

2024 Benefit Guide

NBU Summary

Emerging Markets
Open Enrollment: <https://emopenenrollment.com/>
HR Services: 517-708-5400

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Getting Started with Enrollment

Emerging Markets strives to offer you market competitive human resources programs that differentiate us from other companies. HR evaluates these programs annually and we encourage you to also evaluate your benefit options that will help you achieve the lifestyle you're looking for while protecting yourself and your family. The HR team wants you to save and maybe even make money while maximizing your benefits.

Healthcare is a primary consideration as part of this evaluation process. Oracle offers medical plan choices and support tools necessary for you to compare and choose the appropriate plan to suit your needs. As you do, you'll have a health care benefit budget to use as you compare and purchase health care benefits.

We also believe that adopting and maintaining healthy habits is key for prevention and living illness free. You can also earn additional money along the way by participating in *The Well*.

Finally, please consider utilizing Telemedicine for a convenient and cost-effective healthcare option. You have 24/7 virtual access to U.S. board certified doctors or licensed therapists.

Thank you for your continuing contributions to Emerging Markets.

Emerging Markets HR Team

Eligible Participants

Eligible health plan participants include full-time employees who are regularly scheduled to work at least 30 hours each week, and part-time employees who are regularly scheduled to work a minimum of 20 hours per week.

You can elect coverage for yourself and your eligible dependents, which include:

- Your legal spouse
- Your children or your spouse’s children

Under plan rules, an eligible child includes: children related to you by birth, marriage, legal adoption or legal guardianship through the end of the year in which they reach age 26.

The health plan offers a 4-tier benefit structure:

1. Employee Only
2. Employee + Child(ren)
3. Employee + Spouse
4. Family (Employee, Spouse, Child(ren))

Medical Plan Options

You have four PPO health plan options to select from including traditional PPO and HDHP with various deductibles and out of pocket maximums levels. The plan options have the same provider network and same covered services. You don’t have to choose a primary care physician and you don’t need a referral to see a specialist. The only difference in the plans is how and when you pay for your coverage and healthcare services.



Health Plan Contributions

Identify your health plan contributions by finding the correct job level chart and then your desired coverage tier. The amounts listed are your per paycheck pre-tax contribution for employees who work 30 hours or more a week. *The HSA employer bi-weekly and lump sum contributions with the Simply Blue 2000 plan enrollment is automatic. Employees who work between 20 and 30 hours per week can view rates in Oracle.

Staff

Health Plan Options Bi-Weekly Contributions					
Coverage Tier	Simply Blue 2000 HDHP PPO	Annual HSA Employer Contribution Simply Blue 2000*	Simply Blue 1000 PPO	Simply Blue 500 PPO	Simply Blue 250 PPO
Employee Only	\$5.86	\$1,147.56	\$38.18	\$64.01	\$77.23
Employee + Child(ren)	\$13.47	\$1,785.00	\$87.82	\$147.23	\$177.63
Employee + Spouse	\$13.47	\$1,785.00	\$87.82	\$147.23	\$177.63
Family	\$15.23	\$2,422.56	\$99.28	\$166.44	\$200.80

Manager and Directors

Health Plan Options Bi-Weekly Contributions					
Coverage Tier	Simply Blue 2000 HDHP PPO	Annual HSA Employer Contribution Simply Blue 2000*	Simply Blue 1000 PPO	Simply Blue 500 PPO	Simply Blue 250 PPO
Employee Only	\$22.42	\$935.08	\$54.96	\$80.68	\$93.52
Employee + Child(ren)	\$51.57	\$1,444.84	\$126.42	\$185.58	\$215.10
Employee + Spouse	\$51.57	\$1,444.84	\$126.42	\$185.58	\$215.10
Family	\$58.30	\$1,954.96	\$142.91	\$209.78	\$243.15

Executives

Health Plan Options Bi-Weekly Contributions					
Coverage Tier	Simply Blue 2000 HDHP PPO	Annual HSA Employer Contribution Simply Blue 2000*	Simply Blue 1000 PPO	Simply Blue 500 PPO	Simply Blue 250 PPO
Employee Only	\$34.23	\$860.58	\$66.93	\$92.57	\$105.13
Employee + Child(ren)	\$62.41	\$1,338.78	\$153.94	\$212.91	\$241.81
Employee + Spouse	\$62.41	\$1,338.78	\$153.94	\$212.91	\$241.81
Family	\$84.69	\$1,816.86	\$174.01	\$240.69	\$273.35

Health Plan Comparisons

PPO High Deductible Health Plans are paired with a Health Savings Account (HSA), allowing you to put away pre-tax dollars to pay for current and future medical expenses. This plan has a lower premium and higher point of service cost. The out-of-pocket costs are offset by your HSA savings. In this plan, you are paying for services only when they are used.

Covered Benefit	PPO HDHP Plan Details	
	<i>Simply Blue 2000</i>	
	In Network	Out of Network
Aggregate Deductible (Single/Family)	\$2,000/ \$4,000	\$4,000/ \$8,000
Coinsurance (General Services)	0%	20%
Out-of-Pocket Maximum (Single/Family)	\$3,000/\$6,000	\$6,000/\$12,000
Office Visit	100% after deductible	80% after deductible
Chiropractic Services	100% after deductible	80% after deductible
Specialist Office Visit	100% after deductible	80% after deductible
Urgent Care	100% after deductible	80% after deductible
Emergency Room	100% after deductible	100% after deductible
Preventive Care	100% Covered	Not covered
Pharmacy Retail	\$10/\$40/\$80 after deductible	\$10/\$40/\$80 + 20% after deductible
Pharmacy 90-day	\$20/\$80/\$160 after deductible	Not covered

Aggregate deductible is shared family amount where all costs go toward the deductible. The plan's coinsurance starts when the shared deductible is reached.

Coinsurance is your share of the costs of a health care service. It's usually figured as a percentage of the amount we allow to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

Co-pay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a co-pay when you get a prescription filled.

Health Plan Comparisons

PPO plans offer lower costs when you receive care from doctors, hospitals or specialists but higher paycheck premiums. In these plans, you are paying for services whether you are using them or not.

PPO Plan Comparison						
Covered Benefit	Simply Blue 250		Simply Blue 500		Simply Blue 1000	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Embedded Deductible (Single/Family)	\$250/ \$500	\$500/ \$1,000	\$500/ \$1,000	\$1,000/ \$2,000	\$1,000/ \$2,000	\$2,000/ \$4,000
Coinsurance (General Services)	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum (Single/Family)	\$1,750/ \$3,500	\$3,500/ \$7,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$3,500/ \$7,000	\$7,000/ \$14,000
Office Visit	\$20	60% after deductible	\$20	60% after deductible	\$30	60%
Chiropractic Services	\$30	60% after deductible	\$30	60% after deductible	\$30	60%
Specialist Office Visit	\$40	60% after deductible	\$40	60% after deductible	\$50	60%
Urgent Care	\$60	60% after deductible	\$60	60% after deductible	\$60	60%
Emergency Room	\$150	\$150	\$150	\$150	\$150	\$150
Preventive Care	100% Covered	Not covered	100% Covered	Not covered	100% Covered	Not covered
Pharmacy Retail	\$10/40/80	\$10/40/80 + 25%	\$10/40/80	\$10/40/80 + 25%	\$10/40/80	\$10/40/80 + 25%
Pharmacy 90-day	\$20/80/160	Not covered	\$20/80/160	Not covered	\$20/80/160	Not covered

Embedded deductible is where each dependent on the plan has an individual deductible that must be reached before the plan’s coinsurance starts for that individual.

Coinsurance is your share of the costs of a health care service. It’s usually figured as a percentage of the amount we allow to be charged for services. You start paying coinsurance after you’ve paid your plan’s deductible.

Co-pay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a co-pay when you get a prescription filled.

The Well

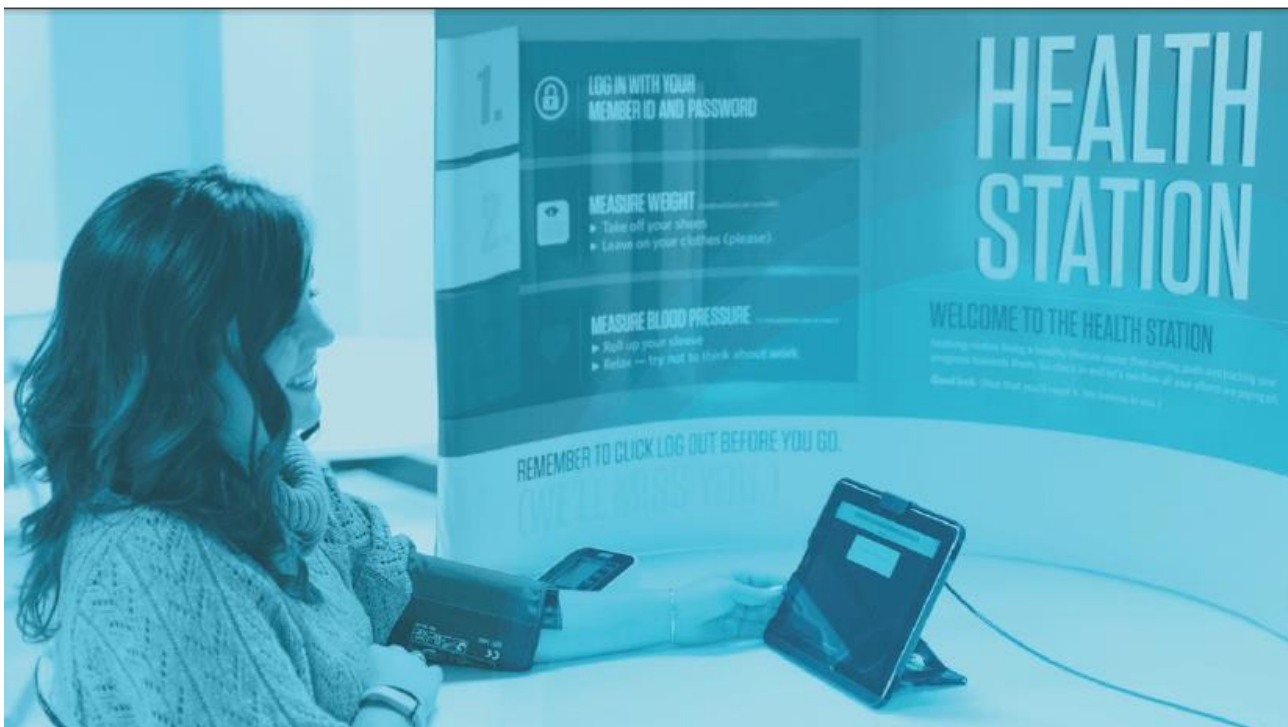
If you are looking to maintain or adopt healthy habits, access free educational resources, or simply to make some extra spending cash, then check out The Well. The Well is our holistic well-being program that is available for all regular employees. This program offers you access to fitness, financial wellness, healthy habit tracking (nutrition, sleep, activity), and stress management programs just to name a few!



Engaging in the program can earn you \$250 each quarter for a total of \$1,000 a year!

Health Stations

The Health Stations provide an easy, accurate, and convenient way to measure and record your weight and blood pressure. High health stations are available nationwide and at most office locations. You can track your results to monitor your individual goal of maintaining or improving your healthy habits. What's more, you can earn reward points for taking your measurements! Oh yeah, it's free!



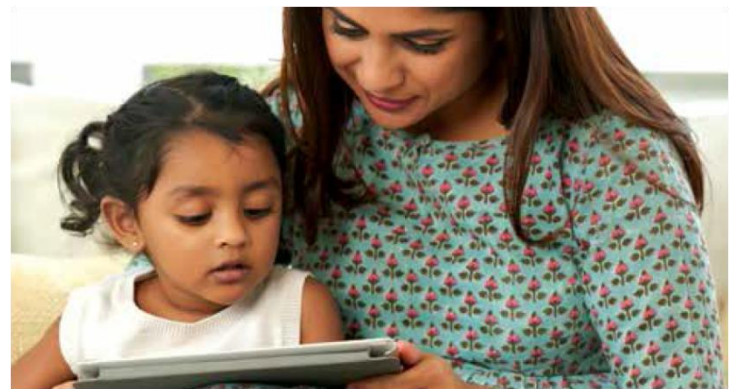
Telemedicine – Teladoc Health



When you use *Teladoc Health* you'll have access to online medical services anywhere in the U.S. and you'll save time and money.

Plan	Office Visit	Urgent Care	Emergency Room	Online Visit
PPO 250	\$20	\$60	\$150	\$20
PPO 500	\$20	\$60	\$150	\$20
PPO 1000	\$30	\$60	\$150	\$30
HDHP 2000	Service cost to deductible; 0% after deductible			

You can rest assured knowing you and your covered family members can see and talk to a doctor for minor illnesses such as a cold, flu, or sore throat when your primary care doctor isn't available.



No Appointment Needed

You can get fast, convenient, affordable online health care 24 hours a day, seven days a week, wherever you are in the U.S. Just choose an available doctor, click and go. It's as simple as using your mobile device or computer to meet with a doctor face-to-face, online, when:

- Your primary doctor isn't available.
- You can't leave your home or workplace.
- You're on vacation or traveling for work.
- You're caring for children or a family member and can't leave home.
- You're looking for affordable after-hours care.

It's for the Whole Family

Your family members on your plan can also use Telemedicine. Just add children younger than age 18 to your account. Your spouse, and children age 18 and over, should create their own accounts.

When Should I Use an Online Doctor?

You can use Teledoc's easy-to-use online health care technology, for minor illnesses, such as:

- Sinus and respiratory infections
- Colds, flu and seasonal allergies
- Minor burns, cuts and scrapes
- Skin rash
- Painful urination
- Eye irritation or redness
- Sore throat
- Earache
- Vomiting

Sign Up

Mobile: Download the Teladoc Health App

Web: Go to www.teladoc.com

Phone: 1-800-835-2362

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

Health Savings Account (HSA)

HSAs are available to employees enrolled in the Simply Blue HDHP 2000 medical plan. HSAs are personal savings accounts owned by you that allow you to save and pay for qualified health-related expenses (medical/dental/vision). HSAs have a triple tax advantage allowing you to make pre-tax contributions and have no tax on interest or withdrawals. Unused funds roll over each year and earn interest monthly and are not “use it or lose it” like FSA plans.

Per IRS regulations, the total employer and employee annual contribution amount is up to \$4,150 per year for employee only coverage and \$8,300 per year for employee plus one or more dependents. Employees over the age of 55 are eligible to make an additional “catch-up” contribution up to a maximum of \$1,000. Here are the employer contributions when you enroll in the Simply Blue HDHP 2000 plan:

- Lump sum credit of \$570 for staff, \$475 for managers and directors and \$427.50 for executives in January 2024 (pro-rated for part-time employees and new hires within the year).
- *Per pay period contribution based on job level and coverage tier (pro-rated for part-time employees and new hires within the year).*

Coverage Tier	Job Level		
	Staff	Managers & Directors	Executive
Employee Only	\$22.21	\$17.70	\$16.66
Employee + Child(ren)	\$46.73	\$37.30	\$35.05
Employee + Spouse	\$46.73	\$37.30	\$35.05
Family	\$71.25	\$56.92	\$53.44

Flexible Spending Account (FSA)

Like an HSA, an FSA allows you to pay for out-of-pocket expenses such as prescriptions, office copays, dental and vision costs with pre-tax dollars. Unlike a HSA, FSA dollars are “use it or lose it”. Any money remaining in your FSA at the end of the calendar year will be forfeited if not used by the end of the grace period of March 15, 2025 to incur claims and through April 30, 2025 to submit for reimbursement. There are two types of Flexible Spending Accounts and Healthcare, Dependent Care.

Healthcare FSA: Employees can contribute up to \$3,050 per year. Covers deductibles, copays, medical expenses not covered by insurance (excludes premiums).

Note: Per IRS guidelines, employees may not elect a Healthcare FSA if they are enrolled in a High Deductible Health Plan with an HSA.

Dependent Care FSA: Employees can contribute up to \$5,000 per year. Covers dependent care expenses such as childcare for children up to age 13 and preschool costs. Also covers care for an elderly parent, disabled spouse or other dependent.

Dental Plan Offerings

You have three dental plan options to select from. The plan options differ in provider network and covered services. When selecting the dental plan best for you, it's important to review the In Network and Out of Network coverage and confirm whether your dentist is in Network.

Covered Benefit	Blue Dental PPO Plus		Blue Dental PPO		Blue Dental EPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Single/Family)	\$50/\$150	\$50/\$150	None	\$50/\$150	\$50/\$150	No Out of Network Coverage
Class I (Preventive Services)	100%	100%	100%	50%	100%	
Class II (Basic Services)	80%	80%	80%	50%	80%	
Class III (Major Services)	50%	50%	50%	60%	50%	
Class IV (Orthodontia Services)	50%	50%	50%	50%	50%	
Annual Maximum	\$2,000	\$2,000	\$2,200	\$2,200	\$2,000	

Your bi-weekly contributions by job level, plan and coverage tier

Blue Dental Plan	Staff			Managers/Directors			Executives		
	PPO Plus	PPO	EPO	PPO Plus	PPO	EPO	PPO Plus	PPO	EPO
Employee Only	\$11.61	\$6.70	\$3.67	\$12.37	\$7.45	\$4.42	\$13.14	\$8.22	\$5.20
Employee + Child(ren)	\$26.71	\$15.40	\$8.44	\$28.45	\$17.14	\$10.18	\$30.22	\$18.92	\$11.95
Employee + Spouse	\$26.71	\$15.40	\$8.44	\$28.45	\$17.14	\$10.18	\$30.22	\$18.92	\$11.95
Family	\$30.19	\$17.41	\$9.54	\$32.16	\$19.38	\$11.50	\$34.17	\$21.38	\$13.51

Vision Plan Offering

We offer one vision plan with Blue Vision VSP. Plan coverage varies for In Network and Out of Network services.

Covered Benefit	Blue Vision VSP	
	In Network	Out of Network
Eye Examination <i>(one eye exam in any period of 12 consecutive months)</i>	\$5 copay	Reimbursement up to \$50 less a \$5 copay (member responsible for any difference)
Prescription Glasses <i>(lenses and/or frames)</i>	A combined \$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Medically Necessary Contact Lenses	\$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Standard Lenses <i>(one pair of lenses, with or without frames, in any period of 12 consecutive months)</i>	\$10 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less 10\$ copay (member responsible for any difference).
Standard Frames <i>(one frame in any period of 12 consecutive months)</i>	\$150 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$10 copay (one copay applies to both frames and lenses)	Reimbursement up to \$70 less \$10 copay (member responsible for any difference)
Prescribed Elective Contact Lenses <i>(not medically necessary)</i>	\$200 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

Your contribution by coverage tier

Coverage Tier	Bi-Weekly Contribution
Employee Only	\$1.65
Employee + Spouse	\$3.79
Employee + Child(ren)	\$3.79
Family	\$4.29

Supplemental Benefits

Supplemental benefit plans are 100% paid by you and the following options are set-up as payroll deductions. These individual plans are optional and established between you and the provider. Please view your plan options and specific rates in Oracle.



LifeSecure is a wholly owned subsidiary of Blue Cross Blue Shield of Michigan, LifeSecure Insurance Company provides long-term care solutions that protect families and their assets.



Dearborn Group is a proud ancillary subsidiary of Health Care Services Corporation (HCSC), the largest non-investor owned health care insurer in the United States, which is an independent licensee of the Blue Cross and Blue Shield Association.

Supplemental Life insurance is additional employee coverage above the company-paid benefit of two (2) times your annual salary (4 times for management). You can also elect spousal or dependent life insurance coverage.

Supplemental AD&D is affordable coverage that can help protect your family's way of life and offer financial security if you or a dependent pass away. This is additional coverage to your company paid policy of \$100,000.

Critical Illness provides cash for the unexpected costs of a critical illness. This optional benefit is in addition to and independent of any other benefits you may be eligible for. You can use the money as you wish—to help cover your medical plan deductible and coinsurance, pay for uncovered medical treatment, or use it for your regular day-to-day living expenses.

Additional Employer Paid Benefits



Employee Assistance Program - ESPYR

Espyr to provide employees and their family members with a comprehensive Employee Assistance Program (EAP). The EAP is available 24/7/365.

To access the services, please call 800-869-0276 or go to espyr.com and sign in to the User Portal with the password: `emeap`

The website offers educational screenings, assessments, videos, quizzes, courses, articles, financial calculators, child and eldercare service locators and much more. You may even confidentially request EAP services from the site.

Topics covered include:

- Emotional Well-being
- Relationships and Parenting
- Health and Wellness
- Financial
- Legal
- Personal and Professional Growth



Healthy is possible with Omada

Omada offers a new way to support your physical and mental health - at no additional cost to you!

Omada's science-based approach helps shift your mindset and change your health, with all the motivation you need along the way. You'll get a plan built around you that includes:

- A dedicated health coach
- A wireless smart scale
- Interactive weekly lessons

You'll receive the program at no additional cost if you or your adult dependents are enrolled in a BCBSM or BCN employer health care plan and are at risk for type 2 diabetes or heart disease.

Whatever "healthy" means to you, Omada helps you get there. Find new healthy habits that work for you. [Click here](#) to get started and click on the "Am I covered?" box to answer a few screening questions and see if you qualify. It only takes a few minutes. Visit the [EH Omada webpage](#) for more information.

Additional Employer Paid Benefits



myStrength by Livongo

MyStrength is a flexible and comprehensive digital program with proven tools and dedicated support for stress, depression, sleep, anxiety and more—all tailored to your unique needs.

Program highlights include:

- A completely personalized program: Take a short quiz and get a fully customized program that's tailored to your needs and goals.
- Helpful tools and resources: Get 24/7 access to the myStrength app and web platform. Learn practical tips and techniques with hundreds of quick activities. Track mood, sleep, stress, goals, and more.
- One-on-one messaging: Get guidance from a dedicated coach. Set goals, discover helpful resources, and stay motivated and accountable.



Livongo for Diabetes

Livongo for Diabetes makes living with diabetes easier. The program helps you know how you're doing, stress less about supplies and get help when it matters most.

Program highlights include:

- Connected meter: Automatically uploads your blood glucose readings to your secure online account and provides real-time personalized tips.
- Support from coaches when you need it: Communicate with a coach anytime about diabetes questions on nutrition or lifestyle changes.
- Unlimited strips at no cost to you: When you are about to run out, we ship more supplies, right to your door.

If you would like to join either of the above programs or have any questions, please visit the Livongo website or MyStrength website or call Livongo Member Support at (800) 945-4355 and use registration code EMERGINGMARKETS

Additional Employer Paid Benefits



Maven

Family building, maternity, parenting and menopause programs are available to you and your dependents enrolled in an Emerging Markets health plan at no cost.

These Maven programs are available to you:

- **Family Building:** This program supports pre-pregnancy health and provides guidance for other paths to parenthood, such as fertility treatments, surrogacy and adoption. You also have access to Maven Wallet where you can request reimbursement for some surrogacy and adoption expenses.
- **Maternity:** This program provides personalized care navigation, on-demand support and education during pregnancy and postpartum. It's for the pregnant person and covered spouse or partner.
- **Parenting and Pediatrics:** This program helps guide and support parents raising children.
- **Menopause:** This program provides instant access to expert advice and resources for anyone on your plan experiencing physical and mental health symptoms related to menopause.

Enroll in any of these programs [here](#).

2nd.MD

Whether you're faced with a new or existing diagnosis, upcoming surgery, or healthcare decision and want to learn more about your treatment options, 2nd.MD provides virtual and phone second opinions with worldrenowned physician experts for complex diagnoses.

Key benefits of 2nd.MD:

- Proactively target high cost, high-risk conditions
- Identify gaps in care for clinical intervention

2nd.MD Services Include:

- Expert Phone and Video Consultations with leading medical experts for second opinions and treatment plan options on complex conditions.
- Personalized Local Support to help members find a high-quality, in-network local physician that is experienced with the member's specific condition and medical situation.
- Text-a-clinician and 2nd.MD provides the ability to text with our team through the 2nd.MD app to get quick answers to medical questions.

If you would like to join the program, visit www.2nd.MD/eh, download the app or call 1-866-887-0719 to activate your account.



Additional Employer Paid Benefits

- **Employee Assistance Program (Espyr)** offers professional, confidential counseling and consultation that can help resolve both personal and work-related issues. These services are available at no cost to you, your spouse, and your dependents.
- **Tuition Assistance Program** is for tuition, books, and/or fees for attendance in an approved program. Coursework and/or degree must directly relate to a current position at the company. Program applies only to those courses passed with a “C” grade or better (“pass” in a pass/fail class). Amount of assistance per calendar year (cannot be rolled over):
 - Undergraduate status - \$5,000/year
 - Graduate status - \$5,500/year
- **Education Reimbursement for Dependent Children** Twice each year (January and June), eligible employees may apply for reimbursement of qualified post-secondary education expenses for their dependent children. The program is funded to a maximum amount annually, and the amount of individual reimbursement is dependent on the number of applications received.
- **Employee Discounts** including supplier discounts, nationwide wireless discounts for Verizon, AT&T, Sprint & T-Mobile.
- **401(k) program** with generous employer match.
 - Contribution Limit - \$23,000
 - Catch-Up Limit - \$7,500
- **Travel Accident Insurance** provides coverage for you in the event you die or lose a hand, foot and/or eyesight as the result of an accident while traveling on Company business.
- **Blue Cross Blue Shield Global Travel Companion (BCBS Global Traveler Companion)** provides access to important health benefits for medical plan participants and their covered dependents when travelling internationally for business or leisure.

Paid Leave Time

- **Short-Term Disability** pays you 70% of base wages after applicable elimination period, through 180 days of consecutive disability
- **Long-Term Disability** pays you 66 2/3% of annual wages following 180 days of a qualifying continuous disability.
- **Volunteer Time Off** pays you eight (8) hours to volunteer in your community.
- **Paid Family Leave for Adoption or Paternity**, with FMLA approval, pays 55% of your base salary for 6 weeks.
- **Paid Military Leave** pays you your current wages for up to 12 months through a differential combination of military pay and company pay.

2024 Enrollment Process – Oracle

All open enrollment benefit decisions are made in Oracle. You will be able to elect or decline coverage all in one place.

Log-in Credentials

To enroll, login to your Oracle account at <https://ejko.fa.us2.oraclecloud.com/>

Enrollment Steps

1. Click the upper left navigator pane (3 horizontal lines); Select Me>Benefits
2. Click “People to Cover” to add dependents and/or beneficiaries
3. Click “Make Changes” to enroll
4. Complete your benefit selections
5. Review in detail and submit
6. Click “Pending Actions” from the Benefits main page to review any pending actions to finalize your benefits
7. Click “My Benefits” from the Benefits main page to view/print/save your Benefits confirmation.

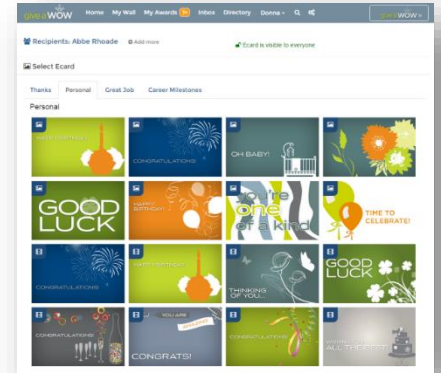
Reward & Recognition Programs

Employee recognition is a cornerstone of the Emerging Markets culture. There are a variety of informal and formal and monetary and non-monetary recognition opportunities. Our business units provide organizational specific programs that are meaningful to that company.

The EMMY program is an easy to use online and mobile based platform where you can give and receive recognition to anyone at anytime. Recognition can come in the form of specific written feedback to recognize team members who consistently shine, exceed a customer’s expectation, stepped up and helped when you needed it most or deliver on a critical organizational initiative. You also can simply send an eCard to recognize a fellow team member.

The EMMY program also includes the service award program. We receive recognition awards for anniversary milestones at one-year, five-year, ten-year, and so on up to the retirement eligibility criteria of age of 55 with at least 10 years of service. In addition, at every five-year milestone through retirement, we are able to redeem a gift from the EMMY catalog. Life event gifts are also for newborns and immediate deaths in the family.

Check out the EMMY portal at <https://em.giveawow.com/>



Benefit Contacts

BCBSM (medical & dental)

Phone: 888-288-1718

Website: www.bcbsm.com

Mobile App: BCBSM

Group Number: 007000216

Blue Vision (VSP)

Phone: 800-877-7195

Website: www.vsp.com

Health Equity (HSA & FSA)

Phone: 866-346-5800

Website: www.healthequity.com

Also available through BCBSM Mobile App

Life Secure Supplemental Benefits

Phone: 866-582-7702

Website: www.yourlifecure.com

Group number: 00002

BCBSM Retirement Administration

Phone: 800-922-0699

Livongo (myStrength & Diabetes)

Website: Join.Livongo.com/EMERGINGMARKETS/register

Registration code: EMERGENTMARKETS

Omada

Phone: 888-409-8687

Website: www.omadahealth.com/emergentholdings

2nd.MD

Phone: 866-887-0719

Website: www.2nd.MD/eh

Teladoc

Mobile App: www.bcbsm.com/virtualcare

Phone: 800-835-2362

Website: www.teladoc.com

Oracle

Website: <https://ejko.fa.us2.oraclecloud.com/>

ESPYR (EAP)

Phone: 800-869-0276

Website: <http://www.espyr.com/>

Dearborn Group Leave Requests

Phone: 844-361-4267

Website: GroupAbsenceManagement.com

Dearborn Group Supplemental Benefits

Group Policy: EAB1000113

Website: mydearborngroup.com

Email: AncillaryQuestions@mydearborngroup.com

Phone: (800) 721-7987

Maven

Website: www.mavenclinic.com

Frequently Asked Questions

Q: What happens if I experience a life event during year?

A: Qualifying life events are the only time throughout the year where you have 30 days from the event date to modify your annual benefit elections. Life events include adding or removing a dependent (birth/marriage/divorce/legal order/Medicare) or loss of coverage.

Q: Will I receive a BCBSM medical/dental card?

A: You will not receive new cards for 2024 unless you change plans or are enrolling for the first time. You can use your existing or access virtual cards using the BCBSM mobile app.

Q: Will I automatically receive an HSA and FSA debit card?

A: If you currently have a HSA or FSA, your debit card will remain active and you will not receive a new one until it expires. If you have a new HSA or FSA in 2024, you will receive your debit card in the mail. You can request additional debit cards from Health Equity. If you currently have a 2024 FSA, your FSA debit card will remain active through the March 31, 2025 grace period.

Q: How frequently can I update my HSA contribution amount?

A: You can modify your HSA contribution amount at anytime in Oracle . Contribution changes will be reflected on your paycheck within one to two payroll cycles.

Q: When can I change my 401(k) contribution amount?

A: You can modify your 401(k) contribution percent at anytime in the Fidelity portal (www.401k.com) or by calling (800) 835-5095. Contribution changes will be reflected on your paycheck within one to two payroll cycles.

Q: Do I need to elect the employer paid benefits of STD, LTD, Life Insurance, or AD&D policy?

A: No action is required on your part. You can elect additional supplemental life insurance or accident insurance through Life Secure or Dearborn National if you choose.

This booklet is for active non-represented employees.

This guide summarizes your benefits for 2024. Official plan documents govern your benefits, so if there is any inconsistency between the information in this guide and the plan documents, the plan documents will prevail.

This guide is not a contract for employment. While the company intends to continue the plan, it reserves the right to change the plan at any time. You will be notified of such changes.