2027 health care plan options



Blue Cross Blue Shield Blue Care Network of Michigan

Confidence comes with every card.®

A BENEFIT COMPARISON GUIDE FOR NON-BARGAINING UNIT EMPLOYEES

Inside

2027 quick start guide

Benefit highlights and reminders.....1

Dates to remember.....2

Health plans at a glance.....3

How to enroll online 4

Spending accounts.....5

Premium sharing 7

Plan comparisons

High-level comparison of medical benefit plans.....8

Network comparison of medical benefit plans.....9

Dental benefit plans.....13

Vision benefit plans.....14

Program and plan information

Simply Blue HSA 15

Additional health care benefits 17

The Well 22

Financial protection voluntary products 23

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 upcoming plan year. This year's open enrollment period will be held November 9 – November 20. This window provides an opportunity for employees to choose their medical, dental and vision benefit plans.

BCS Essential Care Critical Illness, Accident and Hospital Insurance optional products will replace the Critical Illness benefit through Dearborn Life Insurance Company and LifeSecure optional products, except Long Term Care. These products are voluntary and are not part of your employer-sponsored benefit package. Additional details, including webinar and in-person opportunities to learn more, can be found in this booklet.

Market leading benefits and wellbeing offerings are a core part of our company's **Commitment to Employees**: comprehensive, competitive benefits offerings that are designed to support you and your family at every stage of your career. Our 2027 benefit package preserves benefits that make Blue Cross a desirable place to work, set us apart in the market and keep healthcare costs affordable for employees.

Due to the accelerating cost of health care that is impacting nearly all of our group customers, the company is increasing employee payroll contributions while continuing to absorb most of the additional cost. The 2027 rates will remain meaningfully below what people typically pay for similar coverage with other employers.

Our traditional PPO and HSA plans will remain unchanged for 2027, including deductibles, out-of-pocket maximums and copays. Dental and vision premiums, and employer contributions to HSA accounts also will remain unchanged.

Please review the high-level plan comparison in this booklet and visit the **Open Enrollment** website to understand how these updates may affect your payroll contributions and overall benefits. We are providing resources, webinars and decision-support tools to help you compare options, maximize available contributions and make the best choice for you and your family.

When you are well, you can thrive at work and beyond. We remain committed to offering programs that support your physical, emotional and financial wellbeing, while giving you resources to take an active role in your health. We'll continue to offer employees the opportunity to participate in The Well corporate wellness program and are excited to continue Lifestyle Management Coaching through Personify Health, which connects employees with experts such as nutritionists, psychologists and personal trainers. We also encourage you to participate in live, weekly wellbeing webinars and access downloadable health resources through **Blue Cross Virtual 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 2027 plan that most closely matches your 2026 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. To support employees through the process, we are offering a dedicated open enrollment webpage, webinars, enhanced educational resources and decision-making tools.

We are proud to continue investing in benefit programs that support your health, financial security and overall wellbeing. These programs remain a meaningful part of our commitment to employees and the value of working at Emergent Holdings. Please review the available resources before finalizing your 2027 choices.

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

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 9 – November 20, 2026
All elections due by:	11:59 pm, Friday, November 20, 2026
Effective date of elections:	January 1, 2027

2027 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. 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 $4,500 for individual and $9,000 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.
- Medical premiums will increase dependent on plan selection, job level and dependent enrollment. Details can be found within this booklet.
- If you would like to have the Health Care Flexible Spending Account and/or the Dependent Care Flexible Spending Account, **you must re-enroll**.
- In 2027, employees will have access to two new benefits, HelpScript and Iris Cancer Support, expanding the resources available to help you and your family navigate health care needs with confidence. Many valuable health and wellbeing programs will also continue to be provided at no cost to employees and covered dependents. These resources are designed to support your overall wellbeing and help you make the most of your benefits. See the pages that follow for details on available programs, eligibility and how to access support.
- Assisted Reproductive Technology services and Gender Affirming services will continue to be available in 2027.
- The employee wellness benefit offered through The Well will continue to be offered. 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 **2027 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 2027 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.

October 2026

Monday	Tuesday	Wednesday	Thursday	Friday
26	27 **2027 Open Enrollment: Select the best plan for your family** 10/27/2026 12 p.m. – 1p.m.	28	29	30

November 2026

Monday	Tuesday	Wednesday	Thursday	Friday
2 **2027 Open Enrollment: Voluntary Product Webinar** 11/2/2026 11 a.m. – 12 p.m.	3	4 **2027 Open Enrollment: Benefit Programs Overview** 11/04/26 12 p.m. – 1 p.m.	5 **2027 Open Enrollment: Voluntary Product Webinar** 11/05/2026 1 p.m. – 2 p.m.	6

January 2027

Monday	Tuesday	Wednesday	Thursday	Friday
				1 **Coverage effective date**

Health plans at a glance

Employee Bi-weekly Premium Sharing Rates

Simply Blue PPO $1,000

	Staff	Managers & Directors	Executives
Employee only	$75.00	$120.00	$180.00
Employee + spouse	$150.00	$240.00	$360.00
Employee + child(ren)	$112.50	$180.00	$270.00
Family	$187.50	$300.00	$450.00

Simply Blue HDHP 2000

	Staff	Managers & Directors	Executive
Employee only	$15.00	$24.00	$36.00
Employee + spouse	$30.00	$48.00	$72.00
Employee + child(ren)	$22.50	$36.00	$54.00
Family	$37.50	$60.00	$90.00

Employer Lump Sum HSA Contribution Amount*

Simply Blue HDHP 2000

	Staff	Managers & Directors	Executive
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 3 from the applicable annual limit on page 15 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.

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.

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	$390.00	$624.00	$936.00	$2,000	$3,500
Employee + spouse	$780.00	$1,248.00	$1,872.00	$4,000	$7,000
Employee + child(ren)	$585.00	$936.00	$1,404.00	$4,000	$7,000
Family	$975.00	$1,560.00	$2,340.00	$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 8. To calculate what you can contribute to your HSA, deduct the applicable annual employer contribution listed above from the applicable annual limit on page 15 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	$1,950.00	$3,120.00	$4,680.00	$1,000	$2,250
Employee + spouse	$3,900.00	$6,240.00	$9,360.00	$2,000	$4,500
Employee + child(ren)	$2,925.00	$4,680.00	$7,020.00	$2,000	$4,500
Family	$4,875.00	$7,800.00	$11,700.00	$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 8.

How to enroll online

Annual open enrollment is your once-a-year opportunity to make changes or selections for the 2027 benefit plan year. Review your current elections, covered dependents and available options for 2027 closely. You must make your elections online beginning November 9th through November 20, 2026 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 *Enroll Now*.
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 2026 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 2027 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 2027.

Current 2026 plan	Default plan for 2027
Simply Blue PPO $1,000	Simply Blue PPO $1,000
Simply Blue HDHP 2000	Simply Blue HDHP 2000
Employee HSA Contributions	No account
Dental	2026 Election
Vision	2026 Election
Health care Reimbursement Account	No account
Dependent Care Reimbursement Account	No account

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 $3,400.
- 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 2027 can be used in 2028 for reimbursements for eligible expenses with service dates through March 14, 2028.
- Any 2027 dollars not reimbursed for eligible expenses with service dates through March 14, 2028 will be forfeited.
- **You must submit claims for reimbursement before April 30th. However, if you terminate employment you must submit claims for reimbursement within 60 days after your termination date. This 60 days is called a run out period.**
- **You must enroll in this benefit for the 2027 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 EH, 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.
- **You must submit claims for reimbursement before April 30th. However, if you terminate employment you must submit claims for reimbursement within 60 days after your termination date. This 60 days is called run out.**
- **You must enroll in this benefit for the 2027 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, 2027. 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.

2027 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	$75.00	$120.00	$180.00
Employee + spouse	$150.00	$240.00	$360.00
Employee + child(ren)	$112.50	$180.00	$270.00
Family	$187.50	$300.00	$450.00

Simply Blue HDHP 2000 (per pay)

	Staff	Managers & Directors	Executive
Employee only	$15.00	$24.00	$36.00
Employee + spouse	$30.00	$48.00	$72.00
Employee + child(ren)	$22.50	$36.00	$54.00
Family	$37.50	$60.00	$90.00

Dental premiums

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

	Staff	Managers & Directors	Executive
Employee only	$13.00	$16.25	$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 2027 Internal Revenue Service (IRS) contribution limit is $4,500 for self-only coverage and $9,000 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 $5,500 for self-only coverage and $10,000 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 2027 or are currently enrolled in Medicare you will need to elect the other available health care plan option.**
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 $4,500 for self only and $9,000 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 2027 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 2027.

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.

Iris Cancer Support

Iris Cancer Support is a no-cost program that is part of the health plan and complements an oncologist's care by providing cancer patients with timely access to reliable information, guidance and resources between appointments and treatments. This program complements your oncologist's care and treatment plan. It provides immediate access to reliable information and resources that cancer patients often need between appointments and treatments.

Get started in the Cancer Support program at **bcbsm.com/cancersupport**.

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

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

Additional Health Care Benefits *(cont'd)*

- 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.

Global Solutions

Wherever you travel outside the U.S., Blue Cross Blue Shield Global Solutions℠ (BCBS Global Solutions℠) has your back. Our plans are created for the unique needs of those traveling abroad. It's healthcare that's simple, easy to access and designed for you.

-

What your plan includes:*

- Coverage for unexpected illness and injuries while traveling outside the U.S.
- Care for doctor visits and inpatient and outpatient services
- Medically necessary prescription medication needed in an emergency due to unforeseen illness or injury
- Pre-departure program for health guidance before you travel
- Accidental death and dismemberment benefits
- Medically necessary evacuation and repatriation
- Emergency bedside visit from a family member or a loved one
- Dental care for injuries or the sudden onset of pain

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**.

First, you can register on the Member Portal by clicking on Login on **bcbsglobalsolutions.com**. Or, you can register in our mobile app.

- Enter your employer's Group Access Code (listed on this guide) and your subscriber policy number from your domestic Blue Cross and/or Blue Shield member ID card. Include both the letters and numbers exactly as they appear.

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.

Additional Health Care Benefits *(cont'd)*

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.

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 Health.
- 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 2027!** Rewards for the Personify Health Biometric Form will increase to 2,000 points.

Reward Highlights

Again in 2027, 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 BCS Financial and Dearborn Group 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.

NOTES

BCS Financial Accident Insurance

EssentialCare®
Group Accident Insurance

BCS

Unexpected accidents can happen at anytime. Are you protected?



You can't predict when an accident will happen and the last thing you want to worry about are the unexpected costs. Even after your medical insurance pays its portion, you could be facing bills for deductibles, copays and coinsurance. EssentialCare Group Accident Insurance provides fixed payments that can help you manage these costs by providing a cash benefit for covered expenses. Use the money however you wish, so you can focus on your recovery, not your bills.



How does Accident Insurance work?

Accident Insurance can supplement existing coverage and provide cash to help cover medical and living expenses. Below is an example of how benefits might be paid.*

Accident Insurance

Helps pay for unexpected out-of-pocket costs that result from an accident or accidental injury.

A 30-year-old man injures his back at home, resulting in an ER visit, hospital stay and ongoing physical therapy treatments.

Ambulance benefit	$400
ER visit benefit	$400
Hospital admission benefit	$1,500
Hospital confinement benefit ($300/day for two days)	$600
Major diagnostic benefit	$450
Follow-up doctor's office	$200
Physical therapy benefit ($50/visit for five visits)	$250
TOTAL	$3,800

*Payouts are estimates and not guaranteed. The examples shown may vary from the plan offering. Your individual experience may also vary. Benefits paid are determined based on individual situations. Terms, conditions, and exclusions apply. See full policy for details.

How might you use these benefits?

Payments can be used for major medical copays and deductibles, or even things like transportation, child care, housekeeping help, or whatever else you may need.
How you use the money is up to you!

Why EssentialCare Group Accident Insurance?

- ✓ Easy to enroll through a self-service platform
- ✓ Benefits are paid directly to you to spend as you see fit
- ✓ Fast payment with simplified claims process

BCS EssentialCare insurance is underwritten by BCS Insurance Company, Worthington, OH (Administrative Offices: Oakbrook Terrace, IL). Employees must be actively at work to be eligible for EssentialCare policies. Some states may have minimum coverage requirements. See policy documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Features and availability vary by location, and are subject to change.

ESSENTIALCARE PRODUCTS ARE LIMITED BENEFIT POLICIES—READ YOUR POLICY CAREFULLY. THESE POLICIES ARE NOT MAJOR MEDICAL INSURANCE AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

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BCS Financial Accident Insurance

Accident Insurance Plan Options

Daily Benefits per Covered Person	Option 1	Option 2	Option 3
Hospital Admission Benefit	$500	$1,000	$1,500
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
ICU Admission Benefit	$500	$1,000	$1,500
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Hospital Confinement Benefit	$100	$200	$300
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	365	365	365
ICU Confinement Benefit	$100	$200	$300
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	30	30	30
Observation Unit Benefit	$50	$100	$150
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1 Day	1 Day	1 Day
Rehabilitation Unit Benefit	$100	$150	$200
Time between Treatment and Hospital Discharge	365 Days	365 Days	365 Days
Number of Days Payable Per Year	30 Days	30 Days	30 Days
Arthroscopic Surgery Benefit	$200	$300	$400
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Cranial Surgery Benefit	$1,000	$1,500	$2,000
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Hernia Surgery Benefit	$200	$300	$400
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Open Abdominal or Thoracic Surgery Benefit	$1,000	$1,500	$2,000
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery Benefit	$500	$750	$1,000
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	2	2	2
Ruptured Disc Surgery Benefit	$375	$750	$1,500
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Miscellaneous Surgery Benefit	$200	$300	$400
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Emergency Room (ER) Benefit	$200	$300	$400
Time between Accident and Treatment	30 Days	30 Days	30 Days
Number of Days Payable Per Year	2	2	2
Initial Doctor's Office Benefit	$100	$150	$200
Time between Accident and Treatment	336 Hours	336 Hours	336 Hours
Number of Days Payable Per Year	2	2	2
Urgent Care Benefit	$100	$150	$200
Time between Accident and Treatment	30 Days	30 Days	30 Days
Number of Days Payable Per Year	2	2	2
Chiropractic Benefit	$25	$35	$50
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	30	30	30
Follow-Up Physical Therapy Benefit	$25	$35	$50
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	30	30	30
Follow-Up Doctor's Office Benefit	$100	$150	$200
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	5	5	5
Accidental Death Benefit	$25,000	$25,000	$25,000
Days between Accident and Loss	365 Days	365 Days	365 Days
Common Carrier Accidental Death Benefit	$25,000	$25,000	$25,000
Days between Accident and Loss	365 Days	365 Days	365 Days
Accidental Dismemberment Benefit	Up to $5,000	Up to $10,000	Up to $15,000
Days between Accident and Loss	365 Days	365 Days	365 Days
Laceration Benefit	Up to $200	Up to $400	Up to $700
Time between Accident and Treatment	336 Hours	336 Hours	336 Hours
Fracture Benefit (Open/Closed Reduction)	Up to $5,500	Up to $8,000	Up to $8,250
Chip Fracture (% of Fracture Benefit)	25%	25%	25%
Days between Accident and Treatment	365 Days	365 Days	365 Days
Maximum Amount Payable	$50,000	$50,000	$50,000
Dislocation Benefit (Open/Closed Reduction)	Up to $4,000	Up to $8,000	Up to $10,000
Partial Dislocations (% of Dislocation Benefit)	25%	25%	25%
Days between Accident and Treatment	365 Days	365 Days	365 Days
Maximum Amount Payable	$20,000	$20,000	$20,000
Burn Benefit	Up to $625	Up to $1,250	Up to $2,500
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Skin Graft Benefit (% of Burn Benefit)	50%	50%	50%
Paralysis Benefit	Up to $5,000	Up to $10,000	Up to $20,000
Time between Accident and Paralysis	365 Days	365 Days	365 Days
Eye Benefit	Up to $200	Up to $300	Up to $400
Emergency Dental Benefit	Up to $100	Up to $200	Up to $300
Time between Accident and Treatment	365 Days	365 Days	365 Days

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BCS Financial Accident Insurance

Concussion Benefit	$125	$250	$500
Time between Accident and Diagnosis	168 hours	168 hours	168 hours
Coma Benefit	$5,000	$7,500	$10,000
Time between Accident and Diagnosis	365 Days	365 Days	365 Days
Ambulance (Air) Benefit	$750	$1,000	$1,250
Time between Accident and Transportation	96 Hours	96 Hours	96 Hours
Number of Days Payable Per Year	1	1	1
Ambulance (Ground or Water) Benefit	$200	$300	$400
Time between Accident and Transportation	365 Days	365 Days	365 Days
Number of Days Payable Per Year	1	1	1
Family Lodging Benefit	$100	$150	$200
Maximum Number of Days Payable	30 Days	30 Days	30 Days
Transportation Benefit	$200	$300	$400
Maximum Number of Trips	3	3	3
Dependent Adult Care Benefit	$50	$75	$100
Maximum Number of Covered Days Per Year	30	30	30
Dependent Child Benefit	$50	$75	$100
Maximum Number of Covered Days Per Year	30	30	30
Pet Care Benefit	$50	$75	$100
Maximum Number of Covered Days Per Year	30	30	30
Minor Diagnostic Benefit	$50	$100	$150
Time between Accident and Treatment	365 Days	365 Days	365 Days
Maximum Number of Benefits Payable per Year	3	3	3
Major Diagnostic Benefit	$150	$300	$450
Time between Accident and Treatment	365 Days	365 Days	365 Days
Maximum Number of Benefits Payable per Year	5	5	5
Blood, Plasma, Platelets Benefit	$300	$400	$500
Pain Management Benefit	$50	$75	$100
Prescription Drug Benefit	$5	$10	$15
Time between Accident and Treatment	365 Days	365 Days	365 Days
Maximum Number of Benefits Payable per Year	12	12	12
Second Opinion Benefit	$50	$75	$100
Maximum Number of Benefits Payable per Year	1	1	1
Residence / Vehicle Modification Benefit	$500	$1,000	$1,500
Prosthesis Benefit	Up to $500	Up to $750	Up to $1,000
Time between Accident and Treatment	365 Days	365 Days	365 Days
Appliances Benefit	Up to $500	Up to $750	Up to $1,000
Time between Accident and Treatment	365 Days	365 Days	365 Days
Number of Benefits Payable per Accident	3	3	3
Organized Sports Benefit	25%	25%	25%
Maximum Amount Payable	$2,000	$2,000	$2,000

Plan Features	**Option 1**	**Option 2**	**Option 3**
Waiver of Premium	Excluded	Excluded	Excluded
Portability	Included	Included	Included
Rate Guarantee	36 Months	36 Months	36 Months
24 Hour/Off-the Job Coverage	24 Hour	24 Hour	24 Hour

Four-Tier Bi-Weekly Premium Rates			
Employee/Member Only	$2.45	$4.04	$5.61
Employee/Member + Spouse	$3.89	$6.43	$8.93
Employee/Member + Child(ren)	$5.21	$8.47	$11.72
Family	$8.03	$13.08	$18.11

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BCS Financial Accident Insurance

Limitations and Exclusions

These are the standard limitations and exclusions and may vary by plan design selected and state requirements.

1. No benefits for treatment or other services are payable under the certificate for any injury, accident, or death that is contributed to, caused by, or resulting from:

   - intoxication (as defined by the law of the jurisdiction in which the injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instructions of a doctor or medical professional;
   - commission of or attempt to commit a felony, or voluntary participation in a riot or insurrection, to which a contributing cause was the Insured being engaged in an illegal occupation;
   - incarceration or imprisonment following conviction for a crime;
   - flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the military airlift command (mac) of the United States or similar air transport service of any other country;
   - riding in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, or off-road activities (for motor vehicles);
   - participation in any organized sport in a professional or semi-professional capacity;
   - driving in an organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
   - participation in base jumping, bungee jumping, cliff jumping, kite surfing, kiteboarding, luging, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, parasailing, parkour, rock climbing, scuba diving, ski jumping, skydiving, spelunking, tricking wingsuit flying, or other similar extreme sports or high risk activities;
   - travel or activity outside the United States or Canada, unless the insured receives treatment for the injury in the United States or Canada after the accident occurs;
   - active duty service or training in the military (naval force, air force or national guard/reserves or equivalent) for service/training, country or international organization, unless specifically allowed by a provision of this certificate;
   - any bacterial infection (except bacterial infections which result from an accidental injury or infections which result from an accidental, involuntary, or unintentional ingestion of a contaminated substance) ;
   - inguinal, ventral, femoral, umbilical, epigastric, hiatal, and congential hernias, including complications due to such hernias;
   - cosmetic surgery or other elective procedure that is not medically necessary;
   - any disease or bodily/mental illness or degenerative process, or any medical or surgical treatment for such illness;
   - an injury sustained while driving a taxi or other vehicle for wage, compensation, or profit;
   - involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer.

2. If you notify us of active duty military service or training, we will refund any premiums paid for any period for which no coverage is provided as attached to the military, or working in an area of war whether voluntarily or as required by an employer.

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BCS Financial Accident Insurance

Accident Insurance FAQs

What is Accident Insurance?
Accident Insurance is a supplemental health insurance product that helps you pay for out-of-pocket medical and non-medical costs from an accident or injury. This insurance product is separate from your primary health plan and will provide lump-sum cash benefits that are paid directly to you, not doctors or hospitals.

How is this coverage different from major medical insurance?
Major medical insurance pays for doctors and hospitals. Our coverage is designed to provide you with cash benefits, unless otherwise assigned, that you can use to help with daily expenses when you're injured—cash to be used as you wish to help you and your family with unexpected expenses.

Can I enroll without having to take a medical exam?
Yes. EssentialCare Group Accident Insurance is guaranteed issue, which means your acceptance is guaranteed, regardless of your health. You just need to be actively at work for your coverage to be effective. There are no medical exams to take and no health questions to answer.

Is there a waiting period before my coverage begins?
No. This coverage will be effective at the beginning of your benefit period as long as you are actively at work.

Can I increase my coverage at any time if I continue my coverage on an individual basis?
No. The option to change your coverage is only available during open enrollment.

What if I want to cancel my coverage?
You can cancel at any time. Call our Customer Service Center at 877-563-2367 or contact your human resources representative for cancellation procedures.

Will my benefit checks be payable to me?
Benefits will be paid directly to you, the insured, unless otherwise required by law or assigned.

Are my benefits taxable?
If you pay premiums under a flexible benefits plan with pre-tax dollars, or if your employer pays part or all of your premiums, some of the benefits you receive may be taxable. Therefore, you may receive a W2 form from your employer that will include the taxable benefit amounts you received. In addition, a 1099 form will be sent to the insured if a benefit of more than $10,000 is provided. If you have questions about taxability of benefits, discuss them with your employer or tax advisor.

How long do I have to file a claim?
There is a one-year timely filing provision in your certificate. Please review the provision and call us with any questions.

How do I submit my claim form for processing?
Electronic (Preferred submission method):
Log into the BCS Gateway portal at
https://bcsgateway.com/
Submit your documentation through the **Message Center**

Email:
Emails must be sent securely according to your domain
BCSservice@bcsf.com

Mail:
BCS Insurance Company
2 Mid America Plaza Suite 200
Oakbrook Terrace, IL 60181

Fax:
630-869-0655

Whom do I call with questions about my coverage?
Call our Customer Service Center at 877-563-2367. Each of our representatives is prepared to address questions about your insurance.

Questions? Contact Customer Service Center at 877-563-2367.

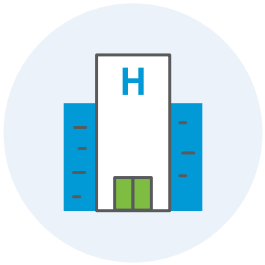
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BCS Financial Hospital Insurance

EssentialCare®
Group Hospital Insurance

BCS

A hospital stay can be expensive. Are you protected?



Accidents and illnesses can happen when you least expect it. Your focus should be on your health—not your wallet. But even after your medical insurance pays its portion, you could be facing unplanned bills for deductibles, copays, and coinsurance. EssentialCare Group Hospital Insurance provides fixed payments that can help you manage these costs by providing a cash benefit for covered expenses. Use the money however you wish, so you can focus on your recovery, not your bills.



How does Hospital Insurance work?

Hospital Insurance can supplement existing coverage and provide cash to help cover medical and living expenses. Below is an example of how benefits might be paid.*

Hospital Insurance

Provides fixed payments to help manage costs arising from a hospital stay.

A 55-year-old woman suffers a heart attack and is admitted to hospital and ICU.	
Hospital admission benefit	$2,500
ICU admission benefit	$2,500
Hospital confinement benefit ($250/day for six days)	$1,500
ICU confinement benefit ($250/day for two days)	$500
TOTAL	$7,000

*Payouts are estimates and not guaranteed. The examples shown may vary from the plan offering. Your individual experience may also vary. Benefits paid are determined based on individual situations. Terms, conditions, and exclusions apply. See full policy for details.

How might you use these benefits?

Payments can be used for major medical copays and deductibles, or even things like transportation, child care, housekeeping help, or whatever else you may need.
How you use the money is up to you!

Why EssentialCare Group Hospital Insurance?

- ✓ Easy to enroll through a self-service platform
- ✓ Benefits are paid directly to you to spend as you see fit
- ✓ Fast payment with simplified claims process

BCS EssentialCare insurance is underwritten by BCS Insurance Company, Worthington, OH (Administrative Offices: Oakbrook Terrace, IL). Employees must be actively at work to be eligible for EssentialCare policies. Some states may have minimum coverage requirements. See policy documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Features and availability vary by location, and are subject to change.

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BCS Financial Hospital Insurance

Hospital Insurance Plan Options

Daily Benefits per Covered Person	Option 1	Option 2	Option 3	Option 4
First Day Hospital Confinement - up to 2 day per year	$1,000	$1,500	$2,000	$2,500
First Day ICU Confinement - up to 1 day per year	$1,000	$1,500	$2,000	$2,500
Hospital Confinement (day 2 forward) - up to 90 day per year	$100	$150	$200	$250
ICU Confinement (day 2 forward) - up to 30 day per year	$100	$150	$200	$250
Mental & Nervous Disorders Facility Confinement - up to 30 day per year	$100	$150	$200	$250
Substance Abuse Facility Confinement - up to 30 day per year	$100	$150	$200	$250
Wellness - up to 1 day per year	$50	$50	$50	$50

Plan Features	Option 1	Option 2	Option 3	Option 4
Pre-Existing Condition Limitation (months)	Waived	Waived	Waived	Waived
Normal Pregnancy Coverage (Complications of Pregnancy are always covered)	Included	Included	Included	Included
Normal Pregnancy Waiting Period (does not apply to Complications)	None	None	None	None
Portability	Included	Included	Included	Included
Annual Benefit Maximum	None	None	None	None
Benefit Waiting Period	0 Days	0 Days	0 Days	0 Days
Reduction in Benefits at Older Ages	None	None	None	None
Rate Guarantee Period (in Years)	3 Years	3 Years	3 Years	3 Years

Four-Tier Bi-Weekly Premium Rates	Option 1	Option 2	Option 3	Option 4
Employee/Member Only	$5.00	$7.26	$9.52	$11.78
Employee/Member + Spouse	$10.51	$15.28	$20.05	$24.82
Employee/Member + Child(ren)	$9.50	$13.85	$18.21	$22.56
Family	$16.03	$23.37	$30.71	$38.05

Limitations and Exclusions

These are the standard limitations and exclusions and may vary by plan design selected and state requirements.

1. No benefits are payable under the Policy for any Covered Illness or Covered Injury that results from or is caused by an Insured's:
   - intentionally self-inflicted injuries, suicide or any attempt at suicide while sane or insane;
   - voluntary intoxication (as defined by the law of the jurisdiction in which the Covered Illness or Covered Injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instructions of a Doctor or Medical Professional;
   - voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
   - commission of or attempt to commit a felony, or voluntary participation in a riot or insurrection;
   - incarceration or imprisonment following conviction for a crime;
   - flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the Military Airlift Command (MAC) of the United States or similar air transport service of any other country;
   - riding in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
   - participation in any organized sport in a professional or semi-professional capacity;
   - participation in base jumping, bungee jumping, cliff jumping, kite surfing, kiteboarding, luging, missed climbing, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, parasailing, Parkour, rock climbing, scuba diving, ski jumping, skydiving, spelunking, tricking, wingsuit flying, or other similar extreme sports or high risk activities;
   - travel or activity outside the United States or Canada;
   - active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31-days of any state, country or international organization, unless specifically allowed by a provision of this Certificate; or
   - involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer.

2. In addition, we will not pay for any benefits under the Policy, unless required by law for:
   - pregnancy or childbirth, except Complications of Pregnancy, unless covered under the plan;
   - elective abortion or complications thereof;
   - artificial insemination, in vitro fertilization, test tube fertilization;
   - gender change, sterilization, tubal ligation or vasectomy, and reversal thereof;
   - aroma therapeutic, herbal therapeutic, or homeopathic services;
   - any Mental and Nervous Disorder, unless specifically allowed by a benefit provision of this Certificate;
   - Substance Abuse, unless specifically allowed by a benefit provision of this Certificate;
   - Treatment, supplies or services provided by, through, or on behalf of any government agency or program; unless payment is required by an Insured;
   - Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable);
   - elective or cosmetic surgery or procedures, except for reconstructive surgery:
     - incidental to or following surgery for disease, infection or trauma of the involved body part; or
     - due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect;
   - dental care or Treatment, except for:
     - Treatment due to an Injury to sound natural teeth within 12 months of the Accident; and
     - Treatment necessary due to congenital disease or anomaly.

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BCS Financial Hospital Insurance

Hospital Insurance FAQs

What is Hospital Insurance?
Hospital Insurance pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons, or for other medical services, depending on the policy. The plan provides payment for each day spent in the hospital, and for some other qualified expenses as well. That's money you can use however you choose whether for hospital bills or those other costs that come up while you're recovering.

I have a medical plan at work. Why would I need additional coverage for hospitalization?
A hospitalization can happen anytime, to anyone and when you least expect them—and they can be costly. Even quality medical plans can leave you with extra expenses to pay. Things like plan deductibles, copays, and out-of-network care can add up fast. Having the financial support you need when the time comes can mean less worry for you and your family.

Can I enroll without having to take a medical exam?
Yes. EssentialCare Group Hospital Insurance is guaranteed issue, which means your acceptance is guaranteed, regardless of your health. You just need to be actively at work for your coverage to be effective. There are no medical exams to take and no health questions to answer. There are exclusions for pre-existing conditions.

Is there a waiting period before my coverage begins?
This coverage will be effective at the beginning of your benefit period as long as you are actively at work. However, some waiting periods and pre-existing limitations may apply, depending on your selected plan. See plan certificate for details.

Can I increase my coverage at any time if I continue my coverage on an individual basis?
No. The option to change your coverage is only available during open enrollment.

What if I want to cancel my coverage?
You can cancel at any time. Call our Customer Service Center at 877-563-2367 or contact your human resources representative for cancellation procedures.

Will my benefit checks be payable to me?
Benefits will be paid directly to you, the insured, unless otherwise required by law or otherwise assigned.

Are my benefits taxable?
If you pay premiums under a flexible benefits plan with pre-tax dollars, or if your employer pays part or all your premiums, some of the benefits you receive may be taxable. In addition, a 1099 form will be sent to the insured if a benefit of more than $10,000 is provided. If you have questions about taxability of benefits, discuss them with your employer or tax advisor.

How do I submit my claim form for processing?
Electronic (Preferred submission method):
Log into the BCS Gateway portal at
https://bcsgateway.com/
Submit your documentation through the **Message Center**

Email:
Emails must be sent securely according to your domain
BCSservice@bcsf.com

Mail:
BCS Insurance Company
2 Mid America Plaza Suite 200
Oakbrook Terrace, IL 60181

Fax:
630-869-0655

Whom do I call with questions about my coverage?
Call our Customer Service Center at 877-563-2367. Each of our representatives is prepared to address questions about your insurance.

Questions? Contact Customer Service Center at 877-563-2367.

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BCS Financial

Critical Illness Insurance

EssentialCare®
Group Critical Illness Insurance

BCS

A critical illness diagnosis can happen at any time. Are you protected?



If the unexpected happens to you, the last thing you want to worry about are expenses. But even after your medical insurance pays its portion, you could be facing unplanned bills for deductibles, copays and coinsurance. EssentialCare Group Critical Illness Insurance provides fixed payments that can help you manage these costs by providing a cash benefit for covered expenses. Use the money however you wish, so you can focus on your recovery, not your bills.



How does Critical Illness Insurance work?

Critical Illness Insurance can supplement existing coverage and provide cash to help cover medical and living expenses. Below is an example of how benefits might be paid.*

Critical Illness Insurance

Provides a lump-sum benefit to help cover the costs of life-changing illnesses and/or health events.

A 45-year-old woman is diagnosed with invasive cancer. Two years later, she is diagnosed with coronary artery disease and needs an angioplasty procedure.

Invasive cancer (100% of policy face amount)	$20,000
Angioplasty (25% of policy face amount)	$5,000
TOTAL	$25,000

*Payouts are estimates and not guaranteed. The examples shown may vary from the plan offering. Your individual experience may also vary. Benefits paid are determined based on individual situations. Terms, conditions, and exclusions apply. See full policy for details.

How might you use these benefits?

Payments can be used for major medical copays and deductibles, or even things like transportation, child care, housekeeping help, or whatever else you may need. **How you use the money is up to you!**

Why EssentialCare Group Critical Illness?

- ✓ Easy to enroll through a self-service platform
- ✓ Benefits are paid directly to you to spend as you see fit
- ✓ Fast payment with simplified claims process

BCS EssentialCare insurance is underwritten by BCS Insurance Company, Worthington, OH (Administrative Offices: Oakbrook Terrace, IL). Employees must be actively at work to be eligible for EssentialCare policies. Some states may have minimum coverage requirements. See policy documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Features and availability vary by location, and are subject to change.

ESSENTIALCARE PRODUCTS ARE LIMITED BENEFIT POLICIES—READ YOUR POLICY CAREFULLY. THESE POLICIES ARE NOT MAJOR MEDICAL INSURANCE AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

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Critical Illness Insurance

Critical Illness Plan Options

Benefit Face Amount	Option 1	Option 2	Option 3
Face Amount	$5,000	$10,000	$20,000
Spouse	100%	100%	100%
Child	50%	50%	50%

Critical Illness Benefit Triggers	Option 1	Option 2	Option 3
Addison's Disease	25%	25%	25%
Amyotrophic Lateral Sclerosis (ALS)	100%	100%	100%
Benign Brain Tumor	100%	100%	100%
Bone Marrow Transplant	100%	100%	100%
Carcinoma In Situ	50%	50%	50%
Coronary Artery Disease (Angioplasty or Atherectomy)	25%	25%	25%
Coronary Artery Disease (Bypass Surgery)	50%	50%	50%
Encephalitis	25%	25%	25%
End-Stage Renal Failure	100%	100%	100%
Heart Attack	100%	100%	100%
Heart Valve Surgery	100%	100%	100%
Huntington's Disease	25%	25%	25%
Invasive Cancer	100%	100%	100%
Legionnaire's Disease	25%	25%	25%
Loss of Hearing	100%	100%	100%
Loss of Sight	100%	100%	100%
Loss of Speech	100%	100%	100%
Malaria	25%	25%	25%
Meningitis	25%	25%	25%
Myasthenia Gravis	25%	25%	25%
Necrotizing Fasciitis	25%	25%	25%
Occupational Hepatitis	100%	100%	100%
Occupational HIV	100%	100%	100%
Osteomyelitis	25%	25%	25%
Permanent Paralysis	100%	100%	100%
Scleroderma	25%	25%	25%
Stroke	100%	100%	100%
Sudden Cardiac Arrest	100%	100%	100%
Systemic Lupus Erythematosus	25%	25%	25%
Advanced Alzheimer's	100%	100%	100%
Advanced Parkinson's Disease	100%	100%	100%
Coma	100%	100%	100%
Minimum Continuous Comatose Period	15 Days	15 Days	15 Days
Major Organ Failure	100%	100%	100%
Multiple Sclerosis	100%	100%	100%
Skin Cancer	$500	$500	$500

Childhood Condition Triggers			
Cerebral Palsy	100%	100%	100%
Cleft Lip / Cleft Palate	100%	100%	100%
Cystic Fibrosis	100%	100%	100%
Down Syndrome	100%	100%	100%
Muscular Dystrophy	100%	100%	100%
Sickle Cell Anemia	100%	100%	100%
Spina Bifida	100%	100%	100%
Type I Diabetes	100%	100%	100%

Severe Mental Illness Rider Benefits			
Severe Major Depressive Disorder			
Hospitalization Benefit	$500	$1,000	$2,000
Reoccurrence	100%	100%	100%
Severe Bipolar I Disorder			
Hospitalization Benefit	$500	$1,000	$2,000
Reoccurrence	100%	100%	100%
Schizophrenia			
Hospitalization Benefit	$500	$1,000	$2,000
Reoccurrence	100%	100%	100%
Obsessive-Compulsive Disorder (OCD)			
Hospitalization Benefit	$500	$1,000	$2,000
Reoccurrence	100%	100%	100%

Gene Therapy Rider Benefits			
Employee	100%	100%	100%
Spouse	100%	100%	100%
Child(ren)	100%	100%	100%

Plan Features	Option 1	Option 2	Option 3
Pre-Existing Condition Limitation (months)	Waived	Waived	Waived
Portability	Included	Included	Included
Employer vs. Employee Paid	Employee Paid	Employee Paid	Employee Paid
Rate Guarantee Period	3 Years	3 Years	3 Years
Underwriting	Guarantee Issue	Guarantee Issue	Guarantee Issue
Benefit Waiting Period	Not Included	Not Included	Not Included
Reduction in Benefits at Older Ages	Not Included	Not Included	Not Included
Critical Illness Reoccurrence Benefit - Employee/Member (Payable Unlimited Times)	100% of Face Amount	100% of Face Amount	100% of Face Amount
Spouse	100% of Face Amount	100% of Face Amount	100% of Face Amount
Child	100% of Face Amount	100% of Face Amount	100% of Face Amount
Additional Critical Illness Benefit	Payable Unlimited	Payable Unlimited	Payable Unlimited
Waiver of Premium	24 Months	24 Months	24 Months
Elimination Period	3 Months	3 Months	3 Months

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BCS Financial

Critical Illness Insurance

Premium Rates

Biweekly Attained Age Premium Rates

Option 1
Uni-Tobacco

Age Band	Employee Only	Employee and Spouse	Employee and Child	Family
18 - 24	$0.40	$0.95	$0.40	$0.95
25 - 29	$0.54	$1.21	$0.54	$1.21
30 - 34	$0.70	$1.51	$0.70	$1.51
35 - 39	$0.96	$2.04	$0.96	$2.04
40 - 44	$1.42	$2.97	$1.42	$2.97
45 - 49	$2.13	$4.45	$2.13	$4.45
50 - 54	$3.21	$6.71	$3.21	$6.71
55 - 59	$4.20	$8.81	$4.20	$8.81
60 - 64	$5.73	$12.03	$5.73	$12.03
65 - 69	$7.86	$16.48	$7.86	$16.48
70+	$12.13	$25.31	$12.13	$25.31

Option 2
Uni-Tobacco

Age Band	Employee Only	Employee and Spouse	Employee and Child	Family
18 - 24	$0.80	$1.87	$0.80	$1.87
25 - 29	$1.06	$2.37	$1.06	$2.37
30 - 34	$1.36	$2.95	$1.36	$2.95
35 - 39	$1.87	$3.97	$1.87	$3.97
40 - 44	$2.77	$5.79	$2.77	$5.79
45 - 49	$4.15	$8.65	$4.15	$8.65
50 - 54	$6.24	$13.05	$6.24	$13.05
55 - 59	$8.15	$17.11	$8.15	$17.11
60 - 64	$11.12	$23.35	$11.12	$23.35
65 - 69	$15.26	$32.00	$15.26	$32.00
70+	$23.67	$49.35	$23.67	$49.35

Option 3
Uni-Tobacco

Age Band	Employee Only	Employee and Spouse	Employee and Child	Family
18 - 24	$1.54	$3.61	$1.54	$3.61
25 - 29	$2.06	$4.59	$2.06	$4.59
30 - 34	$2.63	$5.72	$2.63	$5.72
35 - 39	$3.64	$7.72	$3.64	$7.72
40 - 44	$5.38	$11.21	$5.38	$11.21
45 - 49	$7.85	$16.29	$7.85	$16.29
50 - 54	$11.54	$24.01	$11.54	$24.01
55 - 59	$15.24	$31.86	$15.24	$31.86
60 - 64	$20.84	$43.58	$20.84	$43.58
65 - 69	$28.43	$59.43	$28.43	$59.43
70+	$44.34	$92.25	$44.34	$92.25

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Critical Illness Insurance

Limitations and Exclusions

These are the standard limitations and exclusions and may vary by plan design selected and state requirements.

No benefits for treatment, diagnosis, or other services are payable under the policy for any critical illness that is contributed to, caused by, or resulting from:

- any condition, sickness, or illness that does not satisfy the definition of a critical illness;
- a critical illness, as listed in the benefit schedule, occurring prior to the policy effective date of coverage for an insured;
- suicide or attempt at suicide, or intentional self-inflicted injury or sickness;
- an insured's use of a controlled substance (unless administered by a doctor or taken according to the doctor's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
- participating in any sport or sporting activity for wage, compensation or profit;
- commission of or attempt to commit an assault or felony;
- engaging in an illegal activity or occupation;
- diagnosis, services, or treatment provided by a family member;
- active service, training, or duty in the armed forces, national guard or reserves of any state or country and for which any governmental body or its agencies are liable;
- diagnosis or treatment incurred outside the United States or its territories, unless the insured receives treatment for the critical illness in the United States or Canada within the time frame stated in the certificate;
- declared war or any act of declared war;
- travel in or descent from an aircraft, except while a fare-paying passenger;
- services or treatment for which there is no charge, unless there is no charge because the facility is a United States government facility;
- elective or cosmetic surgery;
- an experimental major human organ transplant.

Severe Mental Illness Rider

1. All exclusions in the certificate apply to the benefits specified in the Severe Mental Illness Rider with the exception of the exclusion for attempted suicide or self-inflicted injury. A severe mental illness episode for which a benefit would otherwise be payable under Severe Mental Illness Rider will not be excluded because an insured attempts suicide or suffers a self-inflicted injury as a result.

2. In addition, we will not pay benefits for a severe mental illness episode that is caused, or contributed to by, the insured's failure to use medication for the treatment of a known severe mental illness in the manner directed by the prescribing doctor. This includes failure to take prescribed medications as well as taking such prescriptions in a dosage, frequency, or other manner inconsistent with the prescribng doctor's instructions.

Gene Therapy Rider Limits and Exclusions

Benefits under this Rider will be paid only upon the first Gene Therapy treatment received by an insured. Once per lifetime per insured.

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BCS Financial

Critical Illness Insurance

Critical Illness FAQs

What is Critical Illness Insurance?
Critical Illness Insurance is supplemental to your primary health plan and helps you pay for out-of-pocket medical and non-medical costs resulting from a critical illness diagnosis. Your plan provides lump-sum cash benefits that are paid directly to you, and not the doctors and hospitals.

I have a medical plan through work. Why would I need additional coverage for accidents and illnesses?
Critical illnesses can happen anytime, to anyone and when you least expect them—and they can be costly. Even quality medical coverage can leave you with extra expenses. Things like plan deductibles, copays and out-of-network care can add up fast. Having the financial support you need when the time comes can mean less worry for you and your family.

What types of illnesses are covered under this plan?
For more information on your company's plan, see the specific product information, review the company's open enrollment guides or reach out to your HR department.

What happens if I have a recurrence?
Your plan pays a Recurrence Benefit for the following covered conditions: heart attack, stroke, coronary artery bypass graft, full benefit cancer, partial benefit cancer and all other cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

Is there a waiting period before my coverage begins?
No. This coverage will be effective at the beginning of your benefit period as long as you are actively at work. However, if you have pre-existing conditions, there is a separate waiting period as outlined in the certificate.

Can I enroll without having to take a medical exam?
Yes. EssentialCare Critical Illness Insurance is guaranteed issue, which means your acceptance is guaranteed, regardless of your health. You just need to be actively at work for your coverage to be effective. There are no medical exams to take and no health questions to answer.

Can I increase my coverage at any time if I continue my coverage on an individual basis?
No. The option to change your coverage is only available during open enrollment.

How long do I have to file a claim?
There is a one-year timely filing provision in your certificate. Please review the provision and call us with any questions.

What if I want to cancel my coverage?
You can cancel at any time. Call our Customer Service Center at 877-563-2367 or contact your human resources representative for cancellation procedures.

Will my benefit checks be payable to me?
Benefits will be paid directly to you, the insured, unless otherwise required by law or otherwise assigned.

Are my benefits taxable?
If you pay premiums under a flexible benefits plan with pre-tax dollars, or if your employer pays part or all of your premiums, some of the benefits you receive may be taxable. Therefore you may receive a W2 form from your employer that will include the taxable benefit amounts you received. In addition, a 1099 form will be sent to the insured if a benefit of more than $10,000 is provided. If you have questions about taxability of benefits, discuss them with your employer or tax advisor.

How do I submit my claim form for processing?
Electronic (Preferred submission method):
Log into the BCS Gateway portal at
https://bcsgateway.com/
Submit your documentation through the **Message Center**

Email:
Emails must be sent securely according to your domain
BCSservice@bcsf.com

Mail:
BCS Insurance Company
2 Mid America Plaza Suite 200
Oakbrook Terrace, IL 60181

Fax:
630-869-0655

Whom do I call with questions about my coverage?
Call our Customer Service Center at 877-563-2367. Each of our representatives is prepared to address questions about your insurance.

Questions? Contact Customer Service Center at 877-563-2367.

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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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