FLEXIBLE COMPENSATION BOOKLET

ST. CLAIR COUNTY EMPLOYEES



BENEFIT PLAN YEAR

01/01/2027 - 12/31/2027

2027 Flexible Benefit Menu
Community Blue Plan

BENEFIT	CORE	OPTION I	OPTION II
Medical – BCBS	PPO/Community Blue 750 Preventative Services $30 Office Visit Co-pay $30 Chiropractic Visit Co-Pay $10/40/80 Rx Co-pay $750 Individual Deductible * $1500 Family Deductible * 80/20% Co-insurance * $2500/$5000 (Ind/Family) Co-Insurance Maximum (Plus Deductible) * $6350/$12700 (Ind/Family) * Out-of-Pocket Max Inc Deduct, Co-pays * In-Network Services Includes Vision & Hearing Benefits **COST** **Single $1696.80/26 = $65.26/pay** **2-Person $4072.30/26 = $156.63/pay** **Family $5090.37/26 = $195.78/pay**	PPO/Simply Blue HSA Preventative Services $0 Office Visit Co-pay (After Deductible) $0 Chiro Visit Co-Pay (After Deductible) $10/40/80 Rx Co-pay $2000 Individual Deductible * $4000 Family Deductible * 0% Co-insurance * $4000/$8000 (Ind/Family) * Out-of-Pocket Max Inc Deduct, Co-pays * In-Network Services Includes Vision & Hearing Benefits **COST** **Single $1468.61/26 = $56.48/pay** **2-Person $3524.65/26 = $135.56/pay** **Family $4405.85/26 = $169.46/pay**	OPT OUT Complete and Return Declination of Health Insurance Form on Page 10. *Please refer to your Labor Agreement to determine eligibility.* **CASH REBATE** **Single $1000/yr** **Two Person $1500/yr** **Family $2000/yr**
Dental - DELTA	Class I (Preventative) 100% Class I (Other) 50% Class II & III 50% Annual Maximum $1000 Class IV (Orthodontic) 50% Lifetime Maximum (Ortho) $1500	OPT OUT *Please refer to your Labor Agreement to determine eligibility.* **$150 Cash Rebate**	
Long Term Disability	66 2/3% to $4,000, up to a maximum of 5 (five) years	Employee may purchase 70% to $6000, to maximum benefit period	
Life Insurance	Current Labor Agreement Benefit Level	Employee may purchase an additional 1x Core amount	Employee may purchase an additional 2x Core amount
Uninsured Health Care Reimbursement Account	Pretax dollar payroll deductions to a maximum of $3,500 Uninsured Health Care expenses.		
Dependent Care Reimbursement Account	Pretax dollar payroll deductions to a maximum of $7,500 Dependent Care expenses.		
Health Savings Account	Pretax dollar payroll deductions to a maximum of $4,500/$9,000 Uninsured Health Care expenses.		

THE ABOVE TABLE SHOULD BE READ ACROSS NOT VERTICALLY. SELECT ONE OPTION FROM EACH BENEFIT CATEGORY.

Additional Voluntary Benefits Including AFLAC, Pet Insurance, Legal/IDShield, Medtipster

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ADMINISTRATOR –
St Clair County will administer the entire Flexible Compensation Program. St. Clair County has retained HealthEquity to administer the Reimbursement Accounts. Representatives will be available to answer any questions that you may have either prior to or during enrollment. They will also be responsible for handling the plan on an ongoing basis. For assistance call the Member Service Team at 1-877-924-3967. You can also log into your account online and use the chat function from 8:00 am to 8:00 pm ET.

Introduction

It is inconceivable to think that a single person, a family with children and a couple approaching retirement would all want the same benefits. That is why the Administration and Employee representatives of St. Clair County, Michigan gathered together to create the **St. Clair County Flexible Compensation Plan**.

Flexible Compensation is based on the concept that you are the best judge of your benefit needs. Therefore, the program provides you with a Core of essential coverage and then gives you the option of either electing additional coverage, less coverage or opting out of coverage altogether. Should you decide to take less comprehensive coverage or no coverage at all, you may be eligible to receive a designated amount of cash. **That cash can either be reinvested elsewhere in the menu or added to your earnings and received over your normal pay schedule.**

Flexible Compensation also provides you with an array of benefit alternatives previously unavailable and gives you the opportunity to pay for those benefits before the government takes out any taxes. By shifting current out-of-pocket expenses and paying them through the Flexible Compensation Plan pretax, you not only take care of your necessary responsibilities, but you give yourself a **pay raise** at the same time. In turn, your pay raise can be used to enhance Core benefits or purchase other benefits that were previously unaffordable. (See example on next page.)

The opportunity to choose is accompanied by the responsibility of understanding your choices. This booklet provides information about Flexible Compensation and the options that are available to you.

In addition, you will find worksheets to help determine your benefit needs. It is essential that you complete the worksheets prior to enrollment, since these are intended to assist you in making the proper benefit selections. Enrollment can only be held **once** each year so make sure that you are prepared.

PLAN OVERVIEW

St. Clair County's Flexible Compensation Program is made up of two components:
The Core Program and Employee Options.

The Core Program - includes all the current levels of coverage provided by the County:

- Medical Coverage for you and your eligible dependents up to the age of 26
- Dental Coverage for you and your eligible dependents
- Term Life Insurance
- Long Term Disability Insurance **(Only if included in your Labor Agreement)**

Employee Options - allow you to modify the Core Program, as you wish.

Included among your Employee Options are a number of different alternatives:
(Please refer to your Labor Agreement to determine eligibility of these options)

- No Medical Coverage in exchange for cash
- No Dental Coverage in exchange for cash
- Additional Long Term Disability Insurance
- Additional Term Life Insurance
- An Employee Reimbursement Account for Uninsured Health Care and/or Dependent Care Expenses
- Additional Voluntary Benefits

The following example (assuming Single taxpayer) illustrates how the payment of after-tax expenses on a pretax basis creates a pay raise for the employee.

	With Account	Without Account
Annual Gross Salary	24,000	24,000
Dependent Care	1,800	0
Health Care Expenses	700	0
Taxable Income	**21,500**	**24,000**
Federal Tax (18.5% blended)	3,978	4,440
FICA (7.65%)	1,645	1,836
State Tax (3.9%)	839	936
(Total taxes = 30.05%)		
After-Tax Income	15,038	16,788
After-Tax Dependent Care	0	1,800
After-Tax Health Care	0	700
Spendable Income	**$15,038**	**$14,288**
NET PAY RAISE	**750.00**	

NOTE: ***A portion of your pay raise should be used to address the possible disadvantage of pretax funding. (See the section entitled "How to Avoid Potential Disadvantages").***

Liability Worksheet

Before you can decide which benefits to choose, it is necessary to evaluate your own personal financial responsibilities. Fill in the blanks below as accurately as possible. Once you have completed this section, you will be able to determine your benefit needs.

MONTHLY EXPENSES		**MONTHLY PAYMENT**	**OUTSTANDING LIABILITY**
Mortgages/Rent	$	_____	_____
NOTE: If your homeowners insurance and taxes are included with your mortgage payment, then include here and skip those items as annual expenses.			
Second Mortgage	$	_____	_____
Car Payment	$	_____	_____
Car Expense (gas/repairs)	$	_____	_____
Utilities: Electric $_____ + Gas $_____ + Phone $_____ + Water/Sewage $_____ + Cable $_____ + Other $_____	=	_____	
Food/Sundries	$	_____	
Installment Loans	$	_____	_____
Credit Cards	$	_____	_____
Entertainment (theater, movies, sporting events, restaurants)	$	_____	
Miscellaneous (special occasions, money for children, etc.)	$	_____	
Monthly Total:	$	_____	
		x12	
Annual (monthly) Subtotal:	$	_____ *	

***** Note: Carry this number to the bottom marked Annual (monthly) Subtotal.

ANNUAL EXPENSES		**ANNUAL PAYMENT**	
Taxes (primary residence, secondary residence, other property)	$	_____	
Vacation(s)	$	_____	
Insurance(s): Life $_____ + Auto $_____ + Homeowners $_____ + Health $_____ + Cancer $_____ + Disability $_____ + Other $_____	=	_____	
Miscellaneous (tuition, political, religious donations)	$	_____	
Annual Subtotal	$	_____	**TOTAL OUTSTANDING**
Annual (monthly) Subtotal +	$	_____ *	**$LIABILITIES**
TOTAL YEARLY EXPENSES	$	_____	$ _____

Term Life Coverage

Term Life coverage provides a source of funds to assist you in meeting financial responsibilities in the event of your death. It may be used to ensure the repayment of a loan or mortgage for yourself or your family. It can cover your children's college tuition or provide a source of income for your dependents.

CORE

The Core Term Life coverage benefit amount is based upon your Labor Agreement. Please refer to your Labor Agreement for details.

EMPLOYEE OPTIONS

OPTION I	OPTION II
Additional 1 x Core Amount	**Additional 2 x Core Amount**
(No AD&D)	**(No AD&D)**

If you wish, you may add to your Core coverage by purchasing additional Term Life coverage. You will be required to provide evidence of insurability. This form can be obtained from the Human Resource Department. Coverage is effective upon written approval from the carrier. The first $50,000 of coverage can be paid for with pretax dollars. With amounts in excess of $50,000, the Internal Revenue Service requires taxation on a portion of your premium. The cost to provide this coverage is reflected on the rate sheet, page 5.

Optional Term Life Coverage

AGE	Cost per thousand per month
0 - 34	$ .13
35 - 39	$ .17
40 - 44	$ .23
45 - 49	$ .33
50 - 54	$ .51
55 - 59	$ .80
60 - 64	$1.28
65 - 69	$2.42
70 - 74	$3.96
75 - 79	$6.82

To calculate the cost of additional term life insurance:

1) Find your age and corresponding monthly cost per thousand

2) _____ (Cost per thousand) X _____ (Life ins. amt (omit 000)) = _____ (Monthly Cost)

3) _____ (Monthly Cost) X 12 months = _____ (Annual Cost)

4) _____ (Annual Cost) ÷ 26 (No. of pays) = _____ (Cost per pay)

EXAMPLE:
- 38 years old (.17 per thousand)
- Base Life Insurance $30,000
- would like to purchase additional one (1) x base
- 26 pays per year

2) .17 (Cost per thousand) X 30 (Life ins. amt (omit 000)) = 5.10 (Monthly Cost)

3) 5.10 (Monthly Cost) X 12 months = 61.20 (Annual Cost)

4) 61.20 (Annual Cost) ÷ 26 (No. of pays) = 2.35 (Cost per pay)

Long-Term Disability Coverage

(Consult your current Labor Agreement for availability and coverage level.)

Long-Term Disability (LTD) benefits provide income if you are unable to work for a prolonged period due to illness or injury.

CORE
The payments, which begin **180 days** after the onset of your disability, replace **66 2/3%** of your base monthly salary. The minimum benefit is the greater of **$100** or **10%** of your gross income. The maximum benefit is **$4,000** per month.

Disability benefits are available if you are disabled from your own occupation for the first 2 years and from any occupation (taking into consideration education and experience) for a maximum of 5 years.

LTD benefits are coordinated with other benefits such as Social Security, Workers Compensation, Employers Retirement Plan, any other Group Insurance Plan.

Coverage is effective on the date of completion of three (3) months of active employment.

Percent of Monthly Salary	66 2/3%	
Maximum Monthly Benefit	$4,000	
Maximum Benefit Period:	**Age at Disability**	
	Less than age 65	Up to 5 Years
	65 – 68	To age 70 but not less than 1 year
	69 and Over	1 Year

EMPLOYEE OPTIONS
If you wish to protect more of your income, you may elect to purchase additional Long-Term Disability coverage. This increases the percentage of your monthly income that would be replaced in the event of a disability.

Percent of Monthly Salary	70%	
Maximum Monthly Benefit	$6,000	
Maximum Benefit Period:	**Age at Disability**	
	Less than age 60	To age 65 but not less than 60 months
	60	60 months
	61	48 months
	62	42 months
	63	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 and over	12 months

The cost to purchase this coverage is reflected on the rate sheet, page 7.

Optional Long-Term Disability Coverage

AGE	Monthly Rate (per $100 of Benefit)
0 - 24	$ .13
25 - 29	$ .15
30 - 34	$ .24
35 - 39	$ .32
40 - 44	$ .43
45 - 49	$ .59
50 - 54	$ .86
55 - 59	$ .82
60 - 64	$ .28
65 - 69	$ .28
70 +	$ .28

To calculate the cost of additional Long Term Disability Insurance:

(1) $_____ x _____ = $_____
Annual Salary rate/100 Annual Cost

(2) $_____ / ____26_____ = $_____
Annual Cost # of Pays Cost Per Pay

EXAMPLE:
- Age 35
- Annual Salary $45,000
- Would like to purchase additional long-term disability benefits
- 26 pays per year

(1) $45,000 x .0032 = $144.00
Annual Salary rate/100 Annual Cost

(2) $144.00 / 26 = $5.54
Annual Cost # of Pays Cost Per Pay

Dental Coverage

The schedule below provides a comparison and explanation of all dental options available. Each eligible employee must elect one option only. Should you elect a coverage with a cash rebate, that rebate will be returned in equal installments over the annual Flexible Compensation Plan Year pay schedule. You may spend your rebated dollars on other coverage elsewhere in the menu.

		CORE	OPTION I
DEDUCTIBLE	Up front payment by employee.	0	-
COINSURANCE	CLASS I: Diagnostic, preventative and minor emergency procedures to relieve pain	100%	-
	CLASS I: Radiographs, emergency palliative, restorative, oral surgery, endodontic and periodontic.	50%	-
	CLASS II & III: Bridges and partial and complete dentures.	50%	-
	CLASS IV: Orthodontic services for treatment and procedures required for the correction of malposed teeth. No age limit.	50%	-
	Please refer to your Labor Agreement for benefit level.		
ANNUAL MAXIMUM	Each member is entitled to maximum benefits of this amount every contract year.	$1,000	-
ORTHODONTIC LIFETIME	Each member has a lifetime maximum of this amount available for orthodontic services.	$1,500	-
	Please refer to your Labor Agreement for benefit level.		
CASH REBATE	Cash may be received in your paycheck.	0	$150

- *Employees and retirees of the County, that have a spouse working for or retired from the County or County agency,may or may not be eligible to participate in the Opt Out plan option. Please refer to your Labor Agreement to determine eligibility.*

Medical Coverage - At A Glance

The schedule below provides a "comparison-at-a-glance" of all medical options. Please refer to the Benefits-At-A-Glance available in Human Resources or online for detailed explanations of coverage and your current Labor Agreement before making your selection. Each employee must elect one option only. Should you elect coverage with a cash rebate, that rebate will be returned in equal installments over the Flexible Compensation Plan Year pay schedule. You may spend your rebated dollars on other coverage elsewhere in the menu. Employees who wish to opt out of coverage must sign the declination of health insurance form on page 10. Dependent coverage is available with any option for spouses and eligible dependents up to the end of the month in which they turn age 26.

BENEFIT	**CORE**	**OPTION I**	**OPTION II**
CARRIER:	Blue Cross/Blue Shield PPO Community Blue Plan 750	Blue Cross/Blue Shield PPO Simply Blue HSA	Opt Out - No Coverage
DEDUCTIBLE *	$750/$1500	$2000/$4000	-
CO-PAYMENT *	80% Plan Pays 20% You Pay	0%	-
CO-INSURANCE MAX * *(Does not include Deductible)*	$2500/$5000		-
OUT-OF-POCKET MAX * *(Includes Co-pays/Deductibles)*	$6350/$12700	$4000/$8000	
DRUG PLAN	$10/$40/$80 Copay	$10/$40/$80 Copay	-
CASH REBATE (Annual) *Refer to your CBA	None	None	Single $1,000 Two Person $1,500 Family $2,000
EMPLOYEE COST (Annual)	Single $ 1696.80 Two Person $ 4072.30 Family $ 5090.37	Single $ 1468.61 Two Person $ 3524.65 Family $ 4405.85	N/A

* In-Network Services

- *Employees and retirees of the County, that have a spouse working for or retired from the County or County agency,may or may not be eligible to participate in the Opt Out plan option. Please refer to your Labor Agreement to determine eligibility.*

Opt Out

DECLINATION OF HEALTH INSURANCE

I, _____, hereby elect to decline my health insurance coverage offered through the County of St. Clair, Michigan. I elect to receive $_____ annually (distributed equally throughout the plan year payroll schedule) in lieu of this health insurance benefit. I understand that if the health insurance provided by _____ should terminate I may have the right to re-elect coverage through St. Clair County.

Please be advised of the following consequences regarding your decision to waive coverage:

- You should be aware of the individual responsibility requirement under the Affordable Care Act. If you refuse the offer of the Employer's health coverage and do not obtain the required coverage on your own, you will be subject to a penalty.

- You cannot enroll in the Employer's health plan until the next open enrollment. However, if you are covered under another plan, but that coverage is lost, you can enroll in your Employer's health plan immediately. You must request enrollment within 30 days of losing the other coverage.

- If you gain a new dependent through birth, adoption or marriage, you may enroll yourself, the new dependent, and the entire family at that time, but you must do so within 30 days of gaining the new dependent. If you miss the 30-day enrollment deadline, you must wait until open enrollment.

I acknowledge that the Employer has offered me affordable minimum essential coverage, as defined under the Affordable Care Act, for the period from January 1, 2027 to December 31, 2027. I further acknowledge that I have minimum essential coverage through another source. I have read the above and I understand the consequences of my waiver of coverage.

_____ Date_____
(Employee's Signature)

_____
(Print Name)

**Employees and retirees of the County, that have a spouse working for or retired from the County or County agency, may or may not be eligible to participate in the Opt Out plan option. Please refer to your Labor Agreement to determine eligibility.*

Please return this form, along with proof of other insurance to Human Resources.

Employee Reimbursement Account

One of the most attractive features of the Flexible Compensation Program is your Employee Reimbursement Account. It enables you to pay a portion of your uninsured Health Care and Dependent Care expenses with pretax dollars. This can save you a considerable amount in taxes.

The Employee Reimbursement Account has two parts: one for uninsured Health Care expenses and one for Dependent Care expenses. Just before the beginning of each plan year, you will have the opportunity to elect to fund your Reimbursement Account for the coming year. The amount that you select will be deducted from your gross salary through automatic payroll deductions. Then, during the plan year, you may submit claims to the Administrator to reimburse yourself for Dependent Care expenses and/or Health Care expenses incurred during the plan year but not reimbursed by your insurance plans. Please note, expenses must be incurred during the applicable plan year. For purposes of these Plans, an expense is considered "incurred" when the service is rendered.

NOTES ABOUT YOUR ACCOUNT

During the year, you should keep receipts for all qualified expenses. To receive reimbursements, you may complete a reimbursement form through the online portal or through an app on your mobile device. You may also request a paper form be sent to you via email to submit through mail or fax if you choose. You may submit claims anytime and reimbursement checks are run on a daily basis. Turnaround time for claim processing is 2 business days plus mail delivery time. You may choose to do direct deposit with funds being in your account within 4 business days. There will be one final check run 90 days after the plan year end.

You will receive a debit card attached to your Flexible Spending Account. The benefit of the debit card is it allows you to pay for your expenses with your debit card at the point of service without having to pay out-of-pocket and then wait for the reimbursement. Please understand that the card does not necessarily make a Flex account completely paperless, you will still need to submit receipts for certain expenses. However, expenses such as office copays and prescription copays will not require any additional paperwork.

For assistance with your Flexible Spending Account, call HealthEquity at 1-877-924-3967. You can also login into your online account and use the chat function from 8:00 am to 8:00 pm ET.

PLEASE KEEP THESE IMPORTANT CONSIDERATIONS IN MIND:

1. **The Internal Revenue Service (IRS) requires that any money left in your account at the end of the plan year must be forfeited.** This means you should allocate only as much to the Account as you feel certain you will incur in reimbursable expenses during the year. All expenses incurred during a plan year must be submitted for reimbursement and postmarked by March 31st of the following year. Otherwise, any money left in the Account will be forfeited. **Note: St. Clair County has opted to allow employees an additional 2 ½ month to incur claims after the plan year ends.**

   In the unlikely event of a forfeiture, there may still be substantial tax savings to the employee. For example, assume an employee contributes $2,400 to the plan, but only incurs $2,000 of expenses. The $2,000 of expenses are reimbursed tax free and the unused $400, in this case, would be forfeited. An employee in the 30% tax bracket (combined Federal, State, FICA) saves $720 in taxes on the $2,400 set aside ($2,400 x 30% = 720). If you subtract the $400 loss attributable to the forfeiture from the $720 tax savings, the employee still comes out $320 ahead.

2. If you elect to participate, the amount you designate will be withheld automatically from your paycheck in equal installments. The minimum contribution to the Account is $5 per month.

3. The annual re-enrollment period is the only time you may change your selections unless you have a change in "family status". Qualifying "status changes" for benefits provided under this plan are subject to approval of your employer, must be on account of a particular event, and satisfy any specific consistency rules that may apply to the particular benefit. Please reference your summary plan description for a detailed list of qualified “status changes”. Examples include:

   - **Change in your legal marital status, on account of marriage, divorce, death of your spouse, legal separation or annulment;**
   - **Change in the number of your dependents, due to birth, adoption, placement for adoption, or death of a dependent;**
   - **Change in employment status for you, your spouse, or a dependent;**
   - **Change because your dependent satisfies (or ceases to satisfy) the eligibility requirements;**
   - **Significant cost increases in a qualifying benefit (other than Uninsured Health Care accounts);**
   - **A change in coverage in a spouse's or dependent's Section 125 Plan;**
   - **A leave under the Family Medical Leave Act;**

   It is very important for you to understand that you must notify the Human Resources Department within 30 days of a "status change" in order to be allowed to select different benefit options. This includes adding dependent coverage. If you have a status change, the new coverage becomes effective as of the date you notify the Human Resources Department of the change or, if administratively possible, the date of the status change. It will always be to your best advantage to notify the Human Resources Department as soon as possible.

4. Although you have only one Reimbursement Account, the Uninsured Health Care portion and Dependent Care portion are entirely separate. Only Health Care expenses may be reimbursed from the Health Care portion; only Dependent Care expenses may be reimbursed from the Dependent Care portion. Once a given portion is used up for the year, no more expenses may be reimbursed for that year. You cannot transfer funds from one portion of the Account to the other.

5. The Dependent Care portion of the Account cannot reimburse you for more money than has been deposited into it by the date you make a claim. Remember, your contributions are deducted each pay, so funds build up gradually in your Dependent Care Reimbursement Account. If you do submit a claim for more than the amount in your Account at that time, any excess will be held for reimbursement until sufficient funds have accumulated.

6. If you should terminate employment during the plan year, you will have 90 days to file for reimbursable expenses incurred during the period in which you were an eligible participant of the plan. In addition, you may have COBRA rights to continue your Flexible Spending Plan if you leave employment.

7. Keep in mind that the funds you contribute to your Reimbursement Account are deducted before taxes are withheld, so you have not paid any taxes on them. Therefore, any items submitted through your Employee Reimbursement Account cannot be used as either a tax credit or deduction.

How To Avoid Potential Disadvantages Should You Fund Your Employee Reimbursement Account

Since contributions to your Employee Reimbursement Accounts are treated as a reduction in income, there will be a slight reduction in Worker's Compensation and Social Security disability, survivorship and retirement benefits. This potential disadvantage is easily overcome, if the employee invests part of their tax savings into either a Deferred Compensation or a cash value life insurance policy. **This reduction in income does not affect your county retirement benefit.** Please note, your retirement contribution is computed on your pay before deductions.

Typically, for every $100 reduction in income for Social Security purposes, at age 40, an employee only has to invest $5.00 out of $22.00 in tax savings to have more benefits at retirement than the Social Security system would provide.

The amount of tax savings that have to be reinvested to make up for the lost Social Security benefit goes up the longer the employee is in the plan.

Uninsured Health Care Expenses

You may contribute up to $3,500 of your earned income per calendar year to the Health Care portion of the Account to reimburse yourself for expenses incurred by you or an eligible dependent. Common examples include:

- Plan deductibles and co-pays.
- Medical, Dental and Vision expenses not reimbursed by your plan.

  - Please note, an eligible expense must be a medically necessary expense incurred for diagnosis, cure, treatment, mitigation, or prevention of disease, or for the purpose of affecting any bodily function or structure.

The following is a *representative* list of Health Care expenses allowable under the Internal Revenue Code:

Eligible FSA/HSA Healthcare Expenses

Please note that this list is not intended to be comprehensive tax advice.
For more detailed information, please consult IRS Publication 501 or see your tax advisor.

- Acupuncture
- Alcoholism treatment
- Allergy shots and testing
- Ambulance (ground or air)
- Artificial limbs
- Blind services and equipment
- Car controls for handicapped*
- Chiropractor services
- Coinsurance and deductibles
- Contact lenses
- Crutches, wheelchairs, walkers
- Deaf services – hearing aid/batteries, hearing aid animal & care, lip reading expenses, modified telephone, etc.
- Dental treatment
- Dentures
- Diagnostic tests
- Doctor's fees
- Drug addiction treatment & facilities
- Drugs (prescription)
- Eye examinations and eyeglasses
- Home health and/or hospice care
- Hospital services
- Insulin
- Laboratory fees
- LASIK eye surgery
- Medical alert (bracelet, necklace)
- Medical monitoring and testing devices*
- Nursing services
- Obstetrical expenses
- Occlusal guards
- Operations and surgeries (legal)
- Optometrists
- Orthodontia
- Orthopedic services
- Osteopaths
- Oxygen/oxygen equipment
- Physical exams (except for employment-related physicals)
- Physical therapy
- Psychiatric care, psychologists, psychotherapists
- Radial keratotomy
- Schools (special, relief, or handicapped)
- Sexual dysfunction treatment
- Smoking cessation
- Surgical fees
- Television or telephone for the hearing impaired
- Therapy treatments*
- Transportation (essentially and primarily for medical care; limits apply)
- Vaccinations
- Vitamins (prescription only)*
- Weight loss programs*
- X-rays

***if prescribed for a particular ailment or medical condition; provider letter required**

Important Change Regarding Over-the Counter (OTC) Medications

Starting January 1, 2011, OTC medications will require a doctor's prescription to be eligible for FSA/HSA reimbursement.

As a result, OTC medications cannot be purchased using the *my*SourceCard® after 12/31/10 unless dispensed by a pharmacy the same as a standard prescription. If a manual claim is submitted for purchase of an OTC medication after 12/31/10, a prescription receipt must be included with the claim in order to receive reimbursement.

Non-medicated OTC products (gauze pads, diabetes test strips, saline solution, etc.) are not affected by this change in the law. You can continue to receive FSA/HSA reimbursement for such items after 12/31/10 in the same manner you do now.

Eligible FSA/HSA OTC Medications and Products

ELIGIBLE NOW, BUT WILL REQUIRE PRESCRIPTION TO REMAIN ELIGIBLE AFTER 12/31/10:

- Acne medications & treatments
- Allergy & sinus, cold, flu & cough remedies (antihistimines, decongestants, cough syrups, cough drops, nasal sprays, medicated rubs, etc.)
- Antacids & acid controllers (tablets, liquids, capsules)
- Antibiotic & antiseptic sprays, creams & ointments
- Anti-diarrheals
- Anti-fungals
- Anti-gas & stomach remedies
- Anti-itch & insect bite remedies
- Anti-parasitics
- Digestive aids
- Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)
- Contraceptives (condoms, gels, foams, suppositories, etc.)
- Eczema & psoriasis remedies
- Eye drops, ear drops, nasal sprays
- First aid kits
- Hemorrhoidal preparations
- Hydrogen peroxide, rubbing alcohol
- Laxatives
- Medicated bandaids & dressings
- Motion sickness remedies
- Nicotine medications (smoking cessation aids)
- Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)
- Sleep aids & sedatives
- Wart removal remedies, corn patches

ELIGIBLE NOW AND WILL REMAIN ELIGIBLE AFTER 12/31/10 WITH NO PRESCRIPTION REQUIRED:

- Braces & supports
- Contact lens solution
- Diabetic testing supplies & equipment
- Durable medical equipment (power chairs, walkers, wheelchairs, CPAP equipment & supplies, etc.)
- Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)
- Non-medicated bandaids, rolled bandages & dressings
- Reading glasses

All OTC items listed are examples.

Note: Currently, in order to receive a tax deduction for medical expenses on your tax return; expenses must exceed 7.5% of your adjusted gross income. Therefore, your Uninsured Health Care expense account provides you with the only opportunity to receive full credit for ALL medical expenses incurred regardless of income.

Estimating Health Care Expenses For You and Your Family

(You should refer to the sections entitled "Medical/Dental Options" to help you accurately estimate your expenses.)

	Previous Year (Actual)	**This Year** (Expected)
Medical plan deductibles	$ _____	$ _____
Medical plan coinsurance (the percentage that your plan does not pay)	$ _____	$ _____
Dental or orthodontic expenses that are not covered by your plan	$ _____	$ _____
Vision care expenses	$ _____	$ _____
Hearing aids	$ _____	$ _____
Medicine or drugs prescribed by a doctor but not covered by your plan	$ _____	$ _____
Other qualified expenses not paid by your plan	$ _____	$ _____
YOUR TOTAL HEALTH CARE EXPENSES:	**$** _____	**$** _____

Dependent Care Expenses

The Employee Reimbursement Account can be used to pay for Dependent Care expenses that enable you and your spouse to work or to search actively for work.

Reimbursement Limitations:

A married employee may only be reimbursed for Dependent Care expenses up to the lesser of:

a. $7,500 ($3,750 if married filing a separate return); or
b. 50% of the employee's compensation; or
c. the earned income of the employee's spouse.

Therefore, a married employee whose spouse does not work is generally not entitled to Dependent Care assistance reimbursement. However, if the employee's spouse is a full-time student or incapable of caring for himself or herself then the employee will be allowed a limited benefit under the plan. The allowable limit of reimbursement for each month the spouse is a full-time student is $200 if the employee has one dependent or $400 if the employee has two or more. If the employee's spouse is incapacitated, the allowable limit is $200 per month if the employee has one or more additional dependents.

An unmarried employee may be reimbursed for all Dependent Care expenses up to the lesser of:

a. $7,500; or
b. 50% of the employee's compensation

For the purpose of Dependent Care expenses, a dependent includes anyone you claim as a dependent on your income tax return and who is:

Age 12 or younger, or

Physically or mentally incapable of caring for himself or herself (for example, a disabled spouse or an elderly parent). A person other than your spouse must rely on you for more than one-half of his or her support to qualify as a dependent.

Eligible Dependent Care expenses include:
Payments made for services provided in your home (babysitters, for example). These services cannot be provided by someone you claim as a dependent or someone who is a relative residing with you. Provider does not have to be licensed; however they would need to claim money received as income for tax purposes.

Payment made for dependent child care services outside your home. If you use the services of a dependent care center that provides care for at least six people (other than residents), the center must be in compliance with the state and local laws.

Payments made for care outside your home for a dependent (other than a child), if the dependent spends at least eight hours a day in your home. (For example, 24-hour nursing home care for a dependent parent would not qualify).

If you utilize a Dependent Care Reimbursement Account, you must furnish the name, address and tax identification (social security number or corporate tax ID) number for the provider of dependent care services to the FSA Plan Administrator. Please complete the Mandatory Statement for Dependent Care on an annual basis.

HealthEquity® | FSA

Aflac

FLEXIBLE SPENDING ACCOUNT

FSAs are tax-advantaged accounts that let you use pre-tax dollars to pay for eligible medical expenses. FSAs help members realize significant savings on healthcare costs. Don't think of it as money deducted from your paycheck—think of it as money added to your wallet.



Annual tax saving potential[1]

(when you contribute the max)

$1050

2027 IRS Contribution Limit
$3,500

Expect remarkable.

- Mobile-optimized[2] account management, with easy claims and reimbursement
- Step-by-step on-screen tutorials in the member dashboard
- Help Center with comprehensive user guides and how-to articles
- 24/7 call or chat with our 100% US-based Member Services team

866.735.8195 | HealthEquity.com/learn

Save big on thousands of eligible medical expenses, including:

Pain relievers | Doctor visits | Dental cleaning | Sleep aids | Eyeglasses/ contacts | Cold/cough medicine | Chiropractic care | Insulin testing supplies

See the full list at **HealthEquity.com/qme**

HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions. | [1]The example used is for illustrative purposes only. Actual savings may vary. The figure is based on a 30% effective tax rate, including state, federal and FICA taxes. | [2]Accounts must be activated via the HealthEquity website in order to use the mobile app. | Copyright © 2023 HealthEquity, Inc. All rights reserved. OE_FSA_AFLAC_Feb_2023

HealthEquity® | DCFSA

Aflac

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

DCFSAs are tax-advantaged accounts that let you use pre-tax dollars to pay for eligible dependent care expenses. A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare.



Annual tax saving potential[1]

(when you contribute the max)

$2,250

2027 IRS Contribution Limit

$7,500[3]

Expect remarkable.

- Mobile-optimized[2] account management, with easy claims and reimbursement
- Step-by-step on-screen tutorials in the member dashboard
- Help Center with comprehensive user guides and how-to articles
- 24/7 call or chat with our 100% US-based Member Services team

866.735.8195 | HealthEquity.com/learn

Save big on eligible dependent care expenses, including:

- Daycare
- Nursery School
- Preschool
- Summer Day Camp
- Before or After School Programs
- Elder Daycare

HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions. | [1]The example used is for illustrative purposes only. Actual savings may vary. The figure is based on a 30% effective tax rate, including state, federal and FICA taxes. | [2]Accounts must be activated via the HealthEquity website in order to use the mobile app. | [3]If Married Filing Separately your limit is $2,500. | Copyright © 2023 HealthEquity, Inc. All rights reserved. OE_DCFSA_AFLAC_Feb_2023

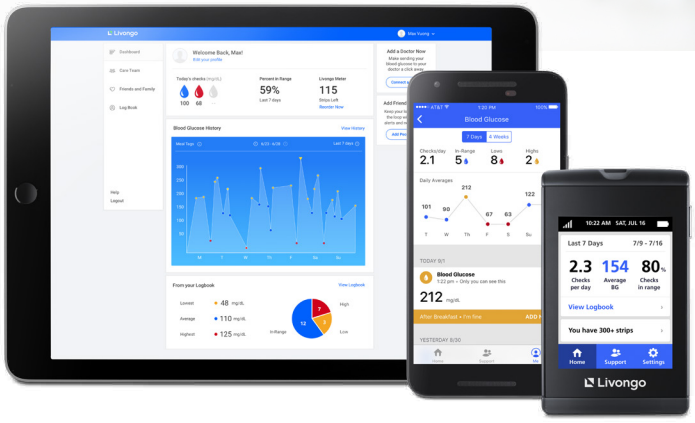
Diabetes Management, Simplified



$0 per month

Blue Cross Blue Shield of Michigan now offers Livongo for Diabetes to you. It's covered 100% by your health plan. This open enrollment period, register for Livongo and receive a welcome kit in only 3-5 days.

The program is offered at no cost to members and covered dependents with diabetes and coverage offered through your employer's sponsored Blue Cross Blue Shield of Michigan health plan.



You'll get this and more when you sign up:

- Unlimited strips
- Connected glucose meter
- Personalized insights and more

Claim Your Livongo Welcome Kit Today

Join today!

Use registration code: **BCBSM**

Online: **join.livongo.com/BCBSM/hi**

Phone: **(800) 945-4355**

EL PROGRAMA LIVONGO ESTÁ DISPONIBLE EN ESPAÑOL

Cuando se registre, usted seteará el idioma de preferencia y luego el medidor y el programa estarán en Español. Para registrarse en Español, visite ***bienvenido.livongo.com/BCBSM*** *o llámenos al* ***(800) 945-4355****.*

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Livongo®

Program includes trends and support on your secure Livongo account and mobile app but does not include a tablet or phone.
We take your privacy seriously. Your identifiable health information, like blood sugar readings, are protected through federal and state laws, including Health Insurance Portability and Accountability Act (HIPAA), and will not be shared with any third party in a manner that violates federal or state law.

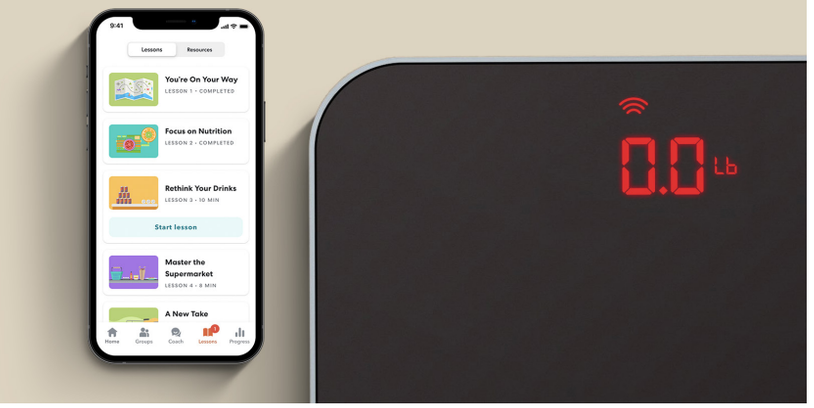
Livongo is an independent company that provides diabetes management services on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

PM05152.A

Blue Cross Blue Shield Blue Care Network of Michigan

omada

Better health, made easier



Whatever 'healthy' means to you, Omada® helps you get there.
All at no cost to you.

What you get with Omada:

- ✓ A plan built around you
- ✓ Dedicated health coach & care team
- ✓ All the smart health devices you need

Do what works for you

We'll help you figure out the healthy habits and routines that work for you—motivation included.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

With Omada, there's a program for you

Weight loss & overall health

The best part? It's covered.

You'll receive the program at no additional cost 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 or heart disease.

It only takes 1 minute to get started.

omadahealth.com/stclaircounty

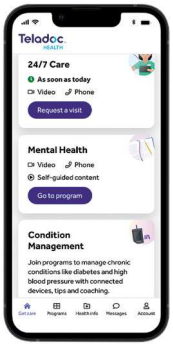
Omada provides services on behalf of Blue Cross® Blue Shield® of Michigan that help members at risk of diabetes.



Virtual Care 2024

Previously Blue Cross Online Visits℠

Virtual care that's always there



GET CARE WHEN YOU NEED IT, WHEREVER YOU ARE.

With **Virtual Care** by Teladoc Health®, you and everyone on your health plan can get virtual medical and mental health care from a smartphone, tablet or computer.

Virtual Care is included with your Blue Cross Blue Shield of Michigan and Blue Care Network health care plan.

24/7 CARE

Have a virtual visit with a U.S. board-certified doctor for minor illnesses such as colds, sore throats, urinary tract infections and pink eye. Visits are available for adults and children.

Medical visits are available 24/7, anywhere in the U.S., when your primary care provider isn't available. You don't need an appointment and the average wait time is 10 minutes. Prescriptions, if needed, can be sent to your preferred pharmacy.

MENTAL HEALTH

Through the Mental Health option, you can connect with a licensed therapist or U.S. board-certified psychiatrist when you're dealing with stressful situations or issues such as grief, anxiety and depression.

Mental health visits require an appointment, but many therapists and psychiatrists have evening and weekend availability.

SIGN UP TODAY

Visit bcbsm.com/virtualcare for a link to download the Teladoc Health app.

Family members ages 18 and older will need to create their own Virtual Care accounts. When updating or creating an account, choose your plan name and enter your member ID so your coverage is applied correctly. Call **1-800-835-2362** with any questions about your account or to arrange a telephone visit.

READY TO HELP

MICHIGAN

All Virtual Care services from Teladoc Health are separate from virtual care other providers may offer. Remember to follow up with your primary care provider. Your plan may have copayments, deductibles and out-of-pocket costs.

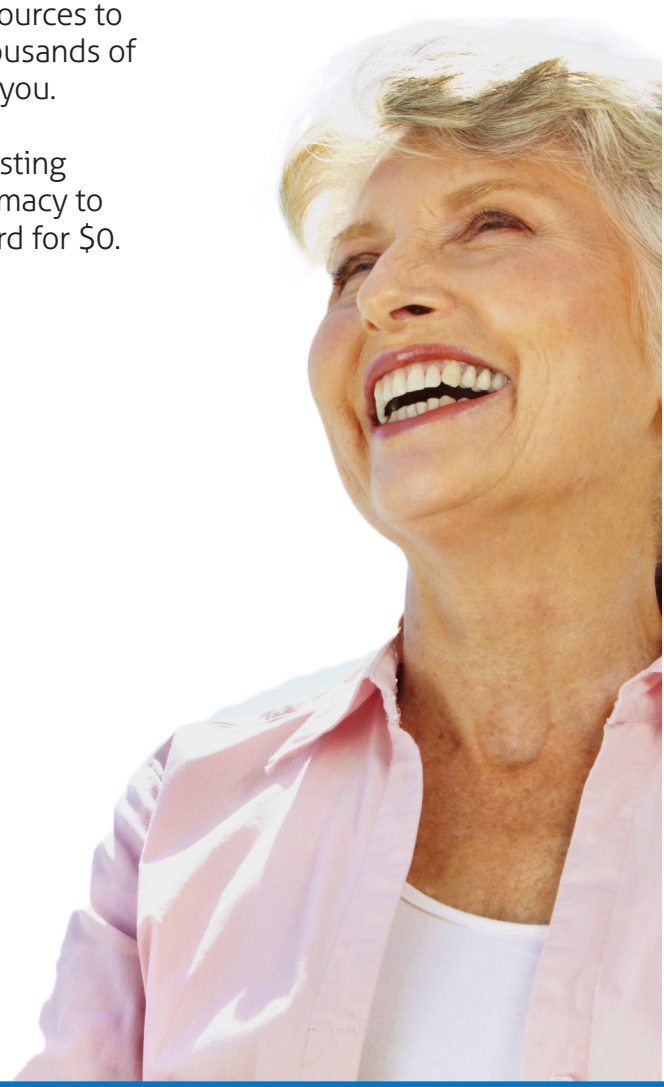
Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.
Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

medtipster™/free

Your generic drugs could be free

We are dedicated to giving you the best information and resources to help you save money. With the Medtipster/free program, thousands of generic drugs are available at local pharmacies at no cost to you.

Search our convenient website to qualify for your new or existing generic prescription. Locate a convenient, participating pharmacy to pick up your generic prescription using your pharmacy ID card for $0.



Medtipster/free Program

Visit medtipsterfree.com

Step 1	**Search for drug name** • Enter drug name, dosage and zip code
Step 2	**Locate Pharmacy** • The national network is updated regularly
Step 3	**Pick up Prescription** • Present ID card and pick up generic drugs for free

Questions

Contact Member Services
Customer Service is available via contact@medtipster.com. Please contact us with any questions you may have about our prescription program.

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DELTA DENTAL®

Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 3636-0099, 1000
St. Clair County

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Radiographs – X-rays	50%	50%	50%
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Major Services			
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are Covered Services with no limitations.
- Space maintainers are payable once per area per lifetime for people up to age 16.

- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per five-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – $1,000 per person total per Benefit Year on all services except orthodontics. $1,500 per person total per lifetime on orthodontic services.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered 30 days from date of hire.

Eligible People – All full-time employees of the county working at least 37.5 hours per week who choose the dental plan (1000) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). The Contractor pays the full cost of this plan.

Also eligible are your legal spouse and your children to the end of the month in which they turn 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled and your domestic partner as defined by the contractor. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the date of termination.



If your family ever needs a hand, we're ready.

Additional services from The Hartford

Our Life and Disability insurance can help protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

Your loved ones can benefit from services that go beyond the benefit.

You're taking steps to take care of the people who depend on you. In addition to taking care of financial concerns, your Life and Disability insurance comes with access to a suite of services to support your loved ones through every step of life's most difficult moments.

Services for Life insurance include:

Funeral Planning[1]

Our Funeral Planning Services offers a suite of online tools to help guide you through key decisions. It allows for pre-planning and entails a step-by-step checklist, an expert care team, will preparation and burial arrangements.

Register online at: join.empathy.com/hartfordcare

Once you register, access these services by calling: **229-544-2332**

Will Prep[1]

Whether you have a few assets or many, help protect your family's future by creating a will. Our online will preparation service is backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Register online at: join.empathy.com/hartfordcare

Once you register, access these services by calling: **229-544-2332**

Bereavement

Bereavement Services[1] provide a personalized bereavement solution built to help families deal with the many challenges that loss can bring. Empathy provides high-quality, complimentary, on-demand support for every Group Life beneficiary anticipating or dealing with loss, so that they and their families have everything they need during this difficult time.

This includes grief support services, estate and probate services, helpful planning tools, digital app, document storage, after-loss support, and access to online content designed to assist with the grieving process.

To access these services:

Visit: empathy.com/partner/hartford

Register: join.empathy.com/hartfordcare

Via Digital App, use Access Code: **EMP-HART**

Contact: hartford@empathy.com

For questions, call: **270-681-1364**

The Hartford

Services for Life and Disability insurance include:

Travel Assistance with Identity Theft Support Services[2]

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance and legal referrals.

Identity Theft Support Services[3] provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs.

Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more.

Ability Assist® Counseling Services with HealthChampion® Health Care Navigation[2,4]

Ability Assist Counseling Services offers 24/7 access to master's level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

If your company provides life or disability coverage for less than 5,000 people, Ability Assist is available to you at any time if you're covered by a Group Life policy or Disability services with The Hartford. See your benefits manager for details.

HealthChampion offers health care navigation support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

What do I do first?

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance.

Then, contact Travel Assistance via phone:

U.S. and Canada: **800-243-6108** (toll-free)

Outside U.S.: **202-828-5885**

Or email: **assist@imglobal.com**

Ability Assist® and HealthChampion®

Call toll-free: **800-96-HELPS (800-964-3577)**

To register, visit:
www.guidanceresources.com

Use Company Code: **HLF902**

Use Company Name: **ABILI**

Select: "Ability Assist Program" to create your own confidential username and password.

Save contact info for future use.
Photograph with a mobile device.

Visit TheHartford.com/employeebenefits

The Hartford

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. © 2025 The Hartford

[1] Bereavement Services, Funeral Planning Services and Will Prep Services are provided through The Hartford by Empathy. Empathy is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states. Visit www.TheHartford.com/employee-benefits/beyond-insurance for more information.

[2] Services are offered through vendors which are not affiliated with The Hartford and these services are not insurance. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states. Visit www.TheHartford.com/employee-benefits/beyond-insurance for more information.

[3] Identity Theft Support Services are not available in NY and WA.

[4] HealthChampion® specialists are available during business hours only. Inquiries outside this time frame can request a callback the next day or schedule an appointment.

4339 06-25

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



AFLAC GROUP CRITICAL ILLNESS

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

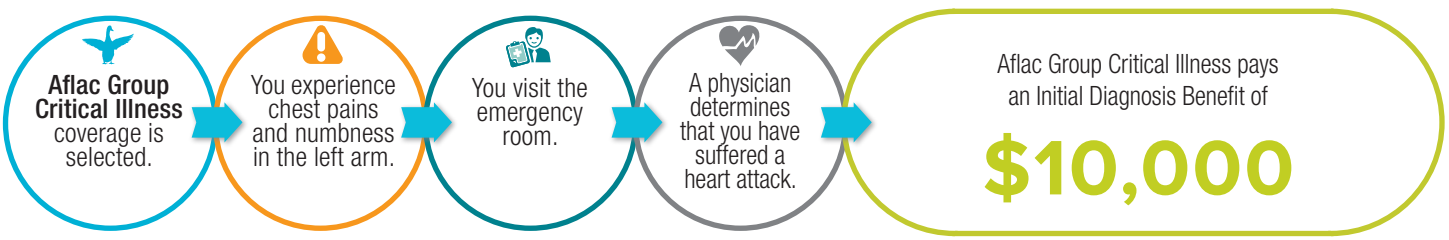
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
  - Severe Burn
  - Coma
  - Paralysis
  - Loss of Sight/Hearing/Speech
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on $10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000

HI G

The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

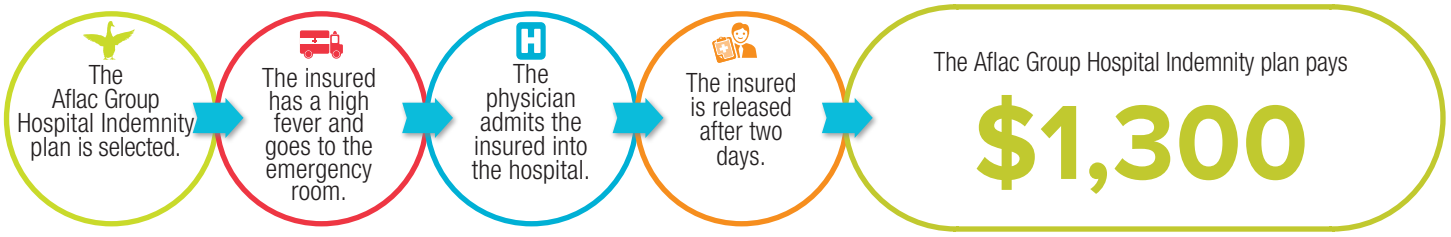
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- **Hospital Confinement Benefit**
- **Hospital Admission Benefit**
- **Hospital Intensive Care Benefit and more**



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission ($1,000), and Hospital Confinement ($150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

AFLAC GROUP WHOLE LIFE INSURANCE

Policy Series C60000

WL G

While we all know that life insurance helps protect our loved ones for the long term, sometimes we don't consider that there are other benefits of a whole life insurance plan as well.

Priced to fit most budgets, Aflac Group Whole Life insurance can give your family a financial cushion when they need it. And, unlike some kinds of life insurance, a whole life insurance plan won't be canceled just because you reach a certain age.

Aflac Group Whole Life insurance doesn't only look out for your family's tomorrow--it also works hard for you today.

What you may not realize is that in addition to offering valuable life insurance protection, Aflac Group Whole Life is designed to build cash value—at a guaranteed rate of return. It's a feature that could come in handy down the road for short-term or unplanned expenses.
There are other advantages, as well:

- You may apply for benefit amounts by answering only a few medical questions.
- Once your Whole Life insurance application has been approved and payroll deductions have started, the coverage is yours to keep as long as you continue to pay premiums.
- Aflac Group Whole Life builds cash value that you can access for life's challenges and life's opportunities.

Aflac Group Whole Life insurance is flexible, too. You can apply for coverage that fits your budget and lifestyle.

Whole Life Benefit Coverage Options:

- Employee
- Spouse
- Children ages 15 days through 25 years may be covered in either of these two ways:
  - A Child Term Rider for dependent children (the rider will cover all of your dependent children), or
  - A separate Whole Life plan for each of your dependent children

Additional Benefits:

- Accelerated Benefit Rider (employee and spouse only)
- Accidental Death Benefit Rider (employee and spouse only)
- Waiver of Premium Benefit Rider (employee only)

Features:

- Premiums will not increase.
- Benefits may be paid directly to your named beneficiary.
- Coverage is portable, which means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.

Health care doesn't have to be hard

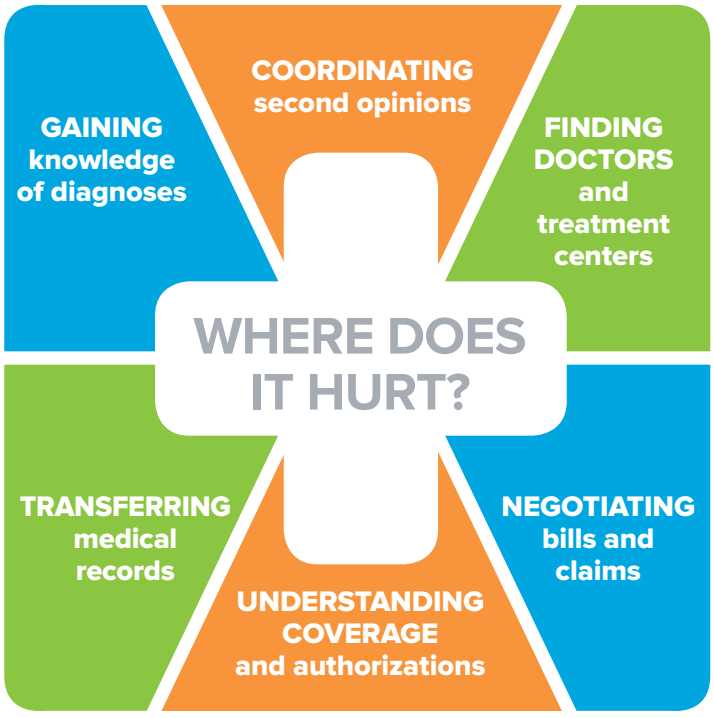
Meet Health Advocacy, available through Aflac.

Dealing with health care and health coverage can be complicated — and often stressful. But now you have help from Health Advocacy.

Health Advocacy provides a team of experts who can help solve your health care and insurance-related questions. They can help you with a variety of needs like finding specialists, clarifying coverage, addressing claim issues and getting second opinions.



Get care for your health care.



HEALTH ADVOCACY CAN HELP:

- FIND DOCTORS AND TREATMENT CENTERS
- COORDINATE CARE AND SECOND OPINIONS
- UNTANGLE MEDICAL BILL AND CLAIM ISSUES
- AVAILABLE 24/7, ANYTIME, ANYWHERE

Aflac | Value Added Services

Aflac | Value Added Services

Get confidential, personalized help with Health Advocate:

- **Find doctors,** specialists, hospitals and other providers
- **Schedule appointments** for treatments and tests
- **Coordinate** second opinions and care
- **Resolve issues,** from claims problems and medical bills, to coordinating benefits
- **Get help with eldercare issues,** including Medicare and related healthcare issues for your parents and parents-in-law
- **Get answers** about your test results, treatments, prescriptions and more
- **Work with your insurance companies** to get approvals and clarify coverage
- **Transfer medical records,** lab results and X-rays
- **Here for you 24/7** by convenient app or phone

HealthAdvocate℠

Health care just got easier with Health Advocacy.

When your coverage begins, call **855.423.8585** or visit **healthadvocate.com/aflac**

Available through Aflac, powered by Health Advocate.

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service Providers, and does not own or administer any of the products or services provided by the Value Added Service providers. Each Value-Added Service Provider offers its products and services subject to its own terms, limitations and exclusions. Value Added Services are not available in Idaho or Minnesota. State availability may vary. Continental American Insurance Company, a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated.

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, New York, North Carolina, Ohio, South Dakota, Texas, Utah and Vermont.

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Continental American Insurance Company | Columbia, South Carolina

Make sure your business *stays* your business

Stay secure with Fraud Protection, available through Aflac.



It happens everywhere, every day. One in every 16 people in the U.S. were victims of identity theft in 2016. It's no wonder that fraud is among the top concerns for working adults.* No one wants to go through the hassle, expense and time of dealing with fraud.

But you can protect yourself. Your employer and Aflac have teamed up to provide an easy way to reduce your risk of becoming the next victim — at no cost to you.

Fraud Protection is now available to you as part of your employer's benefits package.



FRAUD IS A REAL CONCERN. BUT NOW THERE'S A REAL SOLUTION.

- SAFE, SECURE DIGITAL STORAGE OF PERSONAL INFO
- EMAIL ALERTS
- RECOVERY PROCESS FOR LOST/STOLEN WALLET, FRAUD OR ID THEFT
- LIVE SUPPORT 24/7

Aflac | Value Added Services

Fraud Protection gives you stronger peace of mind.

These services are automatically available to you when your coverage begins.



RESTORE

Certified Resolution Specialist

- Fully managed restoration services
- One-on-one dedicated care

End2End Defense SM 32-step recovery process

- For lost/stolen wallet, breached data, fraud or ID theft
- Designed to discover, isolate and prevent future fraud



24/7 LIVE SUPPORT

Expert assistance, whenever and wherever you need it

- 24/7 access to expert professionals who can help you if fraud or identity theft occurs

These services require registration and additional information before they're available for use:



SECURE

Online Identity Vault

- Secured digital storage for personal and account information, vital documents, images and other data
- Mobile app for on-the-go access to manage your identity
- Password Manager

Expert Protection Tips and Timely News

- Monthly activity reports via email detailing your account status and protection tips
- Breach alert emails to make you aware of recent breaches and scams



MONITOR

Internet Monitoring

- Fraud exposure report of your personal information on black market websites
- Daily monitoring for your personal information (stored in your Online Identity Vault)

EZShield® FRAUD PROTECTION

Aflac's Fraud Protection is here for you.

When your coverage begins,
call: **866-826-8851** | visit: **aflac.ezshield.com.**

Available through Aflac, powered by EZShield.

[1]Identity Theft Hit an All-Time High in 2016, USAToday.com, February 6, 2017

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Continental American Insurance Company | Columbia, South Carolina



Have You Ever...

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Had social media accounts? (Facebook, Instagram, Twitter, Linkedin, Youtube)

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

The IDShield Membership Includes:

- **Credit Monitoring** Continuous credit monitoring through TransUnion
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **$1 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency

Plan Prices are Per Pay Period Deduction	FAMILY Price	INDIVIDUAL Price
LegalShield **Legal Plan Only**	**$8.75 / every two weeks**	**$8.75 / every two weeks**
IDShield **Identity Theft Plan Only**	**$8.75 /every two weeks**	**$4.13 / every two weeks**
Combined **Plans**	**$15.65 / every two weeks**	**$12.88 / every two weeks**

The secure website to enroll is **www.shieldbenefits.com/stclaircounty**

PLEASE NOTE: Member's spouse coverage can be a married spouse OR boyfriend/girlfriend; domestic partner; same sex partner.

Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A $1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see https://idshield.cloud/summary-of-benefits. We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:

LegalShield | IDShield

Associate: ALI C. SANDERS
Email: alisanders@legalshieldassociate.com
Phone: 248-991-5065
Employee Website: www.shieldbenefits.com/stclaircounty

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SECURE WEBSITE TO ENROLL: www.shieldbenefits.com/stclaircounty

LegalShield® | MEMBERPERKS

Save with these incredible MEMBERPERKS

Your LegalShield and IDShield Memberships are simply amazing. In addition to the privileges that are already yours, we have added these MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over $2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come!

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- BOOKS, MOVIES & MUSIC
- CELL PHONES
- ELECTRONICS
- FINANCE
- FLOWERS & GIFTS
- FOOD
- HEALTH & WELLNESS
- HOME SERVICES
- INSURANCE & PROTECTION SERVICES
- OFFICE & BUSINESS
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- TICKETS & ENTERTAINMENT
- TRAVEL

WHAT MEMBERS ARE SAYING:

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– Martha S.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"
– Andre E.

"I am receiving 8% off my Verizon cell phone monthly charge!"
– Paulette M.

Enjoy preferred member pricing on some of your favorite brands and services.

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Getting Started

To sign up, simply log in at legalshield.perkspot.com. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield Membership number.

These benefits are for LegalShield and IDShield Members. All offers or promotions are subject to change without notice.

SHEET_MEMBERPerks_060420

SECURE WEBSITE TO ENROLL: www.shieldbenefits.com/stclaircounty

Nationwide®

My Pet Protection®

PLAN SUMMARY



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) with an optional $500 wellness benefit so you can find coverage that fits your budget.[1] Base plans have a $250 annual deductible and $7,500 annual benefit.

Coverage includes[2]:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness[1] and more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available through your employer's voluntary benefit plan, which includes preferred pricing and is guaranteed issuance.[3] It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.[4]



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline®

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide PetRx*Express*℠

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Pharmacy submits claims directly to Nationwide
- More than 4,700 pharmacy locations

http://www.petinsurance.com/stclaircounty | 877-738-7874

[1] Starting on 9/1/23 new members can select the My Pet Protection® Wellness500 coverage option, with the earliest effective date of 10/1/23 and forward. Existing members can add My Pet Protection® Wellness500 during their respective renewal period only. [2] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions. [3] Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [4] State of the Industry Report 2022, North American Pet Health Insurance Association.

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Nationwide®

How to apply for a pet insurance policy

Nationwide® pet insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Signing up for pet insurance is easy

http://www.petinsurance.com/stclaircounty | 877-738-7874

During enrollment, you may be asked for the following information:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of your pet
- Pet's species (canine, feline, etc.)
- Payment information/plan*

*Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date

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COUNTY OF ST.CLAIR

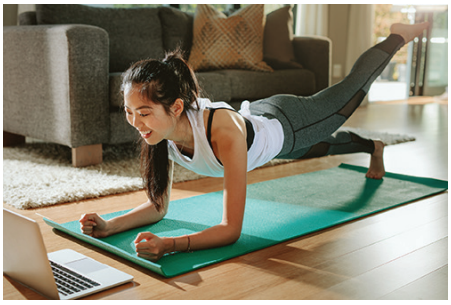


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