provider(s)'s name, address, phone number and fax number
- Authorization to Release Your Medical Information:
  1. Let your health care provider(s) know that you authorize the release of your medical information to MetLife.
  2. MetLife may mail you an "Authorization to Disclose Information About Me" form after you report your disability claim or Family Medical Leave request. Sign and return this form as soon as possible to expedite the processing of your claim. You can also download this form online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) under "Forms".
- FML Information: MetLife will provide you with instructions regarding information needed to certify your leave. If you are requesting a leave of absence but not submitting a disability claim or if you have decided not to pursue your disability claim you must submit the requested certification information. It is your responsibility to ensure that the requested certification information is provided to MetLife within the time required noted in the request.
- For Other Company Leaves and Absences: The anticipated start and end date of the leave, reason for leave and pertinent paperwork. Check with your employer or the MetLife Claim Center on employer-sponsored absences.



## FREQUENTLY ASKED QUESTIONS

### **If I have questions pertaining to my benefits, who do I contact?**

You can contact the Covenant HealthCare Benefits Center at 1.833.261.5744, visit online at [www.benefitsatcovenant.com](http://www.benefitsatcovenant.com) or contact Human Resources. The Benefits Center has dedicated representatives who can help you with:

- Answers to your benefits questions
- Benefit changes due to a family status change or an employment status change
- Information about the status of your Flexible Spending Account claims, and/or the Flexible Spending Card
- COBRA questions

### **What is the benefit plan year?**

The benefit plan year starts January 1 and ends on December 31.

### **What are the benefits I am eligible for?**

**Full Time:** health, dental, vision, voluntary life (employee, spouse, children), short- and/or long-term disability, 403(b) plan, paid time off, accident insurance (employee, spouse, children), hospital indemnity insurance (employee, spouse, children), group legal insurance, pet insurance

**Part Time:** dental, vision, core life, core short-term disability, 403(b) plan, paid time off, accident insurance (employee, spouse, children), hospital indemnity insurance (employee, spouse, children), group legal insurance, pet insurance

**Occasional:** 403(b) plan

### **Who is eligible to be covered under benefits?**

Eligible family members include:

- Your legal spouse – with proof of valid marriage license
- Children include your natural children, stepchildren, adopted children and children from a previous marriage if you are legally responsible for their medical coverage (children who meet these criteria are covered until the end of the month they turn 26, regardless of dependency, college status or marital status)
- Unmarried dependent children of any age who are physically or mentally disabled (coverage for children in this category is subject to proof of disability or other conditions)
- Court appointed legal guardianship of dependent(s) until the end of the month the dependent turns age 26 (Official court documentation is required)

Note: Dependent Life Insurance eligibility requirements mandate children have to be unmarried, not employees of Covenant HealthCare, and not on Active Duty in the military. Misrepresentation of dependents will lead to loss of benefits and corrective action up to and including termination.

### **My spouse has health insurance through their employer. Can I cover them under my health insurance through Covenant?**

If you cover your spouse under a Covenant-sponsored medical plan and they are employed and eligible for other group medical coverage which they have to pay less than \$300 per month for single coverage, he/she must be enrolled in their own employer's plan first in order to be eligible and covered under the Covenant plan.

If you cover your spouse, you will be required to complete a spouse verification form during your enrollment process. Failure to comply will result in denial of benefits for your spouse.

### **I cover my spouse and two children for dental and vision coverage. Do I have to elect family coverage for medical insurance too?**

You do not have to cover the same dependents for all of your benefit selections. For example, you can cover your spouse and children for dental and vision and cover only single coverage (yourself) for medical coverage.

### **How do I pay for my benefits when on a Leave of Absence?**

When on a leave, you can use any PTO to cover the benefits premiums. If you don't want to use PTO or don't have any, you will get direct billed from the benefit administrator. The bill will be the amount that would normally come out of your paycheck. If you are not caught up on premiums when returning to work, the benefit deductions could increase until caught up.

### **I am a newly hired employee with Covenant. When do I sign up for my benefits?**

*A new hire in an eligible class (part- or full-time status), has 30 days from their date of hire to sign up for benefits. You can sign up by visiting [www.benefitsatcovenant.com](http://www.benefitsatcovenant.com).*

### **I have changed my status from part-time to full-time and I would like to sign up for benefits. How do I do that?**

*If you have a benefit class change that may make you eligible for benefits or change the benefits you presently have, you have 30 days from the date of the benefit class change to make adjustments. You can sign up by calling 1.833.261.5744, or going online to [www.benefitsatcovenant.com](http://www.benefitsatcovenant.com).*

### **What is a qualifying life event?**

*Federal tax laws limit your ability to change your selections during a plan year. According to the IRS, you can change benefit elections only if one of the qualifying events (family status changes) listed below occur.*

*You have 30 days from the date of the event to notify the Covenant HealthCare Benefits Center or your Human Resources department to make any changes. Any changes must be consistent with the qualifying event. Documentation for any event is required.*

*The qualifying events are:*

- *Marriage, divorce or legal separation;*
- *Birth or adoption of a child (you must contact the Benefits Center, go online or contact Human Resources);*
- *Death of your spouse or child;*
- *Your spouse becomes eligible for benefits through their employer;*
- *Your spouse loses group health plan coverage due to:*
  - *Total disability;*
  - *Unpaid leave of absence;*
  - *Employer discontinuing health coverage;*
  - *Transfer from full-time to part-time employment.*

### **When does my benefit coverage end?**

*If you terminate your employment with Covenant, your coverage will end on your last day of employment.*

*If you are changing job classifications, your coverage will terminate the end-of-the-month in which your status change is effective.*

### **My dependent will be turning 26 this year. When does my dependent lose coverage?**

*Covered dependents who reach the age of 26 will lose coverage the end of the month they turn 26.*

### **Do I have to coordinate my health insurance with my motor vehicle insurance?**

*If you choose one of the Covenant health plans to cover yourself and/or your family, your medical plan will not cover medical claims if you are in a motor vehicle accident. It is your responsibility to have proper insurance through your motor vehicle insurance carrier. If you fail to carry the appropriate motor vehicle insurance coverage, your medical claims will be denied for payment.*

### **Eligibility Notes**

- **You cannot participate in a Covenant-sponsored medical, vision, and voluntary benefit plan both as an employee and as a dependent.**
- **Covenant employees who have dependents under the age of 26 employed by Covenant in a benefits-eligible class may keep their dependent(s) on their medical insurance.**



### **For employees currently covered under one of Covenant's Health Plans:**

#### **What are the requirements for the premium discount?**

Enrolled employees and insured spouses will need to complete their physical and biometric screening to take advantage of the reduced medical premium.

Employees and spouses (if applicable) who do not meet the criteria below within the appropriate timeframe will have their bi-weekly premiums increased by the following amounts:

- Single: \$10 per pay
- Two Person: \$15 per pay
- Family: \$20 per pay

#### **To qualify for the premium discount benefit, employees must obtain:**

- A physical two years prior to your benefit eligibility date
- Biometric screening within same time frame listed above. Screening includes:
  - Total Cholesterol
  - HDL
  - LDL
  - Triglycerides
  - Body Mass Index (BMI)
  - Glucose
  - Blood Pressure

If you are covering your spouse on the health plan, they must meet the requirements listed above.

#### **How will I know if my documentation was received?**

##### **You can view your program status online at any time via the Health Engagement Tracker:**

1. Log on to the ASR Health Benefits portal at [www.asrhealthbenefits.com](http://www.asrhealthbenefits.com) or call 800.968.3033.
  2. Log on to the PHP Health Benefits portal at [www.phpmichigan.com](http://www.phpmichigan.com) or call 833.644.8410.
- Covered spouses will need to log on to their own account to view their status.

***If covering the spouse on the health plan, BOTH the employee AND spouse need to meet the physical and biometric screening requirements to qualify for the premium discount.***

***For questions regarding the wellness program, please contact your insurance provider. For ASR, 800.968.3033 and for PHP, 833.644.8410.***



# MEDICAL, PRESCRIPTION AND WELLNESS PLANS



## Meet Your Health Plan Administrators

You can contact ASR at 800.968.3033 or visit their webpage at [www.asrhealthbenefits.com](http://www.asrhealthbenefits.com).

PHP can be reached at 833.644.8410 or visit their webpage at [www.PHPMichigan.com](http://www.PHPMichigan.com).

## Medical Plans

Covenant offers five medical plans, plus an option to waive coverage. Your share in the cost of covered health services will be determined by the medical plan you select.

- **HMO** – Under the HMO plans you must select a primary care physician who will manage your care and if necessary, refer you to Covenant and/or non-Covenant facilities and/or specialists. The primary care physician must be a member of the Covenant Primary Care Network.
- **PPO** – Under the PPO plans you can choose which doctor or specialist to see and you get to choose an in-network or out-of-network provider (you pay substantially less when you go to a doctor in-network). You don't need to select a primary care physician and don't need a referral to see a specialist. Whether you choose an in- or out-of-network provider, certain services require that you satisfy a co-pay, deductible, and/or co-insurance. If you receive care from an out-of-network provider, your coverage will be at a lower benefit level and you will have to pay a higher deductible and co-insurance.

The five medical plans offered are:

- **HMO Gold Plan** – This plan is a lower-deductible, higher per pay cost plan. With this plan you must select a Primary Care Physician for yourself and your family members, call 989.583.7545.
- **HMO Silver Plan** – This plan is a higher-deductible, lower per pay cost plan. With this plan you must select a Primary Care Physician for yourself and your family members, call 989.583.7545.
- **Covenant Select** – This plan is similar to ASR HMO Gold, including deductible, copay, and over-the-counter and prescription drug costs, but at a lower employee contribution. With this plan you must select a Primary Care Physician for yourself and your family members, call 989.583.7545.
- **Health Savings Account (HSA) PPO Plan** – A HSA is a unique tax-advantaged account that can be used to pay for current or future healthcare expenses. Combined with a high-deductible health plan, it offers savings and tax advantages that a traditional health plan can't duplicate.
- **Out-of-Area PPO Plan** – This plan is not available to employees that live in Bay, Midland, and Saginaw Counties.



## Coordination of Benefits

ASR Health Benefits and Physicians Health Plan, Covenant's medical insurance providers, coordinates benefits when the Covenant plan is secondary to another insurance. The following are examples of how coordination of benefits works:

**Example 1:** A dependent has a \$50 co-pay for a specialist office visit under their primary health plan and the dependent is covered under Covenant's health plan as secondary coverage. Covenant's health plan has a \$40 co-pay for a specialist office visit.

**How much is the dependent responsible to pay?** – The dependent will be responsible for \$40. Since the dependent's primary health plan has a co-pay that is greater than Covenant's, the dependent will be responsible for the Covenant co-pay. Covenant's health plan will pay \$10, the difference between the two co-pays.

**Example 2:** An employee's spouse has primary coverage through their employer and there is a \$500 deductible. Covenant's HMO Plan has a \$250 deductible if the service is provided at Covenant. Covenant's HMO Plan will pay \$250 toward the \$500 deductible leaving the spouse with a \$250 balance.

The following items should be considered when determining whether secondary coverage is beneficial to you and your family:

- Deductible levels in the primary plan
- Co-pays for the primary plan such as office calls, pharmacy and emergency room care
- Additional premium cost under Covenant's plan



**MEDICAL AND  
PRESCRIPTION  
PLANS**  
A QUICK COMPARISON

**PREMIUM COST  
HMO GOLD**

Single..... \$159.00  
Two Person ..... \$293.00  
Family..... \$350.00

**REDUCED PREMIUM COST  
(HEALTH ENGAGEMENT  
INCENTIVE)**

Single..... \$149.00  
Two Person ..... \$278.00  
Family..... \$330.00

**HMO GOLD PLAN – PCP REQUIRED**

| <b>BENEFIT DESCRIPTION</b>  | <b>TIER 1<br/>Covenant Network<br/>(PCP Directed)</b>   | <b>TIER 2<br/>Approved PCP Referral</b> | <b>TIER 3<br/>Other PCP or<br/>Self-Directed</b> |
|---|---|---|--|
| <b>DEDUCTIBLE</b>   | \$250 enrollee / \$500 family   | \$600 enrollee / \$1,200 family         | \$2,000 enrollee / \$4,000 family                |
| <b>CO-INSURANCE PERCENTAGE</b>  | Plan pays 100%<br>Member pays 0%  | Plan pays 70%<br>Member pays 30%        | Plan pays 50%<br>Member pays 50%                 |
| <b>CO-INSURANCE MAXIMUM</b><br><i>(Includes co-insurance only; does not include deductible or co-pays)</i>  | \$0/enrollee<br>\$0/family  | \$2,000/enrollee<br>\$4,000/family      | \$4,000/enrollee<br>\$8,000/family               |
| <b>TOTAL OUT-OF-POCKET MAXIMUM</b><br><i>(Includes prescription drugs)</i>  | \$7,900/enrollee \$15,800/family  |   |  |
| <b>BENEFIT DESCRIPTION</b>  |   |   |  |
| <b>PCP Office Visits</b>  | \$20 co-pay, deductible waived  | \$20 co-pay, deductible waived          | 50% after deductible                             |
| <b>Specialist Office Visit</b>  | \$40 co-pay, deductible waived  | \$40 co-pay, deductible waived          | 50% after deductible                             |
| <b>Annual Physical Exam, Prostate Specific Antigen (PSA) Test, Gynecological Exam, Pap Smear and Mammography Screening</b>  | 100% deductible waived  | 100% deductible waived                  | Not covered                                      |
| <b>Well Child Care</b><br><i>7 visits/benefit year, 0-12 months<br/>6 visits/benefit year, 13-23 months<br/>3 visits/benefit year, 24-47 months<br/>1 visit/benefit year 4-17 years<br/>Office visit co-pay applies to any additional visits.</i> | 100% deductible waived  | 100% deductible waived                  | Not covered                                      |
| <b>Immunizations</b>  | 100% deductible waived  | 100% deductible waived                  | 100% deductible waived                           |
| <b>Emergency Room Treatment</b><br><i>(Hospital's fee for use of the Emergency Room)</i>  | \$150 co-pay  | \$150 co-pay                            | \$150 co-pay                                     |
| <b>Emergency Room Treatment</b><br><i>(Physician fees and all other services billed by hospital)</i>  | 100% after deductible   | 100% after deductible                   | 100% after deductible                            |
| <b>Covenant MedExpress or all other Urgent Care Centers</b>   | \$40 co-pay, deductible waived  | \$50 co-pay, deductible waived          | \$50 co-pay, deductible waived                   |
| <b>Out of Area On-Campus College Clinics</b>  | \$20 co-pay, deductible waived  | \$20 co-pay, deductible waived          | \$20 co-pay, deductible waived                   |
| <b>Advanced Diagnostic Imaging</b><br><i>(Including, but not limited to, CT, CTA, MRI and MRA scans)</i>  | 100% after deductible   | Not covered                             | 50% after deductible                             |
| <b>Nuclear Imaging/Cardiovascular Testing</b><br><i>(Including, but not limited to, echocardiograms, nuclear cardiology studies, and PET, Gallium, and MUGA scans)</i>  | 100% after deductible   | Not covered                             | 50% after deductible                             |
| <b>X-Rays</b>   | 100% after deductible, if billed by a Covenant or a PHO provider with a place of service code "11" (physician's office) | 70% after deductible                    | 50% after deductible                             |
| <b>Lab Test</b>   | 100% after deductible, if billed by a Covenant or a PHO provider with a place of service code "11" (physician's office) | 70% after deductible                    | 50% after deductible                             |
| <b>Allergy Testing</b>  | 100% after deductible   | 70% after deductible                    | 50% after deductible                             |
| <b>Allergy Injections &amp; Serum</b>   | 100% deductible waived  | 100% deductible waived                  | 50% after deductible                             |
| <b>Maternity Care</b><br><i>(Physician's fees for prenatal/postpartum care and delivery)</i>  | 100% deductible waived  | 100% deductible waived                  | 50% after deductible                             |



## HMO GOLD PLAN – PCP REQUIRED

### TAKE NOTE

| BENEFIT DESCRIPTION  | TIER 1<br>Covenant Network<br>(PCP Directed)   | TIER 2<br>Approved PCP Referral                 | TIER 3<br>Other PCP or<br>Self-Directed |
|--|--|---|---|
| <b>Ambulance Services</b>  | \$100 co-pay, deductible waived  | \$100 co-pay, deductible waived                 | \$100 co-pay, deductible waived         |
| <b>Inpatient Hospital Services</b>   | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Inpatient Physician Services</b>  | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Outpatient Services at a Hospital or Ambulatory Surgical Facility</b><br><i>(Including Emergency Room care)</i>                   | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Infertility</b>   | Not covered (coverage available for diagnosis and treatment of underlying cause only). |   |   |
| <b>Chiropractic Services</b><br><i>\$500 maximum paid covered per person per benefit year (Tier I, II and III services combined)</i> | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Rehabilitation Therapy</b><br><i>(Physical/Speech/Occupational)</i>   | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Bariatric Surgery Procedures</b><br><i>(Subject to medical criteria)</i>  | 100% after deductible  | Not covered                                     | Not covered                             |
| <b>Chemotherapy, Hemodialysis &amp; Radiation Therapy</b>  | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Skilled Nursing Facility Care</b>   | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Hospice</b>   | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Home Health Care</b>  | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Durable Medical Equipment (DME)<br/>Orthotic &amp; Prosthetic Appliances</b>  | 100% after deductible  | 70% after deductible                            | 50% after deductible                    |
| <b>Hearing Aids</b><br><i>\$500 maximum benefit per covered person</i>   | 50% after deductible   | 50% after deductible                            | 50% after deductible                    |
| <b>Behavioral Care Services -<br/>Inpatient/Partial Hospitalization</b>  | 100% after deductible  | Paid as Tier 1,<br>100% after Tier 1 deductible | 50% after deductible                    |
| <b>Behavioral Care Services -<br/>Outpatient/Intensive Outpatient</b>  | \$20 co-pay, deductible waived   | \$20 co-pay, deductible waived                  | \$20 co-pay, deductible waived          |

- Services provided at Ascension St. Mary's, McLaren Bay Region and Mid-Michigan will be paid at Tier 3, unless due to a life-threatening event. Services with Michigan Medicine will be paid at Tier 3 with the exception of pediatric care.
- If a Covenant provider refers the covered person to a Tier 2 provider and that care is authorized through ASR's referral process, eligible services will be paid at the Tier 2 level of benefits. Unless specifically stated otherwise, if such care cannot be authorized through ASR's referral process, or if a covered person visits an out-of-network provider, eligible services will be paid at the Tier 3 level of benefits.
- You must meet the deductible at each tier.
- Material in this booklet summarizes services available. Complete details regarding each of the plans are outlined in legal plan documents and insurance contracts. If there is a difference between material printed in this booklet, legal plan documents and insurance contracts, the legal documents and contracts will govern.
- Medical insurance does not pay for medical claims due to a motor vehicle accident.

| PRESCRIPTION DRUGS                          | Covenant Pharmacy  | Network Pharmacy                           | Out of Network |
|---|--|--|----------------|
| <b>TIER I - GENERIC</b>                     | \$10 co-pay  | \$20 co-pay                                | \$20 co-pay    |
| <b>TIER II - BRAND (FORMULARY)</b>          | \$20 co-pay  | \$40 co-pay                                | \$40 co-pay    |
| <b>TIER III - BRAND (NON-FORMULARY)</b>     | \$40 co-pay  | \$80 co-pay                                | \$80 co-pay    |
| <b>TIER IV - SPECIALTY DRUGS</b>            | \$100 co-pay   | Not covered                                | Not covered    |
| <b>DIABETIC SUPPLIES</b>                    | \$10 co-pay  | 0% covered until maximum out-of-pocket met | Not covered    |
| <b>FERTILITY DRUGS</b>                      | Not covered  | Not covered                                | Not covered    |
| <b>OUTPATIENT PHARMACY<br/>989.583.6484</b> | 90-day supply at the Covenant Outpatient Pharmacy for two-copays. Mail service through Covenant Pharmacy – up to 34 day supply for one co-pay; 35-90 day supply for two co-pays. |  |                |



**MEDICAL AND  
PRESCRIPTION  
PLANS**  
A QUICK COMPARISON

**PREMIUM COST  
HMO SILVER**  
Single.....\$71.00  
Two Person ..... \$119.00  
Family..... \$136.00

**REDUCED PREMIUM COST  
(HEALTH ENGAGEMENT  
INCENTIVE)**  
Single.....\$61.00  
Two Person ..... \$104.00  
Family..... \$116.00

**HMO SILVER PLAN – PCP REQUIRED**

| <b>BENEFIT DESCRIPTION</b>  | <b>TIER 1<br/>Covenant Network<br/>(PCP Directed)</b>  | <b>TIER 2<br/>Approved PCP Referral</b> | <b>TIER 3<br/>Other PCP or<br/>Self-Directed</b> |
|---|--|---|--|
| <b>DEDUCTIBLE</b>   | \$600 enrollee / \$1,200 family  | \$1,200 enrollee / \$2,400 family       | \$2,000 enrollee / \$4,000 family                |
| <b>CO-INSURANCE PERCENTAGE</b>  | Plan pays 90%<br>Member pays 10%   | Plan pays 70%<br>Member pays 30%        | Plan pays 50%<br>Member pays 50%                 |
| <b>CO-INSURANCE MAXIMUM</b><br><i>(Includes co-insurance only; does not include deductible or co-pays)</i>  | \$1,000/enrollee<br>\$2,000/family   | \$2,000/enrollee<br>\$4,000/family      | \$4,000/enrollee<br>\$8,000/family               |
| <b>TOTAL OUT-OF-POCKET MAXIMUM</b><br><i>(Includes prescription drugs)</i>  | \$7,900/enrollee \$15,800/family   |   |  |
| <b>BENEFIT DESCRIPTION</b>  |  |   |  |
| <b>PCP Office Visits</b>  | \$20 co-pay, deductible waived   | \$20 co-pay, deductible waived          | 50% after deductible                             |
| <b>Specialist Office Visit</b>  | \$40 co-pay, deductible waived   | \$40 co-pay, deductible waived          | 50% after deductible                             |
| <b>Annual Physical Exam, Prostate Specific Antigen (PSA) Test, Gynecological Exam, Pap Smear and Mammography Screening</b>  | 100% deductible waived   | 100% deductible waived                  | Not covered                                      |
| <b>Well Child Care</b><br><i>7 visits/benefit year, 0-12 months<br/>6 visits/benefit year, 13-23 months<br/>3 visits/benefit year, 24-47 months<br/>1 visit/benefit year 4-17 years<br/>Office visit co-pay applies to any additional visits.</i> | 100% deductible waived   | 100% deductible waived                  | Not covered                                      |
| <b>Immunizations</b>  | 100% deductible waived   | 100% deductible waived                  | 100% deductible waived                           |
| <b>Emergency Room Treatment</b><br><i>(Hospital's fee for use of the Emergency Room)</i>  | \$150 co-pay   | \$150 co-pay                            | \$150 co-pay                                     |
| <b>Emergency Room – All Other</b><br><i>(Physician fee and all other services billed by hospital)</i>   | 90% after deductible   | 90% after deductible                    | 90% after deductible                             |
| <b>Covenant MedExpress or all other Urgent Care Centers</b>   | \$40 co-pay, deductible waived   | \$50 co-pay, deductible waived          | \$50 co-pay, deductible waived                   |
| <b>Out of Area On-Campus College Clinics</b>  | \$20 co-pay, deductible waived   | \$20 co-pay, deductible waived          | \$20 co-pay, deductible waived                   |
| <b>Advanced Diagnostic Imaging</b><br><i>(Including, but not limited to, CT, CTA, MRI and MRA scans)</i>  | 90% after deductible   | Not covered                             | 50% after deductible                             |
| <b>Nuclear Imaging/Cardiovascular Testing</b><br><i>(Including, but not limited to, echocardiograms, nuclear cardiology studies, and PET, Gallium, and MUGA scans)</i>  | 90% after deductible   | Not covered                             | 50% after deductible                             |
| <b>X-Rays</b>   | 90% after deductible, if billed by a Covenant or a PHO provider with a place of service code "11" (physician's office) | 70% after deductible                    | 50% after deductible                             |
| <b>Lab Test</b>   | 90% after deductible, if billed by a Covenant or a PHO provider with a place of service code "11" (physician's office) | 70% after deductible                    | 50% after deductible                             |
| <b>Allergy Testing</b>  | 90% after deductible   | 70% after deductible                    | 50% after deductible                             |
| <b>Allergy Injections &amp; Serum</b>   | 100% deductible waived   | 100% deductible waived                  | 50% after deductible                             |
| <b>Maternity Care</b><br><i>(Physician's fees for prenatal/postpartum care and delivery)</i>  | 100% deductible waived   | 100% deductible waived                  | 50% after deductible                             |

## HMO SILVER PLAN – PCP REQUIRED

| BENEFIT DESCRIPTION  | TIER 1<br>Covenant Network<br>(PCP Directed)   | TIER 2<br>Approved PCP Referral                 | TIER 3<br>Other PCP or<br>Self-Directed |
|--|--|---|---|
| <b>Ambulance Services</b>  | \$100 co-pay, deductible waived  | \$100 co-pay, deductible waived                 | \$100 co-pay, deductible waived         |
| <b>Inpatient Hospital Services</b>   | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Inpatient Physician Services</b>  | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Outpatient Services at a Hospital or Ambulatory Surgical Facility</b><br><i>(Including Emergency Room care)</i>                   | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Infertility</b>   | Not covered (coverage available for diagnosis and treatment of underlying cause only). |   |   |
| <b>Chiropractic Services</b><br><i>\$500 maximum paid covered per person per benefit year (Tier I, II and III services combined)</i> | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Rehabilitation Therapy</b><br><i>(Physical/Speech/Occupational)</i>   | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Bariatric Surgery Procedures</b><br><i>(Subject to medical criteria)</i>  | 90% after deductible   | Not covered                                     | Not covered                             |
| <b>Chemotherapy, Hemodialysis &amp; Radiation Therapy</b>  | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Skilled Nursing Facility Care</b>   | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Hospice</b>   | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Home Health Care</b>  | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Durable Medical Equipment (DME)<br/>Orthotic &amp; Prosthetic Appliances</b>  | 90% after deductible   | 70% after deductible                            | 50% after deductible                    |
| <b>Hearing Aids</b><br><i>\$500 maximum benefit per covered person</i>   | 50%, after deductible  | 50% after deductible                            | 50% after deductible                    |
| <b>Behavioral Care Services -<br/>Inpatient/Partial Hospitalization</b>  | 90%, after deductible  | Paid as Tier 1,<br>100% after Tier 1 deductible | 50% after deductible                    |
| <b>Behavioral Care Services -<br/>Outpatient/Intensive Outpatient</b>  | \$20 co-pay, deductible waived   | \$20 co-pay, deductible waived                  | \$20 co-pay, deductible waived          |

| PRESCRIPTION DRUGS                          | Covenant Pharmacy   | Network Pharmacy                           | Out of Network |
|---|---|--|----------------|
| <b>TIER I - GENERIC</b>                     | \$10 co-pay   | \$20 co-pay                                | \$20 co-pay    |
| <b>TIER II - BRAND (FORMULARY)</b>          | \$40 co-pay   | \$80 co-pay                                | \$80 co-pay    |
| <b>TIER III - BRAND (NON-FORMULARY)</b>     | \$60 co-pay   | \$120 co-pay                               | \$120 co-pay   |
| <b>TIER IV - SPECIALTY DRUGS</b>            | \$100 co-pay  | Not covered                                | Not covered    |
| <b>DIABETIC SUPPLIES</b>                    | \$10 co-pay   | 0% covered until maximum out-of-pocket met | Not covered    |
| <b>FERTILITY DRUGS</b>                      | Not covered   | Not covered                                | Not covered    |
| <b>OUTPATIENT PHARMACY<br/>989.583.6484</b> | 90-day supply at the Covenant Outpatient Pharmacy for two co-pays. Mail service through Covenant Pharmacy – up to 34 day supply for one co-pay; 35-90 day supply for two co-pays. |  |                |

## TAKE NOTE

- Services provided at St. Mary's of Michigan, McLaren Bay Region, and Mid-Michigan will be paid at Tier 3, unless due to a life-threatening event. Services with Michigan Medicine will be paid at Tier 3 with the exception of pediatric care.
- If a Covenant provider refers the covered person to a Tier 2 provider and that care is authorized through ASR's referral process, eligible services will be paid at the Tier 2 level of benefits. Unless specifically stated otherwise, if such care cannot be authorized through ASR's referral process, or if a covered person visits an out-of-network provider, eligible services will be paid at the Tier 3 level of benefits.
- You must meet the deductible at each tier.
- Material in this booklet summarizes services available. Complete details regarding each of the plans are outlined in legal plan documents and insurance contracts. If there is a difference between material printed in this booklet, legal plan documents and insurance contracts, the legal documents and contracts will govern.
- Medical insurance does not pay for medical claims due to a motor vehicle accident.

## Eligibility Notes

As part of Covenant HealthCare's commitment to employee well-being, we have partnered with GoodPath to offer a pilot program for personalized care and whole-self wellbeing. Please visit [www.goodpath.com/Covenant](http://www.goodpath.com/Covenant) for more details.



**MEDICAL AND  
PRESCRIPTION  
PLANS**  
A QUICK COMPARISON

**PREMIUM COST  
COVENANT SELECT**

Single..... \$121.00  
Two Person ..... \$225.00  
Family..... \$269.00

**REDUCED PREMIUM COST  
(HEALTH ENGAGEMENT  
INCENTIVE)**

Single..... \$111.00  
Two Person ..... \$210.00  
Family..... \$249.00

| <b>COVENANT SELECT</b>  |  |   |  |
|---|--|---|--|
| <b>BENEFIT DESCRIPTION</b>  | <b>TIER 1<br/>Covenant Select Network<br/>(PCP Directed)</b> | <b>TIER 2<br/>Approved PCP Referral<br/>Michigan Medicine</b> | <b>TIER 3<br/>Non-Network Provider</b> |
| <b>DEDUCTIBLE</b>   | \$250 enrollee / \$500 family                                | \$600 enrollee / \$1,200 family                               | Not applicable                         |
| <b>CO-INSURANCE PERCENTAGE</b>  | Plan pays 100%<br>Member pays 0%                             | Plan pays 80%<br>Member pays 20%                              | Not applicable                         |
| <b>CO-INSURANCE MAXIMUM</b><br><i>(Includes co-insurance only; does not include deductible or co-pays)</i>  | \$0/enrollee<br>\$0/family                                   | \$2,000/enrollee<br>\$4,000/family                            | Not applicable                         |
| <b>TOTAL OUT-OF-POCKET MAXIMUM</b><br><i>(Includes prescription drugs)</i>  | \$7,900/enrollee   | \$15,800/family   | Not applicable                         |
| <b>BENEFIT DESCRIPTION</b>  |  |   |  |
| <b>PCP Office Visits</b>  | \$20 co-pay, deductible waived                               | \$20 co-pay, deductible waived                                | Not covered                            |
| <b>Specialist Office Visit</b>  | \$40 co-pay, deductible waived                               | \$40 co-pay, deductible waived                                | Not covered                            |
| <b>Annual Physical Exam, Prostate Specific Antigen (PSA) Test, Gynecological Exam, Pap Smear and Mammography Screening</b>  | 100% deductible waived                                       | Not covered   | Not covered                            |
| <b>Well Child Care</b><br><i>7 visits/benefit year, 0-12 months<br/>6 visits/benefit year, 13-23 months<br/>3 visits/benefit year, 24-47 months<br/>1 visit/benefit year 4-17 years<br/>Office visit co-pay applies to any additional visits.</i> | 100% deductible waived                                       | 100% deductible waived  | Not covered                            |
| <b>Immunizations</b>  | 100% deductible waived                                       | 100% deductible waived  | Not covered                            |
| <b>Emergency Room Treatment</b><br><i>(Hospital's fee for use of the Emergency Room)</i>  | \$150 co-pay, deductible waived                              | \$150 co-pay, deductible waived                               | \$150 co-pay, deductible waived        |
| <b>Emergency Room Treatment</b><br><i>(Physician fees and all other services billed by hospital)</i>  | 100% after deductible  | 100% after deductible   | 100% after deductible                  |
| <b>Covenant MedExpress or all other Urgent Care Centers</b>   | \$40 co-pay, deductible waived                               | \$40 co-pay, deductible waived                                | \$40 co-pay, deductible waived         |
| <b>Out of Area On-Campus College Clinics</b>  | \$20 co-pay, deductible waived                               | \$20 co-pay, deductible waived                                | \$20 co-pay, deductible waived         |
| <b>Advanced Diagnostic Imaging</b><br><i>(Including, but not limited to, CT, CTA, MRI and MRA scans)</i>  | 100% after deductible  | 80% after deductible  | Not covered                            |
| <b>Nuclear Imaging/Cardiovascular Testing</b><br><i>(Including, but not limited to, echocardiograms, nuclear cardiology studies, and PET, Gallium, and MUGA scans)</i>  | 100% after deductible  | 80% after deductible  | Not covered                            |
| <b>X-Rays</b>   | 100% after deductible  | 80% after deductible  | Not covered                            |
| <b>Lab Test</b>   | 100% after deductible  | 80% after deductible  | Not covered                            |
| <b>Allergy Testing</b>  | 100% after deductible  | 80% after deductible  | Not covered                            |
| <b>Allergy Injections &amp; Serum</b>   | 100% deductible waived                                       | 80% after deductible  | Not covered                            |
| <b>Maternity Care</b><br><i>(Physician's fees for prenatal/postpartum care and delivery)</i>  | 100% deductible waived                                       | 80% after deductible  | Not covered                            |
| <b>Ambulance Services</b>   | \$100 co-pay, deductible waived                              | \$100 co-pay, deductible waived                               | \$100 co-pay, deductible waived        |

## COVENANT SELECT

## TAKE NOTE

| BENEFIT DESCRIPTION  | TIER 1<br>Covenant Select Network<br>(PCP Directed)                                    | TIER 2<br>Approved PCP Referral<br>Michigan Medicine | TIER 3<br>Non-Network Provider |
|--|--|--|--------------------------------|
| <b>Inpatient Hospital Services</b>   | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Inpatient Physician Services</b>  | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Outpatient Services at a Hospital or Ambulatory Surgical Facility</b><br><i>(Including Emergency Room care)</i>                   | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Infertility</b>   | Not covered (coverage available for diagnosis and treatment of underlying cause only). |  | Not covered                    |
| <b>Chiropractic Services</b><br><i>\$500 maximum paid covered per person per benefit year (Tier I, II and III services combined)</i> | 80% after deductible   | 80% after deductible                                 | Not covered                    |
| <b>Rehabilitation Therapy</b><br><i>(Physical/Speech/Occupational)</i>   | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Bariatric Surgery Procedures</b><br><i>(Subject to medical criteria)</i>  | 100% after deductible  | Not covered  | Not covered                    |
| <b>Chemotherapy, Hemodialysis &amp; Radiation Therapy</b>  | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Skilled Nursing Facility Care</b>   | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Hospice</b>   | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Home Health Care</b>  | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Durable Medical Equipment (DME)<br/>Orthotic &amp; Prosthetic Appliances</b>  | 100% after deductible  | 80% after deductible                                 | Not covered                    |
| <b>Hearing Aids</b><br><i>\$500 maximum benefit per covered person</i>   | 50% after deductible   | 50% after deductible                                 | Not covered                    |
| <b>Behavioral Care Services -<br/>Inpatient/Partial Hospitalization</b>  | 100% after deductible  | 100% after deductible                                | 100% after deductible          |
| <b>Behavioral Care Services -<br/>Outpatient/Intensive Outpatient</b>  | \$20 co-pay, deductible waived   | \$20 co-pay, deductible waived                       | \$20 co-pay, deductible waived |

- *Out-of-network care is not covered by primary and specialty care providers that are not part of Covenant HealthCare and Michigan Medicine.*
- *If services are only available by non-network provider, a prior authorization request by your primary care provider can be initiated.*
- *You must meet the deductible at each tier.*
- *Material in this booklet summarizes services available. Complete details regarding each of the plans are outlined in legal plan documents and insurance contracts. If there is a difference between material printed in this booklet, legal plan documents and insurance contracts, the legal documents and contracts will govern.*
- *Medical insurance does not pay for medical claims due to a motor vehicle accident.*

| PRESCRIPTION DRUGS                          | Covenant Pharmacy  | Any Other Pharmacy                         |
|---|--|--|
| <b>TIER I - GENERIC</b>                     | \$10 co-pay  | \$20 co-pay                                |
| <b>TIER II - BRAND (FORMULARY)</b>          | \$20 co-pay  | \$40 co-pay                                |
| <b>TIER III - BRAND (NON-FORMULARY)</b>     | \$40 co-pay  | \$80 co-pay                                |
| <b>TIER IV - SPECIALTY DRUGS</b>            | \$100 co-pay   | Not covered                                |
| <b>DIABETIC SUPPLIES</b>                    | \$10 co-pay  | 0% covered until maximum out-of-pocket met |
| <b>FERTILITY DRUGS</b>                      | Not covered  | Not covered                                |
| <b>OUTPATIENT PHARMACY<br/>989.583.6484</b> | 90-day supply at the Covenant Outpatient Pharmacy for two-copays. Mail service through Covenant Pharmacy – up to 34 day supply for one co-pay; 35-90 day supply for two co-pays. |  |



**MEDICAL AND  
PRESCRIPTION  
PLANS**

A QUICK COMPARISON

**PREMIUM COST  
HSA PPO**

Single..... \$70.00

Two Person ..... \$119.00

Family..... \$136.00

**REDUCED PREMIUM COST  
(HEALTH ENGAGEMENT  
INCENTIVE)**

Single.....\$60.00

Two Person ..... \$104.00

Family..... \$116.00

| HSA PPO PLAN  |   |                                      |                                      |
|---|---|--------------------------------------|--------------------------------------|
| BENEFIT DESCRIPTION   | TIER 1<br>Covenant Network  | TIER 2<br>Physicians Care/ HAP       | TIER 3<br>Out of Network             |
| <b>DEDUCTIBLE</b>   | \$1,600 enrollee / \$3,200 family                                       | \$2,400 enrollee / \$4,800 family    | \$5,100 enrollee / \$10,200 family   |
| <b>CO-INSURANCE PERCENTAGE</b>  | Plan pays 100%<br>Member pays 0%  | Plan pays 80%<br>Member pays 20%     | Plan pays 50%<br>Member pays 50%     |
| <b>CO-INSURANCE MAXIMUM</b><br><i>Includes co-insurance only; does not include deductible or co-pays</i>  | Not applicable  | Not applicable                       | Not applicable                       |
| <b>TOTAL OUT-OF-POCKET MAXIMUM</b>  | \$5,200/enrollee \$10,400 (\$5,200 per enrollee maximum applies)/family |                                      | \$9,500/enrollee \$19,000/family     |
| BENEFIT DESCRIPTION   |   |                                      |                                      |
| <b>PCP Office Visits</b>  | \$20 after deductible   | \$20 after deductible                | 50% after deductible                 |
| <b>Specialist Office Visit</b>  | \$40 after deductible   | \$40 after deductible                | 50% after deductible                 |
| <b>Annual Physical Exam, Prostate Specific Antigen (PSA) Test, Gynecological Exam, Pap Smear and Mammography Screening</b>  | 100% deductible waived  | 100% deductible waived               | Not covered                          |
| <b>Well Child Care</b><br><i>7 visits/benefit year, 0-12 months<br/>6 visits/benefit year, 13-23 months<br/>3 visits/benefit year, 24-47 months<br/>1 visit/benefit year 4-17 years<br/>Office visit co-pay applies to any additional visits.</i> | 100% deductible waived  | 100% deductible waived               | Not covered                          |
| <b>Immunizations</b>  | 100% deductible waived  | 100% deductible waived               | 100% deductible waived               |
| <b>Emergency Room Treatment</b><br><i>(Hospital's fee for use of the Emergency Room)</i>  | Deductible, then \$150 co-pay   | Deductible, then \$150 co-pay        | Deductible, then \$150 co-pay        |
| <b>Emergency Room Treatment</b><br><i>(Physician fee and all other services billed by hospital)</i>   | 100% after deductible   | 100% after deductible                | 100% after deductible                |
| <b>Covenant MedExpress or all other Urgent Care Centers</b>   | \$40 after deductible   | \$50 after deductible                | \$50 after deductible                |
| <b>Out of Area On-Campus College Clinics</b>  | Not applicable  | \$20 after deductible                | \$20 after deductible                |
| <b>Advanced Diagnostic Imaging</b><br><i>(Including, but not limited to, CT, CTA, MRI and MRA scans)</i>  | 100% after deductible   | 80% after deductible                 | 50% after deductible                 |
| <b>Nuclear Imaging/Cardiovascular Testing</b><br><i>(Including, but not limited to, echocardiograms, nuclear cardiology studies, and PET, Gallium, and MUGA scans)</i>  | 100% after deductible   | 80% after deductible                 | 50% after deductible                 |
| <b>X-Rays</b>   | 100% after deductible   | 80% after deductible                 | 50% after deductible                 |
| <b>Lab Test</b>   | 100% after deductible   | 80% after deductible                 | 50% after deductible                 |
| <b>Allergy Testing</b>  | 100% after deductible   | 80% after deductible                 | 50% after deductible                 |
| <b>Allergy Injections &amp; Serum</b>   | 100% after deductible   | 100% after deductible                | 50% after deductible                 |
| <b>Maternity Care</b><br><i>(Physician's fees for prenatal/postpartum care, and delivery)</i>   | 100% after deductible   | 100% after deductible                | 50% after deductible                 |
| <b>Ambulance Service</b>  | \$100 co-pay after deductible   | \$100 co-pay after Tier 1 deductible | \$100 co-pay after Tier 1 deductible |

## HSA PPO PLAN

## ✦ TAKE NOTE

| BENEFIT DESCRIPTION  | TIER 1<br>Covenant Network   | TIER 2<br>Physicians Care/ HAP      | TIER 3<br>Out of Network |
|--|--|-------------------------------------|--------------------------|
| <b>Inpatient Hospital Services</b>   | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Inpatient Physician Services</b>  | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Outpatient Services at a Hospital or Ambulatory Surgical Facility</b><br><i>(Including Emergency Room care)</i>               | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Infertility</b>   | Not covered (coverage available for diagnosis and treatment of underlying cause only). |                                     |                          |
| <b>Chiropractic Services</b><br><i>\$500 maximum paid covered person per benefit year (Tier I, II and III services combined)</i> | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Rehabilitation Therapy</b><br><i>(Physical/Speech/Occupational)</i>   | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Bariatric Surgery Procedures</b><br><i>(Subject to medical criteria)</i>  | 100% after deductible  | Not Covered                         | Not Covered              |
| <b>Chemotherapy, Hemodialysis &amp; Radiation Therapy</b>  | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Skilled Nursing Facility Care</b>   | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Hospice</b>   | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Home Health Care</b>  | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Durable Medical Equipment (DME) Orthotic &amp; Prosthetic Appliances</b>  | 100% after deductible  | 80% after deductible                | 50% after deductible     |
| <b>Hearing Aids</b><br><i>\$500 maximum benefit per covered person</i>   | 50% after deductible   | 50% after deductible                | 50% after deductible     |
| <b>Behavioral Care Services - Inpatient/Partial Hospitalization</b>  | 100% after deductible  | 100% after Tier 1 deductible        | 50% after deductible     |
| <b>Behavioral Care Services - Outpatient/Intensive Outpatient</b>  | \$20 co-pay after deductible   | \$20 co-pay after Tier 1 deductible | 50% after deductible     |

- Enrollees in the HSA PPO plan can only participate in the Covenant Limited Purpose Flexible Spending Account (HCFSA).
- Enrollees can contribute money pre-tax through payroll deduction.
- Enrollees' money in the HSA account can roll over from year to year.
- You must meet the deductible at each tier.
- Material in this booklet summarizes services available. Complete details regarding each of the plans are outlined in legal plan documents and insurance contracts. If there is a difference between material printed in this booklet, legal plan documents, and insurance contracts, the legal documents and contracts will govern.
- Medical Insurance does not pay for medical claims due to a motor vehicle accident.

| PRESCRIPTION DRUGS                      | Covenant Pharmacy   | Network Pharmacy                           | Out of Network               |
|---|---|--|------------------------------|
| <b>TIER I - GENERIC</b>                 | \$10 after Tier 1 deductible  | \$20 after Tier 1 deductible               | \$20 after Tier 1 deductible |
| <b>TIER II - BRAND (FORMULARY)</b>      | \$20 after Tier 1 deductible  | \$40 after Tier 1 deductible               | \$40 after Tier 1 deductible |
| <b>TIER III - BRAND (NON-FORMULARY)</b> | \$40 after Tier 1 deductible  | \$80 after Tier 1 deductible               | \$80 after Tier 1 deductible |
| <b>TIER IV - SPECIALTY DRUGS</b>        | \$100 after Tier 1 deductible   | Not covered                                | Not covered                  |
| <b>DIABETIC SUPPLIES</b>                | \$10 after Tier 1 deductible  | 0% covered until maximum out-of-pocket met | Not covered                  |
| <b>FERTILITY DRUGS</b>                  | Not covered   | Not covered                                | Not covered                  |
| <b>OUTPATIENT PHARMACY 989.583.6484</b> | 90-day supply at the Covenant Outpatient Pharmacy for two co-pays. Mail service through Covenant Pharmacy up to 34 day supply for one co-pay; 35-90 day supply for two co-pays. |  |                              |
| <b>Rx TOTAL OUT-OF-POCKET MAXIMUM</b>   | Not applicable; Plan will pay 100% of the purchase price after the Tier 1 and 2 Total Out-of-Pocket Maximum combined is met in a benefit year                                   |  |                              |

## ✦ Eligibility Notes

As part of Covenant HealthCare's commitment to employee well-being, we have partnered with GoodPath to offer a pilot program for personalized care and whole-self wellbeing. Please visit [www.goodpath.com/Covenant](http://www.goodpath.com/Covenant) for more details.



**MEDICAL AND  
PRESCRIPTION  
PLANS**

A QUICK COMPARISON

**PREMIUM COST  
OUT-OF-AREA PPO**

Single..... \$134.00

Two Person ..... \$250.00

Family..... \$290.00

**REDUCED PREMIUM COST  
(HEALTH ENGAGEMENT  
INCENTIVE)**

Single..... \$124.00

Two Person ..... \$235.00

Family..... \$270.00

**OUT-OF-AREA PPO PLAN**

| <b>BENEFIT DESCRIPTION</b>  | <b>TIER 1<br/>Covenant Network</b>  | <b>TIER 2<br/>Physicians Care/ HAP</b> | <b>TIER 3<br/>Out of Network</b>     |
|---|---|--|--------------------------------------|
| <b>DEDUCTIBLE</b>   | \$250 enrollee / \$500 family   | \$800 enrollee / \$1,600 family        | \$2,000 enrollee / \$4,000 family    |
| <b>CO-INSURANCE PERCENTAGE</b>  | Plan pays 100%<br>Member pays 0%  | Plan pays 75%<br>Member pays 25%       | Plan pays 50%<br>Member pays 50%     |
| <b>CO-INSURANCE MAXIMUM</b><br><i>(Includes co-insurance only; does not include deductible or co-pays)</i>  | \$0/enrollee<br>\$0/family  | \$2,500/enrollee<br>\$5,000/family     | \$4,000/enrollee<br>\$8,000/family   |
| <b>TOTAL OUT-OF-POCKET MAXIMUM</b><br><i>(Includes prescription drugs)</i>  | \$7,900/enrollee  | \$15,800/family                        | \$10,100/enrollee<br>\$20,200/family |
| <b>BENEFIT DESCRIPTION</b>  |   |  |                                      |
| <b>PCP Office Visits</b>  | \$20 co-pay, deductible waived  | \$20 co-pay, deductible waived         | 50% after deductible                 |
| <b>Specialist Office Visit</b>  | \$40 co-pay, deductible waived  | \$40 co-pay, deductible waived         | 50% after deductible                 |
| <b>Annual Physical Exam, Prostate Specific Antigen (PSA) Test, Gynecological Exam, Pap Smear and Mammography Screening</b>  | 100% deductible waived  | 100% deductible waived                 | Not covered                          |
| <b>Well Child Care</b><br><i>7 visits/benefit year, 0-12 months<br/>6 visits/benefit year, 13-23 months<br/>3 visits/benefit year, 24-47 months<br/>1 visit/benefit year 4-17 years<br/>Office visit co-pay applies to any additional visits.</i> | 100% deductible waived  | 100% deductible waived                 | Not covered                          |
| <b>Immunizations</b>  | 100% deductible waived  | 100% deductible waived                 | 100% deductible waived               |
| <b>Emergency Room Treatment</b><br><i>(Hospital's fee for use of the Emergency Room)</i>  | \$150 co-pay  | \$150 co-pay                           | \$150 co-pay                         |
| <b>Emergency Room – All Other</b><br><i>(Physician fee and all other services billed by hospital)</i>   | 100% after deductible   | 100% after Tier 1 deductible           | 100% after Tier 1 deductible         |
| <b>Covenant MedExpress or all other Urgent Care Centers</b>   | \$40 co-pay, deductible waived  | \$50 co-pay, deductible waived         | \$50 co-pay, deductible waived       |
| <b>Out of Area On-Campus College Clinics</b>  | \$20 co-pay, deductible waived  | \$20 co-pay, deductible waived         | \$20 co-pay, deductible waived       |
| <b>Advanced Diagnostic Imaging</b><br><i>(Including, but not limited to, CT, CTA, MRI and MRA scans)</i>  | 100% after deductible   | 75% after deductible                   | 50% after deductible                 |
| <b>Nuclear Imaging/Cardiovascular Testing</b><br><i>(Including, but not limited to, echocardiograms, nuclear cardiology studies, and PET, Gallium, and MUGA scans)</i>  | 100% after deductible, if billed by a Covenant or a PHO provider with a place of service code "11" (physician's office) | 75% after deductible                   | 50% after deductible                 |
| <b>X-Rays</b>   | 100% after deductible, if billed by a Covenant or a PHO provider with a place of service code "11" (physician's office) | 75% after deductible                   | 50% after deductible                 |
| <b>Lab Test</b>   | 100% after deductible, if billed by a Covenant or a PHO provider with a place of service code "11" (physician's office) | 75% after deductible                   | 50% after deductible                 |
| <b>Allergy Testing</b>  | 100% after deductible   | 75% after deductible                   | 50% after deductible                 |
| <b>Allergy Injections &amp; Serum</b>   | 100% deductible waived  | 100% deductible waived                 | 50% after deductible                 |
| <b>Maternity Care</b><br><i>(Physician's fees for Prenatal/Postpartum Care and Delivery)</i>  | 100% deductible waived  | 100% deductible waived                 | 50% after deductible                 |



## OUT-OF-AREA PPO PLAN

| BENEFIT DESCRIPTION  | TIER 1<br>Covenant Network   | TIER 2<br>Physicians Care/ HAP  | TIER 3<br>Out of Network        |
|--|--|---------------------------------|---------------------------------|
| <b>Ambulance Service</b>   | \$100 co-pay, deductible waived  | \$100 co-pay, deductible waived | \$100 co-pay, deductible waived |
| <b>Inpatient Hospital Services</b>   | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Inpatient Physician Services</b>  | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Outpatient Services at a Hospital or Ambulatory Surgical Facility</b><br><i>(Including Emergency Room care)</i>                   | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Infertility</b>   | Not covered (coverage available for diagnosis and treatment of underlying cause only). |                                 |                                 |
| <b>Chiropractic Services</b><br><i>\$500 maximum paid covered per person per benefit year (Tier I, II and III services combined)</i> | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Rehabilitation Therapy</b><br><i>(Physical/Speech/Occupational)</i>   | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Bariatric Surgery Procedures</b><br><i>(Subject to medical criteria)</i>  | 100% after deductible  | Not covered                     | Not covered                     |
| <b>Chemotherapy, Hemodialysis &amp; Radiation Therapy</b>  | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Skilled Nursing Facility Care</b>   | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Hospice</b>   | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Home Health Care</b>  | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Durable Medical Equipment (DME) Orthotic &amp; Prosthetic Appliances</b>  | 100% after deductible  | 75% after deductible            | 50% after deductible            |
| <b>Hearing Aids</b><br><i>\$500 maximum benefit per covered person</i>   | 50% after deductible   | 50% after deductible            | 50% after deductible            |
| <b>Behavioral Care Services - Inpatient/Partial Hospitalization</b>  | 100% after deductible  | 100% after Tier 1 deductible    | 50% after deductible            |
| <b>Behavioral Care Services - Outpatient/Intensive Outpatient</b>  | \$20 co-pay, deductible waived   | \$20 co-pay, deductible waived  | 50% after deductible            |

| PRESCRIPTION DRUGS                                | Covenant Pharmacy  | Network Pharmacy                           | Out of Network |
|---|--|--|----------------|
| <b>TIER I - GENERIC</b>                           | \$10 co-pay  | \$22 co-pay                                | \$22 co-pay    |
| <b>TIER II - BRAND (FORMULARY)</b>                | \$20 co-pay  | \$40 co-pay                                | \$40 co-pay    |
| <b>TIER III - BRAND (NON-FORMULARY)</b>           | \$40 co-pay  | \$80 co-pay                                | \$80 co-pay    |
| <b>TIER IV - SPECIALTY DRUGS</b>                  | \$100 co-pay   | Not covered                                | Not covered    |
| <b>DIABETIC SUPPLIES</b>                          | \$10 co-pay  | 0% covered until maximum out-of-pocket met | Not covered    |
| <b>FERTILITY DRUGS</b>                            | Not covered  | Not covered                                | Not covered    |
| <b>OUTPATIENT PHARMACY</b><br><b>989.583.6484</b> | 90-day supply at the Covenant Outpatient Pharmacy for two-copays. Mail service through Covenant Pharmacy – up to 34 day supply for one co-pay; 35-90 day supply for two co-pays. |  |                |

## TAKE NOTE

- **This plan is not offered to enrollees living in Bay, Midland and Saginaw Counties.**
- *Misrepresentation of dependents will lead to loss of benefits and corrective action up to and including termination.*
- *You must meet the deductible at each tier.*
- *Material in this booklet summarizes services available. Complete details regarding each of the plans are outlined in legal plan documents and insurance contracts. If there is a difference between material printed in this booklet, legal plan documents and insurance contracts, the legal documents and contracts will govern.*
- *Medical insurance does not pay for medical claims due to a motor vehicle accident.*



# DENTAL PLANS

## DENTAL PLANS A QUICK COMPARISON

### PREMIUM COST TRADITIONAL BASIC

Single..... \$11.50  
Two Person ..... \$19.50  
Family..... \$31.00

### PREMIUM COST TRADITIONAL ENHANCED

Single..... \$16.50  
Two Person ..... \$32.50  
Family..... \$52.00



Delta Dental of Michigan does not issue identification cards; your social security number is your subscriber/contract number.

Dental plans are administered by Delta Dental of Michigan. You can visit any licensed dentist, but you will maximize your benefits and save the most money by seeking care from a Delta Dental PPO dentist. If you do not go to a PPO dentist, you will have additional access to a dentist who participates in Delta Dental Premier, but you may have to pay more for those services.

If you visit a dentist who does not participate in any of Delta Dental's programs, you will be responsible for the difference between Delta Dental's payment and the non-participating dentist's fee – and may need to file your own claims.

### Dental Plan Options

Covenant offers two dental plans. Both plans cover charges for dental services as shown below.

| TRADITIONAL BASIC               |                   |                          |
|---------------------------------|-------------------|--------------------------|
| DIAGNOSTIC & PREVENTIVE         | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Diagnostic Services             | 100%              | 100%                     |
| Preventive Services             | 100%              | 100%                     |
| Emergency Palliative Treatments | 100%              | 100%                     |
| Sealents                        | 100%              | 100%                     |
| BASIC SERVICES                  | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Radiographs                     | 50%               | 50%                      |
| Oral Surgery                    | 50%               | 50%                      |
| Restorative                     | 50%               | 50%                      |
| Periodontics                    | 50%               | 50%                      |
| Endodontics                     | 50%               | 50%                      |
| MAJOR SERVICES                  | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Prosthodontics                  | 50%               | 50%                      |
| Implants                        | 50%               | 50%                      |
| ORTHODONTIC SERVICES            | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Orthodontics                    | 0%                | 0%                       |

Maximum payment of \$1,000 per person, per year

| TRADITIONAL ENHANCED            |                   |                          |
|---------------------------------|-------------------|--------------------------|
| DIAGNOSTIC & PREVENTIVE         | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Diagnostic Services             | 100%              | 100%                     |
| Preventive Services             | 100%              | 100%                     |
| Emergency Palliative Treatments | 100%              | 100%                     |
| Sealents                        | 100%              | 100%                     |
| BASIC SERVICES                  | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Radiographs                     | 80%               | 60%                      |
| Oral Surgery                    | 80%               | 60%                      |
| Restorative                     | 80%               | 60%                      |
| Periodontics                    | 80%               | 60%                      |
| Endodontics                     | 80%               | 60%                      |
| MAJOR SERVICES                  | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Prosthodontics                  | 60%               | 50%                      |
| Implants                        | 60%               | 50%                      |
| ORTHODONTIC SERVICES            | DELTA DENTAL PAYS |                          |
|                                 | PPO DENTIST       | PREMIER/ NON-PAR DENTIST |
| Orthodontics                    | 50%               | 50%                      |

\$1,000 lifetime maximum, no age limit

Maximum payment of \$1,500 per person, per year



To access additional information or find a participating provider, visit [www.deltadentalmi.com](http://www.deltadentalmi.com) or call 800.524.0149 to speak with a Delta Dental representative.

**Enrollment Information**

- You become eligible for dental benefits the first of the month following hire date in an eligible benefit class.
- If both employee and spouse are employed by Covenant in an eligible class, they can both carry dental insurance and benefits will be coordinated.
- You will not be balance billed when you seek services from a Delta Dental participating provider.
- Please refer to your Delta Dental Summary of Dental Plan Benefits for additional information. Exclusions and limitations can be found in your Dental Care Certificate.

**Enrollment Considerations**

The participating status of your provider determines how the claim is paid.

|                              |                               |  |
|------------------------------|-------------------------------|--|
| <b>DELTA DENTAL NETWORKS</b> | <b>Delta Dental PPO</b>       | <ul style="list-style-type: none"> <li>• No balance billing on covered services</li> <li>• Most significant network discounts with more than 269,800 office locations nationwide<sup>1</sup></li> <li>• Dentists file claims for enrollee</li> </ul> |
|                              | <b>Delta Dental Premier</b>   | <ul style="list-style-type: none"> <li>• No balance billing on covered services</li> <li>• Significant network discounts with the most office locations nationwide – 340,500<sup>1</sup></li> <li>• Dentists file claims for enrollee</li> </ul>     |
| <b>OUT-OF-NETWORK</b>        | <b>Out-of-Network Dentist</b> | <ul style="list-style-type: none"> <li>• May be balance billed</li> <li>• No network discounts</li> <li>• May need to file own claims</li> </ul>   |

<sup>1</sup> National network statistics: Delta Dental Plans Association, April 2017

**Examples of How It Works**

As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO or Delta Dental Premier dentist.\*

|                       |                           | <b>DELTA DENTAL PPO DENTIST</b> | <b>DELTA DENTAL PREMIER DENTIST</b> | <b>OUT-OF-NETWORK DENTIST</b> |
|-----------------------|---------------------------|---------------------------------|-------------------------------------|-------------------------------|
| <b>ADULT CLEANING</b> | Submitted fee:            | \$80.00                         | \$80.00                             | \$80.00                       |
|                       | Maximum allowed fee:      | \$54.00                         | \$77.00                             | \$63.00                       |
|                       | Coverage level:           | 100%                            | 100%                                | 100%                          |
|                       | Amount Delta Dental pays: | \$54.00                         | \$77.00                             | \$63.00                       |
|                       | AMOUNT YOU PAY:           | \$0.00                          | \$0.00                              | \$17.00                       |
| <b>CROWN</b>          | Submitted fee:            | \$950.00                        | \$950.00                            | \$950.00                      |
|                       | Maximum allowed fee:      | \$675.00                        | \$898.00                            | \$744.00                      |
|                       | Coverage level:           | 50%                             | 50%                                 | 50%                           |
|                       | Amount Delta Dental pays: | \$337.50                        | \$449.00                            | \$372.00                      |
|                       | AMOUNT YOU PAY:           | \$337.50                        | \$449.00                            | \$578.00                      |

\*Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.



# VISION CARE

Covenant HealthCare and VSP provide an affordable eyecare plan. No ID card necessary, no claim forms to complete when you see a VSP provider. Visit [vsp.com](http://vsp.com) for more details and for exclusive savings and promotions.

VSP Coverage effective date: 01/01/2022 • VSP Doctor Network: VSP Signature

## VISION CARE A QUICK LOOK

### PREMIUM COST

Single..... \$8.75

Two Person ..... \$12.75

Family..... \$22.50

| BENEFIT                       | DESCRIPTION   | CO-PAY   | FREQUENCY            |
|-------------------------------|---|--|----------------------|
| WellVision Exam               | Focuses on your eyes and overall wellness   | \$10   | Every calendar year  |
| Prescription Glasses          | See frame and lens details below  | \$25   | See frame and lenses |
| Frame                         | <ul style="list-style-type: none"> <li>• \$225 allowance for a wide selection of frames</li> <li>• \$275 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$225 Walmart/Sam's Club/Costco frame allowance</li> <li>• Allowance can be used toward non-prescription sunglasses</li> </ul> | Included in prescription glasses                   | Every calendar year  |
| Lenses                        | <ul style="list-style-type: none"> <li>• Single vision, lined bifocal and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> <li>• Allowance can be used toward non-prescription sunglasses</li> </ul>   | Included in prescription glasses                   | Every calendar year  |
| Lens Options                  | <ul style="list-style-type: none"> <li>• Anti-reflective coating</li> <li>• Tints/photochromic lenses-transitions</li> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average 35-40% off over lens options</li> </ul>  | \$35<br>\$0<br>\$0<br>\$80 - \$90<br>\$120 - \$160 | Every calendar year  |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> <li>• \$200 allowance for contacts; co-pay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>   | Up to \$60   | Every calendar year  |
| Lightcare                     | <ul style="list-style-type: none"> <li>• \$225 allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.</li> </ul>  | \$25   | Every calendar year  |
| Computer Visioncare (Frame)   | <ul style="list-style-type: none"> <li>• \$225 frame allowance</li> <li>• \$275 featured frame brands allowance</li> <li>• 20% savings on the amount over your allowance</li> </ul>   | \$25 for frame and lenses                          | Every calendar year  |
| Computer Visioncare (Lenses)  | <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal, and occupational lenses</li> </ul>   | Combined with frame                                | Every calendar year  |
| Retinal Imaging               | <ul style="list-style-type: none"> <li>• Uses advanced imaging systems to take pictures of the inside of the eye, which helps increase disease detection.</li> </ul>  | \$0  | Every calendar year  |
| Diabetic Eyecare Program      | <ul style="list-style-type: none"> <li>• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>   | \$20   | As needed            |

|                                    |   |
|------------------------------------|---|
| <b>Extra Savings and Discounts</b> | <p><b>Glasses and sunglasses:</b></p> <ul style="list-style-type: none"> <li>• Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or, get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal screening:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul> <p><b>Laser vision correction:</b></p> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.</li> </ul> |
|------------------------------------|---|

|   |   |                          |   |                            |  |   |                               |  |                          |
|---|---|--------------------------|---|----------------------------|--|---|-------------------------------|--|--------------------------|
| <b>Your Coverage with Other Providers</b> | <table> <tr> <td>Exam.....up to..... \$50</td> <td>Lined trifocal lenses .....up to..... \$100</td> </tr> <tr> <td>Frame .....up to..... \$70</td> <td>Progressive lenses.....up to..... \$75</td> </tr> <tr> <td>Single vision lenses .....up to..... \$50</td> <td>Contacts.....up to..... \$120</td> </tr> <tr> <td>Lined bifocal lenses.....up to..... \$75</td> <td>Tints.....up to..... \$5</td> </tr> </table> | Exam.....up to..... \$50 | Lined trifocal lenses .....up to..... \$100 | Frame .....up to..... \$70 | Progressive lenses.....up to..... \$75 | Single vision lenses .....up to..... \$50 | Contacts.....up to..... \$120 | Lined bifocal lenses.....up to..... \$75 | Tints.....up to..... \$5 |
| Exam.....up to..... \$50                  | Lined trifocal lenses .....up to..... \$100   |                          |   |                            |  |   |                               |  |                          |
| Frame .....up to..... \$70                | Progressive lenses.....up to..... \$75  |                          |   |                            |  |   |                               |  |                          |
| Single vision lenses .....up to..... \$50 | Contacts.....up to..... \$120   |                          |   |                            |  |   |                               |  |                          |
| Lined bifocal lenses.....up to..... \$75  | Tints.....up to..... \$5  |                          |   |                            |  |   |                               |  |                          |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

### VSP Benefits

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam® – the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using Your VSP Benefit Is Easy

- Create an account at [vsp.com](http://vsp.com). Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit [vsp.com](http://vsp.com) or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you would like a card as a reference, you can print one from [vsp.com](http://vsp.com).
- That's it! We'll handle the rest – there are no claim forms to complete when you see a VSP provider.

### Choice In Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at **Eyeconic.com**, VSP's online eyewear store.

<sup>1</sup> Brands/Promotion subject to change.

<sup>2</sup> Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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For more information, visit VSP at [www.vsp.com](http://www.vsp.com) or call 800.877.7195.



## HEARING CARE

Good hearing is important to your health. That is why Covenant HealthCare through VSP® Vision Care provides you access to the TruHearing® program, which saves VSP members 30-60% on hearing aids. TruHearing customers save an average of \$1,050 per hearing aid when compared to national average prices.

### TruHearing's Comprehensive Hearing Care Solution includes:

#### State-of-the-Art Technology

- The latest technology from the top hearing aid manufacturers
- Hearing solutions for virtually every type of hearing loss
- Significantly lower prices on the same models sold at retail locations

#### Personalized Care

- Guidance and assistance from a TruHearing hearing consultant
- Local, professional care from an accredited provider in your area
- A hearing exam plus three follow-up visits for fitting and adjustments

#### Help Along Your Way

- A worry-free purchase with a 45-day trial and 3-year warranty
- 48 free batteries per aid included with non-rechargeable models
- Guides to help you adapt to your new hearing aids at [TruHearing.com/GetStarted](http://TruHearing.com/GetStarted)



*If you have questions, please contact 1.844.787.7013 or visit [TruHearing.com/Choice](http://TruHearing.com/Choice).*



## VIRTUAL CARE

Covenant VirtualCare uses extraordinary technology to enable virtual visits via your computer, tablet or smartphone. Virtual visits are available to be scheduled with your existing primary care physician or specialist, thus providing more access to your healthcare providers.

### Types of Visits

#### With your primary care provider:

- Behavioral health and psychological needs
- Chronic disease management
- Medication management
- Nutrition counseling/weight management
- Sick visits
- And many other conditions

#### With your specialist:

- Surgical (or post-op) appointments
- Routine follow-up appointments
- Medication management
- Nutrition counseling
- Psychological needs
- And many other conditions

### Access VirtualCare Through Your MyChart Account

MyChart can be accessed online at [covenanthealthcare.com/mychart](http://covenanthealthcare.com/mychart) or by downloading the free app. The MyChart app can be downloaded by scanning one of the QR codes below using the camera on your smart phone/tablet, or by visiting the Apple App Store or Google Play Store.

- Convenient to fit your busy schedule
- No travel necessary
- Safe and secure — HIPAA compliant
- ePrescriptions



# WELLBEING PROGRAMS



Child and Family Services of Saginaw offers an Employee Assistance Program (EAP) for Covenant HealthCare employees. Employees have access to four free counseling sessions per year, which can be used by the employee, their spouse or dependents.

- 100% confidential
- No referral needed
- No deductibles (outside your healthcare plan)
- Counselors specializing in trauma, anxiety, depression, relationships, and more

See contact information below to enroll in services—be sure to mention you are a Covenant employee!

**Daytime: 989.790.7500 ext. 220** (Child and Family Services direct line)

**Evening/Weekend: 989.790.8766** (answering service line, which will assist you during off-hours to get in touch with someone in a timely fashion).



The SupportLinc Employee Assistance Program offers guidance to help you address and resolve everyday issues at no cost to you or your family.

- **Free short-term counseling sessions.** You and your immediate household members are eligible for up to **eight (8) free counseling sessions**, in-person or via video, per presenting issue.
- **In-the-moment support.** A licensed clinician answers 24/7/365 when you call for assistance with work-related pressures, depression, stress, anxiety, grief, relationship problems, substance abuse or other emotional health concerns.
- **Text therapy.** Exchange text messages, voice notes and resources Monday – Friday with a licensed counselor through the Textcoach® mobile and desktop app.
- **Virtual Support Connect.** This digital group support platform offers moderated sessions hosted by licensed counselors on topics such as grief, mindfulness, preventing burnout and more.
- **Online wellbeing resources.** Strengthen your mental health and overall wellbeing at your own pace using Animo's self-guided content, practical resources and daily inspiration to foster meaningful and lasting behavior change.
- **Mobile app.** Get confidential support and guidance on the go from a licensed counselor via live chat, as well as expert content and resources—all from the convenience of your phone or tablet.
- **Financial Expertise.** Consultation and planning with a financial counselor .
- **Legal Consultation.** By phone or in-person with a local attorney.

## Get Support When You Need It.



Here are three simple ways to get started with Supportlinc:

- Call **1.888.881.5462**
- Visit your web portal at **www.supportlinc.com**
- Download the **eConnect® mobile app**

**Use group code: covenantmi**

# FLEXIBLE SPENDING ACCOUNTS (FSA)

You can use a Flexible Spending Account to pay most out-of-pocket costs not covered by another health care plan:

- Pay deductibles and co-pays under your health plan
- Pay for your share of dental expenses
- Pay for your share of vision expenses

## Examples of Eligible Expenses\*

| GENERAL                                      | DENTAL                      | VISION                                | MEDICAL                   | HEARING                     |
|--|-----------------------------|---------------------------------------|---------------------------|-----------------------------|
| Deductibles                                  | Orthodontia treatment       | Co-payments                           | Well-baby care            | Examinations                |
| Co-payments                                  | Co-payments                 | Guide dogs                            | Immunizations             | Hearing aids and appliances |
| Charges over reasonable and customary limits | Charges over annual maximum | Expenses not covered by a vision plan | Acupuncture               | Batteries                   |
|  |                             | Braille books and magazines           | Prescription drug co-pays | Special telephones          |
|  |                             | LASIK surgery                         | Nursing supplies          |                             |
|  |                             |                                       | Chiropractic care         |                             |

\*NOTE: This is a brief summary of expenses currently eligible for reimbursement under the FSA. Expenses are not reimbursable if they are a covered benefit payable by your health, dental, or vision insurance carrier. More information is available in the Health Care Expense Table located online at [www.benefitsatcovenant.com](http://www.benefitsatcovenant.com).

Other Information:

- Minimum contribution of \$100/year (\$3.85/pay period), maximum of \$3,200 (\$117.31/pay)
- Money directed to FSA is not subject to federal income taxes, state or local income taxes, or Social Security tax
- Your FSA contribution will be deducted from each of your paychecks throughout the calendar year

## The FSA Prepaid Benefits Card For Health Care FSA Expenses

- The FSA benefits card makes it fast and convenient to access the money you set aside in your FSA account and contains the value of your annual health care FSA election amount.
- You can use FSA card to pay for qualified medical/dental/vision/prescription expenses not covered by your insurance coverage.
- FSA card automatically deducts the costs of your eligible expenses from your FSA account.
- Although many FSA card transactions will be auto substantiated, you may receive a letter from our FSA administrator requesting documentation of your expense.

***Please keep ALL receipts in a safe place!***

If you choose NOT to use or are unable to use your FSA card, you must submit your receipts and/or explanation of benefits with a claim form to receive reimbursement. Eligible expenses must have dates of service from January 1 through December 31; claims must be submitted by March 31 of the following year. If you terminate or have a change in your employment status to “non-benefit eligible” with Covenant, you will have 30 days from your date of termination (or change of status) in order to submit claims incurred prior to your termination (change of status) date. Your FSA card will be deactivated on your termination (change of status) date.

Funds of \$500 or less will be rolled over to the next plan year.

If you participate in Covenant's HSA (Health Savings Account), you are not able to participate in the FSA (Flexible Spending Account) FSA card.



## **The Dependent Care Flexible Spending Account (DCFSA)**

You can use the Dependent Care Flexible Spending Account (DCFSA) to pay eligible expenses using pre-tax dollars. Some information regarding the dependent care flexible spending account is listed below:

- Minimum contribution of \$100/year (\$5.00/pay period), maximum of \$5,000/year (\$192.31/pay period)
- The IRS determines the maximum amount you can contribute
- Your DCFSA contributions will be deducted from each of your paychecks throughout the year

## **Eligible Dependents**

Eligible expenses must be related to the care of dependents in one of the following categories:

- A child under the age of 13
- A mentally or physically-handicapped child of any age
- Dependent adult who is physically or mentally unable to care for himself/herself, and who spends a minimum of eight hours each day in your home

## **Eligible Expenses**

According to current federal tax rules, expenses that can be reimbursed through a dependent care spending account, must meet the following requirements:

- Expenses must be necessary for you (and your spouse, if you are married) to work full-time, look for work, or go to school full-time
- If services are provided in a dependent or child care center that provides care for more than six children, the facility must comply with all applicable federal, state and local requirements
- If dependent care services are provided in your home, they cannot be provided by your spouse, or someone who is your dependent for income tax purposes. The provider must be claiming the amount you pay to them for child care as income on their taxes

## **How to Receive DCFSA Benefits**

You must file a claim in order to receive reimbursement from your DCFSA. You must also provide an itemized bill showing charges, the name of the dependent being cared for, and the dates when care was provided. As an alternative, your child care provider signs the claim form as proof of the expense, rather than supplying a receipt. You must obtain the tax identification number of your dependent care provider for your personal tax purposes. Your eligible dependent care expenses must be incurred between January 1 and December 31; eligible claims must be submitted by March 31 of the following year. Any funds remaining in your DCFSA that have not been used will be forfeited.

## **Decision-Making Tips**

Here are some things you should think about as you decide whether the DCFSA is right for you:

- According to federal tax rules, any money remaining in your dependent care spending account after the end of the plan year must be forfeited. If you don't use all of the money you put in, you will lose it.
- You cannot increase, decrease, or stop your dependent care spending account contributions during the plan year unless you experience a qualifying change event and the FSA change is consistent with the type of event.
- If your employment ends during the year, your dependent care spending account contributions will stop. You will be able to submit claims for eligible expenses that occurred before the date that your employment status changed.
- Federal tax law also permits you to take a tax credit for eligible dependent care expenses. You can use the dependent care spending account instead of the tax credit if you find the spending account will give you bigger tax savings. You must decide which option provides the most tax savings for you.



## HEALTH SAVINGS ACCOUNT (HSA) / PPO PLAN

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you will have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options. HSAs work together with HSA-compatible health plans. The health plan is used to cover serious illness or injury, while the HSA is used for current or future expenses that are not paid by the health plan. Try HSA's online calculating tools at [www.hsabank.com/calculators](http://www.hsabank.com/calculators) to learn more about HSAs and if one is right for you.



A high deductible health plan may offer you the greatest premium savings. The reason it is so cost effective is that you, as the consumer, pay more health care costs in the form of the high deductible – the amount you pay out of your funds before the plan begins to pay. If you participate in the high-deductible health plan, you can set aside money in an HSA before taxes are deducted to pay for eligible medical, dental and vision expenses. There are several advantages of an HSA. For instance, money in an HSA can be invested much like a 403b is invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash.

### Does Covenant contribute to the Health Savings Account?

Yes! If you elect the HSA and the compatible HSA PPO medical plan, there is an employer contribution.

The contribution is allocated over 26 pays with the following amounts:

- \$500- Single ( $\$500/26 = \$19.23$  per pay)
- \$1,000- Two Person and Family ( $\$1,000/26 = \$38.46$  per pay)

Please note, the employer contribution takes effect at the start of the benefit eligibility date and is limited to the number of pays remaining in the calendar year.

### Here's how it works:

- If you are less than age 65, you may sign up for the high-deductible health plan/HSA.
- You may contribute to the HSA all year up to the maximum amount allowed by the government. For 2023, the maximum amount you can contribute is **\$4,150 for individual coverage** and **\$8,300 for family coverage**.
- If you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.
- In the year you become entitled to Medicare, your HSA contributions must be prorated based on the total number of months that you're HSA eligible.
- The money in your account can be used to pay your deductible or any other qualified healthcare expenses as determined by the IRS.

### Limited purpose health care FSA

If you enroll in the High Deductible Health Plan (HDHP) and the Health Savings Account (HSA) and would like a Flexible Spending Account, you **MUST** enroll in the Limited Purpose HCFSAs (not the General Purpose HCFSAs). Reimbursement is limited to qualifying dental and vision expenses for you, your spouse and your eligible dependents. **The annual limit for the Limited HCFSAs is \$3,050.**

Typical eligible expenses include:

- Dental Cleaning, Fillings and Crowns
- Orthodontia
- Contact Lenses and Eye Glasses
- Eye Exams
- Vision correction procedures

These expenses are defined by IRS rules.

### What if an expense is eligible for reimbursement under both my FSA and HSA?

You may not use funds from both your limited-purpose FSA and your HSA to cover the same eligible expense. Since there's no double-dipping allowed, you must choose which account will reimburse your expense.

### Can funds in a limited purpose FSA be rolled over?

Yes. You may rollover funds of \$500 or less to the next plan year.



To access additional Health Savings Account information, visit [www.hsabank.com](http://www.hsabank.com) or call 800.357.6246 to speak with a HSA representative.



## RETIREMENT PLAN 403B

### **Covenant Retirement Plan 403(b)**

The Defined Contribution (DC) Plan defines a year of pension service as a calendar year in which at least 1,000 hours have been paid.

The DC Plan does not require participant to contribute, however, contributions are encouraged in order to attain the greatest benefit possible. New participants may join the DC Plan on the first full pay period of the month following hire. A Covenant employee is always one hundred percent vested in their own contributions (including any rollover/transfer contributions made to the Plan), plus any earnings generated on those contributions. Covenant's contributions to the Plan, plus any earnings they generate, are vested as follows:

| YEARS OF SERVICE | VESTING PERCENTAGE |
|------------------|--------------------|
| 0 to 3 years     | 0%                 |
| 3 years          | 100%               |

Employees may choose to contribute up to an annual limit determined by the IRS. Covenant's contributions to the DC Plan will include an amount equal to a percentage of your salary based on the number of years vested, as long as 1,000 hours have been paid during the Plan year, based on the following schedule:

| NUMBER OF YEARS VESTED  | CONTRIBUTION PERCENTAGE |
|-------------------------|-------------------------|
| 1 to 5 vested years     | 2%                      |
| 6 to 10 vested years    | 3%                      |
| 11 to 20 vested years   | 3.5%                    |
| 21 or more vested years | 4%                      |

In addition, a matching contribution equal to 50% of employee contributions to a maximum of \$1,250 will be made by Covenant.



*If you have questions related to your Covenant 403(b) Plan, please contact TransAmerica at 800.755.5801 or visit [my.trretire.com](http://my.trretire.com).*



# SHORT-TERM AND LONG-TERM DISABILITY

## MetLife Financial Short-Term Disability Benefits

| SHORT-TERM DISABILITY |          |            |                 |                   |                             |
|-----------------------|----------|------------|-----------------|-------------------|-----------------------------|
| Benefit Level         | Coverage | Max Amount | Length Duration | Eligibility       | Cost                        |
| Core                  | 50%      | \$250/week | 26 weeks        | FT & PT employees | No cost to employee         |
| Voluntary Buy-Up      | 66.67%   | \$750/week | 26 weeks        | FT employees only | Additional cost to employee |

**CORE:** Benefits begin on the first day absent for accidents and on the eighth day for sickness.

**VOLUNTARY BUY-UP:** This optional coverage is contributory. If you elect voluntary STD, premiums will be deducted from your paycheck on an after tax basis.

**HOW TO ENROLL:** STD core coverage begins automatically when you meet the eligibility requirements and satisfy any waiting period applicable to your policy.

## Group Long-Term Disability Benefits

### BENEFITS

- Benefits may begin after the elimination period of 180 days of absences due to a covered accident or sickness.
- Employees must meet the definition of disability as defined in the policy to be eligible for the benefits described here.
- Benefits are not payable for pre-existing conditions as defined in the policy.

### LIMITATIONS

Limitations include but are not limited to the list below. Limitations may vary depending on your specific benefit plan. No LTD benefit will be payable for any total or partial disability during any of the following periods:

- Any period the employee is not under the regular and continuing care of a physician providing appropriate treatment and regular examination and testing in accordance with the disabling condition, unless the employee has reached his maximum point of recovery and is still totally or partially disabled.
- Any period the employee fails to submit to any medical examination or clinical assessment requested by MetLife.
- Any period the employee is incarcerated.

### EXCLUSIONS

Exclusions include but are not limited to the list below. Exclusions may vary depending on your specific benefit plan. No LTD benefit will be payable for total or partial disability that is due to:

- An intentionally self-inflicted injury,
- War, declared or undeclared, or any act of war,
- Active participation in a riot, rebellion, or insurrection, or
- Committing or attempting to commit an assault, felony or other criminal act.

| LONG-TERM DISABILITY |          |               |                   |                             |
|----------------------|----------|---------------|-------------------|-----------------------------|
| Benefit Level        | Coverage | Max Amount    | Eligibility       | Cost                        |
| Option 1             | 40%      | \$3,000/month | FT employees only | Additional cost to employee |
| Option 2             | 50%      | \$3,000/month | FT employees only | Additional cost to employee |



*For questions related to your Short- or Long- Term Disability benefit, please contact your Human Resources Total Rewards Analyst. For questions on Disability claims, please contact MetLife Customer Service for Disability Claims at 888.463.1922 and for Life Claims contact MetLife Customer Service Life Claims at 800.638.6420, Prompt #2. Also, both are available online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).*



# LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

## MetLife Voluntary Life and AD&D Insurance Benefits

| LIFE INSURANCE AMOUNTS FOR FULL-TIME EMPLOYEES |          |                             |                             |
|--|----------|-----------------------------|-----------------------------|
| Benefit Level                                  | Coverage | Max Amount                  | Cost                        |
| <b>Employee</b>                                | Core     | 1x annual salary            | No cost to employee         |
|  | 0.5      | 1/2x annual salary          | Additional cost to employee |
|  | 1        | 1x annual salary            | Additional cost to employee |
|  | 2        | 2x annual salary            | Additional cost to employee |
|  | 3        | 3x annual salary            | Additional cost to employee |
|  | 4        | 4x annual salary            | Additional cost to employee |
| <b>Spouse Life Insurance</b>                   | \$10,000 | Additional cost to employee |                             |
|  | \$15,000 | Additional cost to employee |                             |
|  | \$25,000 | Additional cost to employee |                             |
| <b>Child Life Insurance</b>                    | \$2,500  | Additional cost to employee |                             |
|  | \$5,000  | Additional cost to employee |                             |
|  | \$10,000 | Additional cost to employee |                             |
| <b>Part-Time Employee Life Insurance</b>       | \$15,000 | No cost to employee         |                             |

### FEATURES OF THE PLAN

- Your employer's plan includes voluntary Accidental Death and Dismemberment (AD&D) Insurance which would pay an additional benefit, up to the amount of you and your dependent's Voluntary Life benefit, if you suffer a covered loss due to accident.
- Tiers must match for spouse and dependent child(ren) coverage.

### ABOUT EVIDENCE OF INSURABILITY

Evidence of Insurability — also called “proof of good health” — is required if:

- You decline coverage during your initial eligibility period and then want coverage at a later date; or
- You apply for Voluntary Life in excess of Guaranteed Issue Amount.

### AGE REDUCTIONS

Amounts of employee Core life insurance are reduced at the following ages:

| AGE | PERCENTAGE |
|-----|------------|
| 70  | 67%        |
| 75  | 50%        |

### EXCLUSIONS

If the dependent spouse's cause of death is suicide:

- No amount of dependent spouse voluntary life insurance is payable if the suicide occurs within 24 months after the dependent spouse's voluntary life insurance is effective. Any period of time the dependent spouse was insured for the same amount of dependent spouse voluntary life insurance under the previous insurer's group life policy will count towards completion of the 24 months.
- No increased or additional amount of dependent spouse voluntary life insurance is payable if the suicide occurs within 24 months after the increased or additional amount of dependent spouse voluntary life insurance is effective.



**For questions related to your Short- or Long- Term Disability benefit, please contact your Human Resources Total Rewards Analyst. For questions on Disability claims, please contact MetLife Customer Service for Disability Claims at 866.729.9200 and for Life Claims contact MetLife Customer Service Life Claims at 800.638.6420, Prompt #2. Also, both are available online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).**



# ACCIDENT INSURANCE

With MetLife, you will have access to an Accident Plan that provides payment in addition to any other insurance payment you may receive.

| BENEFIT TYPE  | HIGH PLAN METLIFE ACCIDENT INSURANCE PAYS YOU                          |
|---|--|
| <b>Injuries</b>   |  |
| Fractures   | \$100 – \$6,000  |
| Dislocations  | \$100 – \$6,000  |
| Second- and Third- Degree Burns   | \$100 – \$10,000   |
| Concussions   | \$400  |
| Cuts/Lacerations  | \$50 – \$400   |
| Eye Injuries  | \$300  |
| <b>Medical Services and Treatment</b>   |  |
| Ambulance   | \$300 – \$1,000  |
| Emergency Care  | \$50 – \$100   |
| Non-Emergency Care  | \$50   |
| Physician Follow-Up   | \$75   |
| Therapy Services (including physical therapy)   | \$25   |
| Medical Testing Benefit   | \$200  |
| Medical Appliances  | \$100 – \$1,000  |
| Inpatient Surgery   | \$200 – \$2,000  |
| <b>Hospital Coverage (Accident)</b>   |  |
| Admission   | \$1,000 (non-ICU); \$2,000 (ICU) per accident                          |
| Confinement   | \$200 a day (non-ICU) up to 31 days<br>\$400 a day (ICU) up to 31 days |
| Inpatient Rehabilitation (paid per accident)  | \$200 a day, up to 15 days   |
| <b>Other Benefits</b>   |  |
| Lodging: Pays for lodging for companion up to 30 nights per calendar year   | \$200 per night up to 31 nights  |
| Health Screening Benefit (Wellness) benefit provided if the covered insured takes one of the covered screening/prevention tests | \$50 Payable 1x per calendar year                                      |

Q. Who is eligible to enroll for this accident coverage?


A. You are eligible to enroll yourself and your eligible family members. You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

 For more information, visit the Reference Center within the benefit portal at [www.benefitsatcovenant.com](http://www.benefitsatcovenant.com).



# HOSPITAL INDEMNITY INSURANCE

With MetLife, you will have a choice of two comprehensive plans, 1) Low Plan and 2) High Plan. They provide lump sum cash payments in addition to any other payments you may receive from your medical plan.

| SUBCATEGORY                 | BENEFIT LIMITS (APPLIES TO SUBCATEGORY)     | BENEFIT   | LOW PLAN | HIGH PLAN |
|-----------------------------|---|---|----------|-----------|
| <b>Hospital Benefits</b>    |   |   |          |           |
| Admission Benefit           | 1 time per calendar year                    | Admission   | \$500    | \$1,000   |
|                             |   | Intensive Care Unit (ICU) Supplemental Admission<br><i>(benefits paid concurrently with admission benefit when covered person is admitted to ICU)</i> | \$500    | \$1,000   |
| Confinement Benefit         | 15 days per year                            | Confinement   | \$100    | \$200     |
|                             |   | ICU Confinement<br><i>(benefits paid concurrently with confinement benefit when covered person is confined in ICU)</i>                                | \$100    | \$200     |
| Newborn Confinement Benefit | 2 days per Confinement                      | Newborn Confinement   | \$25     | \$50      |
| <b>Other Benefits</b>       |   |   |          |           |
| Health Screening Benefit    | 1 time per calendar year per covered person | Health Screening  | \$50     | \$50      |

Q. How do I enroll?

A. *Enroll for coverage at Employer website.*

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. *You are eligible to enroll yourself and your eligible family members. You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.*

Q. How do I pay for my Hospital Indemnity coverage?

A. *Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.*

Q. What happens if my employment status changes? Can I take my coverage with me?

A. *Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier.*

Q. What is the coverage effective date?

A. *The coverage effective date is 01/01/2022.*



## Legal Services

With MetLife Legal Plans you can reduce your out-of-pocket cost of legal services. For \$24.00 a month, you get legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. For non-covered matters that are not otherwise excluded, this benefit provides four hours of network attorney time and services per year.

You will have access to expert guidance and tools needed to handle a broad range of personal legal needs such as buying/selling a home, starting a family, dealing with identity theft or caring for aging parents.

With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move – MetLife Legal Plans make it easy to get legal help. You will always have a choice in what attorney to use or you can choose one from a network of prequalified attorneys, or use an attorney outside of the network and be reimbursed some of the cost.

For added protection, your spouse and dependent children are also covered.

| MONEY MATTERS  | HOME & REAL ESTATE   | ESTATE PLANNING   | FAMILY & PERSONAL   | CIVIL LAWSUITS   | ELDER-CARE ISSUES  | VEHICLE & DRIVING   |
|--|--|---|---|--|--|---|
| <ul style="list-style-type: none"> <li>• Debt collection defense</li> <li>• Identity management services</li> <li>• Identity theft defense</li> <li>• Negotiations with creditors</li> <li>• Personal bankruptcy</li> <li>• Promissory notes</li> <li>• Tax audit representation</li> <li>• Tax collection defense</li> <li>• Triple bureau credit monitoring</li> </ul> | <ul style="list-style-type: none"> <li>• Boundary and title disputes</li> <li>• Deeds</li> <li>• Eviction defense</li> <li>• Foreclosure</li> <li>• Home equity loans</li> <li>• Mortgages</li> <li>• Property tax assessments</li> <li>• Refinancing of home</li> <li>• Sale or purchase of home</li> <li>• Security deposit assistance</li> <li>• Tenant negotiations</li> <li>• Zoning applications</li> <li>• boundary &amp; title disputes</li> <li>• Deeds</li> <li>• Eviction defense</li> <li>• Foreclosure</li> <li>• Home equity loans</li> <li>• Mortgages</li> <li>• Property tax assessments</li> <li>• Refinancing of home</li> <li>• Sale or purchase of home</li> <li>• Security deposit assistance</li> <li>• Tenant negotiations</li> <li>• Zoning applications</li> </ul> | <ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex wills</li> <li>• Healthcare proxies</li> <li>• Living wills</li> <li>• Powers of attorney (healthcare, financial, childcare, immigration)</li> <li>• Revocable and Irrevocable Trusts</li> <li>• Simple wills</li> </ul> | <ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand letters</li> <li>• Divorce (20 hours)</li> <li>• Garnishment defense</li> <li>• Guardianship</li> <li>• Immigration assistance</li> <li>• Juvenile court defense, including criminal matters</li> <li>• Name change</li> <li>• Parental responsibility matters</li> <li>• Personal property protection</li> <li>• Prenuptial agreement</li> <li>• Protection from domestic violence</li> <li>• Review of any personal legal document</li> <li>• School hearings</li> </ul> | <ul style="list-style-type: none"> <li>• Administrative hearings</li> <li>• Civil litigation defense</li> <li>• Disputes over consumer goods and services</li> <li>• Incompetency defense</li> <li>• Pet liabilities</li> <li>• Small claims assistance</li> </ul> | <ul style="list-style-type: none"> <li>• Consultation and document review for your parents:</li> <li>• Deeds</li> <li>• Leases</li> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing home agreements</li> <li>• Powers of attorney</li> <li>• Prescription plans</li> <li>• Wills</li> </ul> | <ul style="list-style-type: none"> <li>• Defense of traffic tickets</li> <li>• Driving privileges restoration</li> <li>• License suspension due to DUI</li> <li>• Repossession</li> </ul> |

## Estate Planning

Visit our website to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

## FraudScout Identity Theft Monitoring Services

Credit monitoring alone isn't a complete solution to the constant risk of identity theft. FraudScout's comprehensive coverage scours records and all three major credit bureaus to help uncover and minimize fraud.

**Services include:** credit report and monitoring, credit score summary, cyber monitoring, and identity theft expense reimbursement.

## New for 2024!

To help caregivers and their families, your MetLife Legal Plans benefit now includes unlimited access to Family First, a robust caregiving solution. With Family First, you get digital tools and a confidential, multi-disciplinary team of highly trained experts who will examine your unique caregiving situations, create holistic care plans, and provide the resources and guidance needed to make care-related decisions, delivering better outcomes for all.

For additional information visit [members.legalplans.com](http://members.legalplans.com) under 'Injury & Insurance' or call 1-800-821-6400.

 To learn more, visit [info.legalplans.com](http://info.legalplans.com) and enter access code 9903918 or call 800.821.6400 or visit the Reference Center within the benefit portal at [www.benefitsatcovenant.com](http://www.benefitsatcovenant.com).





# PET INSURANCE

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits. Pet health insurance does not cover pre-existing conditions. If a pet has a pre-existing condition, there are many other conditions that can be covered unrelated to the pre-existing issue.

- Fast claims processing and payment.
- Optional direct deposit and direct vet pay options.
- Use any veterinarian in the U.S., including specialty and emergency clinics.
- Optional coverage for routine care.
- Access to a 24/7 pet helpline.

| PLAN COVERAGE   | SILVER                 | GOLD                   | PLATINUM               |
|---|------------------------|------------------------|------------------------|
| Annual Coverage Limit for Unexpected Accidents and Illnesses  | Unlimited              | Unlimited              | Unlimited              |
| Annual Deductible Options   | \$250                  | \$250                  | \$250                  |
| Reimbursement Percentage Options  | 90%                    | 90%                    | 90%                    |
| Accidents, Illnesses, Cancer, Hereditary Conditions, Emergency Surgeries and Rx Meds  | ✓                      | ✓                      | ✓                      |
| Accident and Illness Exam Fees associated with the diagnosis of your pet for an eligible injury or illness. This is not intended to cover routine exams.            |                        | ✓                      | ✓                      |
| Rehabilitative, Acupuncture and Chiropractic Coverage to treat eligible injuries and illnesses  |                        | ✓                      | ✓                      |
| BestWellness Add-On for Routine Care - The BestWellness plan pays up to \$535 per year for routine annual exams, blood work, vaccines and more, with no deductible. |                        |                        | ✓                      |
| Average Monthly Price – your actual price may be higher or lower depending on your location and your pet’s age and breed.   | Dogs \$30<br>Cats \$21 | Dogs \$37<br>Cats \$24 | Dogs \$63<br>Cats \$50 |

## Accident Only Coverage

If your pet currently has Addison’s Disease, Cushing’s Disease, Diabetes, Cancer, Feline Leukemia or Feline Immunodeficiency Virus, they can enroll for Accident Only coverage, but will be ineligible for illness coverage. The Accident Only plan does not cover medical issues such as illness or cancer, but provides up to \$10,000 in annual coverage for things like broken legs, snake bites, accidental swallowing and more.

Coverage starts at \$9 per month for dogs, and \$6 per month for cats.



To learn more, visit [americanpetinsurance.com](http://americanpetinsurance.com) or visit the Reference Center within the benefit portal at [www.benefitsatcovenant.com](http://www.benefitsatcovenant.com).



## COVENANT CARES CONCIERGE

Covenant Cares (C2) Concierge is a benefit at Covenant HealthCare. The C2 team can help you increase your work/life balance, reduce your stress and help stretch your paycheck.

### IT'S FREE

The concierge fulfills requests for you at no charge. Pay only for the items or services you request often at a discounted rate.

### IT'S EASY

Visit, call, email or submit your request to Covenant Cares via the website from any location 24/7.

### IT'S FOR YOU

This service is designed to increase your work/life balance. Let Covenant Cares check off the items on your to-do list that take a back seat during your work day, and let you get back to doing what you do best.

### WORK PERKS

Exclusive discounts for tickets and trips are conveniently available through Covenant Cares.

### C2 SERVICE MENU

- **Amusement Parks and Attractions**  
Discount tickets, coupons, group sales, schedules, vip options
- **Appointment Scheduling**  
Salon, spa, restaurant reservations, tee times, home services
- **Automotive**  
Detailing, glass, oil changes, repairs, tires, discounts for new and used vehicles
- **Bookstore**  
Discounts and delivery of books, magazines, CDS, DVDS, gifts, text books
- **Business**  
Copy, courier, digital photo, fax, mail, notary public, shipping, stamps
- **Entertainment**  
Discounted tickets, schedules and VIP options for concerts, movies, special events, sports, theater, food and wine, family fun, date nights
- **Event Planning**  
Research and consultants for weddings, birthdays, anniversaries, graduations, holidays, baby showers
- **Family Resources**  
Child care, recipe ideas, tutoring, youth programs, adult care, back to school
- **Food**  
Catering, restaurant and grocery delivery, personal chef, organic produce, meals-to-go, discounts for local restaurants
- **Gifts**  
Suggestions, baskets, fruit arrangements, cookie bouquets, floral, gift cards
- **Internet/Technology**  
Consumer reports, product information, repair services, ink cartridge recycling and refills, discounted products, price comparisons, online shopping
- **Local Information/Resources**  
Attractions, community resources, dining, directions
- **Personal Services**  
Alterations, dry cleaning, group memberships, jewelry appraisals and repairs, watch battery replacement, fee-based errand running, laundry, apartment and housing location services
- **Pet Services**  
Day care, boarding, emergency care, discounted supplies, home visits, grooming, training
- **Transportation**  
Bus service, car pooling, taxi, limousine, car rental
- **Travel**  
Flights, directions, hotel, discounts, itineraries, maps, reservations, local attractions
- **Wellness**  
Community supported agriculture, door to door organics, fitness and gym membership and equipment discounts, class and league schedules, massage therapy, farmers markets, yoga



## SCHEDULE OF PAY PERIODS 2024

| PAY PERIOD | START    | END      | PAY DAY  |
|------------|----------|----------|----------|
| 1          | 12/17/23 | 12/30/23 | 01/05/24 |
| 2          | 12/31/23 | 01/13/24 | 01/19/24 |
| 3          | 01/14/24 | 01/27/24 | 02/02/24 |
| 4          | 01/28/24 | 02/10/24 | 02/16/24 |
| 5          | 02/11/24 | 02/24/24 | 03/01/24 |
| 6          | 02/25/24 | 03/09/24 | 03/15/24 |
| 7          | 03/10/24 | 03/23/24 | 03/29/24 |
| 8          | 03/24/24 | 04/06/24 | 04/12/24 |
| 9          | 04/07/24 | 04/20/24 | 04/26/24 |
| 10         | 04/21/24 | 05/04/24 | 05/10/24 |
| 11         | 05/05/24 | 05/18/24 | 05/24/24 |
| 12         | 05/19/24 | 06/01/24 | 06/07/24 |
| 13         | 06/02/24 | 06/15/24 | 06/21/24 |
| 14         | 06/16/24 | 06/29/24 | 07/05/24 |
| 15         | 06/30/24 | 07/13/24 | 07/19/24 |
| 16         | 07/14/24 | 07/27/24 | 08/02/24 |
| 17         | 07/28/24 | 08/10/24 | 08/16/24 |
| 18         | 08/11/24 | 08/24/24 | 08/30/24 |
| 19         | 08/25/24 | 09/07/24 | 09/13/24 |
| 20         | 09/08/24 | 09/21/24 | 09/27/24 |
| 21         | 09/22/24 | 10/05/24 | 10/11/24 |
| 22         | 10/06/24 | 10/19/24 | 10/25/24 |
| 23         | 10/20/24 | 11/02/24 | 11/08/24 |
| 24         | 11/03/24 | 11/16/24 | 11/22/24 |
| 25         | 11/17/24 | 11/30/24 | 12/06/24 |
| 26         | 12/01/24 | 12/14/24 | 12/20/24 |

## BENEFITS BY DESIGN DIRECTORY

|  |  |
|--|--|
| Businessolver Call Center                                | benefitsatcovenant.com<br>833.261.5744   |
| <b>INSURANCE CARRIERS</b>                                |  |
| Medical – ASR  | asrhealthbenefits.com<br>800.968.3033<br>Registered PCP: 989.583.7545            |
| Medical – PHP  | www.phpmichigan.com/MyPHP<br>833.644.8410  |
| EHIM – Pharmacy Benefit Manager                          | ehimrx.com<br>800.311.3446   |
| Dental – Delta Dental                                    | deltadentalmi.com<br>800.524.0149  |
| Vision – VSP   | vsp.com<br>800.877.7195  |
| MetLife  | Leave of Absence and Disability Claims<br>888.463.1922<br>metlife.com/mybenefits |
|  | Life Insurance Claims<br>888.638.6420, Prompt #2                                 |
|  | Hospital / Accident<br>800.438.6388<br>metlife.com/mybenefits                    |
|  | Legal<br>800.821.6400<br>info.legalplans.com                                     |
| <b>FLEXIBLE SPENDING</b>                                 |  |
| Health Care and Dependent Care Flexible Spending Account | benefitsatcovenant.com<br>833.261.5744   |
| Health Saving Account (HSA)                              | hsabank.com<br>800.357.6246  |
| <b>COVENANT HUMAN RESOURCES - TOTAL REWARDS</b>          |  |
| Total Rewards Benefits                                   | 989.583.4080, Prompt #1  |
| Total Rewards – Leave of Absence                         | 989.583.4080, Prompt #2  |
| Pensions   | 989.583.4080, Prompt #3  |
| Defined Contributions – TransAmerica                     | my.trsrretire.com<br>800.755.5801  |
| Transamerica Rep   | 989.583.4418   |



**Covenant HealthCare**  
1447 North Harrison  
Saginaw, Michigan 48602  
[covenanthealthcare.com](http://covenanthealthcare.com)