

**UNUM** provides Term Life and Disability benefits, ensuring you and your family are protected against unexpected events that could lead to a loss of income or financial risk due to illness, accidents, or death. For 2025 we will have a **true open enrollment for life insurance**. You can keep your 2024 election, or you have the opportunity to elect coverage up to **Guarantee Issue with without completing an Evidence of Insurability (E of I)**. The coverage amounts are \$150,000 for employees and \$30,000 for spouses.

#### Company Provided Group Life and AD&D

The company provides you with Term Life Insurance and AD&D, each valued at one time your annual base salary (up to \$50K) **at no cost to you**. Accidental Death & Dismemberment (AD&D) provides additional benefits if you lose your life, sight, hearing, speech, or limbs in an accident. The company provides you with term life in the amount of \$5k (for your spouse) and \$2.5K (for your dependent children) at no charge.

#### Voluntary Life Insurance

You may purchase additional life insurance for yourself, your spouse and your dependent children. Premiums are paid through post-tax payroll deductions.

#### Voluntary Life Employee

You may purchase life insurance for yourself in increments of \$10K (not to exceed 7x's your annual salary) up to \$250K. Evidence of Insurability may be required:

- By electing coverage above the \$150K guaranteed issue
- By electing coverage after waiving

#### Voluntary Life Spouse

You may purchase life insurance for your spouse in \$10K increments up to of \$150K not to exceed 100% of the employee's benefit. Evidence of Insurability may be required:

- By electing coverage above \$30K
- By electing coverage after waiving

#### Voluntary Life Child

You may purchase life insurance for your dependent children up to **age 26 (or longer if dependent is disabled) in increments of \$2.5K up to \$10K**.

See *Benefit Guide* for rates.

### Additional Benefits

#### TRUSTMARK BENEFITS

For more information about Trustmark or to add or change your benefits, please call 1-800-918-8877.

#### AVAILABLE ANYTIME DURING THE YEAR!

Be ready for the unexpected. Schupan offers Identity Theft Protection through Allstate and Pet Insurance through Nationwide. You can add, change or drop these benefits at any time during the year. For more information visit [Oneschupan.com](https://www.oneschupan.com).



#### Instructions for Open Enrollment 11/7 - 11/25

- Log In to Paycom:**
  - Open the [Paycom mobile app](#) or log into Paycom on a computer to enroll in your benefits.
  - Enter your [username and password](#), then click "Log In." If you've forgotten your login credentials, you can find assistance on the login page.
- Access the Benefits Section:**
  - From the dashboard, [navigate to the "Benefits" section](#) and choose "Benefits Enrollment."
  - Select "2025 Benefits Enrollment," then click on "Start Enrollment."
- As you review the 2025 benefit options, please keep the following in mind:**
  - Your current benefits are displayed at the top of the page.
  - To make things easier, [your 2025 benefits have been pre-selected](#) based on your 2024 benefit enrollments.
  - Be sure to [check the box](#) next to each coverage option to select the benefit.
  - Make sure to [complete any required documents](#) that appear during your enrollment process.
  - If you wish to enroll, make changes, or terminate Trustmark benefits (Critical, Hospital, Universal Life, Accident), please do so directly through Trustmark.
- Review/Submit Your Enrollment:**
  - After completing your enrollment, click "Review" in the bottom right corner of the screen.
  - [Verify that your selections are correct](#).
  - Click "Finalize."
  - [Complete any necessary documents](#).
  - Then click "Sign and Submit."
  - You will receive a confirmation message indicating that your enrollment was successful.



Scan to access enrollment material at [oneschupan.com](https://www.oneschupan.com)

# Open ENROLLMENT

## 2025 PLAN YEAR

**JANUARY 1, 2025 - DECEMBER 31, 2025**

Here's a checklist of items you may use to review and complete your enrollment. Some documents may be required based on your specific situation.

## WHAT YOU NEED FOR DEPENDENTS

- Names of all dependents (add/delete)
- Their Date of Birth (DOB)
- Their Social Security Number

## DOCUMENTS NEEDED (as applicable)

- Privacy Practices
- ERISA Consent Form
- Evidence of Insurability (E of I)- Link
- Spouse Declaration

Please complete all required forms in Paycom during your benefit enrollment.



## Medical

**BCBS of Michigan** offers preventive care and access to a wide provider network. Visit [www.bcbsm.com](http://www.bcbsm.com) or download the BCBSM app for plan info, your ID card, and more. Complete your biometrics/preventive service to SAVE up to \$1,000 annually on your medical premium!

Blue Cross & Blue Shield of Michigan				
Weekly Contributions				
Schupan Signature HDHP W/HSA	Without Wellness	With Preventive Visit Wellness Credit Only	With Biometric Wellness Credit Only	With Both Wellness Credits
EE Only	\$16.38	\$8.69	\$6.76	\$0.99
EE + Spouse	\$43.01	\$35.32	\$35.32	\$27.62
EE + Child(ren)	\$39.12	\$31.43	\$31.43	\$23.73
EE & Family	\$51.76	\$44.07	\$44.07	\$36.36
Traditional	Without Wellness	With Preventive Visit Wellness Credit Only	With Biometric Wellness Credit Only	With Both Wellness Credits
EE Only	\$55.52	\$47.83	\$47.83	\$40.13
EE + Spouse	\$122.05	\$114.36	114.36	\$106.65
EE + Child(ren)	\$109.98	\$102.29	102.29	\$94.59
EE & Family	\$146.87	\$139.18	\$139.18	\$131.48
	HDHP	Traditional		
Deductible	\$2000/\$4000	\$1500/\$3000		
Coinurance %	20%	20%		
Coinurance Max	N/A	\$2500/\$5000		
Annual OOP Max	\$3000/\$6000	\$8150/\$16300		
Office Visit	20% after deductible	\$30/\$50		
Emergency Room	20% after deductible	\$250		
Urgent Care	20% after deductible	\$60		
Preventative Care	100% coverage	100% coverage		
Prescription	Med Ded then \$10/\$40/\$80	\$10/\$40/\$80		
Specialty Drug	20%(\$150)/20%(\$250)	20%(\$150)/20%(\$250)		

## HEALTHJOY

**HealthJoy** simplifies your benefit experience and helps you get the most out of your coverage 24/7. **This service is free for you and your dependents!** Just download the HealthJoy app and register! Call 877-500-3212 for assistance.

## Dental

**Delta Dental** offers a wide network of dentists, and Schupan covers your premium! Oral health is key to overall well-being, helping prevent conditions like heart disease and pneumonia. You can also add your spouse and dependents for a low weekly premium!

Delta Dental			
Weekly Contributions			
	PPO Dentist	Premier Dentist	Non-Participating Dentist
EE Only	\$0		
EE+1	\$2.99		
EE+ Family	\$4.99		
Annual Maximum			
Per Person	\$1,000		
Diagnostic & Preventive (Not included in Annual Maximum)			
Exams, Cleanings	100%	100%	100%
Fluoride, X-Rays			
Space Maintainers			
Basic Services (Deductible applies \$50 Individual / \$150 Family)			
Fillings, Crown Repair	80%	80%	80%
Extractions, Dental Surgery			
Root Canals, Periodontics			
Major Services (Deductible applies \$50 Individual / \$150 Family)			
Prosthetic Services	50%	50%	50%
Bridges, Implants and Dentures			
Orthodontic Services – (to age 99)			
Orthodontic Services	50%	50%	50%
Orthodontic Lifetime Maximum (adult & child)	\$1000/person		

## FLEXIBLE SAVINGS ACCOUNTS

FSAs are a great way to save pre-tax dollars on healthcare and dependent care expenses. These are use-it-or-lose-it accounts (based on IRS regulations); meaning you must use all funds during the plan year. Exception: the healthcare FSA has a \$550 annual rollover.

Plan	Contribution Limit
Healthcare FSA	\$3,200
Dependent Care FSA	\$5,000

## Vision

**EyeMed** vision benefits provide you and your dependents with a full-range of coverage beyond your eye exam. You have access to independent providers, top optical retailers, and online options. In addition, Schupan pays 100% of the Core Plan premium for you and your dependents.

EyeMed Vision		
Weekly Contributions		
	Core	Buy-Up
EE Only	\$0	\$1.04
EE+1	\$0	\$1.98
EE + Family	\$0	\$2.91
Copay—In Network		
Eye Exam	\$10	\$0
Lenses (Plastic)	\$25	\$10
Lenses (Standard Progressive)	\$90	\$75
Lenses (Premium Progressive)	\$110-\$135	\$95-\$120
Medically necessary Contact Lenses (requires prior authorization)	\$0	\$0
Allowance—In Network		
Contact Lenses	\$135	\$175
Standard Frames	\$120	\$175
<i>15% off balance over Contact Lenses allowance 20% off balance over Frames allowance</i>		
Annual Limits		
<b>Core Plan:</b> Frames every 24 months & Lenses every 12 months		
<b>Buy Up Plan:</b> Frames and Lenses Every 12 months		

## HEALTH SAVINGS ACCOUNT

Manage healthcare spending with an HSA—tax-free contributions roll over yearly and can be used for eligible medical, dental, and vision expenses. Available with the HDHP plan only. Check IRS guidelines with UMB. **Schupan contributes to your HSA account, based on eligibility and month your account is opened.**

Schupan Contribution	EE Only	EE + Family
1/1/2025	\$500	\$1000
7/1/2025	\$250	\$500
Annual Contribution	\$750	\$1500