

# 2024

## benefits summary



### Medical and prescription drug plan summary—BCBS of Michigan

Medical	PPO High Plan In-Network*	PPO Low Plan In-Network*	HSA Plan** In-Network*
<b>Deductible</b>			
Employee Only	\$2,000	\$4,000	\$2,500
Family	\$4,000	\$8,000	\$5,000
Coinsurance (what the plan pays)	80%	80%	80%
<b>Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)</b>			
Employee Only	\$4,000	\$6,000	\$4,500
Family	\$8,000	\$12,000	\$9,000
Preventive Care	100%	100%	100%
<b>Office Visit (PCP/Specialist)</b>			
Primary Doctor	\$30 copay	\$40 copay	80% after deductible
Specialist	\$50 copay	\$60 copay	80% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible
Inpatient Care	80% after deductible	80% after deductible	80% after deductible
Outpatient Care	80% after deductible	80% after deductible	80% after deductible
<b>Ascent Funding</b>			
Single	N/A	N/A	\$500
Family	N/A	N/A	\$1,000
<b>Prescription Drugs</b>			
<b>Retail (30-day supply)</b>			
Tier 1—Generics	\$10 copay	\$10 copay	\$10 copay after deductible
Tier 2—Preferred Brand Name	\$40 copay	\$40 copay	\$40 copay after deductible
Tier 3—Nonpreferred Brand Name	\$80 copay	\$80 copay	\$80 copay after deductible
<b>Mail Order (up to 90-day supply)</b>			
Tier 1—Generics	\$25 copay	\$25 copay	\$20 copay after deductible
Tier 2—Preferred Brand Name	\$100 copay	\$100 copay	\$80 copay after deductible
Tier 3—Nonpreferred Brand Name	\$200 copay	\$200 copay	\$160 copay after deductible

\* Out-of-network benefits are also available. Please see your Summary Plan Description (SPD) for more information.

\*\* Ascent funds \$500 (employee only) or \$1,000 (dependent coverage) for those enrolled in the HSA plan.

Contributions	PPO High Plan In-Network*	PPO Low Plan In-Network*	HSA Plan In-Network*
<b>Bi-Weekly Contributions</b>			
Employee Only	\$104.78	\$69.68	\$44.70
Employee+ Spouse	\$240.06	\$165.85	\$115.90
Employee +Child(ren)	\$208.23	\$160.04	\$111.84
Family	\$352.26	\$257.89	\$180.23

## Dental

	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
■ Employee Only	\$25	\$25	\$50	\$50
■ Family	\$75	\$75	\$150	\$150
Annual Maximum	\$2,000		\$1,500	
Preventive and Diagnostic Services	100%	100%	100%	100%
Basic Services	80%	80%	70%	70%
Major Services	50%	50%	40%	40%
Orthodontia*	50%	50%	Not covered	
Orthodontia Maximum*	\$2,000		Not covered	

\* Orthodontia benefit applies to dependents up to age 26.

	Bi-Weekly Contributions	
	High Plan	Low Plan
Employee Only	\$9.78	\$5.45
Employee + Spouse	\$22.05	\$12.23
Employee + Child(ren)	\$18.64	\$10.35
Family	\$31.64	\$17.59

## Employer-paid benefits

- Basic Life/Accidental Death and Dismemberment (AD&D) 1× salary to \$200K
- Short-Term and Long Term Disability
- 4 weeks Paid Parental Leave

## Voluntary benefits

- Voluntary Life/Accidental Death and Dismemberment (AD&D)
- Critical Illness and Accident Insurance
- Identity Theft Protection through Norton LifeLock

## Financial benefits

- 401(k) Plan and Employer Match. Teammates should contribute 5% to receive the maximum 4% employer match
- Health Savings Account—Ascent contributes \$500 single/\$1,000 family for those enrolled in the HSA Medical Plan
- Healthcare Flexible Spending Account—\$3,200 max (for those not enrolled in the HSA Medical plan)
- Dependent Care Spending Account—\$5,000 max

## Vision

	Vision Plan	
	In-Network	Out-of-Network
Eye Exam With Dilation as Necessary (Once every 12 months)	\$10 copay	Up to \$40
Frames** (Once every 24 months)	\$0 copay; \$130 allowance, 20% off balance over \$130	Up to \$91
<b>Standard Lenses (Once every 12 months)</b>		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
<b>Contact lenses (Once every 12 months)</b>		
Standard Fit and Follow-Up	\$40 copay	N/A
Medically Necessary	\$0 copay; paid-in-full	Up to \$210
Elective	\$0 copay; \$120 allowance, 15% off balance over \$120	Up to \$120

\* Dependents are eligible under the vision plan up to age 26.

\*\* Any frame, any price for \$0 out of pocket at Target Optical—plus enjoy savings on lenses. Use offer code: 755288

Bi-Weekly Contributions	
Employee Only	\$1.52
Employee + Spouse	\$2.74
Employee+Child(ren)	\$2.74
Family	\$3.96

## Other items

- Virtual Visits through BCBSM
- Health and Wellbeing online resources through BCBSM
- Employee Assistance Program through Lifeworks; 5 in-person sessions and unlimited telephonic counseling
- Competitive Paid Time Off (PTO) Policy with minimum of 13 PTO days per calendar year
- Tuition Reimbursement Program
- Desk-Level Incentive Plans
- Ascent University (Learning and Development Opportunities)
- Awardco—Recognition Programs
- Wellness Program (2024 Premium Discounts)
- Omada—Personalized Healthy Lifestyle and Weight Loss Program

