



# Benefits Summary

Advance Employment  
Services

# Medical Insurance

*7/1/2023 - 6/30/2024 Benefit Year*





# Medical Insurance | BlueCross BlueShield Michigan

## Health Maintenance Organization (HMO)

The HMO gives you access to certain doctors and hospitals, but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

## Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

## High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA).

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

Choice of plan options:	\$1,000 HMO <i>In-Network Benefits Only</i>	\$4,000 HMO <i>In-Network Benefits Only</i>	\$1,500 PPO	\$6,350 PPO
<b>Deductible</b> Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$1,000  \$2,000	\$4,000  \$8,000	\$1,500 / \$3,000  \$3,000 / \$6,000	\$6,350 / \$12,700  \$12,700 / \$25,400
<b>Coinsurance</b> In-Network / Out-of-Network	80%	50%	80% / 60%	100% / 80%
<b>Out-of-Pocket Max</b> Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$6,600  \$13,200 <i>Max in Copays</i>	\$6,350  \$12,700 <i>Max in Copays</i>	\$8,150 / \$16,300  \$16,300 / \$32,600 <i>Includes Deductible</i>	\$6,350 / \$15,000  \$12,700 / \$30,000 <i>Includes Deductible</i>
<b>Physician Services (In-Network)</b> Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% \$20 / \$40 copay Deductible then 80%	100% Deductible then 50% Deductible then 50%	100% \$30 copay / \$50 copay Deductible then 80%	100% Deductible then 100% Deductible then 100%
<b>Emergency Room</b>	\$150 copay	Deductible then 50%	\$150 copay	Deductible then 100%
<b>Urgent Care (In-Network)</b>	\$50 copay	Deductible then 50%	\$60 copay	Deductible then 100%
<b>Prescription Drugs (In-Network)</b> Mostly Generic/Preferred Brand Drugs/Non-Preferred Drugs/ Preferred Specialty/ Non- Preferred Specialty	<b>Copays:</b> \$6/\$25/\$50/\$80/20%	<b>Copays:</b> Deductible then 50%	<b>Copays:</b> \$20/\$60/\$80/20%/25%	Deductible then 100%
<b>Per Pay Period Contributions (Weekly Pay Periods, 52)</b>	<b>\$1,000 HMO You Pay</b>	<b>\$4,000 HMO You Pay</b>	<b>\$1,500 PPO You Pay</b>	<b>\$6,350 PPO You Pay</b>
Employee Only	\$62.80	\$25.57	\$97.08	\$55.53
Employee Plus 1	\$235.00	\$145.65	\$317.26	\$217.56
Employee Plus Family	\$308.80	\$197.11	\$411.63	\$286.99



# Dental Insurance

*7/1/2023 - 6/30/2024 Benefit Year*





# Dental Insurance | Guardian

## Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

### Preventive:

- Annual cleanings (2 per year)
- Fluoride Treatments
- And more

### Basic:

- Fillings
- And more

### Major:

- Dentures/bridges/partial
- Crowns
- And more

Choice of plan options:	Low PPO <i>In-Network / Out-of-Network</i>
Network Name	DentalGuard Preferred
Individual Deductible	\$0 / \$50
Family Deductible	\$0 / \$150
Office Visit Copay	None
Preventive Coinsurance	100% / 100%
Basic Coinsurance	80% / 50%
Major Coinsurance	50% / 50%
Annual Plan Maximum	\$1,000 / \$1,000
Orthodontia Coinsurance	Not Covered
Orthodontia Lifetime Maximum	Not Covered

## Dental Insurance Rates

### Low PPO

Monthly Contributions:	You Pay
Employee Only	\$28.89
Employee & Spouse	\$58.66
Employee & Child(ren)	\$69.19
Family	\$105.15

# Vision Insurance

7/1/2023 - 6/30/2024 Benefit Year





# Vision Insurance | Guardian

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 12 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP		
Eye Exam	Every 12 months	\$20 copayment	\$39 max allowance
Lenses <ul style="list-style-type: none"><li>- Single vision</li><li>- Bifocal</li><li>- Trifocal</li><li>- Lenticular</li></ul>	Every 12 months	\$20 copayment	Allowance varies
Frames	Every 12 months	\$130 allowance + 20% off balance	\$46 Allowance
Elective Contacts	Every 12 months	\$130 Allowance	\$100 Allowance

## Vision Insurance Rates

### Vision Plan

Monthly Contributions:	You Pay
Employee Only	\$10.33
Employee & Spouse	\$17.39
Employee & Child(ren)	\$17.74
Family	\$28.07

# Additional Benefits

*7/1/2023 - 6/30/2024 Benefit Year*







# Critical Illness Insurance | Guardian

Critical Illness Insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit, in addition to any other insurance you may have.

If you meet the policy requirements, Critical Illness insurance will provide you with a lump-sum payment upon diagnoses for many conditions. See your plan highlight sheet for specific coverage details.

Eligible Individual	Initial Benefit
Employee	\$5,000 or \$10,000
Spouse	50% of employee's benefit
Dependent Child(ren)	25% of employee's benefit

Covered conditions include but are not limited to:

Covered Condition	Initial Benefit	Recurring Benefit
Invasive Cancer	100% of Initial Benefit	50% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Heart Failure	100% of Initial Benefit	50% of Initial Benefit
Organ Failure	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	50% of Initial Benefit
Alzheimer's Disease	50% of Initial Benefit	Not Applicable



# Hospital Indemnity | Guardian

Hospital Indemnity Insurance supplements your medical plan— no matter what type of other coverage you have. Guardian pays you cash benefits for hospital admissions and hospital stays. Cash benefits are paid directly to you—you decide how to use them.

Benefit Details	Benefit Amount
Hospital/ICU Admission	\$500 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family
Hospital/ICU Confinement	\$100 per day to a max of 15 days per year, per insured

# Critical Illness Rates

## Critical Illness—Employee Rates

Benefit Amounts:	< 30	30-39	40-49	50-59	60-69	70+
\$5,000	\$3.35	\$4.45	\$8.55	\$16.30	\$28.75	\$52.70
\$10,000	\$6.70	\$8.90	\$17.10	\$32.60	\$57.50	\$105.40

## Critical Illness—Spouse Rates

Benefit Amounts:	< 30	30-39	40-49	50-59	60-69	70+
\$2,500	\$1.68	\$2.23	\$4.28	\$8.15	\$14.38	\$26.35
\$5,000	\$3.35	\$4.45	\$8.55	\$16.30	\$28.75	\$52.70

# Hospital Indemnity Rates

## Hospital Indemnity

Monthly Contributions:	< 50	50-59	60-64	65-69
Employee Only	\$11.88	\$11.74	\$19.81	\$32.82
Employee & Spouse	\$20.28	\$23.72	\$37.02	\$69.24
Employee & Child(ren)	\$19.71	\$19.57	\$27.65	\$40.65
Family	\$28.12	\$31.55	\$44.85	\$77.08



# Group Accident | Guardian

Group Accident coverage provides you with payment for a covered accident. It also pays if you undergo testing, receive medical services, treatment of care for any one of more than 100 covered events as defined in your group certificate.

Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays (if applicable), out-of-network treatments, your family's everyday living expenses or whatever else you need while recuperating from an accident.

Benefit Type	Benefit Amount You're Paid
<b>Initial Care</b>	
Initial Doctor's Office / Urgent Care Facility Treatment	\$50
Accident Emergency Room Treatment	\$100
Ambulance / Air Ambulance	\$100 / \$500
X-Ray Benefit	\$15
<b>Medical Services and Treatments</b>	
Surgery	\$150 to \$750
<b>Hospital Coverage (Accident)</b>	
Hospital Admission	\$500 per accident
Hospital ICU Admission	\$1,000 per accident
Hospital Confinement	\$100 per day up to 365 days per accident
Hospital ICU Confinement	\$200 per day up to 15 days per accident
<b>Other Benefits</b>	
Dislocations	Schedule up to \$2,000
Fractures	Schedule up to \$3,000
Burn (based on size and degree)	Up to \$6,000
Burn (skin graft for 2nd or 3rd degree burns)	50% of burn benefit
Coma	\$5,000
Concussion	\$50
<b>Accidental Dismemberment</b>	
Loss of Fingers / Toes	25% of AD&D Benefit
Loss or Loss of Use of Hand / Foot / Sight of Eye	\$50% of AD&D (one) / 100% of AD&D (two or more)
<b>Accidental Death</b>	<b>\$10,000 / \$5,000 / \$5,000</b>
<b>Accidental Death—Common Carrier</b>	<b>200% of AD&amp;D</b>

## Accident Insurance Rates

### Accident Plan

Monthly Contributions:	You Pay
Employee Only	\$4.56
Employee & Spouse	\$7.47
Employee & Child(ren)	\$7.56
Family	\$10.46

By electing Colonial Life Benefits, you are affirming that you have read and agree to the disclosures, limitations and exclusions document located in the document resource center. Colonial Life Group Accident and Critical Care are not available to New York state residents. Coverage is available to employees and their families. Employees pay 100% of the premium.

# Carrier Information







# Carrier Information

## Medical

<b>Carrier</b>	Blue Cross Blue Shield of Mi
<b>Website</b>	<a href="https://www.bcbsm.com">https://www.bcbsm.com</a>
<b>Phone Number</b>	See number on back of card
<b>Customer ID</b>	419183

## Dental

<b>Carrier</b>	Guardian
<b>Website</b>	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Phone Number</b>	888-482-7342
<b>Network</b>	DentalGuard Preferred
<b>Policy Number</b>	571008

## Critical Illness

<b>Carrier</b>	Guardian
<b>Website</b>	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Phone Number</b>	888-482-7342

## Vision

<b>Carrier</b>	Guardian
<b>Website</b>	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Phone Number</b>	888-482-7342
<b>Network</b>	VSP
<b>Policy Number</b>	571008

## Accident

<b>Carrier</b>	Guardian
<b>Website</b>	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Phone Number</b>	888-482-7342

## Hospital Indemnity

<b>Carrier</b>	Guardian
<b>Website</b>	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Phone Number</b>	888-482-7342

## Human Resources Contact Information

<b>Contact</b>	Rachel Catron
<b>Email Address</b>	<a href="mailto:RCatron@advanceteam.com">RCatron@advanceteam.com</a>



# Tips to Save Money

## **Preventive/Wellness Exams Covered at 100%**

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual exam
- No deductible expenses apply—the exam is completely no cost to you provided it's coded as preventive

## **Prescription Drugs**

- Ask your doctor if there's a generic version of the medication they're prescribing or you're already taking
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

## **High Cost Scans, X-Rays & Tests**

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network, free-standing imaging center can save you a substantial amount of money

## **Accessing Medical Care**

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't extreme, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit [cvs.com](https://www.cvs.com) or [walgreens.com](https://www.walgreens.com) to find a clinic near you\*
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.



Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.