



Schupan

2023

**EMPLOYEE
BENEFITS GUIDE**

Effective January 1, 2023



Contact Information

The list below highlights who to contact regarding your employee benefits. When contacting a carrier, please have your plan number and I.D. ready, as you may be asked to verify your identity. For answers to any questions regarding your benefits, please contact Talent Management & Retention Directly.

COMPENSATION AND BENEFITS MANAGER		Heidi Liddle hliddle@schupan.com 269-337-4726
MEDICAL & PRESCRIPTION		Blue Cross Blue Shield of Michigan 1-800-972-9797 www.bcbsm.com
BLUE CROSS ONLINE VISITS		Blue Cross Online Visits 1-844-606-1608 www.bcbsmonlinevisits.com
HEALTH SAVINGS ACCOUNT (HSA)		UMB Health Services 1-866-520-4472 Info@theHSAauthority.com
RX MAIL ORDER		OptumRx 1-855-811-2223 www.bcbsm.com
DENTAL		Delta Dental 1-800-524-0149 www.deltadentalmi.com
VISION		EyeMed 1-866-804-0982 www.eyemedvisioncare.com
MEDICAL & DEPENDENT CARE FSA		Flex Administrators 1-800-968-3539 www.flexadministrators.com
LIFE, AD&D, STD, LTD & VOLUNTARY LIFE		Mutual of Omaha 1-800-228-7104 www.mutualofomahacom
BENEFIT ADVOCATE		HealthJoy 1-877-500-3212 www.healthjoy.com
PET INSURANCE		Nationwide 1-877-738-4874 www.petnationwide.com
IDENTITY THEFT		Allstate Identify Theft 1-800-789-2720 www.MyAip.com/schupan
LIGHTHOUSE		Tammy Flores Senior Account Manager (616) 281-5672 tflores@lighthousegroup.com



2023 Employee Benefits Overview

Your needs, and those of your family, are unique to you. For this reason, Schupan provides a comprehensive and flexible benefits program you can customize to fit your personal situation. Our offerings provide you and your family with choices to support your healthcare needs and financial security.

Your benefits are an important part of your total compensation at Schupan. To get the most value from your benefits, please take the time to review and evaluate all the options available to you.

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Eligibility

When Does Coverage Begin?

Full-time employees working 30+ hours each week and their legal dependents are eligible for coverage beginning the first day of the month following their date of hire*.

Dependent children may remain on your plan through the end of the calendar year they turn 26 years of age*.

**unless noted otherwise*

Who is Eligible?

Medical Coverage

- You, your spouse**, and your dependent children

**If your spouse is employed and eligible for medical insurance through his/her employer, he/she will be eligible for secondary coverage only on the Schupan medical plan. Your spouse will need to elect his/her employer's medical plan as primary.

Dental, Vision, and Flexible Spending Accounts

- You, your spouse, and your dependent children

Term Life and Disability (both company paid and voluntary coverage)

- You, your spouse, and your dependent children up to age 26

HealthJoy

- You, your spouse, and your dependent children
- Eligibility begins on date of hire

Pet Insurance & Identity Theft

- Full-time and part-time employees

Voluntary Accident, Critical Illness, Universal Life Insurance, Hospital Indemnity

- Eligibility begins on date of hire. Offered only at open enrollment

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end on the last day of eligibility, or last day of employment, whichever is applicable. Your life coverages are convertible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, medical FSA, dental, vision, and Employee Assistance Program (EAP) coverage.

You must inform Talent Management & Retention of any change in eligibility for you or a dependent within 30 days of effective date of the change.

You can find all plan related documents and notices at onescupan.com under Your Benefits

Enrollment

When Can I Enroll in Benefits?

You can enroll:

- Within **30** days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through December 31, 2023. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Talent Management & Retention within **30** days of the event. Proof of qualifying events is subject to approval by Schupan. Documentation is required to be submitted timely. Qualifying life events include, but are not limited to:

- Your marriage or divorce
- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your spouse or covered dependent
- Change in you or your spouse’s work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse’s Open Enrollment differs from yours
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation if the move impacts access to coverage

Other qualifying events may also apply. Please contact Talent Management & Retention.

Please Note:

Federal regulations require Schupan to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents



Medical Coverage

Schupan offers two options through **Blue Cross Blue Shield of Michigan** with the following features:

- Each plan offered to you is a Preferred Provider Organization (PPO). You have the option to receive care from in-network or out-of-network providers; your out-of-pocket cost is lower when using in-network **BCBSM** providers.
- Preventive care is covered at 100% when using an in-network provider, with some exceptions related to COVID-19.
- Includes prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs **January 1– December 31**.
- Access to a Health Savings Account with a company contribution of up to \$750 (single) / \$1500 (2 person or family) annually if you enroll in the High Deductible Health Plan (Schupan's Signature HDHP). Employees share in the cost of medical/prescription benefits.
- To compare the two medical options, please refer to page 9 and 10. Additional information, including specific benefit levels and limitations, can be found on oneschupan.com under the "All Plan Documents" page.

Finding In-Network Providers

To search for in-network medical providers, log onto www.BCBSM.com. Select Find a Doctor.

See Health Joy (pg 17) for additional help with locating a doctor and other service!

Access to Your Healthcare

After you are enrolled in a Schupan medical plan, log onto www.BCBSM.com and register to access self-service tools and resources to help manage your medical benefits.

Don't forget to download the BCBSM mobile app!

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Schupan's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Medical Plan Options

Blue Cross Blue Shield	Schupan Signature High Deductible Health Plan (HDHP)		Traditional Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Coinsurance	You pay 20%	You pay 40%	You pay 20% * Coinsurance Max: \$2,500 / \$5,000	You pay 40% * Coinsurance Max: \$5,000 / \$10,000
Calendar Year Out-of-Pocket Max ¹ (Individual / Family)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,350 / \$12,700	\$12,700 / \$25,400
Preventive Care	100% covered	Not Covered	100% covered	Not Covered
Primary Care Office Visit	20% *	40% *	\$20 Copay	40% *
Specialty Care Office Visit	20% *	40% *	\$40 Copay	40% *
Virtual Care Visit (must use BCBSM doctors)	\$59 copay	40% *	100% Covered	40% *
Urgent Care Facility	20% *	40% *	\$60 Copay	40% *
Emergency Room Care	20% *	20% *	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Inpatient Hospital	20% *	40% *	20% *	40% *
Outpatient Surgery	20% *	40% *	20% *	40% *
Routine Radiology / Lab	20% *	40% *	20% *	40% *

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage (SBC) for more information.

¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

* After Annual Deductible is met

EMPLOYEE PER-PAY CONTRIBUTIONS

	Coverage Type	Premium	With Preventive Visit Credit	With Biometric Credit	With Both Credits
Schupan Signature (HDHP)	Employee	\$15.39	\$9.62	\$5.77	\$0.00
	Employee + Spouse*	\$39.10	\$33.33	\$29.48	\$23.71
	Employee + Child (ren)	\$36.91	\$31.14	\$27.29	\$21.52
	Family*	\$47.05	\$41.28	\$37.43	\$31.66
Traditional Plan	Employee	\$51.89	\$46.12	\$42.27	\$36.50
	Employee + Spouse*	\$110.95	\$105.18	\$101.34	\$95.56
	Employee + Child (ren)	\$104.74	\$98.97	\$95.12	\$89.35
	Family*	\$133.52	\$127.75	\$123.90	\$118.13

*Receive an additional \$3.85 off of your premium each week if your spouse completes his/her biometric testing



Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through **Blue Cross Blue Shield of Michigan**.

Some medications may be subject to prior authorization, quantity limits, or step therapy requirements to be approved for coverage. For a list of approved drugs, log onto <https://www.bcbsm.com/index/health-insurance-help/documents-forms/plan-types/pharmacy/drug-lists.html>.

Prescription Schupan	Schupan Signature High Deductible Health Plan (HDHP)	Traditional Plan
Retail (up to 30-day supply)	You Pay	You Pay
Expanded Preventive List	\$0 copay – complete list can be found on oneschupan.com	N/A
Generic	\$10 copay after deductible	\$10 copay
Preferred Brand	\$40 copay after deductible	\$40 copay
Non-Preferred Brand	\$80 copay after deductible	\$80 copay
Preferred Specialty	20% up to \$150 max after deductible	20% up to \$150 max
Non-Preferred Specialty	20% up to \$250 max after deductible	20% up to \$250 max
Mail Order (up to 90-day supply)	You Pay	You Pay
	2x Regular Copay	2x Regular Copay

- Please note, any retail or mail order copays listed for the Schupan Signature High Deductible Health Plan (HDHP) apply only after the medical plan deductible is met.
- With the Schupan Signature HDHP, you have coverage for preventive prescription drugs on the BCBSM HSA preventive Rx Drug List when provided by in-network pharmacies, covered at 100% (no deductible or copay/coinsurance). A list of commonly prescribed preventive drugs is available on oneschupan.com. You may also call the customer service telephone number found on the back of your insurance card or the BCBSM mobile app to inquire about a particular drug.



Health Savings Account (HSA)

*Available to employees enrolled in the **Schupan's Signature HDHP.***

A Health Savings Account (HSA) is a tax-advantaged savings account available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental, and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover qualified expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering the taxes you pay out of your paycheck.

In addition, Schupan contributes to your HSA to help reduce your out-of-pocket costs. The company contributes up to \$750 (single) and \$1500 (family) annually.

HSA funds can only be used for yourself, your spouse and your tax dependents. Expenses for domestic partners and/or other dependents who do not qualify as tax dependents are not reimbursable under the HSA.

Advantages of an HSA

- **Balance rolls over each year** so you won't lose your contributions
- **Triple tax savings** – you do not pay federal tax* on:
 - Contributions to the account
 - Spending on qualified expenses
 - Interest that accrues
- **Account is portable**, so the funds are yours even if you change medical plans next year or leave the Company
- **Account is flexible.** Use the funds (now or in the future) for eligible medical, dental, or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia, and more
- Money left in the savings account earns **tax-free interest***
- You can **invest dollars in mutual funds** and direct your investment strategy.

**Tax treatment of HSAs for state tax purposes may vary by state.*

2023 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes the employee **and** Schupan contributions. Employer funding is deposited in two installments (January and July).

	2022 IRS Contribution Limit	2023 IRS Contribution Limit	Schupan will contribute
Employee Only	\$3,650	\$3,850	\$750
Employee + Dependents	\$7,300	\$7,750	\$1500

* If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through **The HSA Authority**. You can change the amount you contribute to your HSA at any time during the plan year. To be eligible to participate in the HSA, you must enroll in **the Schupan Signature HDHP** medical plan. It is important to note that expenses are not eligible for reimbursement until your HSA has been established. Once your HSA is opened, remember to designate a beneficiary for this account.

Setting up your account

If you would like to participate in the HSA, you will need to set up your account and complete the HSA Authorization form (provided to you when you sign up in Paycom).

Go to oneschupan.com for instructions and link to open your account.

Please note: You will need an unexpired government issued ID (and for your authorized signer, if selected). This can be a driver's license, state-issued ID, passport, or military ID. Date of birth for your beneficiaries. Social security number and date of birth for authorized signer, if elected.

Who can open an HSA?

You can contribute to an HSA if you:

- Are enrolled in the Schupan Signature HDHP
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- You are not covered by another major medical plan, including the plan of your spouse or parent.
- Are not claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Health Care FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Due to the tax-exempt status of Health Savings Accounts, the IRS regulates limits and restrictions. For more information, visit www.irs.gov/publications/p969/

IMPORTANT! If you open an HSA, you are responsible to follow all rules set by the IRS. This includes but is not limited to using your funds for eligible expenses and saving your receipts. If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. To view a list of qualified expenses, visit <https://www.oldnational.com/thehsaauthority/individuals-employees/eligible-expenses>.



Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Two types of FSAs are available:

- Health Care
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

Health Care FSA (Only available to those not enrolled in the Schupan Signature HDHP)

Health care FSAs reimburse you for qualified medical, dental, and vision expenses for you, your spouse, and IRS qualified tax dependent(s). A health care FSA allows you full access to your elected benefit amount up front while you make weekly contributions from your paycheck throughout the plan year. Healthcare FSA contribution limit for 2023 is \$2850.

Health Care FSA Roll Over

You cannot stockpile money in your FSA. You may rollover up to \$550 of unused health care FSA funds to be used the next plan year. Any unused funds above and beyond \$550 will be forfeited.

How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **January 1 to December 31**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s) to be used for expenses incurred during the plan year. If you open an FSA, you are responsible to follow all rules set by the IRS. This includes but is not limited to using your funds for eligible expenses and saving your receipts.

As you incur eligible expenses, you file a claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care FSA will receive an FSA debit card to pay for qualified purchases, allowing certain qualified expenses to be paid directly instead of submitting a paper claim. Please note, you still need to submit a copy of your receipt to be filed with your claim. In addition, you have a 90-day run out period where you can submit receipts for expenses incurred during the plan year (January 1 through December 31)

IMPORTANT: Because these accounts offer a pre-tax benefit, they are regulated by the IRS. Therefore, if you do not submit your receipts to the FSA administrator in a timely manor for debit card purchases, your account will be placed on hold until required documentation has been received.

Dependent Care available to all benefit eligible employees

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under the age of 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2023** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

The Flexible Spending Account plans are administered by **Flex Administrators**. To register and log into your FSA account(s), go to flexadministrators.com.



HealthJoy Mobile App

HealthJoy simplifies your benefit experience and helps you get the most out of your coverage 24/7. With their expert guidance, you can make better healthcare decisions. **This service is free for you and your dependents! All you need to do is download the app and register!**

Using Benefits is Complicated. **HealthJoy Makes it Simple.**

HealthJoy is the first stop for all your healthcare and employee benefits needs. Provided for free by Schupan and personalized for you. You'll have instant access to an up-to-date benefits wallet with all your benefits cards. Our healthcare concierge is available to help you. We'll save you time, money, and a ton of aggravation.

The Experts Are In.

Don't try and navigate your benefits alone. Our healthcare concierge and online medical professionals are available LIVE. You can get a personalized recommendation for a local doctor, consult with a medical provider in the middle of the night, or have an expert review and negotiate your confusing medical bills. HealthJoy is here to help you and your family anytime, anywhere.



**BENEFITS
WALLET**



**ONLINE DOCTOR
CONSULTATIONS**



**HEALTHCARE
CONCIERGE**



**RX SAVINGS
REVIEW**



**MEDICAL BILL
REVIEW**



**APPOINTMENT
BOOKING**



**PROVIDER
RECOMMENDATIONS**



**HSA / FSA
SUPPORT**

Chat with us today by logging into the **HealthJoy** app or call (877) 500-3212.





8 ways to save your \$\$\$!

Use the Health Joy App

Save both time and money by letting the experts assist you with shopping around for prescription drugs and healthcare services. They do the leg work and you get the benefits!

Use In-Network Doctors

By using in-network doctors, clinics, hospitals, and pharmacies, you pay the lowest cost for care.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits, or a call to the medical plan nurse line can help save time and money.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings, and immunizations can save you a lot of money in the long run by early diagnosis or preventing them altogether.

Use OptumRx

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through OptumRx, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist.

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.



Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **EyeMed** vision plan provides coverage for exams, glasses, or contact lenses, as shown below.

In-network coverage is provided when you use **EyeMed** providers. To search for providers, log onto www.eyemed.com/en-us/member and select **the Insight Network**.

Employees share in the cost of vision benefits.

EyeMed	Frequency	Benefits	
		Core	Buy-Up
Eye Exam	Once every 12 months	\$10 copay	\$0 copay
Frame	Once every 24 months (Core Plan) Once every 12 months (Buy-Up plan)	\$120 allowance; 20% off retail over \$120	\$175 allowance; 20% off retail over \$120
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	\$25 copay	\$10 copay
Progressive Lenses (Standard)	Once every 12 months	\$90 copay	\$75 copay
Contacts—instead of glasses	Once every 12 months	\$135 allowance; 15% off balance over \$135	\$175 allowance; 15% off balance over \$175

VISION: EyeMed	CORE	BUY-UP
Coverage Type	Weekly (52)	Weekly (52)
Employee Only	\$0.00	\$1.04
Employee + 1	\$0.00	\$1.98
Family	\$0.00	\$2.91

- Lasik or PRK from U.S. Laser Network – 15% off retail price or 5% off promotional price
- 40% discount off complete pair eyeglass purchase
- 15% discount off conventional contact lenses once the funded benefit has been used





Dental

Schupan offers dental coverage through **Delta Dental**. Your choice of dentists may determine the cost savings you receive. In-network providers are paid directly by Delta Dental and agree to accept negotiated fees as “payment in full” for services rendered. When you use out-of-network providers, Delta Dental will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Delta Dental providers. To search for in-network providers, go to www.deltadental.com and click on **Find a Dentist**.

Employees share in the cost of dental benefits.

Delta Dental	
	In-Network
Calendar Year Maximum * (plan pays)	Up to \$1,000
Calendar Year Deductible * (applies to Basic and Major Services)	\$50 Individual / \$150 Family
Preventive Services** (no deductible and services are not counted toward your Calendar Year Maximum)	0%
Basic Services (after deductible)	20%
Major Services (after deductible)	50%
Orthodontia (to age 99)	50% deductible waived
Orthodontia Lifetime Maximum (per person)	\$1,000

- Plan deductibles and maximums accumulate on a **calendar year** (January 1 – December 31). These amounts reset on January 1 of each year.
- **We advise that you verify with your provider that they accept Delta Dental's allowed amounts for preventive services. Some providers do not and will charge you for the balance due.

DENTAL: Delta Dental	
Coverage Type	Weekly (52)
Employee Only	\$0.00
Employee + 1	\$1.45
Family	\$2.15

Important Information!

Delta Dental does not provide ID cards! To access your coverage, simply tell your dental provider that you have Delta Dental and they can look up your coverage via your social security number.

You can also use your HealthJoy mobile app for assistance!





Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family’s current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment, and children’s education expenses.

Schupan provides Basic Life insurance coverage of **1x your Basic Annual Earnings to a maximum of \$50,000**. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays **an equal amount** in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by **Mutual of Omaha** and is paid for by Schupan. You are automatically enrolled in these benefits.

Voluntary Life and AD&D

As a new hire, you can purchase Voluntary Life and Accidental Death & Dismemberment insurance for you, your legal spouse, and dependent children **without providing medical information up to certain guaranteed issue (GI) amounts** (see chart). If you leave the Company, this coverage can be taken with you. Employees pay the full cost of Voluntary Life and Voluntary AD&D insurance on an after-tax basis.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Mutual of Omaha.

Benefit amounts reduce at age 70. Please refer to the benefit summary for details.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Mutual of Omaha, you will not have Voluntary Life coverage.

Voluntary Life/AD&D Amounts Available

Employee	Increments of \$10,000 to lesser of up to 7 times your salary or \$250,000 Guaranteed Issue*: \$150,000
Spouse	Increments of \$10,000 up to \$150,000 Guaranteed Issue*: \$30,000
Child (to age 26)	Increments of \$2,500 up to \$10,000 Guaranteed Issue*: \$10,000

Open Enrollment Provision

Annual Benefit Amount Increase: Employees who elect the minimum benefit when initially eligible may increase their benefit by \$50,000 without any medical questions asked, up to the Guarantee Issue amount.



Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has been exhausted.

Schupan offers STD and LTD insurance at no cost to you. Administered by **Mutual of Omaha**, you are automatically enrolled in these benefits.

Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

STD benefits integrate with state mandated disability plans.

Benefit Begins	15th day of accident or 15th day for illness
Benefit Amount	70% of your weekly salary; maximum of \$1,250 per week
Benefit Duration	Up to 11 weeks

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than **90** days. Proof of disability is required.

Benefit Begins	After 90 days of qualified disability
Benefit Amount	60% of your monthly earnings; maximum of \$7,000 per month
Benefit Duration	Social Security Normal Retirement Age (SSNRA)



Retiree Resource Center

Lighthouse's Retiree Healthcare Resource Center promises a trusted relationship that serves as a foundation on which valued protection is built. By choosing our Medicare Specialists, you will have an advocate who will provide an extraordinary experience and knowledge to research and help you understand the Medicare options available to you pre- and post-retirement.

Medicare explained: We understand the choices and decisions you are being asked to make at a time when you may face great uncertainty in your life. We can help you understand:

- Medicare Part A, B, C & D
- Medigap

Enrollment Support – how and when to enroll in:

- Part A & B
- Part C & D
- Medigap
- Delaying Enrollment

As a trusted advisor, we help you find supplemental Medicare options that may:

- Reduce monthly premiums
- Provide lower out-of-pocket costs
- Allow access to your preferred providers and pharmacies
- Cover prescriptions drugs
- Include preventive dental, vision and hearing benefits

At the Retiree Healthcare Resource Center, we listen, we evaluate, and we offer options based on your individual needs. Shopping for a healthcare plan can be overwhelming and our resource center here to help. With our team of licensed agents, Lighthouse can help you navigate through the Affordable Care Act and provide options to fit both your healthcare needs and your budget.

In Between Jobs or Newly Hired

If you are seeking employment or have recently been hired by an employer and are in a probationary period for benefits, we can help. Lighthouse can provide short-term medical options prior to becoming eligible for Employer-sponsored health coverage.

Termination, Separation of Employment, or Reduced Hours

As an alternative to COBRA, Lighthouse can provide individual coverage options to you and your family in the event you lose employer-sponsored health coverage due to an involuntary or voluntary separation, or a reduction in hours.

Dependents Turning 26

Individuals with dependents turning 26 may contact Lighthouse for continuing health coverage options for young adults. Many times, your dependent may qualify for cost-sharing reductions or tax-credits to help pay monthly premiums on an individual health plan.

Early Retirement

Are you looking to retire before turning 65? Lighthouse will work with you and your spouse to secure an individual health plan to cover you until obtaining Medicare eligibility.

**To speak with a specialist
please call 616-455-9456**

Coinsurance: The percentage of eligible expenses you pay for services, once you have satisfied the plan's deductible.

Contributions: The set amount you pay to participate in a benefit plan. For employer-sponsored benefits coverage, contributions are typically deducted from your pay in equal amounts each pay period.

Copay (or copayment): A flat dollar amount you pay for certain services when you receive care.

Cost sharing: The amount you pay for part of your covered expenses in the form of copays, coinsurance, and/or deductibles.

Covered expense: Services, treatment, and equipment that is eligible for reimbursement or coverage under your health plan or insurance policy.

Deductible: The amount you must pay each year before the plan pays benefits for most covered expenses.

Eligible Dependents: Dependents you can cover under your healthcare benefits, in accordance with state and federal legislation.

Evidence of Insurability (EOI): Information about your health and lifestyle that is necessary for underwriting your life insurance policy.

Explanation of Benefits (EOB): A statement from your insurance company explaining the services covered by your plan, including the amounts applied to your deductible (if any) and paid on your behalf.

Formulary: A list of prescription drugs preferred by your health plan.

Generic drugs: Lower-cost alternatives to brand-name drugs, generics meet the requirements for quality, strength, purity, and potency.

Health plan: Insurance that covers health issues, including medical, dental, and vision.

In-network services (IN): Services you receive from providers in your plan's network who have agreed to charge lower negotiated fees to plan members.

Open Enrollment (OE): The one time each year you get to enroll in your employer-sponsored benefits.

Out-of-network services (OON): Services you receive from providers outside your plan's network; they typically cost more out of pocket than in-network services.

Out-of-pocket expenses (OOP): What you pay towards the cost of services, including deductibles, copays, and coinsurance.

Out-of-pocket maximum (OOM): The most you will pay for out-of-pocket expenses in a plan year. Once you reach this amount, the plan pays 100 percent of covered expenses for the rest of the year.

Plan year: The 12-month period during which benefit plan records are kept on file.

Premium: A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck on a pre-tax basis.

Preventive care: Routine services (physicals, immunizations, screenings, etc.) typically covered by your medical plan that allow you to catch problems before they become too serious or costly.

Primary Care Physician (PCP): A doctor who provides, coordinates, and refers your healthcare services.

Qualified Life Event (QLE): Also called a "qualified change in status" (e.g., marriage, divorce, birth, adoption, etc.), a QLE allows you to change your benefit elections during the plan year.

Telehealth (or telemedicine): The use of electronic information and technology to receive care remotely via phone, mobile device, or computer.

Voluntary Benefits (VB): Insurance products offered through the workplace that supplement your medical coverage by paying a cash benefit for certain covered illnesses and injuries. Products can also offer coverage in the areas of disability, life insurance, identity theft, legal services, and pet health.



This benefits guide is a summary and provides an overview of the benefits offered to eligible employees and their dependents. It is not a complete description of the coverage offered nor the varying eligibility that may apply under different benefits. If this guide does not address your specific questions, please refer to the [Resources / Contact Information](#), review the underlying policies or plan documents, or contact Talent Management & Retention for additional information.

Controlling provisions are provided in each benefit plan policy. If there is any discrepancy between this guide and the underlying policies or plan documents, the policies or plan document will control.

This benefits guide is not a binding contract or guarantee of coverage. Schupan reserves the right to end, suspend, or amend any plan or benefit provided, at any time, for any reason, in whole or in part.