2026 health care plan options





A BENEFIT COMPARISON GUIDE FOR NON-BARGAINING UNIT EMPLOYEES

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2026 quick start guide

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

EMERGENT HOLDINGS

Dear Colleagues,

Our annual health care open enrollment is a chance for you to make the best benefit decisions for you and your family for the 2026 plan year. This year's open enrollment period will be held November 10 – December 1. This window provides an opportunity for employees to choose their medical, dental and vision benefit plans.

LifeSecure and Dearborn Life Insurance Company will continue to offer optional products. These products are offered on a voluntary basis and are not part of your employer-sponsored benefit package. Additional details can be found in this booklet.

We pride ourselves on offering exceptional benefits that have helped position us as a top tier employer nationwide. Like most of our members, Blue Cross Blue Shield of Michigan and Emerging Markets NBU employees will pay more for their medical benefits in 2026. Specifically, employee payroll contribution rates will increase, and the employer contributions to the HSA will decrease. There are also some modifications to dental and vision premiums. These changes are a component of our multi-year strategy to fully align BCBSM and Emerging Markets NBU health insurance benefits, bringing more consistency to our enterprise benefits programs and reducing complexity.

Please review the high-level plan comparison in this booklet and visit the 2026 Benefits Overview web page to see how these changes may affect your premiums and overall benefits. We encourage you to attend upcoming webinars and review your enrollment materials for tips on maximizing your employer contributions and growing your savings.

When you are well, you can thrive at work and beyond. We're committed to supporting your health and wellbeing, and we offer a range of programs to help you take ownership of it. We'll continue to offer employees the opportunity to participate in the corporate wellness program, The Well. We're excited to offer Lifestyle Management Coaching through Personify Health. Lifestyle management coaching includes communicating with an expert about your wellness goals; whether it's a nutritionist, psychologist or personal trainer. We encourage you to participate in our live, weekly well-being webinars and access downloadable health resources through **Blue Cross Virtual Well-Being**. The program provides employees with a convenient way to prioritize their personal well-being. Additional details can be found in this booklet.

As in prior years, you'll make your benefit elections through the Oracle Cloud HR self-service system. If you don't take action, you'll be automatically enrolled in the 2026 plan that most closely matches your 2025 election. Be sure to review your open enrollment materials, including your default elections and confirmation statement, and make any updates before the enrollment deadline.

Selecting the right coverage for you and your family is an important decision, and several resources are available to assist you with your open enrollment elections. These include a dedicated open enrollment webpage, webinars and enhanced educational resources and decision-making tools.

Our health plans include a wide range of behavioral health services, along with access to the employee assistance program, to support your mental and emotional wellbeing whenever you need it. Blue Cross EAP provides 24/7 confidential services to you and eligible members of your household whenever a need arises. Call 877-674-3133 (888-307-0539 in Canada) or visit their **website**.

We're focused on offering high-quality and affordable benefits that work for you and your family and encourage you to review the available resources before finalizing your 2026 choices.

Laura Byars
Senior Vice President, Human Resources
and Chief Talent Officer
Blue Cross Blue Shield of Michigan

Darcy Lake Kerr
Senior Vice President
Human Resources, Emerging Markets

Questions or concerns? Don't hesitate to contact us!

Employee Benefits

Email: **HRRequest@emergentholdingsinc.com**

Phone: **517-708-5400**

For claim questions:

BCBSM products, call the Employee Inquiry Unit at **1-888-288-1718**

Open enrollment key dates

Open enrollment period:	November 10 – December 1, 2024
All elections due by:	11:59 pm, Monday December 1, 2025.
Effective date of elections:	January 1, 2026

2026 Benefit highlights and changes

Highlights

- For employees that elect the Simply Blue HSA, Emergent Holdings will continue to deposit a lump sum contribution at the beginning of the year, however, the subsequent bi-weekly contributions will end. Additional details can be found on page 3.
- If you choose to enroll into the Simply Blue HSA, the HSA annual contribution limit for employer and employee combined has increased to $4,400 for individual and $8,750 for family. If you would like to contribute to the HSA, **you must re-enroll**.
- Enrolled employees will continue to hold separate ID cards for medical, vision and dental benefits. Employees will only receive a new ID card if they make a plan change during open enrollment.
- If you would like to have the Health Care Flexible Spending Account and/or the Dependent Care Flexible Spending Account, **you must re-enroll**.
- Mental Health by Teladoc has been discontinued. Employees will continue to have access to AbleTo, a similar self-guided mental health support solution.
- 2nd MD, Travel Concierge, Coordinated Care and Maven: Family Building, Maternity, Parenting and Pediatrics and Menopause programs will continue to be offered as an additional benefit. The programs are available at no-cost to eligible employees and dependents.
- Assisted Reproductive Technology services and Gender Affirming services will continue to be available in 2026.
- In 2026, Omada Diabetes Prevention will no longer be offered as a benefit program. Teladoc Chronic Condition Support will be offered for diabetes, prediabetes and hyptertension. Primary 360 through Teladoc Health and Lifestyle Management Coaching through The Well will also be offered. Additional details can be found within this booklet.
- The employee wellness benefit offered through The Well is being adjusted to closer align with BCBSM employees, and will now be $560. Additional details can be found within this booklet.
- Enhanced educational resources, decision making tools and helpful links are now available to assist you in making the best benefit enrollment decisions for you and your family. A dedicated **2026 Open Enrollment** web page is available where you can find:
  - On-demand product overview
  - Links to virtual open enrollment materials, benefits booklets, and more
  - Quick answers to simple questions
- Opportunity to participate in live weekly well-being webinars and access downloadable health resources through Emergent Holdings Open Enrollment web page.

Learn before you choose

Dates to Remember

Several resources will be available to assist you in making your enrollment decisions. These resources include a dedicated 2026 Open Enrollment webpage, webinars, enhanced educational resources and decision-making tools. Please take a look at the open enrollment dates to remember below to make sure you don't miss any opportunities to learn more about your options.

November 2025

Monday	Tuesday	Wednesday	Thursday	Friday
3	4 HSA educational webinar: Level up your HSA 11 a.m. to Noon Register Here	5 Select the best plan for your family Noon to 12:30 p.m. Register Here	6 Benefits explained: FSA and DCFSA Noon to 12:30 p.m. Register Here	7 Benefit Program Overview Noon – 1pm Register Here
10 Open Enrollment Begins	11	12	13	14

December 2025

Monday	Tuesday	Wednesday	Thursday	Friday
1 Open Enrollment Closes	2	3	4	5

January 2026

Monday	Tuesday	Wednesday	Thursday	Friday
			1 Coverage effective date	2

Health plans at a glance

Employee Bi-weekly Premium Sharing Rates

Simply Blue PPO $1,000

	Staff	Managers & Directors	Executives
Employee only	$70.00	$105.00	$154.00
Employee + spouse	$140.00	$210.00	$308.00
Employee + child(ren)	$105.00	$157.50	$231.00
Family	$175.00	$262.50	$385.00

Employee Bi-weekly Premium Sharing Rates

Simply Blue HDHP 2000

	Staff	Managers & Directors	Executive
Employee only	$8.00	$12.00	$17.60
Employee + spouse	$16.00	$24.00	$35.20
Employee + child(ren)	$12.00	$18.00	$26.40
Family	$20.00	$30.00	$44.00

Employee Lump Sum HSA Contribution Amount*

Simply Blue HDHP 2000

	Staff	Managers & Directors	Lump sum ~~exempt~~ contribution
Employee only	($500.00)	($250.00)	($150.00)
Employee + spouse	($1,000.00)	($500.00)	($300.00)
Employee + child(ren)	($750.00)	($375.00)	($225.00)
Family	($1,250.00)	($625.00)	($375.00)

*The amounts above are employer annual contributions directly into the HSA in lump sum contributions for eligible employees and are not payroll credits. To calculate what you can contribute to your HSA, deduct the applicable annual employer contribution on page 4 from the applicable annual limit on page 6 to make sure the IRS annual limit is not exceeded. Please note that the annual employer contribution amount will be pro-rated for those enrolling after the start of the plan year.

Annual rates

Simply Blue HDHP 2000

Simply Blue HSA pairs a PPO health plan with a health savings account (HSA). It combines the comprehensive benefits and provider network of a PPO plan with a valuable saving tool to set aside money for health care expenses today, tomorrow and in retirement.

	Staff	Managers & Directors	Executives	Annual deductible	Annual out-of-pocket maximum
Employee only	$207.96	$312.00	$457.56	$2,000	$3,500
Employee + spouse	$416.04	$624.00	$915.24	$4,000	$7,000
Employee + child(ren)	$312.00	$468.00	$686.40	$4,000	$7,000
Family	$519.96	$780.00	$1,143.96	$4,000	$7,000

Annual Deductible and Annual Out-of-Pocket Maximum refer to in-network coverage only. For non-network figures refer to the table on page 11. To calculate what you can contribute to your HSA, deduct the applicable annual employer contribution listed above from the applicable annual limit on page 6 to make sure the IRS annual limit is not exceeded.

Simply Blue PPO $1,000

The Simply Blue PPO $1,000 plan is one of Blue Cross Blue Shield of Michigan's PPO medical plan's. Members are free to utilize any medical provider they choose when the need for medical services arises. Members will pay the lowest cost if their chosen provider is in BCBSM's PPO Network. BCBSM's PPO Network consists of 95% of all providers in Michigan, and 80% of all providers and 90% of all hospitals nationwide.

	Staff	Managers & Directors	Executives	Annual deductible	Annual out-of-pocket maximum
Employee only	$1,820.04	$2,730.00	$4,004.04	$1,000	$2,250
Employee + spouse	$3,639.96	$5,460.00	$8,007.96	$2,000	$4,500
Employee + child(ren)	$2,730.00	$4,095.00	$6,006.00	$2,000	$4,500
Family	$4,550.04	$6,825.00	$10,010.04	$2,000	$4,500

Annual Deductible and Annual Out-of-Pocket Maximum refer to in-network coverage only. For non-network figures refer to the table on page 9.

How to enroll online

Annual open enrollment is your once-a-year opportunity to make changes or selections for the 2026 benefit plan year. Review your current elections, covered dependents and available options for 2026 closely. You must make your elections online beginning November 10 through December 1, 2025 by 11:59 p.m. Oracle Cloud can be accessed from either a Emergent Holdings (corporately owned) or non-Emergent Holdings (home or public) computer.

How to enroll

Using a "Emergent Holdings" computer:

1. Access the Benefits Enrollment system at **https://intranet.cobx.com/**
2. Click on *Oracle Cloud (OneFusion)*.
3. Click *Company Single Sign-On*.
4. Click on *Home* in the upper right hand corner.
5. Click on *Benefits*.
6. Click on *Make Changes*.
7. Before you enroll, choose how you want to enroll, verify and add additional people you'd like to cover on your benefits or as a beneficiary and then select *Edit* under enroll in benefits that matter to you.
8. Once all of your enrollment choices have been made, click on *Submit* to finalize the process. If you do not submit, your enrollment will not be processed and your 2025 benefits will remain except as indicated in this booklet.

Using a "non Emergent Holdings" computer:

You can also use Oracle Cloud from a non compay issued computer during open enrollment to select benefits for the upcoming year. Follow these steps to complete the multifactor authentication process:

1. Enter the following into your browser: **https://ejko.fa.us2.oraclecloud.com** or scan the QR Code:
2. Click the *Company Single Sign-On* button.
3. Enter your Company Email address and Network Login Password, then click on *Sign In*.
4. Click on the *Setup* button under the SMS Authentication section.
5. Enter the Phone Number for the mobile device where the Authentication Code should be sent, then click the *Send Code* button.
6. Once you receive the Authentication Code enter it in the *Enter Code* field, then click the *Verify* button.
7. Confirm that your multifactor authentication has been set up, then click the *Finish* Button. You will be logged in to the website.
8. Continue with steps 4 through 8 (under Using a "Emergent Markets" computer) to complete the enrollment process. Each subsequent time you need to connect, follow the steps above and request a new code. Enter the new code sent to your mobile device, then click the *Verify* button and you will be logged in.

If you do not make an election during this open enrollment period…

If you do not take action during the 2026 open enrollment period or if you do not submit your changes by the deadline, the default plans below will apply for you and your enrolled dependents for 2026.

Current 2025 plan	Default plan for 2026
Simply Blue PPO $1,000	Simply Blue PPO $1,000
Simply Blue HDHP 2000	Simply Blue HDHP 2000
Blue Dental PPO	Waive Dental Coverage
Employee HSA Contributions	No account
Blue Dental EPO/Blue Dental PPO Plus	Blue Dental EPO/Blue Dental PPO Plus
Vision	2025 Election
Health care Reimbursement Account	No account
Dependent Care Reimbursement Account	No account

Spending accounts

Does a Health Savings Account or Flexible Spending Account make sense for you?

Health Savings Account

"Having a Health Savings Account (HSA) has been a game-changer for my family over the past 8.5 years that I have been with Emergent Holdings. The HSA's low premiums have helped ease any financial burden on our family, allowing us to save and invest our money, rather than spending it on higher cost plan options. We have been able to save funds in our HSA to ensure that we have financial security for any future medical expenses. In fact, we have had a couple years where we had several unexpected medical expenses and without the HSA, we would have lost focus on addressing the medical conditions and thought about what financial burden we may incur. Speaking of maintaining our well-being, we have peace of mind also knowing that we can prioritize preventive care because essential services like annual physicals and well women exams are covered at no cost! Overall, opting for an HSA not only helps my family manage costs but also empowers us to make informed healthcare decisions for our family's long term physical and financial health!"

EH Employee (2025)

Healthcare Flexible Spending Account

"Utilizing the HCFSA account is one of the smartest decisions I've made when it comes to managing my healthcare costs. The Health Equity app is super user friendly and makes tracking and the reimbursement process easy."

EH Employee (2025)

Dependent Care Flexible Spending Account

"The dependent care FSA helps my family set aside an amount each month tax free to pay for my daughter's summer camp. It is a great way to help save money and budget costs for other families that have preschoolers, before and after school childcare expenses and even registration fees."

EH Employee (2025)

2026 contribution limits

Account type	Single coverage	Family coverage (2 or more)	Over 55 catch-up
HSA	$4,400	$8,750	+ $1,000
Healthcare FSA	$3,300	$3,300	N/A
Dependent Care FSA	$7,500	$7,500	N/A

EH reserves the right to make adjustments to your Health Savings Account (HSA) employee contribution deduction amount through payroll when you reach the IRS HSA contribution limit. By enrolling in the HSA, you agree to allow EH Employee Services to adjust your HSA payroll deduction amount to prevent you from exceeding the IRS HSA limit. If your HSA payroll deduction is stopped by Employee Services, your final deduction may differ from your previous deductions. Also, be aware that if you make contributions to your HSA outside of your payroll deduction, you could also exceed the HSA limit.

Flexible Spending Account (FSA)

Learn about saving pre-tax dollars for healthcare expenses

(Please note: This benefit is not available to those enrolled in Simply Blue HSA.)

Features and highlights:

- A Healthcare Reimbursement Account (also known as a Flexible Spending Account (FSA)) allows you to set aside tax-free dollars for out-of-pocket costs associated with eligible healthcare expenses. By participating in this account, you do not pay Federal, State, and Social Security taxes on the qualifying dollars you contributed.
- You determine how much you want to contribute to the account for the plan year. You may contribute an annual maximum of $3,300.
- The contributions are deducted from your pay before taxes are calculated and your annual contribution is withheld in equal amounts from your paychecks.
- You then incur and submit expenses for reimbursement. The reimbursement comes out of your FSA and is also on a pre-tax basis.
- Any dollars not reimbursed by year-end 2026 can be used in 2027 for reimbursements for eligible expenses with service dates through March 14, 2027.
- Any 2026 dollars not reimbursed for eligible expenses with service dates through March 14, 2027 will be forfeited.
- **The run-out period for submitting eligible expenses is 60 days after March 14, 2027 or 60 days after an employee's termination or loss of eligibility. Submitted expenses must have service dates prior to March 15, 2027 or during the time of active employment or eligibility to qualify for reimbursement.**
- **You must enroll in this benefit for the 2026 plan year, even if you are a current participant!**

FSA debit card information:

- You will also receive a Visa debit card from HealthEquity, which you may use to pay for your healthcare expenses at point of service. However, please note it's important to keep your invoice, receipt, and/or Explanation of Benefits from BCBSM, as you must submit this information to HealthEquity to substantiate the FSA claim.
- Debit cards will automatically be sent to those who are enrolling in the FSA. The debit card is usable for 3 years. Grace period claims can be uploaded to your HealthEquity member portal for reimbursement.

Eligible expenses:

Eligible medical, dental, and vision expenses not reimbursed by insurance plans are eligible. Generally, these are the same types of services you could deduct on your individual income tax return. Some examples of eligible expenses are:

1. Office visit and prescription drug copays
2. Deductible, copay and coinsurance responsibilities
3. Contacts/eye glasses

Important:
If you terminate employment from BCBSM, or lose eligibility during the plan year, you will have 60 days from the date of termination or the loss of eligibility to submit your claims. Services must be from a date in which you were an active employee or prior to loss of eligibility.

- For a complete list of eligible expenses go to **https://healthequity.com/qme**.

Dependent Care Flexible Spending Account (DCFSA)

Learn about saving pre-tax dollars for dependent care expenses

(Please note: This benefit is not available to COBRA participants.)

Features and highlights:

- The Dependent Care Reimbursement Account (also known as a Dependent Care Flexible Spending Account (DCFSA)) allows you to set aside **tax-free dollars** for out-of-pocket costs associated with eligible dependent care expenses. By participating in this account, you do not pay Federal, State, and Social Security taxes on the qualifying dollars you contribute.
- You determine how much you want to contribute to the account for the plan year. You may contribute an annual maximum of $7,500 per family.
- The contributions are deducted from your pay before taxes are calculated and your annual contribution is withheld in equal amounts from your paychecks.
- You then incur and submit expenses for reimbursement. The reimbursement is also pre-tax.
- **The run-out period for submitting eligible expenses is May 15, 2027 or 60 days after an employee's termination or loss of eligibility**. Expenses must have service dates in 2026 or during active employment.
- **You must enroll in this benefit for the 2026 plan year, even if you are a current participant!**

Eligible expenses must meet these requirements:

Expenses that qualify for reimbursement under the plan must meet these requirements:

- The services provided enable you (and your spouse, if married) to be gainfully employed.
- If you are divorced, you have custody of your child(ren) **and** you pay for their childcare. Eligibility is not determined by parental tax exemption.
- The services are provided for your eligible dependent(s). This includes children under age 13, physically or mentally impaired children age 13 or older, and/or a disabled spouse, or dependent parent residing in your home.
- The amount to be reimbursed is not greater than your income, or that of your spouse, whichever is lower.

For a complete list of eligible expenses go to **https://healthequity.com/qme**.

Eligible providers:

Providers that qualify under this plan include, but not limited to:

1. Babysitters
2. Licensed facilities and latchkey programs
3. Day care centers
4. Relatives that are not a tax dependent

The IRS requires that you provide the Social Security or Tax Identification number of the dependent care provider. You need to provide this number on **Form 2441** – "Child and Dependent Care Expenses" and attach it to your Federal Income Tax return. Your W-2 will reflect the total benefits provided for the taxable year.

IRS regulation:

Your decision to participate is a binding election for the plan year, January 1 – December 31, 2026. Federal law governing flexible benefits specifies that any funds remaining in your account at the end of the year will be forfeited.

Important:
If you terminate employment from Emergent Holdings, or lose eligibility during the plan year, you will have 60 days from the date of termination or the loss of eligibility to submit your claims. Services must be from a date in which you were an active employee or prior to loss of eligibility.

2026 health care premium sharing

The charts below provides the total per pay cost for all non-bargaining unit employee medical, dental and vision coverage options as well as the employer HSA per pay contribution. With Simply Blue HSA, the company will deposit a lump sum amount directly into your HSA within 30 days of the plan year effective date. See page 3 for the lump sum contribution amount.

Medical premiums

Simply Blue PPO $1,000 (per pay)

	Staff	Managers & Directors	Executive
Employee only	$70.00	$105.00	$154.00
Employee + spouse	$140.00	$210.00	$308.00
Employee + child(ren)	$105.00	$157.50	$231.00
Family	$175.00	$262.50	$385.00

Simply Blue HDHP 2000 (per pay)

	Staff	Managers & Directors	Executive
Employee only	$8.00	$12.00	$17.60
Employee + spouse	$16.00	$24.00	$35.20
Employee + child(ren)	$12.00	$18.00	$26.40
Family	$20.00	$30.00	$44.00

Dental premiums

Blue dental PPO plus *(any licensed dentist)* (per pay)

	Staff	Managers & Directors	Executive
Employee only	$13.00	$16.00	$19.50
Employee + spouse	$26.00	$32.50	$39.00
Employee + child(ren)	$19.50	$24.37	$29.25
Family	$32.50	$40.62	$48.75

Blue dental EPO *(PPO providers only)* (per pay)

	Staff	Managers & Directors	Executive
Employee only	$5.00	$6.25	$7.50
Employee + spouse	$10.00	$12.50	$15.00
Employee + child(ren)	$7.50	$9.37	$11.25
Family	$12.50	$15.62	$18.75

Vision premiums

Blue Vision VSP and Heritage Vision (per pay)

	Staff	Managers & Directors	Executive
Employee only	$2.00	$2.50	$3.00
Employee + spouse	$4.00	$5.00	$6.00
Employee + child(ren)	$3.00	$3.75	$4.50
Family	$5.00	$6.25	$7.50

High-level comparison of medical benefit plans

Benefits	Simply Blue℠ PPO $1,000*		Simply Blue℠ HDHP 2000**	
	Network providers	**Non-network providers**	**Network providers**	**Non-network providers**
Medical benefits: deductibles, copays and dollar maximums				
Deductibles	**$1,000** for one member, **$2,000** for the family each calendar year	**$2,000** for one member, **$4,000** for the family each calendar year	**$2,000** for a one-person contract or **$4,000** for a family contract (2 or more members)	**$4,000** for a one-person contract or **$8,000** for a family contract (2 or more members)
Fixed dollar copays	**$30** for office visits, office consultations and online visits **$150** for ER **$60** for urgent care visits **$50** for specialist visits **$30** for chiropractic and osteopathic manipulative therapy Note: Simply Blue applies deductible and coinsurance to office services	• **$150** for ER	None	None
Percent copays/ coinsurance amounts	20% for general services, including mental health and substance abuse 50% for private duty nursing	40% for general services, including mental health and substance abuse	20% (includes ER, office visits, urgent care)	40%
Annual out-of-pocket maximums*	**$2,250** for one member, **$4,500** for the family each calendar year	**$4,500** for one member, **$9,000** for the family each calendar year	**$3,500** for a one-person contract or **$7,000** for a family contract (2 or more members) each calendar year	**$7,000** for a one-person contract or **$14,000** for a family contract (2 or more members) each calendar year
Preventive care services	Covered at 100%	Not covered except for routine mammogram and colonoscopy – subject to deductible/copay	Covered at 100%	Not covered except for routine mammogram and colonoscopy – subject to deductible/copay
Prescription Drugs: Copays				
Copay for retail drugs	30 Day Supply **$10** for generic drugs, **$40** for preferred brand name drugs and **$80** for non-preferred brand name drugs 90 Day Supply **$20** for generic drugs, **$80** for preferred brand name drugs and **$160** for non-preferred brand name drugs	30 Day Supply **$10 plus 25% of BCBSM approved amount** for generic drugs and **$40 plus 25% of BCBSM approved amount** for preferred brand name drugs. You pay **$80** ***plus*** an additional **25%** of BCBSM approved amount for non-preferred drugs	20% copay after Simply Blue combined deductible (medical, surgical and prescription drugs)	40% copay after Simply Blue combined deductible (medical, surgical and prescription drugs) plus an additional 20% of BCBSM approved amount
Copay for mail order drugs	90 Day Supply **$20** for generic drugs, **$80** for preferred brand name drugs. You pay **$160** for non-preferred drugs	No coverage	20% copay after Simply Blue combined deductible (medical, surgical and prescription drugs)	No coverage

** Annual out-of-pocket maximums applies to deductibles, copays and coinsurance amounts for all covered services – including cost-sharing amounts for prescription drugs, if applicable*

*** Simply Blue HDHP 2000 deductible combines the deductible amounts paid under the Simply Blue medical coverage and Simply Blue prescription drug coverage. Simply Blue copay dollar maximum combines the copay amounts paid under the Simply Blue medical coverage* **and** *Simply Blue prescription drug coverage.*

Network comparison of medical benefit plans

Benefits		Simply Blue℠ PPO $1,000*	Simply Blue℠ HDHP 2000**
Preventive care services	Health maintenance exam	Covered at 100% – one per member per calendar year	Covered at 100% – one per member per calendar year
	Routine gynecological exam	Covered at 100% – two per member per calendar year	Covered at 100% – two per member per calendar year
	Well-baby/child care visits	Covered at 100%	Covered at 100%
	Routine adult and childhood immunizations	Covered at 100% for adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	Covered at 100% for adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act
	Simple sigmoidoscopy exam and fecal occult blood screening	Covered at 100% - one per member per calendar year	Covered at 100% – one per member per calendar year
	Prostate specific antigen (PSA) screening	Covered at 100% – one per member per calendar year	Covered at 100% – one per member per calendar year
	Ovarian cancer screening	Covered at 100% – one per member per calendar year	Covered at 100% – one per member per calendar year
	Pap smear screening	Covered at 100% – one per member per calendar year	Covered at 100% – one per member per calendar year
	Routine colonoscopy	Covered at 100% – one routine colonoscopy per member per calendar year	Covered at 100% – one routine colonoscopy per member per calendar year
	Routine mammogram	Covered at 100% – one routine mammogram per member per calendar year	Covered at 100% – one routine mammogram per member per calendar year
Physician office services	Office visits, office consultations and online visits	**$30** copay **Note:** Simply Blue applies deductible and coinsurance to office services	Covered at 80% after deductible
	Urgent care	**$60** copay	Covered at 80% after deductible
	Outpatient consultations	Covered at 80% after deductible	Covered at 80% after deductible
Emergency medical care	Hospital emergency room	**$150** copay for facility charges (copay waived if admitted) – covered at 80% after deductible for emergency room professional fees.	Covered at 80% after deductible
	Professional ambulance services (ground or air) – when medically necessary	Covered at 80% after deductible	Covered at 80% after deductible

* *Annual out-of-pocket maximums applies to deductibles, copays and coinsurance amounts for all covered services – including cost-sharing amounts for prescription drugs, if applicable*

** *Simply Blue HDHP 2000 deductible combines the deductible amounts paid under the Simply Blue medical coverage and Simply Blue prescription drug coverage. Simply Blue copay dollar maximum combines the copay amounts paid under the Simply Blue medical coverage* **and** *Simply Blue prescription drug coverage.*

Network comparison of medical benefit plans *(cont'd)*

Benefits		Simply Blue℠ PPO $1,000*	Simply Blue℠ HDHP 2000**
Diagnostic and radiation services	Laboratory and pathology tests	Covered at 80% after deductible.	Covered at 80% after deductible
	Diagnostic radiology and radiation therapy	Covered at 80% after deductible.	Covered at 80% after deductible
Maternity services	Maternity care (delivery)	Covered at 80% after deductible	Covered at 80% after deductible
	Prenatal and postnatal care visits	Covered at 100%	Covered at 100%
Inpatient hospital care	Semi-private room, meals, general nursing care, hospital services, intensive care units	Covered at 80% after deductible	Covered at 80% after deductible
	Inpatient consultations	Covered at 80% after deductible	Covered at 80% after deductible
Alternatives to hospitalization	Home healthcare	Covered at 80% after deductible – must be medically necessary	Covered at 80% after deductible – must be medically necessary
	Individual case management	Covered at 80% after deductible	Covered at 80% after deductible
	Skilled nursing facility admission	Covered at 80% after deductible – limited to 120-day maximum per member per calendar year	Covered at 80% after deductible – limited to 90-day maximum per member per calendar year
	Hospice care (in approved facilities)	Covered at 100% – up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods; limited to dollar maximum that is reviewed and adjusted periodically	Covered at 80% after deductible – up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods; limited to dollar maximum that is reviewed and adjusted periodically
Human organ transplants	Kidney, skin and cornea transplants	Covered at 80% after deductible	Covered at 80% after deductible
	Bone marrow transplants	Covered at 80% after deductible (subject to program guidelines)	Covered at 80% after deductible (subject to program guidelines)
	Specified human organ transplants	Covered at 100% – in designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (1-800-242-3504)	Covered at 80% after deductible – in designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (1-800-242-3504)
Mental healthcare and substance abuse treatment	Inpatient mental healthcare and substance abuse treatment	Covered at 80% after deductible	Covered at 80% after deductible
	Outpatient mental healthcare	Covered at 80% after deductible	Covered at 80% after deductible
	Outpatient substance abuse treatment	Covered at 80% after deductible	Covered at 80% after deductible

* *Annual out-of-pocket maximums applies to deductibles, copays and coinsurance amounts for all covered services – including cost-sharing amounts for prescription drugs, if applicable*

** *Simply Blue HDHP 2000 deductible combines the deductible amounts paid under the Simply Blue medical coverage and Simply Blue prescription drug coverage. Simply Blue copay dollar maximum combines the copay amounts paid under the Simply Blue medical coverage* **and** *Simply Blue prescription drug coverage.*

Network comparison of medical benefit plans *(cont'd)*

Benefits		Simply Blue℠ PPO $1,000*	Simply Blue℠ HDHP 2000**
Surgical care in hospital or outpatient	**Surgery and related services**	Covered at 80% after deductible Includes Lasik eye surgery	Covered at 80% after deductible – includes surgery in BCBSM-approved ambulatory facilities
	Voluntary sterilization	Male – Covered at 80% after deductible Female – Covered 100%	Male – Covered at 80% after deductible Female – Covered 100%
Other medical care	**Disease management programs**	Covered at 80% after deductible	Covered at 80% after deductible
	Contraceptive devices – includes injections	Covered at 100%	Covered at 100%
	Infertility counseling and treatment (includes assisted reproductive technologies)	Covered at 80% after deductible	Covered at 80% after deductible
	Outpatient physical, speech and occupational therapy	Covered at 80% after deductible – limited to a combined maximum of 30 visits per calendar year	Covered at 80% after deductible – limited to a maximum of 60 visits per calendar year per member
	Chiropractic services	**$30** copay **Note:** Simply Blue applies deductible and coinsurance to office services	Covered at 80% after deductible
	Spinal manipulation	**$30** copay – limited to 12 visits per calendar year **Note:** Simply Blue applies deductible and coinsurance to office services	Covered at 80% after deductible – limited to 24 visits per calendar year
	Private duty nursing services	Covered at 50% after deductible	Covered at 80% after deductible
	Allergy testing and therapy	Covered at 80%	Covered at 80% after deductible
	Prosthetic and orthotic devices	Covered at 80% after deductible – includes wigs and un-attachable shoe inserts (subject to medical criteria)	Covered at 80% after deductible (wigs and un-attachable shoe inserts are not covered)
	Durable medical equipment (DME)	Covered at 80% after deductible	Covered at 80% after deductible

* *Annual out-of-pocket maximums applies to deductibles, copays and coinsurance amounts for all covered services – including cost-sharing amounts for prescription drugs, if applicable*

** *Simply Blue HDHP 2000 deductible combines the deductible amounts paid under the Simply Blue medical coverage and Simply Blue prescription drug coverage. Simply Blue copay dollar maximum combines the copay amounts paid under the Simply Blue medical coverage* **and** *Simply Blue prescription drug coverage.*

Network comparison of medical benefit plans *(cont'd)*

Benefits			Simply Blue℠ PPO $1,000*	Simply Blue℠ HDHP 2000**
Hearing care coverage	**Hearing care**		Covered once every 36 months when provided by a participating provider (includes binaural hearing aids). Hearing care services and supplies provided by a nonparticipating provider are not covered.	Covered once every 36 months at 100% when provided by a participating provider after deductible and coinsurance is met. Hearing care services and supplies provided by a nonparticipating provider are not covered.
Prescription drug coverage	**Prescription drugs** FDA-approved and state-controlled drugs Injectable insulin, needles and syringes Oral contraceptives	Network pharmacies	30 Day Supply **$10** for generic drugs, **$40** for preferred brand name drugs and **$80** for non-preferred brand name drugs 90 Day Supply **$20** for generic drugs, **$80** for preferred brand name drugs	20% copay after Simply Blue combined deductible (medical, surgical and prescription drugs) **Note:** Employees enrolled in Simply Blue have coverage for preventive prescription drugs on the BCBSM Preventive Rx Drug List, payable only when provided by network pharmacies up to an annual benefit maximum of $500 (no deductible or copay). A list of commonly prescribed preventive drugs is available upon request.
Prescription drug coverage	**Prescription drugs** FDA-approved and state-controlled drugs Injectable insulin, needles and syringes Oral contraceptives	Mail services (home delivery) prescription drugs	90 Day Supply **$20** for generic drugs, **$80** for preferred brand name drugs and **$160** for non-preferred brand name drugs	Covers up to a 90-day supply of prescribed medication by mail **Note:** Simply Blue prescription drug benefits, including mail-order drugs, are subject to the same deductible, copay and percent copay maximum required under the Simply Blue medical coverage.

Notes

- BCBSM will not pay for drugs obtained from non-network mail order providers, including Internet providers.
- If you obtain a brand name drug (including mail order and 90-day retail drugs) when a generic equivalent drug is available, you may be required to pay the difference between maximum allowable cost for the generic drug and the BCBSM-approved amount for the brand name drug (even if the prescription is marked "DAW") plus your copay. **Exception:** If your physician requests and receives authorization for a brand name drug from the BCBSM Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your copay.

** Annual out-of-pocket maximums applies to deductibles, copays and coinsurance amounts for all covered services – including cost-sharing amounts for prescription drugs, if applicable*

*** Simply Blue HDHP 2000 deductible combines the deductible amounts paid under the Simply Blue medical coverage and Simply Blue prescription drug coverage. Simply Blue copay dollar maximum combines the copay amounts paid under the Simply Blue medical coverage* **and** *Simply Blue prescription drug coverage.*

Dental benefit plans

Benefits	Blue dental EPO* plan (PPO dental providers only)	Blue dental PPO Plus plan (any licensed dentist)
Preventive services – Class I		
• Teeth cleaning – twice per calendar year	Covered at 100% (benefits are payable up to 4 times per calendar year for member with documented periodontal condition)	Covered at 100% (benefits are payable up to 4 times per calendar year for member with documented periodontal condition)
• Fluoride treatment – twice per calendar year	Covered at 100%	Covered at 100%
• Space maintainers (under age 19)	Covered at 100%	Covered at 100%
• Pit and fissure sealants (age 19 or under)	Covered at 100%	Covered at 100%
Diagnostic services – Class I		
• Oral exams – twice per calendar year • A set (up to 4) of bitewing X-rays – twice per calendar year • Full-mouth X-rays – once every 60 months	All services listed are covered at 100%	All services listed are covered at 100%
Restorative services – Class II		
• Fillings (child and adult) • Stainless steel crowns • Crowns (porcelain or metal)	All services listed are covered at 80%	All services listed are covered at 75%
Adjunctive procedures – Class II		
• Office visits or consultation • General anesthesia or IV sedation	All services listed are covered at 80%	All services listed are covered at 75%
Oral surgery – Class II		
• Routine extractions • Minor surgical procedures • Removal of exostosis • Incision and drainage of abscess	All services listed are covered at 80%	All services listed are covered at 75%
Periodontics – Class II		
• Osseous surgery (per quadrant) • Scaling and root planning • Soft tissue surgery	All services listed are covered at 80%	All services listed are covered at 75%
Endodontics – Class II		
• Pulpotomy • Root canal therapy	All services listed are covered at 80%	All services listed are covered at 75%
Prosthodontics – Class III (dentures and bridges)		
• Full dentures (each) – lower and upper • Partial dentures (each) – lower and upper • Cast metal bridges (per pontic or abutment) • Porcelain fused to metal bridges (per pontic or abutment) • Endosteal implants (members age 16 or older who are covered at the time of the actual implant replacement)	All services listed are covered at 75%	All services listed are covered at 50%
Annual maximum (based on calendar year)	$2,300 per member	$2,300 per member
Orthodontic services – Class IV	Covered at 70% up to **lifetime** maximum benefit of $2,400 per member	Covered at 50% up to **lifetime** maximum benefit of $2,100 per member

Notes

- ***Exclusive Provider Organization (EPO)**
- Under the EPO Plan you must select a provider from the Blue Dental Tier 1 PPO dental network. Services received by out-of-network providers will not be covered. To locate a Tier 1 PPO dental provider, visit mibluedentist.com and select Blue Dental PPO, from the Tier 1 menu, to search your search.
- Services covered by the Blue Dental EPO and the PPO Plus plans are paid according to the BCBSM-approved amount, less applicable copays. Some services may be subject to medical/dental review.

Vision benefit plans

Benefits		Blue Vision℠ VSP		Heritage Vision	
		VSP network Provider	**Non-VSP Provider**	**Heritage vision Plans provider**	**Non-heritage Vision plans Provider**
Eye Examination	Covers a complete eye exam by an ophthalmologist or optometrist	**$5** copay	Reimbursement up to **$35** less a **$5** copay	**$5** copay	Reimbursement up to **$35** less a **$5** copay
Eyeglasses	Eyeglass frames	**$7.50** copay (one copay applies to both lenses and frames) up to a **$175** maximum	Covered less a **$7.50** copay up to a predetermined amount	**$175** retail allowance	Covered less a **$7.50** copay up to a predetermined amount
	Eyeglass lenses including progressive lens	Covered (not to exceed 60mm in diameter) – **$7.50** copay (one copay applies to both lenses and frames)	Covered less a **$7.50** copay up to a predetermined amount	**$7.50** copay	Covered up to a predetermined amount
Contact Lenses	Prescribed elective contact lenses (non medically necessary)	**$175** allowance that is applied toward contact lens exam (fitting and materials) and the contact exam (member responsible for any cost exceeding the allowance)	**$105** allowance that is applied toward contact lens exam (fitting and materials) and the contact exam (member responsible for any cost exceeding the allowance)	**$175** allowance	Covered up to **$105** allowance
	Therapeutic contact lenses (medically necessary)	**$7.50** copay	Reimbursement up to **$210** after a **$7.50** copay (member responsible for any difference)	**$7.50** copay	Covered up to **$210** after a **$7.50** copay
Copays	Eye exams	**$5** copay	**$5** copay applies to charge	**$5** copay	**$5** copay
	Frames and lenses	A **combined $7.50** copay	Member responsible for difference between approved amount and provider's charge	**$7.50** copay	Covered up to a predetermined amount
	Medically necessary contact lenses	**$7.50** copay	Member responsible for difference between approved amount and provider's charge, less a **$7.50** copay	**$7.50** copay	Up to **$210** after a **$7.50** copay

Notes

- Vision care benefits are payable once every **12 consecutive months**. During this time, benefits are payable for either eyeglasses **or** contact lenses, **but not both**.
- The VSP network includes over 1,100 provider locations in Michigan and 24,000 locations nationwide. VSP is an independent company providing vision benefit services for Blue Cross members. To locate a network provider, call VSP's Member Services at 1-800-877-7195 or visit their Web site at vsp.com.
- The HVP network includes over 2,000 providers in Michigan. Heritage is an independent company providing vision benefit services for Blue Cross members. To locate a Heritage vision provider, call 1-800-252-2053 or visit their Web site at http://www.heritagevisionplans.com/providers.html.

Simply Blue HDHP 2000 HSA

Basics

Simply Blue HDHP 2000 pairs a PPO health plan with a health savings account (HSA). It combines the comprehensive benefits and provider network of a PPO plan with a valuable saving tool to set aside money for health care expenses today, tomorrow and in retirement.

Here's how it works

Your contributions

- If you select Simply Blue HDHP 2000 coverage, an HSA will automatically be opened for you. Emergent Holdings will deposit a lump sum contribution directly into your HSA. The lump sum funds will be available for use at the beginning of the year. See page 3 for the 2026 lump sum employer contribution amount.
- In addition, during open enrollment you'll be asked to determine an amount, if any, that you'd like to contribute to your HSA. Each pay period your pre-tax payroll contribution will be deposited into your HSA.
- The 2026 Internal Revenue Service (IRS) contribution limit is $4,400 for self-only coverage and $8,750 for family coverage.
- Individuals 55 and older can make an additional $1,000 catch-up contribution to their HSA each year. This increases the total contribution maximum to $5,400 for self-only coverage and $9,750 for family coverage.
- When calculating contributions, remember to deduct the annual employer contribution from the annual limit to make sure the IRS annual limit is not exceeded.

Your health plan

- When you start using your coverage, you'll pay 100 percent of your medical and prescription drug expenses until you reach your plan deductible. In-network preventive services are covered at 100 percent and are not subject to the deductible.

Your HSA

- HealthEquity, Inc. administers your HSA on behalf of Emergent Holdings.
- You may choose to use money in your HSA to pay for qualified medical expenses applied toward your deductible, or save the money for future medical expenses. There's no use it or lose it rule like with a flexible spending account (FSA). So, you don't have to use money in an HSA by the end of the year.
- An HSA debit card will be provided to allow you to conveniently pay for services.
- Once your HSA reaches $2,000, you may choose to invest in a selection of mutual funds available through HealthEquity.
- You can conveniently manage your HSA through your member account at **bcbsm.com**. First-time visitors will need to register. Once registered, log in using your Username and Password, click the *My Coverage* tab and then click the *Go to your health spending account* link. You can also use the BCBSM mobile app.

Note: Employees who sign up for Simply Blue HDHP 2000 are not eligible to have a Flexible Spending Account (FSA).

Eligibility

To open and make contributions to an HSA, you must be enrolled in the Simply Blue HDHP 2000, which is an HSA-compatible health plan. In addition:

1. You cannot be covered by other health insurance, such as a spouse's coverage. (Does not apply to specific injury/accident, disability, dental care, vision care and long-term care)
2. **You cannot be enrolled in Medicare or be a dependent on another person's tax return. If you plan to enroll into Medicare in 2026 or are currently enrolled in Medicare you will need to elect one of the other two available health care plan options.**
3. You cannot have received Veterans Affairs medical benefits at any time over the past three months.
4. You cannot be enrolled or covered by a health care FSA or full health reimbursement arrangement.

Note: Eligibility guidelines apply to opening and contributing to an HSA. Once the account is open, money in the account can be used to pay for qualified medical expense as defined by the IRS.

HSA frequently asked questions

Q. Am I required to sign up for an HSA?

A. No, but it's recommended that you sign up for an HSA in order to take advantage of its full benefits, including the opportunity to fund it with pre-tax money and receive the employer contribution.

Q. Where do I start?

A. After your HSA is opened, you'll receive a Welcome Kit from our HSA administrator, HealthEquity. Your kit will include:

1. Information on how to access and use your HSA.
2. A HSA Visa Debit card with instructions for activation.
3. Member services contact information for live support and online access to HSA-related information 24 hours a day, seven day a week.

Q. How do I make pre-tax contributions to my HSA?

A. Your pre-tax contribution election must be made online during open enrollment. Simply designate the amount of your pre-tax contribution by selecting the Health Savings Account (HSA) option on the enrollment page. Your pre-tax contribution amount will be divided and payroll deducted in equal amounts each pay period over the course of the year. Your total annual (employee plus employer) contribution cannot exceed annual IRS limitations of $4,400 for self only and $8,750 for family coverage.

Q. Is the Company providing any money to fund my HSA?

A. Yes. EH will make a lump sum contribution to your HSA. See page 3 for 2026 annual employer contribution amounts. **Note:** When calculating contributions, remember to deduct the annual employer contribution from the annual limit to make sure the IRS annual limit is not exceeded.

Q. If I am currently enrolled in Medicare or plan to enroll in Medicare in the upcoming year, can I enroll into the HSA plan and receive contributions to my HSA?

A. No, you will need to elect the Simply Blue $1,000 health care plan option if you are currently enrolled or plan to enroll in Medicare in 2026.

Q. To be eligible for an HSA, you cannot have coverage through your spouse. What happens if your spouse doesn't have coverage at the time of open enrollment, but six months later gets a full-time job with health coverage?

A. The U.S. Treasury Department sets the requirements for HSA eligibility. Any individual who meets these requirements is eligible to open and contribute to an HSA. One of the requirements is that the account holder (employee) must be covered under a HSA-compatible health plan (like Simply Blue HSA) and cannot be covered by any other health insurance coverage. As long as your spouse does not add you to his or her health care plan, you will meet this eligibility requirement to contribute to your HSA. If you choose to go under your spouse's health insurance, you are able to use funds in your HSA for qualified medical expenses but are not able to contribute any additional funds until covered under a HSA-compatible plan like Simply Blue HSA.

Q. How will I access my HSA?

A. You can view your balance, pay claims, view monthly statements, invest your funds and manage your HSA through your member account at **bcbsm.com** or through the BCBSM mobile app.

Q. How will the company's annual HSA contribution be paid to me?

A. The company will deposit a lump sum employer contributions directly into your HSA. The lump sum deposit will occur in the beginning of the plan year. You are not required to open your HSA. It will be automatically opened when you elect the HSA.

Q. What are the funds used for? What are qualified medical expenses?

A. If you are under the age of 65, HSA funds must only be used to pay for qualified medical expenses for you, your spouse and any tax dependent children. These include most medical, dental and vision care services as defined in the Treasury Department IRS publication 502 at **irs.gov/publications/p502/**. Any amounts used for a purpose other than to pay for qualified medical expenses are taxable as income and subject to an additional 20 percent tax penalty. Save your receipts for all expenses paid out of your HSA in case of an IRS audit. After you turn age 65, the 20 percent additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without being taxed as income and without paying the additional 20 percent penalty. More information can be found online at **treas.gov** (Health Savings Accounts).

Q. Can I pay for qualified medical expenses with a debit card?

A. Yes, a Visa debit card will be provided. If you need additional debit cards, contact Health Equity Member Services at 877-284-9840. You may receive up to three debit cards free of charge.

Q. Do qualified medical expenses need to be deducted from the HSA within the calendar year in which they occur or do other timeframes apply?

A. According to current Department of Treasury regulations, qualified medical expenses must be incurred on or after the date the HSA was established. There is no time limit on when the distribution must occur. Individuals must keep records sufficient to prove that the expenses were incurred and they were not paid for or reimbursed by another source or taken as an itemized deduction.

Q. What if I have questions about my HSA?

A. Please contact Health Equity Member Services at 877-284-9840.

Additional Health Care Benefits

All employees and their eligible dependents enrolled in a Emergent Holdings employer health care plan are invited to sign up for the programs listed below. These programs are offered at no cost to you and your eligible dependents.

Lifestyle Management Coaching

Lifestyle Management Coaching through Personify Health covers topics in all dimensions of wellbeing to meet members wherever they are on their health journey. The following lifestyle management topics are covered:

- Be Tobacco Free
- Eating Healthy
- Getting Active
- Manage Weight
- Money Mindfulness
- Reduce Stress
- Sleep Well

Coaching Plans integrate live coaching interactions with ongoing digital experiences to create a more seamless path for participants and maximum results. Coaching Plans are recommendations made by lifestyle management coaches to help members achieve their health goals by creating visibility and accountability. Coaching plans consist of evidence-based action items and are personalized to the member's unique goals. Coaching Plans are offered for all lifestyle management coaching topics.

Self-Guided Mental Health Support by AbleTo

Self-guided mental health support by AbleTo, 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.
- **One-on-one messaging sessions:** Get guidance from a licensed therapist. Set goals, discover helpful resources, and stay motivated and accountable.

Employees and dependents age 13 and older can get started with AbleTo **here** using access code **BCBSM**.

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 world-renowned 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/bcbsm**, download the app or call 1-866-887-0719 to activate your account

Additional Health Care Benefits *(cont'd)*

Maven Menopause Program

This **no-cost** program provides instant access to expert advice and resources to anyone on your health plan who's experiencing physical and mental symptoms related to menopause. Support through this program includes:

- Early identification of menopausal symptoms and treatment guidance
- 24/7 virtual access to a coaching care team specializing in perimenopause, menopause and postmenopause
- Guided education and in-app communities to connect with others in the same stage of life
- 1:1 mental health support throughout the menopausal journey

Get started today at **bcbsm.com/mavenmenopause.**

Maven Parenting & Pediatrics Program

The Parenting & Pediatrics program provides full digital support for parents with children ages 1 to 10. There's no cost to you and it includes:

- 24/7 access to pediatric providers, including developmental psychologists, occupational therapists and special needs advocates
- Expert navigation to child care and education partners, including nanny shares, live tutors and virtual sitters
- Mental health support and career coaching to ease the anxieties of parenting
- A daily curriculum specific to each stage of childhood development to build stronger parent-child relationships

Find more information and access the Maven app at **bcbsm.com/mavenfamily**.

Maven Family Building Program

Maven Family Building provides support (not benefits) for:

- **Pre-pregnancy care**
  - Promotes overall health for participants trying to become pregnant
  - Helps to reduce unnecessary fertility treatment
  - Supports mental health and nutrition and provides tips to help families prepare to conceive
- **Egg freezing**
  - Guides you through the process of egg freezing
  - Helps with choosing a clinic and provides emotional support along the way
- **Intrauterine insemination and in vitro fertilization IUI and IVF**
  - Helps you through the difficult decision of selecting a treatment option and choosing a fertility clinic
  - Provides personalized guidance from fertility awareness educators and doctors. It includes treatment options, recommendations to clinics with high success rates and mental health services
- **Adoption and surrogacy**
  - Helps you understand the adoption and surrogacy processes, including the legal and financial fees you should anticipate
  - Includes guidance from specialized coaches, recommendations to top-rated agencies, access to mental health providers and specialists with expertise in LGBTQIA+ paths to parenthood

Additional Health Care Benefits *(cont'd)*

Maven Maternity Program

This program provides digital support for pregnancy and postpartum at **no cost**. If someone on your health plan is pregnant, they can download the Maven app and register. Spouses or partners on your plan can also register and participate at **no cost**. The program includes:

- Comprehensive care through prenatal and postpartum time periods
- High-risk pregnancy management
- Early detection for risk factors, which can lead to reduction in preterm birth, low birth weight and C-section
- Guidance for parents with an infant in the NICU
- Support for a loss
- Coaching to prepare for returning to work
- Content and support tools, which are specific to each week of pregnancy

The program doesn't replace any health care coverage. It's additional support to help along the pregnancy journey.

Visit **bcbsm.com/mavenfamily** to get started at no cost.

GeoBlue — Global Traveler Companion

When you travel outside the U.S. for any reason, you'll have the protection and peace of mind of comprehensive international coverage, 24/7/365 support and convenient digital resources, brought to you by the internal healthcare experts at GeoBlue. GeoBlue is part of the Blue Cross Blue Shield family, so you can be sure that you are getting access to the right care at the right time.

This benefit is available to you and your dependents if you are enrolled in an BCBSM employer medical plan.

The GeoBlue International provider network gives you the confidence that an exceptionally high level of care is waiting for you wherever you go, whenever you need it. Additionally, GeoBlue offers:

- A network of western-trained, English-speaking doctors, ensuring you understand all aspects of your condition and treatment plan
- Toll-free, 24/7, 365-day customer service so that you have an advocate and support at any time
- An app that helps you translate medical terms
- Experienced global health coordinators who can schedule appointments and make payment arrangements, helping reduce the frustration that comes with navigating a foreign health care system
- Cashless transactions to ensure you don't have to pay out-of-pocket and can get care faster

If it's a non-emergency, such as a sore throat, skin rash, or you are experiencing COVID-like symptoms, use the Global TeleMD telehealth app to speak with a doctor by phone or video from your location.

If you prefer to see a doctor in person, use the GeoBlue mobile app or log in to the Member Hub at **www.geo-blue.com** to find a provider near your location. **The Group Access Code you'll need to sign up is: QHG9999EMERG**.

Blue Cross Coordinated Care

Your health plan offers one-on-one, personalized support to help you manage your condition so you can live and feel better. We're ready to help you stay on track with your care plan by:

- **Connecting you to a nurse-led Blue Cross® care team**, which includes pharmacists, dietitians and behavioral health social workers, to support your comprehensive care needs
- **Identifying health risks** and steps you can take to improve your health
- **Helping you understand your condition**, find transportation to appointments, engage with community resources, adhere to medication plans and more.

A nurse case manager will contact you if you're eligible for the program. Or call the Customer Service number on the back of your member ID card for more information.

Additional Health Care Benefits *(cont'd)*

Primary360 by Teladoc Health

Through a complete virtual healthcare hub, your primary care provider and care team will coordinate your care and connect you to other healthcare services you may need.

Your Primary360 services will include:

- **Primary Care:** Schedule a virtual primary care visit, including a $0 virtual annual checkup, with a board-certified provider. Get lab orders, prescriptions, and referrals to in-person specialists as needed, to help you stay on top of your health. This service includes a supportive care team of nurses and medical assistants you can message 24/7.
- **24/7 Care:** Have a sinus infection or other non-urgent medical need? Receive 24/7 care by phone or video for non-emergency needs and have a provider call in a prescription, if needed, without ever leaving your home.
- **Mental Health:** Looking for a virtual mental health provider to help you manage stress? Get help anywhere by phone or video 7 days a week.

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.

Teladoc Chronic Condition Support

This program includes support for the following conditions:

- **Diabetes Management:** Get an advanced blood glucose meter, unlimited strips and lancets, personalized tips and expert coaching.
- **Hypertension Management:** Discover guidance and support with a connected blood pressure monitor, personalized insights and expert coaching.
- **Diabetes Prevention Program:** Reduce your risk of developing type 2 diabetes with a smart scale, structured lessons and expert coaching.

It's a one-of-a-kind approach to chronic condition management using virtual care that inspires lasting changes. With this program, you get unlimited access to connected health monitoring devices, certified health coaches and support from physicians and mental health specialists—all to help manage conditions like diabetes, hypertension and prediabetes. Once the benefit is live, there will be multiple ways to enroll. More information coming soon.

Blue Cross Virtual Dental Care

Blue Cross Virtual Dental Care provides employees with more options for 24/7 urgent dental care.

You can experience urgent dental needs at any time, prompting emergency room visits when your regular dentist is unavailable. Virtual Dental Care provides you with 24/7 guidance and support until you can get into to see your regular dentist, helping you avoid the emergency room, when possible, and saving you money.

Virtual Dental Care is a standard, in-network benefit with either dental plan, at no additional cost. Employees are responsible for coinsurance, if any, from their visit.

You can access Virtual Dental Care when searching for a dentist in your **member account**, through **mibluedentist.com** or direct at **teledentistry.com/blue-cross-blue-shield-michigan-virtual-dental-services**.

the Well

Employees can earn a maximum of $560 annually ($140 each quarter)!

If you are looking to maintain or adopt healthy habits, access free educational resources, or need help reaching wellness goals, then check out The Well.

The Well is our holistic wellbeing 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.

Get active with your friends, get inspired to live better — and get rewarded along the way!

Program Overview

Get ready to live your best life with:

- An enhanced virtual experience that delivers personalized daily content based on your interests, health risks and demographics.
- Seamless integration with more than 100 fitness tracking devices and apps, including Apple Health and Google Fit.
- A checklist to help you stay on top of recommended preventive health care based on your specific needs.
- A detailed health assessment with more guidance for modifiable health risks.
- Self-guided well-being courses called Journeys® to help you build healthy habits that stick.
- A best-in-class tobacco cessation coaching program to help you stop smoking, vaping and using nicotine.
- New in 2026: Lifestyle Management Coaching is available to all NBU employees. Health coaching through Personify Health and can support you with topics such as eating healthy, quitting tobacco, managing weight, sleeping well, reducing stress and getting active.

Reward Highlights

Beginning in 2026, employees can earn up to a maximum of $560 ($140 each quarter) in rewards.

The Well is a program that rewards you for taking an interest in your health. Complete fun health and wellness activities to earn rewards. Then, redeem for gift cards to retailers, Personify Health™ store or charities.

Points + Levels Game	Level 1	Level 2	Level 3	Level 4
Points	4,000	8,000	14,000	20,000
Rewards	$20	$30	$40	$50

Have Questions?

- Check out **support.personifyhealth.com**
  Live chat: Monday – Friday, 2am – pm EST
- Give Personify Health a call: **888-671-9395**
  Monday – Friday, 8am – 9am ET
- Send Personify Health an e-mail: **support@personifyhealth.com**

Financial Protection Voluntary Products

The following products are offered through Assurity and LifeSecure Insurance Company on a voluntary basis and are not part of your employer sponsored benefit packet.

Dearborn Group 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.

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.

LifeSecure group accident insurance*

As a EH employee, you have access to best in class, top quality medical insurance and coverage. You know when you pull out your Blues ID card, you have excellent health insurance coverage. However, you may find yourself with unexpected living expenses following an accidental injury.

What is Group Accident insurance?

LifeSecure's Group Accident Insurance is an affordable insurance plan designed to:

- Pay you a cash benefit following an accidental injury for your actual medical and/or recovery expenses *(up to your Annual Benefit Bank Amount).* The amount of expenses that we'll provide benefits for takes into account the adjustments or discounts your health care plan may have negotiated with your providers. Once the actual cost of your covered medical services exceeds your $100 Accident deductible, you'll start receiving cash benefits for remaining expenses. **Benefits from this plan pay in addition to your EH coverage and require no coordination of benefits.**

- Assist you while healing from an accidental injury. Benefits can be used for: rehabilitative services, housekeeping assistance, child care, home care assistance, transportation to and from appointments, yard work… *or anything else!*

Choosing a Plan

Only ONE simple decision point – Select an Annual Benefit Bank Amount

	Benefit Bank
Plan A	**$5,000**
Plan B	**$10,000**
Plan C	**$15,000**

Note: Accident Insurance has a $100 for individual/$200 family deductible.

The Annual Benefit Bank represents the total dollar amount available to you or your family for covered services provided each calendar year. On Jan. 1 of each year, your Annual Benefit Bank will restore to its full amount.

Benefit Payout Example (for $10,000 Benefit Bank Amount)

You chose an Accident Plan with a $10,000 Annual Benefit Bank. You break your collar bone while skiing with friends and require immediate medical attention.

Reimbursable Expenses		Accident Deductible		Cash Benefit Payout
$8,000	**-**	**$100**	**=**	**$7,900**

Group Accident Insurance Bi-Weekly Premiums

Annual Benefit Bank	Self	Self + Spouse/Partner	Self + Children	Self + Family
$5,000	$11.13	$13.07	$14.84	$16.09
$10,000	$14.28	$17.70	$20.80	$23.52
$15,000	$16.36	$21.00	$25.12	$29.06

Premium amounts may include slight variations when rounding figures.

For more information, email: OEinfo@yourlifesecure.com

***LifeSecure Insurance Company (New Hudson, MI)** . The Group Accident Insurance product has exclusions and limitations. This product is offered on a voluntary basis and not part of your employer sponsored benefit package.*

LifeSecure Group Accident product is not available for BCBSM employees residing in the following states: Alaska, Arkansas, California, Florida, Idaho, Kansas, Maine, Maryland, Mississippi, Missouri, Montana, New York, Oklahoma, South Dakota, Texas, Washington, West Virginia and Wyoming.

LS-AC-G-0463-HCP MI 08/25 *Policy Form #: LS-AC-G-0003-P ST 08/14*

LifeSecure group hospital recovery insurance*

As a EH employee, you have access to best in class, top quality medical insurance and coverage. You know when you pull out your Blues ID card, you have excellent health insurance coverage. However, you may find yourself with unexpected living expenses after a hospitalization.

What is Group Hospital Recovery insurance?

LifeSecure's Group Hospital Recovery insurance is an affordable insurance plan designed to:

- Pay you a cash benefit upon discharge from an inpatient hospital stay. **Benefits from this plan pay in addition to other coverage and require no coordination of benefits.**
- Assist you in the recovery phase following a hospital stay. Benefits can be used for: rehabilitative services, housekeeping assistance, child care, home care assistance, transportation to and from appointments, yard work… *or anything else!*

$300 Daily Benefit Amount

This is the amount payable to you upon discharge for each day you're hospitalized as an inpatient – up to 30 days per calendar year.

This insurance plan gives you access to an Annual Benefit Bank of **$9,000** each calendar year. If your spouse/partner also enrolls in Hospital Recovery insurance, you will each have access to your own $9,000 Annual Benefit Bank. On Jan. 1 of each year, the Annual Benefit Banks will replenish to $9,000.

Benefit Payout Example

Your cold turns into pneumonia and you are hospitalized for four days.

Daily Benefit Amount		# of Days Hospitalized		Cash Benefit Payout
$300	**x**	**4**	**=**	**$1,200**

Group Hospital Recovery Insurance Bi-Weekly Premiums

$9,000 Annual Benefit Bank
$300 Daily Benefit

Issue Age Bands	Employee Only	Additional Charge for Spouse/Partner
18-29	$7.74	$3.48
30-39	$8.61	$4.04
40-49	$10.46	$5.98
50-59	$13.99	$9.49
60-64	$15.69	$11.39
65-69	$19.67	$14.97
70-74	$26.90	$20.20

Coverage is available for ages 18-74. Premium amounts may include slight variations when rounding figures.

For more information, email: OEinfo@yourlifesecure.com

***LifeSecure Insurance Company (New Hudson, MI)** . The Group Accident Insurance product has exclusions and limitations. This product is offered on a voluntary basis and not part of your employer sponsored benefit package.*

LifeSecure Group Accident product is not available for BCBSM employees residing in the following states: Alaska, Arkansas, California, Florida, Idaho, Kansas, Maine, Maryland, Mississippi, Missouri, Montana, New York, Oklahoma, South Dakota, Texas, Washington, West Virginia and Wyoming.

LS-HR-G-0463-HCP MI 08/25 *Policy Form #: LS-HR-G-0003-P ST 10/14*

LifeSecure Insurance Company

Long Term Care Insurance*

Long-term care encompasses the services to assist people who cannot perform essential daily activities on their own; things like eating, dressing and using the bathroom. The need for such assistance is usually due to a chronic illness or degenerative condition.

Long-term care can be provided in a variety of places, whether at home or at an assisted living facility, a nursing home or other setting. It consists mostly of "custodial care," or assistance with daily activities, rather than medical care that would be covered by your health plan.

Programs like Medicare pay for little or no long-term care expenses, and you must be impoverished to qualify for Medicaid coverage. Without a plan, potential long-term care expenses can become a significant out-of- pocket responsibility. Most adults are not financially prepared to afford the costs of long-term care. A long term care insurance policy can help save them and their families from financial setbacks.

LifeSecure reimburses expenses for traditional long-term care provided by nursing homes, home health agencies and assisted living facilities, as well as informal care provided by family members who care for chronically ill loved ones.

Choosing a Plan

Step 1: Choose your Benefit Bank & Monthly Benefit

$50,000 Benefit Bank **	$100,000 Benefit Bank	$200,000 Benefit Bank	$300,000 Benefit Bank
$1,000 Monthly Benefit	$2,000 Monthly Benefit	$4,000 Monthly Benefit	$6,000 Monthly Benefit

Step 2: Review the Built-In Features & Services

Step 3: Consider the Optional Benefits

For more information, call 1-866-582-7701 and select option 2 from 8:00 am - 7:00 pm ET.
Please identify yourself as an employee of Emergent Holdings.

**LifeSecure Long Term Care Insurance product is not available for BCBSM employees residing in the following states: California, Florida, Indiana, New York and Vermont.*

***In WI: The $50,000 Benefit Bank is not available.*

***LifeSecure Insurance Company (New Hudson, MI)** provides long-term care solutions that protect families and their assets. Long term care insurance policies have exclusions and limitations. All applicants are individually underwritten and may or may not be approved for coverage. LifeSecure long-term care insurance is an individual product and may require a medical exam. Premiums may increase in the future. This is a solicitation of long-term care insurance. An agent may contact you.*

NOTE: Long term care insurance is not available on BCBSM's HR Self Service online enrollment system.

ICC18-LS-LTC-0463-HCP

Policy Form Series: ICC17-LS-LTC-0006

Notice of Availability

English: Call the phone number on the back of your member ID card to reach a complimentary interpreter who speaks English or to receive additional support you may need.

Spanish: Llame al número de teléfono que aparece en el reverso de su tarjeta de identificación de miembro para comunicarse de forma gratuita con un intérprete que hable español o para recibir apoyo adicional que pueda necesitar.

Arabic: اتصل برقم الهاتف الموجود على ظهر بطاقة هوية عضويتك للوصول إلى مترجم مجاني يتحدث باللغة العربية أو لتلقي المزيد من الدعم الذي قد تحتاجه.

Chinese Mandarin: 拨打您的会员 ID 卡背面的电话号码，即可联系一位会说普通话的免费翻译，或获取您可能需要的其他支持。

Albanian: Telefononi në numrin e telefonit që gjendet në anën e pasme të kartës suaj të anëtarësisë për t'u lidhur me një interpret pa pagesë që flet shqip ose për të marrë mbështetje shtesë që mund t'ju nevojitet.

German: Rufen Sie die Telefonnummer auf der Rückseite Ihres Mitgliedsausweises an, um einen kostenlosen Dolmetscher zu finden, der Deutsch spricht, oder um weitere Unterstützung zu erhalten.

Amharic: አማርኛ ከሚናገር ነጻ ተርጓሚ ጋር ለመገናኘት ወይም ሊያስፈልግዎ የሚችል ተጨማሪ ድጋፍ ለማግኘት ከአባል መታወቂያ ካርድዎ ጀርባ ያለው ስልክ ቁጥር ላይ ይደውሉ።

Bengali: বিনামূল্যে বাংলা ভাষায় কথা বলতে পারেন এমন একজন সহায়ক দোভাষীর সাথে যোগাযোগ করতে অথবা আপনার প্রয়োজনীয় অতিরিক্ত সহায়তা পেতে আপনার মেম্বারশিপ **ID** কার্ডের পিছনে দেওয়া ফোন নম্বরে কল করুন।

French: Appelez le numéro de téléphone figurant au dos de votre carte d'adhérent pour joindre un interprète gratuit qui parle français ou pour bénéficier d'un soutien supplémentaire dont vous pourriez avoir besoin.

Hindi: किसी ऐसे मानार्थ (कंप्लीमेंटरी) दुभाषिए से संपर्क करने के लिए जो हिंदी बोलता हो या ऐसी अतिरिक्त सहायता प्राप्त करने के लिए जिसकी आपको आवश्यकता हो सकती है, आपके सदस्य ID कार्ड के पीछे दिए गए फ़ोन नंबर पर कॉल करें।

Korean: 가입자 ID 카드 뒷면의 전화번호로 전화를 주시면 한국어 무료 통역사와 연결하시거나 필요한 추가 지원을 받으실 수 있습니다.

Polish: Zadzwoń pod numer telefonu znajdujący się z tyłu karty członkowskiej, aby skontaktować się z nieodpłatnym tłumaczem posługującym się językiem polskim lub aby – w razie potrzeby – uzyskać dodatkową pomoc.

Telugu: తెలుగు మాట్లాడే ఉచిత ఇంటర్‌ప్రెటేటర్‌తో కనెక్ట్ కావడానికి లేదా మీకు అవసరం కాగల అదనపు మద్దతును పొందడానికి మీ మెంబర్ ID కార్డు వెనుక ఉండే ఫోన్ నెంబర్‌కు కాల్ చేయండి.

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Discrimination is against the law

Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 1-877-469-2583 or, if you're 65 or older, call 1-888-563-3307, TTY: 711.

Here's how you can file a civil rights complaint

If you believe that Blue Cross Blue Shield of Michigan, Blue Care Network or our vendors have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW, Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD: 1-800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website at http://www.hhs.gov/ocr/office/file/index.html.

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/.

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NOTES



Blue Cross
Blue Shield
Blue Care Network
of Michigan

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

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