Medical Plans BCBS of Michigan Cornerstone Educational Group

	New Plan	
Plan	BC-PPO SB 500-20-MI	
Deductible (Individual/Family)	\$500/\$1,000	
Calendar Year Out-of-Pocket Max (Ind/Family)	\$6,350/\$12,700	
Primary Care Visit	\$20 Copay	
Specialty Visit	\$40 Copay	
Hospitalization Inpatient/Outpatient	Ded then 20%/Ded then 20%	
Prescription Copays	\$10 Copay/\$40 Copay/\$80 Copay/Not applicable	
Diagnostics/Scans/Labs	Ded then 20%	

Plan	Coverage Level	Premium
	Employee	\$354.19
BC-PPO SB 500-20-MI	Employee + Spouse	\$1048.17
	Employee + Children	\$1048.17
	Employee + Family	\$1353.93



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Medical Plans BCBS of Michigan Cornerstone Educational Group

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	New Plan	
Plan	BC-PPO SB 1000-20-MI	
Deductible (Individual/Family)	\$1,000/\$2,000	
Calendar Year Out-of-Pocket Max (Ind/Family)	\$6,350/\$12,700	
Primary Care Visit	\$30 Copay	
Specialty Visit	\$50 Copay	
Hospitalization Inpatient/Outpatient	Ded then 20%/Ded then 20%	
Prescription Copays	\$10 Copay/\$40 Copay/\$80 Copay/Not applicable	
Diagnostics/Scans/Labs	Ded then 20%	

Plan	Coverage Level	Premium
	Employee	\$301.62
BC-PPO SB 1000-20- MI	Employee + Spouse	\$922.03
	Employee + Children	\$922.03
	Employee + Family	\$1196.26



Medical Plans Blue Care Network Cornerstone Educational Group

	New Plan
Plan	BCN-HMO 500-MI
Deductible (Individual/Family)	\$500/\$1,000
Calendar Year Out-of-Pocket Max (Ind/Family)	\$6,350/\$12,700
Primary Care Visit	\$20 Copay
Specialty Visit	\$40 Copay
Hospitalization Inpatient/Outpatient	Ded then 20%/Ded then 20%
Prescription Copays	1A \$4/1B \$15/\$40 Copay/\$80 Copay/20% Coins
Diagnostics/Scans/Labs	L\$0;X20%ad;I\$150

Plan	Coverage Level	Premium
BCN-HMO 500-MI	Employee	\$73.21
	Employee + Spouse	\$381.33
	Employee + Children	\$381.33
	Employee + Family	\$525.27





Medical Plans Blue Care Network Cornerstone Educational Group

	New Plan	
Plan	BCN-HMO 1000-MI	
Deductible (Individual/Family)	\$1,000/\$2,000	
Calendar Year Out-of-Pocket Max (Ind/Family)	\$6,600/\$13,200	
Primary Care Visit	\$20 Copay	
Specialty Visit	\$40 Copay	
Hospitalization Inpatient/Outpatient	Ded then 20%/Ded then 20%	
Prescription Copays	1A \$4/1B \$15/\$40 Copay/\$80 Copay/20% Coins	
Diagnostics/Scans/Labs	L\$0;X20%ad;I\$150	

Plan	Coverage Level	Premium
BCN-HMO 1000-MI	Employee	\$42.47
	Employee + Spouse	\$307.54
	Employee + Children	\$307.54
	Employee + Family	\$433.01



Health Advocate

Must enroll in a TotalSource medical plan. Available to spouse, domestic partner, dependent children, parents and parents-in-law.

Health Advocacy

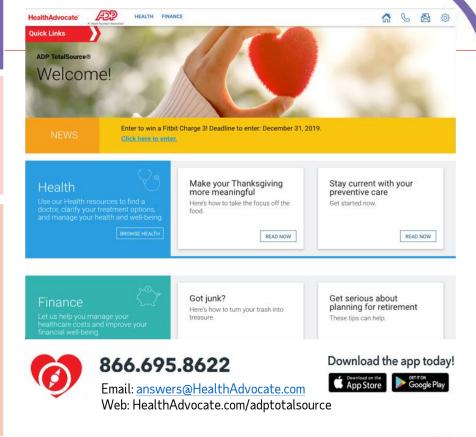
- Find the right doctors and hospitals
- Schedule test, appointment, secure second options
- Explain benefits coverage and health conditions, research the latest treatments
- Resolve billing and claims issues, locate elder care services.

Medical Bill Saver

- You give us your medical and dental bills of \$400 or more
- We contact the provider on your behalf to negotiate a discount
- If negotiations are successful, we share in 25% of the savings, if we are not successful, you pay nothing
- once an agreement is made, we obtain provider sign off on a payment terms and conditions
- You get an easy to read, personal savings results statement summarizing the outcome and payment terms

Some states may have restrictions or prohibitions in place which impact our ability to negotiate medical bills. These rules are subject to change by the states. Negotiation of fees related to Medicaid or Medicare are prohibited by federal law.

We make healthcare easier



Dental Plans Guardian Life Ins. Company, Cornerstone Educational Group

	New Plan	
Plan	Guardian-Value 1000 Area 3G	
Deductible Individual/Family	\$50/\$150	
Benefit Max	\$1,000	
Preventative Services	100%	
Basic Services	Deductible then 80%	
Major Services	Deductible then 50%	
Orthodontic Services	50%	

Plan	Coverage Level	Premium
Guardian-Value 1000 Area 3G	Employee	\$3.32
	Employee + Spouse	\$21.45
	Employee + Children	\$21.45
	Employee + Family	\$38.87



Dental Plans Guardian Life Ins. Company, Cornerstone Educational Group

	New Plan	
Plan	Guardian-Managed Care Michigan	
Deductible Individual/Family	None/None	
Benefit Max	None	
Preventative Services	Based on Patient Charge Schedule	
Basic Services	Based on Patient Charge Schedule	
Major Services	Based on Patient Charge Schedule	
Orthodontic Services	Based on Patient Charge Schedule	

Plan	Coverage Level	Premium
Guardian-Managed Care Michigan	Employee	\$1.66
	Employee + Spouse	\$10.73
	Employee + Children	\$10.73
	Employee + Family	\$19.44







Dental Plans Guardian Life Ins. Company, Cornerstone Educational Group

	New Plan
Plan	Guardian-PPO XS 1650 Area 3G
Deductible Individual/Family	None/None
Benefit Max	\$1,650
Preventative Services	100%
Basic Services	90%
Major Services	60%
Orthodontic Services	50%

Plan	Coverage Level	Premium
Guardian-PPO XS 1650 Area 3G	Employee	\$16.40
	Employee + Spouse	\$47.61
	Employee + Children	\$48.25
	Employee + Family	\$79.51



Guardian College Tuition Benefit®





Guardian.CollegeTuitionBenefit.com

- When you enroll in a Guardian Dental plan, you'll instantly earn 500 Tuition Rewards[®], plus 2,000 each year — and a bonus in year four.
- One Tuition Reward point = \$1 in tuition reduction
- Tuition Rewards can be used at over 345 institutions.
- Ranked top 80% among "America's Best" by U.S. News and World Report.



- You can share this benefit with relatives, including children, nieces, nephews and grandchildren, (subject to certain restrictions).
- Colleges participate to boost their recruitment.



Vision options

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VSP Choice Plan				
Benefit	Со-рау	Frequency		
In-network				
Well vision examination	\$10	Once every 12 months within Plan Year		
Prescription glasses	\$15	Once every 12 months within Plan Year		
Single vision, lined bifocal and lined trifocal	None	Once every 12 months within Plan Year		
Retail allowance for frames		\$180 allowance per Plan Year – 20% off amount over your allowance		
Contact lenses (instead of glasses)		\$150 allowance per Plan Year – 15% off exams		
LASIK		\$150 allowance per Plan Year – 15% off regular price 5% off for promotional price (VSP contracted facility only)		
Out-of-network				
All services	N/A	Services are reimbursed up to a maximum amount, depending on service		

No ID cards required. Participating providers can be found at **www.vsp.com**.



Vision options

VSP, Cornerstone Educational Group

Vision monthly cost

Plan	Coverage Level Renewa	
VSP - Vision	Employee	\$0.50
	Employee + Spouse	\$2.69
	Employee + Children	\$2.69
	Employee + Family	\$5.14

No ID cards required. Participating providers can be found at **www.vsp.com**





Make health a priority year-round with these resources.

- Health Advocate™: **HealthAdvocate.com/adptotalsource**
- Aetna Virtual Visits: Teladoc.com/Aetna
- UnitedHealthcare Virtual Visits: myuhc.com
- MyLife Advisor: MyLifeAdvisor@adp.com or 844-448-0325
- Resources on MyLife.adp.com







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Dependent Care FSA

- Use for non-medical dependent expenses
 - Examples: After-school programs, preschools, elderly home care
 - Eligible dependents are children under 13 or elderly family members who live at home.
- Contribute \$50 to \$5,000 for Dependent Care FSAs
 - \$50 to \$2,500 if married and filing separately
 - \$50 to \$2,000 if a Highly Compensated Employee (HCE)
 - \$2,000 election limit for HCEs
- Use it or lose it! Deadlines for the FSA plan are:
 - May 31, 2021 for incurring claims
 - July 30, 2021 for requesting reimbursement



Health Care Flexible Spending Account (FSA)

- Current annual contribution limit is \$2,750.
- Up to \$500 may be carried over into the next Plan Year, ٠ only if you had an active election in the prior Plan Year.
 - You must finish the Plan Year with an active FSA in order to be eligible for a carryover.
- If you participate in an HDHP, you will only be able to elect a Limited Plan FSA.
 - The Limited FSA will be for basic dental and vision expenses, so consider contributing less.
 - The HDHP is meant to be paired with an HSA. The HSA will cover all qualified medical, and the surplus of dental and vision expenses – so consider contributing more.







The EAP is a confidential service designed to help employees with a variety of personal concerns like the following:

- Emotional Health
- Parenting, Child Care and Education
- Senior Caregiving Services
- Wellness and Daily Living
- Legal and Financial

Learn more about the EAP on MyLife.adp.com

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ADP discounts powered by LifeMart[®]

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- Electronics/cell phones
- Health and wellness
- Groceries
- Travel
- Entertainment
- Financial services

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- Home and auto
- Family
- Child care
- Senior care
 - Education
- Pet Insurance

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Voluntary benefits*

Coverage for you and your dependents



Accident insurance

If you're in an accident, medical insurance may not cover all necessary tests and services. Fortunately, the MetLife Group Accident Plan picks up where medical insurance leaves off.



Accidental Death & Dismemberment (AD&D)

Pays benefits to you and your family if you die or become dismembered or blinded due to a covered accident.



Hospital indemnity insurance

Charges mount up when you're in the hospital. The Hospital Indemnity Plan pays you a lump sum every day you are confined. You can use the money for any reason.

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Critical illness insurance

Health insurance can leave you with Out-Of-Pocket expenses. A payment from the MetLife Critical Illness Plan can help cover many of those costs.



Term life insurance

Life insurance provides a death benefit as well as additional support, planning and protection services.



Short-Term Disability (STD)

Provides you with continuing weekly income during the initial weeks while you are out of work due to an illness or accident.



Legal services

Engage professional, State Bar-certified attorneys for a wide range of legal matters.

* Part-time employees are eligible for voluntary benefits.



