USUI INTERNATIONAL CORPORATION

EMPLOYEE BENEFIT SUMMARY

January 1, 2023 – December 31, 2023

BENEFIT PLAN YEAR

January 1, 2023 – December 31, 2023

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This Employee Benefit Summary provides general information about eligibility, enrollment and benefit options as a convenient reference. All benefits in this booklet are governed by plan documents. Any discrepancies between the information in this booklet and the plan documents shall be governed by the plan documents. If you require further explanation or need assistance with provider networks, claims processing or any benefits related questions, contact our benefits agent,* Michigan Planners at 800-674-9235 *or refer to the customer service contact information shown on each benefit page within this Benefit Summary.

Introduction

Our employees are our most valuable asset and contributor to our success. That's why we are committed to an employee benefits program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

This time each year you are able to reassess your current employee benefit selections and determine if any changes need to be made. The purpose of this guide is to provide you with a summary of the benefit plans available and the basic features of those plans for the January 1, 2023 – December 31, 2023 plan year.

Keep this guide handy throughout the year as it is an excellent reference source for you and your covered family members.

For specific details of the plans, always consult the actual plan document. Every effort has been made to provide clear and accurate information about these plans. In the event of a discrepancy between this material and the official plan documents, the official plan documents will govern.

Our agent, Michigan Planners, or the insurance company/benefit service provider, is available to answer questions in detail regarding each of the offerings described within this guide.

USUI INTERNATIONAL CORPORATION

Big Enough to Serve, Small Enough to Care!

We know that your benefits are important to you and your family. The Michigan Planners team is here to support you throughout the entire plan year—not just at open enrollment.

- I need help in resolving a benefit billing discrepancy.
- I received a bill from my provider and don't understand why this wasn't partially or totally covered by my insurance.
- I have general and specific questions about my benefit coverage.
- My provider says my coverage is not active.
- How do I add my newborn to my insurance?
- My spouse and dependents should be on my benefits, but my provider states they are not on my plan.
- My doctor has prescribed a new drug that is very expensive. Is there any way to fill my prescription at a lower cost?
- I am having a procedure done and would like to know whether I can do a cost comparison and select the facility for my procedure?
- Where can I get more detailed information about my benefits?
- I am Medicare eligible and still working full-time. What are my insurance options?
- I will be retiring and will be eligible for Medicare. Who can assist me with understanding my insurance options?

At Michigan Planners, we are here to help with any claim or coverage questions; just give us a call or email us:

Contact Michigan Planners
By Phone: 586-263-9000 or 800-674-9235
By email: claims@miplanners.com

MICHIGAN PLANNERS

Eligibility & Enrollment | 2023

ELIGIBLE DEPENDENTS

LAWFUL SPOUSE

The individual you are legally married to and who is not legally divorced from you.

DEPENDENT CHILD

Dependent children, as defined by the Affordable Care Act, are eligible until the day in which they turn 26 years old for medical, dental and vision.

Who is eligible for benefits?

Full time employees working a minimum of 30 hours per week will be eligible for benefits.

When does coverage begin?

For new hires, coverage will begin on the 1st day of the month following 30-days of employment.

What is Open Enrollment?

This is the one time during the year when you can make changes to your current elections unless you have a qualified event.

What is considered a qualifying event?

* Marriage, divorce, or legal separation
* Birth or adoption of a child
* Loss of coverage
* Losing eligbility for Medicare, Medicaid or CHIP
* 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

Value Added Services

Mobile App

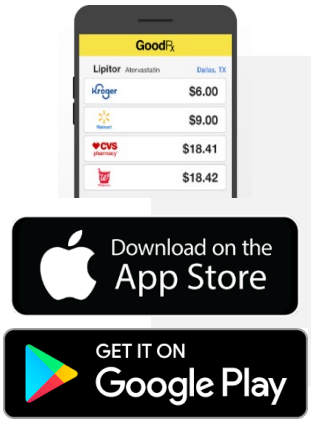
The BCBSM/BCN mobile app allows you to see how much of your deductible has been met, what your benefits are, who is enrolled in your plan and order a replacement ID card, all from the palm of your hand.

BCBSM/BCN Online Visit & 24/7 Nurse Hotline

Access to care when you need it, where you need it. Download the BCBSM Online Visit app, to seek treatment from a participating provider in the convenience of your home or even at work on your lunch break. Providers can prescribe certain medications to your local pharmacy if needed.

Call the 24/7 Nurse Hotline for free assistance: BCBSM 800-775-2583.

BCBSM Online Visits



Prescription Savings Tips – Manufacturer Discount Programs

The cost of prescriptions are different depending on the pharmacy you use. Price shop for the most affordable pharmacy from your BCBSM/BCN member portal app or via **www.goodrx.com**, **www.medtipster.com** or **www.singlecare.com**. If filling a high-cost brand name prescription you may be eligible for additional discounts from the prescription drug manufacturer. Contact Michigan Planners if you need assistance in registering for manufacturer discounts.

Save Money

Receive discounts at hundreds of retailers locally just for being a BCBSM / BCN member. For the latest list of participating retailers visit your member portal.

Blue365® Because health is a big deal℠

BCBS PPO | 2023

Blue Cross Blue Shield of Michigan

COMMON INSURANCE TERMS

A **PREMIUM** is the amount charged by the insurance company for coverage. Your **CONTRIBUTION** (the portion of premium that you pay) is paid through payroll deduction using pre-tax or post-tax dollars.

A **COPAYMENT (COPAY)** is the amount you pay to receive services. Your copayment(s) will count towards your out-of-pocket maximum but not your deductible.

A **DEDUCTIBLE** is the amount of money you are responsible for paying each year before the plan begins to pay for covered services, except for preventive services which are covered at 100% In-Network.

COINSURANCE is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

OUT-OF-POCKET (OOP) MAXIMUM is the most you pay per Plan Year for your health care expenses and copays and applies to deductibles, flat dollar copays and coinsurance for all covered services – including cost-sharing amounts for prescription drugs. Once this maximum is met, the plan will cover all in-network services at 100% until the end of the plan year.

OUT-OF-NETWORK charges in most plans are subject to reasonable and customary limitations, which means you are responsible for charges over this amount in addition to separate deductible and coinsurance.

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	BlueCross Blue Shield (BCBSM) PPO
DEDUCTIBLE	
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	$3,000
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 copay
Online Physician Visit - Rendered through BC Online Visits	Covered at 100%
Specialist	20% after deductible
High-Tech Imaging	20% after deductible
Emergency Room	$200 copay
Urgent Care	$50 copay
PRESCRIPTION DRUG COPAYS (30-Day Supply)	
Generic	$10 copay
Preferred brand	$30 copay
Non-preferred brand	$50 copay
Preferred specialty	20% (maximum $100)
Non-preferred specialty	20% (maximum $200)
PRESCRIPTION DRUG MAIL ORDER (90-Day Supply)	
Members must use mail order after 3 fills at a retail for Maintenance Drugs; otherwise, member will be responsible for the complete cost of the drug	
Generic	$10 copay
Preferred brand	$60 copay
Non-preferred brand	$100 copay
CONTRIBUTIONS BI-WEEKLY	
Employee	$55.53
Employee + One	$133.27
Family	$166.59

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.

BCBS Dental | 2023

Blue Cross Blue Shield of Michigan

LIMITATIONS AND EXCLUSIONS

Dental plans are intended to cover part of your dental expenses, so coverage may not extend to all your dental needs. A typical plan has limitations such as the number of times you can receive a cleaning each year. In addition, some procedures may not be covered under your plan, which is referred to as an exclusion.

Refer to your summary or certificate for a complete description of benefits, exclusions and limitations.

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 Dental PPO Dentist Plan
DEDUCTIBLE	
Deductible (Calendar Year)	$50 per individual
ANNUAL MAXIMUM	
Class I, II and III services per person	$1,500
CLASS I - DIAGNOSTIC & PREVENTIVE SERVICES	
Routine exams and cleaning	Covered deductible does not apply
Fluoride treatments	
Space maintainers (age 18 and younger)	
Bitewing X-rays	
CLASS II - BASIC SERVICES	
Fillings	80% of approved amount after deductible
Oral surgery	
General anesthesia or IV sedation	
Periodontal Scaling and Root Planing	
CLASS III - MAJOR SERVICES	
Inlays, Onlays and Crowns	50% of approved amount after deductible
Removable dentures (complete and partial)	
Repairs to Existing Particials or Dentures	
Relining or Rebasing of Particals or Dentures	
Fixed Bridges	
Tissue Conditioning	
CLASS IV - ORTHODONTIA SERVICES (BRACES)	
Benefit eligibility up to age 18	50%
Lifetime Maximum for orthodontia services per person	$1,500
CONTRIBUTIONS BI-WEEKLY	
Employee	$3.95
Employee + One	$7.91
Family	$13.84

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

Voluntary Vision | 2023

Blue Cross Blue Shield of Michigan

HOW'S YOUR HEALTH

In addition to eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol.

This is important since you won't always notice the symptoms yourself and early detection and treatment of some diseases may help prevent serious illness or permanent damage.

FIND A PARTICIPATING EYE DOCTOR

https://www.vsp.com/eye-doctor

*This coverage is **voluntary** which means you are responsible for 100% of the cost if you choose to elect this benefit.*

In-Network Coverage	VSP Vision
EXAM	
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	Covered - Up to a combined benefits maximum of $400
LENSES AND FRAMES	
Single Vision, bifocal, trifocal or lenticular lenses in glass or plastic	Covered - Up to a combined benefits maximum of $400
Standard Frames - Provider's standard eyeglasses frames include a wide selection of quality frames that are covered by VSP. Members should ask their doctor which frames are covered in full. Members may select a more expensive frame and pay a cost controlled price difference. Member responsible for any cost exceeding the allowance.	
CONTACT LENSES	
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	Covered - Up to a combined benefits maximum of $400
Elective contacts that improve vision (prescribed but do not meet the criteria of medically necessary). Allowance applied to contact lens exam and the contact lenses. Member responsible for any cost exceeding the allowance.	
FREQUENCY	
Examination	Once every 12 months
Lenses	
Frames	
Contact lenses	
CONTRIBUTIONS BI-WEEKLY	
Employee	$5.04
Employee + One	$10.08
Family	$16.72

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

Life Insurance | 2023

MUTUAL of OMAHA

IMPORTANT ACTION REQUIRED

BENEFICIARY(IES)

A Beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

You should review your beneficiary elections on a regular basis to ensure they are updated as your life changes. Taking a few minutes now will ensure that your assets will be distributed according to your direction.

EVIDENCE OF INSURABILITY (EOI)

If you choose to enroll in voluntary products at your initial new hire enrollment period, you may elect up to the Guaranteed Issue amount with no medical questions. If you waive coverage at that time and choose to enroll at a subsequent open enrollment period or increase the amount, you will need to complete an Evidence of Insurability (EOI) form (health questionnaire). Your coverage will not be in effect and you will not have payroll deductions until the EOI has been approved by the insurer.

GUARANTEED ISSUE

Guaranteed issue amounts are for new hires only.

Group Term Life and Accident Death & Dismemberment Insurance

*This coverage is **non-contributory** plan which means you are required to enroll in the benefit and the employer is responsible for 100% of the cost.*

Benefit with matching AD & D	$20,000
Guaranteed Issue	$20,000
Benefit Reduction due to age	All coverage amounts reduce by 65% at age 65; 40% at age 70; 25% at age 75

Voluntary Group Term Life Insurance

*This coverage is a **voluntary** plan which means you are responsible for 100% of the cost if you choose to elect this benefit. You must enroll in Employee Voluntary Life and AD & D Insurance in order to elect Spouse or Child Life and AD&D Insurance*

Employee	
Benefit Schulede	$10,000 increments to 5X your salary earnings
Benefit Maximim	$300,000
Guaranteed Issue	$100,000
Benefit Reduction due to age	All coverage amounts reduce by 65% at age 65; 40% at age 70; 25% at age 75
Spouse	
Spouse benefit terminates at age 70	$5,000 increments to 50% of employee amount
Benefit Maximim	$50,000
Guaranteed Issue	$25,000
Benefit Reduction due to age	All coverage amounts reduce by 65% at age 65; 40% at age 70; 25% at age 75
Child	
Child benefit	$5,000 increments
Benefit Maximim	$10,000
Guaranteed Issue	$5,000

Guaranteed Issue amounts are for new hire employees only. An employee who elects coverage after their original eligibility date, or who increases covered amounts, will need to complete an Evidence of Insurability form.

Limitations and exclusions may apply. Please see your carrier insurance certificate for additional information.

Disability Insurance | 2023

Mutual of Omaha

WHY DISABILITY INSURANCE

SHORT-TERM DISABILITY

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

LONG-TERM DISABILITY

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

DISABILITY INSURANCE TERMS

ELIMINATION PERIOD is the number of days that must pass between your first day of covered disability and the day you can begin to receive benefits.

DURATION is the length of time you can receive benefits while you are sick or disabled.

SSNRA means Social Security Normal Retirement Age

SHORT TERM DISABILITY	
*This coverage is **non-contributory plan** which means you are required to enroll in the benefit and USUI pays 100% of the cost.*	
Weekly Benefit	60% of weekly salary
Maximum Weekly Benefit	$750
Elimination Period	Accident 0 days / Illness 7 days
Benefit Duration	13 weeks

LONG TERM DISABILITY	
*This coverage is **non-contributory plan** which means you are required to enroll in the benefit and USUI pays 100% of the cost.*	
Monthly Benefit	60% of total monthly salary
Maximum Monthly Benefit	$5,000
Elimination Period	90 days
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Own Occupation Period	24 months

Flexible Spending Accounts | 2023

hsabank

IMPORTANT INFORMATION

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay eligible out-of-pocket health and dependent care expenses for yourself, your spouse and your dependent children.

USE IT OR LOSE IT

FSA Accounts are subject to IRS regulations. Only expenses incurred in the plan year are eligible for reimbursement. Any funds remaining in your FSA account(s) by the close of the plan year will be forfeited (unless the plan offers a roll-over provision). Use care when determining how much you would like to contribute.

WHAT CAN YOU USE YOUR FSA FUNDS FOR?

Visit www.IRS.gov

Publication 502

For a listing of medical expenses eligible for reimbursement.

FSA ELIGIBLE STORE

. Amazon FSA Store

2023 IRS LIMITS FOR FLEXIBLE SPENDING ACCOUNTS

Health Care FSA	$3,050
Dependent Care FSA	$5,000 or $2,500 if married filing separately

FEATURES OF YOUR HEALTH CARE FSA

- In order to participate in the FSA you must enroll each year.
- The only time you can change your election is during the open enrollment period or if you experience a change-in-status event.
- Debit Card – No need to submit receipts for reimbursement, use your debit card to pay copays or other out-of-pocket expenses.
- Mobile App Technology to check balances and transactions
- You can spend up to the full amount of your annual election as soon as your account has been set up.
- Roll over allows any amount of $610 or less remaining in your account at the end of the year to roll over into the new plan year.

FEATURES OF YOUR DEPENDENT CARE FSA

- Child care services from birth to under age 13 are qualified, such as latch-key and SAC, see plan document for more details.
- To receive reimbursement from your Dependent Care FSA you will have to submit a claim.
- Mobile App Technology – Snap a picture of the receipt and upload it to the app and you're done!
- Claims must be incurred in the calendar year, but there is a grace period of 2 1/2 months to submit those claims.
- Unlike the Health Care FSA, only funds that have actually been deposited into your Dependent Care FSA through your payroll deductions are available to reimburse your dependent care expenses.

IMPORTANT INFORMATION

Save your receipts and keep with your yearly tax documents. You may be asked to substantiate a claim.

Blue Cross Blue Shield Blue Care Network of Michigan

Confidence comes with every card.®

Your health plan now includes Livongo Diabetes Management. And it's available at no additional cost to you and your covered dependents who have Type 1 or Type 2 diabetes.

Better diabetes care starts here.

Livongo Diabetes Management makes living with diabetes easier with **FREE**, convenient resources, including:

- A smart glucometer that automatically uploads blood sugar readings, making logbooks a thing of the past
- Unlimited lancets and test strips delivered directly to your home
- 24/7, one-on-one coaching from certified diabetes educators who are ready to answer your questions and give tips on nutrition, lifestyle and more

And everything is available from the comforts of your home!

Get started today.

To learn more or enroll, visit **join.livongo.com/BLUECROSSMI-START/register** or call **1-800-945-4355**. Your registration code is **BLUECROSSMI-START**.

Resources are also available in Spanish.

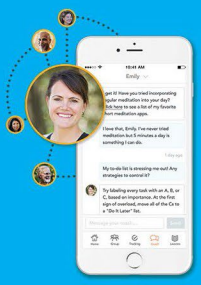
Scan to enroll.

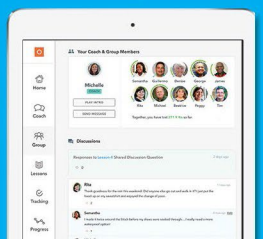
Livongo Health Inc. is an independent company contracted by Blue Cross Blue Shield of Michigan and Blue Care Network to provide diabetes management services to their members.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross Blue Shield of Michigan

omada





Join Omada® to build healthy habits that last

Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that's around eating, activity, sleep, or stress. It's an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

- **Eat healthier**
  Learn the fundamentals of making smart food choices.
- **Increase activity**
  Discover easy ways to move more and boost your energy.
- **Overcome challenges**
  Gain skills that allow you to break barriers to change.
- **Strengthen habits**
  Zero in on what works for you, and find lasting motivation.
- **Stay healthy for life**
  Continue to set and reach your goals with strategies and support.

MORE GREAT NEWS:
You'll receive the program at no additional cost—a $650 value—if you or your adult dependents are enrolled in the company medical plan offered through Blue Cross Blue Shield of Michigan and are at risk for type 2 diabetes.

See if you're eligible:
omadahealth.com

YOU'LL GET YOUR OWN:

- Interactive program
- Wireless smart scale
- Weekly online lessons
- Professional health coach
- Small group of participants

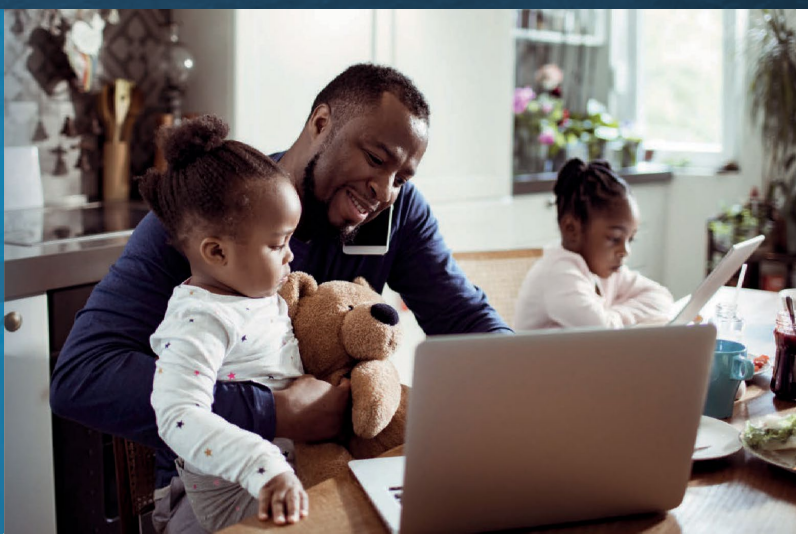
Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

WP 18442 AUG 20

Employee Assistance Program | 2023

Employee Assistance Program

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.
Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters • Access to subject matter experts in the field of EAP service delivery
Counseling Options	• Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources • Additional community resources or possible counseling options come at the expense of the employee
Access	• 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests

Employee Assistance Program | 2023

Features	Value to Company and Employees

Online Services	• An inclusive website with resources and links for additional assistance, including:
	  • Current events and resources
	  • Family and relationships
	  • Emotional well-being
	  • Financial wellness
	  • Substance abuse and addiction
	  • Legal assistance
	  • Physical well-being
	  • Work and career
	• Bilingual article library

Employee Family Legal Services	• Valuable resources available via website
	  • Legal libraries & tools
	  • Legal forms
	• 1 Legal consultation with an attorney per year (up to 30 minutes)
	  • 25% discount for ongoing legal services for same issue

Employee Family Work/Life Services	• Child care resources and referrals • Elder care resources and referrals
Employee Family Financial Services	• Inclusive financial platform powered by Enrich • Personal financial assessment tool • Personalized courses, articles & resource to meet financial needs • Ongoing progress reports on financial health
Employee Communication	• All materials available in English and Spanish
Eligibility	• Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	• EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.

Carrier Information | 2023

Medical
For customer service, call the number on the back of your member ID card or 1-313-225-9000
Group Number: 715005
www.bcbsm.com

Dental
For customer service, call the number on the back of your member ID card or 1-313-225-9000
Group Number: 715005
www.bcbsm.com

Vision
1-313-225-9000
Group Number: 715005
https://www.vsp.com/eye-doctor

Life and Disability Insurance
(800) 877-8805 - Life Insurance
(800) 877-5176 - Disability Insurance
Group Number: G000BGJ7
www.mutualofomaha.com/

Health FSA, Dependent Care FSA and COBRA Services
English: (800) 357-6246 | (414) 978-5294
Spanish: (866) 357-6232
www.HSA.bank.com
www.askus@hsabank.com

Diabetes Management Teledoc
1-800-945-4355
To enroll or learn more
www.join.livongo.com/bluecrossmi-start/register

Omada Healthy Habits
See if you are eligible
www.omadahealth.com

Administrative Services, Notices, and Disclosures | 2023

IMPORTANT INFORMATION

SUMMARY OF BENEFITS AND COVERAGE

The Affordable Care Act (ACA) requires that the following documents be provided to plan participants. They were designed to help you understand and evaluate your health insurance choices. You can obtain these documents from your Human Resource Department.

• An easy-to-understand **summary of benefits and coverage (SBC)** includes specific technical information for simulating coverage examples for three benefit scenarios: having a baby, managing type 2 diabetes, emergency and follow-up treatment for a fracture.
• A **uniform glossary of terms** commonly used in health insurance coverage such as "deductible" and "co-payment."

IMPORTANT NOTICES AND DISCLOSURES

Important Notices can be found in the booklet issued by Michigan Planners titled *MI Important Notices – State & Federal Disclosures*.

Scan this code using the camera feature on your Smart Phone to access MI Important Notices

MI Important Notices

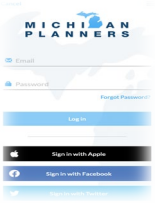
If you'd prefer a printed copy of this document, contact Human Resources.

MICHIGAN PLANNERS
EMPLOYEE BENEFITS · RETIREMENT SERVICES

We are here to service your benefit programs and help in any way we can.

If you have a benefit question or claim issue such as a provider-billing question, need a qualified health coverage letter, questions about COB or Coordination of Benefits, or to confirm a participating provider, please contact us.

1) Contact our claims department at **1-800-674-9235** or **claims@miplanners.com**
2) Send a message to **www.miplanners.com/contact-us/**
3) Download the **Michigan Planners App** for:
   - Benefit Questions
   - Claim Assistance
   - Cost Comparison
   - Prescription Drug Manufacturer Discount Programs
   - Michigan Planners Contact



Download on the App Store

GET IT ON Google Play

In compliance with HIPAA law, we may be required to obtain a signed Authorization Form for each claim in question. If this is necessary, we will provide the Authorization Form and ask you to please sign and fax it back to us. When faxing Authorization forms or claims, please use our secure fax number: 586-263-0690.

Other Helpful Resources

Most, if not all, of your insurance carriers offer great resources for benefit information on their website and/or app. These resources can be made available to you by simply registering as a member on their website/app. Below are some of the common resources you will find:

- Search tool for participating providers
- Benefit coverage information
- Claim status information
- Cost comparison tools
- Savings and discount programs
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The website for each of your insurance carriers is listed on the applicable page within this benefit summary booklet.

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