

Medical | 2022

ELIGIBILITY

Who is eligible for medical benefits:

- EMPLOYEE**
You (the Employee) are eligible to participate in the benefits programs if you are working a minimum of 30 hours per week.
- LAWFUL SPOUSE**
The individual you are legally married to and who is not legally divorced from you.
- DEPENDENT CHILD(REN)**
Child related to you or your spouse by birth, marriage, legal adoption or legal guardianship.

New Hire Eligibility Period:

Employees will become eligible for benefits on the first day of the month following 30 days of employment.

DEPENDENT ELIGIBILITY:

Dependent children (as defined by the Affordable Care Act), are eligible to the day on which they turn age 26.

TERMINATION OF COVERAGE:

Coverage will end on the date of the status change event.

Open Enrollment:

Is the one time during the year when you can make changes to your current elections unless you have a qualifying event.

What is considered a qualifying event:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in your spouse's employment status or a change in coverage under another employer-sponsored plan



**Blue Cross
Blue Shield**
of Michigan

Carrier Blue Cross Blue Shield
Phone 313-225-9000
Website bcbsm.com
Group # 71505

This coverage is **contributory** which means you and Usui International Corporation, will share the cost of this benefit if you elect coverage.

In-Network Coverage	Blue Cross Blue Shield (BCBSM) Basic PPO Plan
DEDUCTIBLE (Plan Year 01/01/2022 - 12/31/22)	
Employee Only	\$750
Employee + 1 or Family	\$1,500
COINSURANCE	
Insurance pays / you pay	80% / 20%
COINSURANCE MAXIMUM	
Employee Only	\$1,500
Employee + 1 or Family	\$300
OUT-OF-POCKET MAXIMUM	
Employee Only	\$6,600
Employee + 1 or Family	\$13,200
COMMON SERVICES (YOUR COST SHARE)	
Routine Preventive	Covered at 100%
Office visit	\$30
Online Physician Visit	Covered at 100%
Specialist	\$30
High-Tech Imaging	20% after deductible
Emergency Room	\$200
Urgent Care	\$50
2022 EMPLOYEE BENEFIT PAYROLL CONTRIBUTION*	
Bi-Weekly Insurance Cost (Deducted from every paycheck)	
Employee Only:	\$53.21
Employee + 1:	\$127.70
Family:	\$159.63
*Payroll contribution Includes prescription coverage. Please see the Prescription Drug Plan section for Pharmacy/Rx information.	

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, including out-of-network costs, please see the applicable certificate and riders.