

BENEFIT SUMMARY

PRODUCT	SUMMARY	CARRIER
Medical	3 Blue Cross Blue Shield Plans, with pharmacy through EHIM Pro-Care. \$2,000 waiver of medical option	BCBSM
Dental	Unum PPO Passive. Annual Benefit max. is \$1,000, deductible \$50, Annual Ortho max. \$1,000.	Unum
Vision	EyeMed Network. Exams every 12 months, lenses (including contacts) every 12 months with \$130 allowance, Exam copay is \$10	Unum
Basic Life	Employer Paid: \$10,000 employee/ \$5,000 sp. / \$2,000 child	Unum
Voluntary Life	Coverages available for Employee, Spouse and Dependents. \$10K to 200K guaranteed issue to a max of 5x salary.	Unum
Short Term Disability	Employer Paid. 60% of weekly salary <u>up to \$1,500 per week</u> . Coverage begins on the 15 th date of illness. Duration 26 weeks	Unum
Long Term Disability	Voluntary. 60% of monthly salary up to \$7,500 per month. Elimination period 180 days. Max duration to age 65. Includes Travel Insurance	Unum
Accident	Off the Job Accident coverage to pay cash benefits that correspond with specific injuries. Available also for dependents.	Unum
Hospital Indemnity	Pays a cash benefit for hospital confinement. Available for employee, spouse and dependents.	Unum
Critical Illness	Coverage options: \$10,000 or \$20,000. This coverage provides the selected benefit amount as a cash benefit	Unum
Legal	ID Shield for identity protection and restoration, and LegalShield for guidance and advice on legal matters	LegalShield
EAP	Provides up to 5 personal counseling sessions around various concerns:1-800-442-0809	Employee Assistance Center
401K	401K Retirement Plan, match up to 6% after the first year of employment. Fully vested after 3 years	Empower

MEDICAL & RX – PLAN DESIGNS



IN-NETWORK PLAN BENEFITS	\$250	\$500	\$1,000
Deductible (Single/Family)	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000
Co-Insurance	20% (up to \$2,500 / \$5,000)	20% (up to \$2,500 / \$5,000)	20% (up to \$2,500 / \$5,000)
Maximum Out-of-Pocket (Single/Family)	\$8,300/\$16,200	\$8,300/\$16,200	\$8,300/\$16,200
Office Visit	\$20 copay	\$20 copay	\$20 copay
Specialist	\$40 copay	\$40 copay	\$20 copay
Urgent Care	\$50 copay	\$50 copay	\$50 copay
ER	\$250 copay (after deductible)	\$250 copay (after deductible)	\$250 copay (after deductible)
Generic Retail Rx	\$25 copay (\$60 for 90 days)	\$25 copay (\$60 for 90 days)	\$25 copay (\$60 for 90 days)
Preferred Brand Retail Rx	\$50 copay (\$140 for 90 days)	\$50 copay (\$140 for 90 days)	\$50 copay (\$140 for 90 days)
Non-Preferred / Specialty Rx	\$80 copay / PAP	\$80 copay / PAP	\$80 copay / PAP
Opt Out	\$2,000 annually (\$83.33 per pay) to Waive Medical	\$2,000 annually (\$83.33 per pay) to Waive Medical	\$2,000 annually (\$83.33 per pay) to Waive Medical

MEDICAL & RX CARDS

Below please find sample images of the medical and prescription cards for the 2025-2026 Plan Year.

**Blue Cross
Blue Shield**

Subscriber Name

SAMPLE CARD

Subscriber ID

DDD400001

Issuer (80840)

9101003777

Group Number

000071851

PLAN

EPO

NETWORK

IN

OUT

Deductible (\$)

Out-of-Pocket Max (\$)

Group contracts with a third-party administrator.
See reverse side for contract information.



PRESCRIPTION BENEFIT CARD

Employer DETROIT 9090

Group Number 000071851

Subscriber Name SAMPLE CARD

Subscriber ID DDD400001

Pharmacy Benefit Manager

MC-Rx

RxBin 018364

Rx PCN N/A

RxGrp DET71851

Pharmacy Support 800-699-3542

Pharmacy Website member.procarerx.com



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20231228B02 Sh: 0 Bin 1
JC12 Env [918] Csets 1 of 1

Blue Cross Blue Shield of Michigan

600 E. Lafayette Blvd., Detroit MI 48226-2998
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Use of this card is subject to terms of applicable contracts, conditions and user agreements. BCBSM provides administrative services only and has no financial risk for claims.

BCBS providers: file claims with the local BCBS Plan. For Medicare claims, bill Medicare.

For eligibility, benefits and claims information refer to <https://bluewaterbenefitsadmin.com>. Failure to certify may result in a reduction of benefits.

Limited or no benefits except when receiving services from a BlueCard PPO Network Provider.

bcbsm.com

To locate BCBS participating providers outside of Michigan: Misuse may result in prosecution. If you suspect fraud, call:

800-810-2583

800-482-3787

Blue Water Benefits Administrators*

Medical Plan Customer Service 24/7 automated system

800-229-2210

Confidential Health Questions Pre-cert all IP Required

800-641-5566

*Contracts separately with the group



PHARMACY BENEFIT DETAILS



1-30 Day Supply	Member
Generic	\$25.00 Copay
Preferred	\$50.00 Copay
Non-Preferred	\$80.00 Copy
Specialty RX	Patient Assistance

Each employee with UPrep School's Medical coverage will receive a pharmacy card from **EHIM ProCare**. Please use this card anytime you go to the pharmacy to fill a prescription.

If you take a high-cost medication you may be contacted by the Prescription Optimization Program to provide you with money saving options.

MEDICAL & RX – COST SHARE

UPrep Schools is proud to announce that for a second straight year there is no change to employee payroll deductions for the medical plans.

Plan	Coverage	Employee Contribution (per paycheck)
\$250 Deductible	Employee only	\$ 69.84
	Employee + 1	\$ 167.63
	Employee + Family	\$ 209.54
\$500 Deductible	Employee only	\$ 31.32
	Employee +1	\$ 75.17
	Employee + Family	\$ 93.96
\$1000 Deductible	Employee only	\$ 14.80
	Employee +1	\$ 35.57
	Employee + Family	\$ 44.41

UTILIZING PREVENTIVE CARE

WELLNESS AND HEALTH MANAGEMENT

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered **all covered individuals and family members are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**



“An ounce of prevention is worth a pound of cure”

Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are recommended – see the benefit summary or SPD for the medical plan for more information.

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV

[Blue Cross Blue Shield - Find a Doctor](#)

TELEHEALTH



Included with your
Medical Insurance:
Teladoc

Remember Teladoc for
those middle of the
night medical issues, or
if you need to talk to a
doctor while you are on
vacation.

Available July 1, 2023



You've got Teladoc Health
Talk to a doctor anytime,
anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc Health doctor will contact you



Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor for free

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  

DENTAL

Plan Features	 Passive PPO
In-network	
Annual Deductible (Individual / Family)	\$50 / \$150
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	80%
Major Procedures (Crowns, dentures, etc.)	50%
Child Orthodontia	50% with \$1,000 Lifetime Max
Calendar Year Maximum Benefit	\$1,000

The difference that Unum brings to your dental benefits:

[Dental with Unum](#) (click this link to view a short video)

- In Network: Percentages listed above
- Out of Network: 90th percentile
- Carryover Benefit – During each benefit year, if a member receives at least one cleaning, one regular exam, and their total dental claims are below the threshold limit, a portion of the annual maximum will automatically carry over to the next year. (Each covered family member receives their own carryover benefit)

Plan	Base Annual Maximum	Threshold Limit	Carryover Amount	Carryover Maximum	Total Potential Annual Maximum
Passive PPO	\$1,000	\$500	\$250	\$1,000	\$2,000

DENTAL NETWORKS: Unum Dental members have the freedom to choose a dentist from our large national network. Find a certified, independently reviewed provider and take your dental program to a new level of comprehensive care at unumdentalcare.com.

Per Payroll Cost

Employee	\$ 2.30
Employee + One	\$ 4.44
Employee + Family	\$ 8.64

DENTAL

unum® Your new dental network

unumdentalcare.com

Manage your benefits

- Search for in-network dental providers
- Access the dental health center
- Log in to your member portal, where you can:
 - Print ID cards
 - View claim history
 - Access coverage information

Benefits of going in-network:

Savings — Get more from your plan. By spending less, going in-network allows you to stretch your benefits further.

Quality of care — All dentists in our network must meet and adhere to strict standards that ensure they possess the professional credentials, experience and training to provide the best quality care.

No claim forms — Most in-network providers will file claims on your behalf, providing a seamless, hassle-free experience.

Virtual dental visits through TeleDentistry.com

24/7 dental care for dental emergencies when an in-person visit isn't an option. Available for active dental members as a preventive service.*

Visit unumdentalcare.com and click Virtual Dental Visits to get started.

Unum has been reaching out to all the dentists used by UPREP employees to ask them to join the Unum Network. In making the decision to stay with a non-network dentist or move to an in-network Unum dentist, the difference would affect your out-of-pocket expense.

In-network savings with Unum Dental For example, a crown:¹

In-network dentist	
Network average negotiated fee ²	\$840
50% coinsurance	$\$840 \times 50\% = \$420$
Plan pays	\$420
Member pays ³	\$420
Out-of-network dentist	
Billed charge ⁴	\$1,923
Usual and customary allowed amount ⁵	\$644
50% coinsurance	$\$644 \times 50\% = \$322$
Plan pays	\$322
Member pays ⁶ (billed charge - co-insurance)	$\$1,923 - \$322 = \mathbf{\$1,601}$
Savings of in-network	
Out-of-network member payment - in-network member payment	$\$1601 - \$420 = \$1,181$

Savings of \$1,181!

For this example, a member seeing an in-network provider would pay significantly less than what they would pay at an out-of-network provider.¹

VISION

	In-Network
EXAM	
Retinal imaging benefit (subject to provider availability) ..	\$10 copay
	\$39
MATERIALS	
Standard plastic lenses:	
Single Vision	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Lenticular	\$25 copay
Standard Progressive Lens	\$90 copay
Premium Progressive Lens	
Tier 1	\$110 copay
Tier 2	\$120 copay
Tier 3	\$135 copay
Tier 4	\$90 copay, 80% of charge less than \$120 allowance
FRAMES (Members may select any frame available)	\$130 retail allowance
CONTACT LENSES	
In lieu of eyeglass lenses	
Elective (Std Contacts)	\$130 allowance



Providing Coverage Using:



Plan features:

Members have the freedom to choose any provider from EyeMed's Insight Network. Our network offers the right mix of independent, national retail and regional retail providers like Lens Crafters, Pearle Vision, Target Optical and many more. Members can also purchase glasses and contact lenses online at [Glasses.com](https://www.glasses.com) and [ContactsDirect.com](https://www.contactsdirect.com).



Participating Provider Search:
www.eyemed.com

Per Payroll Cost	
Employee	\$.62
Employee + One	\$ 1.21
Employee + Family	\$ 1.72

LIFE AND AD&D INSURANCE

EMPLOYER PAID LIFE INSURANCE

Plan Features	Employer Paid - Life and AD&D
Employee Benefit Amount	\$10,000
AD&D Benefit	\$10,000 additional if accidental death
Spouse coverage included	\$2,000
Dependent coverage included	\$1,000
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduction
70	35%
75	50%



EMPLOYEE PAID LIFE INSURANCE

Plan Features	Employee Paid – Life and AD&D
Employee Benefit Amount	Choice of \$10,000 increments up to 5x annual salary (max of \$500,000), you may elect up to \$200,000 as a newly hired employee without providing evidence of insurability (EOI). Employees can purchase up to \$20,000 at Open Enrollment without answering EOI questions.
Spouse Benefit	Choice of \$5,000 increments up to 50% of employee's election. you may elect up to \$50,000 as a newly hired employee without providing evidence of insurability (EOI).
Dependent Benefit	\$10,000
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduction
70	35%
75	50%



Employee Paid life Insurance per payroll expense can be found in Paycom. The cost is based on coverage amount selected and age.

SHORT TERM DISABILITY INSURANCE



If a covered illness or injury keeps you from working, this employer-provided Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 24 weeks, subject to the elimination period.

UPrep Schools is paying the cost of this coverage. You can use the benefits however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Plan Features	Short Term Disability
Employee Benefit Amount	60% of your weekly salary
Maximum Benefit Amount	\$1,500 per week
Elimination Period (Accident)	14 days
Elimination Period (Sickness)	14 days
Benefit Duration	26 weeks

Employer paid benefit

LONG TERM DISABILITY INSURANCE



Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time. You are generally considered disabled if you are unable to do important parts of your job – and your income suffers as a result.

Also Included:

Survivor Benefit: If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment. If you are disabled and receiving benefit payments, Unum waives your cost until you return to work.

Worldwide emergency travel assistance – one phone call gets you and your family immediate help anywhere in the world, as long as you are traveling 100 or more miles from home.

Plan Features	Long Term Disability
Employee Benefit Amount	60% of your weekly salary
Maximum Benefit Amount	\$7,500 per month
Elimination Period (Accident or Illness)	180 days
Benefit Duration	You can receive benefits to age 65

Employee Paid LTD Insurance per payroll expense can be found in Paycom. The cost is based on coverage amount selected and age.

ACCIDENT INSURANCE



Accident

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

Organized Sports Benefit: Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the injury and treatment schedule of benefit categories. See the full plan description in Paycom.

Key accident coverage highlights

- Premiums remain the same for employees of all ages
- No medical questions or proof of good health (evidence of insurability) is required for employees to receive coverage
- Cash benefits paid directly to the insured in addition to any medical benefit received
- You can keep the coverage, if you ever leave the company
- Provide additional protection—benefits are available to help protect children under 18 who experience an accident during an organized sports activity
- The policy pays multiple cash benefits for each injury and covered treatment when an insured individual sustains more than one injury in the same accident

A few sample benefits (entire list in Paycom)

Treatment		Concussion	\$200
Emergency Room Treatment	\$250	Connective Tissue Damage	
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Pain Management Injections (epidural, cortisone, steroid)	\$200	Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150

Coverage	Cost
Employee	\$ 3.95
Employee + Spouse	\$ 6,53
Employee + Child	\$ 8.29
Employee + Family	\$ 10.87

CRITICAL ILLNESS INSURANCE



- If you are diagnosed with an illness that is covered by this insurance, you can receive a **lump sum benefit payment**. You can use the money however you want.
- **Choose \$10,000, \$20,000 or \$30,000 of coverage** with no medical underwriting to qualify if you apply during Open Enrollment.
- Spouses can get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
- Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours.
- There are additional conditions covered for children including: Cerebral palsy, type 1 diabetes and Down syndrome.
- You can use this coverage more than once. Even after you receive a payout for one illness, you are still covered for the remaining conditions and for the reoccurrence of any critical illness except for skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart and the conditions can't be related to each other.

What's Covered:

Critical Illnesses	
• Heart attack • Stroke • Major organ failure • End-stage kidney failure • Sudden cardiac arrest	• Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement
Cancer conditions	
• Invasive cancer — all breast cancer is considered invasive • Non-invasive cancer (25%)	• Skin cancer — \$500

Progressive diseases	Supplemental conditions
• Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Functional loss • Huntington's Disease • Lupus • Muscular Dystrophy • Myasthenia Gravis • Systemic Sclerosis (Scleroderma) • Addison's Disease	• Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Occupational PTSD Paid at 25% • Infectious Diseases • Pulmonary Embolism • Transient Ischemic Attack (TIA) • Bone Marrow/Stem Cell

The cost of this coverage varies by dollar amount selected, family members covered, and age. Your rates and options will be available in Paycom.

HOSPITAL INDEMNITY

Group Hospital Insurance helps covered employees, and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

The money is payable directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.

The full plan summary is available in Paycom



Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	\$500
ICU Admission (added to Admission)	Payable for a maximum of 1 day per year	\$500
Hospital Daily Stay	Payable per day up to 15 days	\$150
ICU Daily Stay (added to Daily Stay)	Payable per day up to 15 days	\$150
Other Benefits		
Well Child Benefit	Payable for maximum of 4 days per child before child reaches age 1	\$50



Coverage	Cost
Employee	\$ 3.84
Employee + Spouse	\$ 10.08
Employee + Child	\$ 6.63
Employee + Family	\$ 12.87

ID SHIELD / LEGALSHIELD

Legal experts on your side, whenever you need them.

ID Shield membership includes security and privacy monitoring, social media monitoring, identity restoration and consolation services.

- If your identity is stolen, ID Shield will fully restore to pre-theft status.

Legal Shield offers advice, consultation and representation including legal guidance for common issues.

- Membership includes a dedicated law firm, contracts and document review as well as preparation of your end-of-life documents.



Plan	Individual per payroll	Family per payroll
LegalShield	\$ 3.84	\$ 3.84
ID Shield	\$ 4.48	\$ 9.48
LegalShield/Combined	\$ 16.45	\$ 19.45

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) enable you to budget for qualified expenses and contain costs through tax savings.

Healthcare Flexible Spending Account:

- An employer-sponsored healthcare benefit that allows employees to set aside up to \$3,300 (2025) annually to cover the cost of qualified medical expenses.
- FSAs work on an annual plan year basis and are funded through regular payroll deductions on a pre-tax basis. These tax-free funds can help you cover thousands of expenses you would usually pay for out-of-pocket.
- You can use the funds to cover medical expenses for yourself, your spouse and qualifying dependents.
- FSA accounts are subject to a “use-it or lose-it” rule. The IRS provides a full list of qualifying expenses, and you have access to the **FSASStore** where you can use your card for purchases.

During Open Enrollment you select the annual amount you want to contribute, however you must keep in mind that you must utilize all the funds during the plan year.

Dependent Care Spending Account: Employees can set aside tax-free money toward dependent care costs. These costs could be toward daycare, care for elderly or disabled tax dependents or toward Before & After School care. You can contribute \$5,000 per household to a Dependent Care FSA. Dependents include children up to age 13; your tax-dependent spouse or qualifying child.

During Open Enrollment you select the annual amount you want to contribute, however you must keep in mind that you must utilize all the funds during the plan year. You will have access to the funds as they are deducted from your payroll.



 **FSA store®**

EMPLOYEE ASSISTANCE PROGRAM

1-800-442-0809 Please mention, “I have an EAP with Detroit 90/90 UPREP”

Free, confidential counseling sessions are provided via teletherapy or in-person. Employees can retain their therapist if they wish to continue services beyond their EAP benefits. If an employee uses their free sessions to successfully cope with depression, ends therapy, and later encounters a need for additional sessions, they receive free counseling sessions for this new episode of care.

Your EAP Benefits Include:

- 5 sessions of free, confidential counseling per episode of care
- Psychiatric Urgent Care Center services for ages 18+
- 24/7 hotline for crisis calls
- Free 30-minute legal consultation
- Free 30-minute financial consultation
- Free elder care consultation
- Personal Advantage online library access
- All benefits are available to the employee and EVERY member of their household.



Scan the QR Code above to
call the EAP benefit line.



Employee • Church • School
Assistance Programs

To see all your benefits, visit:

<https://pinerest.personaladvantage.com/>

And enter **UPrep** as the company username.