



# BENEFITS SUMMARY



Prepared for: Stockbridge Community Schools  
Plan Year: 2024-2025

**NIS**  
National Insurance Services

# OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET.

Stockbridge Community Schools is committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work-life balance.

## STAY HEALTHY

- Medical, dental and vision care
- Flexible spending accounts

## FEELING SECURE

- Disability insurance
- MPSERS/403(b)/457 plan
- Life and accidental death & dismemberment (AD&D) insurance
- Identity theft program

## WORK-LIFE BALANCE

- Employee assistance program

## CONTACT INFORMATION FOR BENEFIT VENDORS

Health Insurance.....	4
Provider name: Blue Cross Blue Shield of Michigan	
Provider contact person: Customer Service	
Provider phone number: 800-972-9797	
Provider website: <a href="http://www.bcbsm.com">www.bcbsm.com</a>	
Provider name: EHIM	
Provider contact person: Customer Service	
Provider phone number: 800-311-3446	
Provider website: <a href="http://www.ehimrx.com">www.ehimrx.com</a>	
Dental Insurance.....	17
Provider name: ADN Administrators	
Provider contact person: Customer Service	
Provider phone number: 248-901-3705	
Provider website: <a href="http://www.adndental.com">www.adndental.com</a>	
Vision Insurance.....	22
Provider name: ADN Administrators	
Provider contact person: Customer Service	
Provider phone number: 248-901-3705	
Long-term Disability Insurance.....	27
Provider name: Madison National Life Insurance Company	
Provider contact person: Nicole Miller (NIS) Insurance Consultant	
Provider phone number: 800-627-3660	
Provider website: <a href="http://www.nisbenefits.com">www.nisbenefits.com</a>	
Life and AD&D Insurance.....	28
Provider name: Madison National Life Insurance Company	
Provider contact person: Nicole Miller (NIS) Insurance Consultant	
Provider phone number: 800-627-3660	
Provider website: <a href="http://www.nisbenefits.com">www.nisbenefits.com</a>	
Flexible Spending Account.....	29
Provider name: American Fidelity	
Provider phone number: 800-662-1113	
Provider website: <a href="https://americanfidelity.com/support/hcfsa">https://americanfidelity.com/support/hcfsa</a>	
Employee Assistance Program.....	30
Provider name: TELUS	
Provider contact person: Customer Service	
Provider phone number: 866-451-5465 (EAP) or 866-472-2734 (Claimant Assist)	
Provider website: <a href="http://www.niseap.com">www.niseap.com</a>	
General Member Assistance.....	
Provider name: National Insurance Services	
Provider contact person: Nicole Miller (NIS) Insurance Consultant	
Provider phone number: 800-627-3660	
Provider website: <a href="http://www.nisbenefits.com">www.nisbenefits.com</a>	

# HEALTH INSURANCE

## WHO IS ELIGIBLE AND WHEN:

Superintendent, Administrators, Supervisors, Admin Office Support, Teachers, Secretaries, Custodians, and 30 hour eligible ACA employees

## BENEFITS YOU RECEIVE:

See attached Benefit Summary

## EMPLOYEE PAYS:

Refer to your employment contract or bargained agreement

## EMPLOYER PAYS:

Refer to your employment contract or bargained agreement

Stockbridge Community Schools 10-1-2024 to 9-30-2025		
Medical/Rx - Plan Highlights \$100 Deductible HRA - BCBSM/EHIM		
Partial listing of covered services	In Network	Out of Network
Deductible and Out-of-Pocket		
Annual Deductible	\$100 per person \$200 per family	\$10,000 per person \$20,000 per family
Annual medical out-of-pocket maximum	\$100 per person \$200 per family	\$12,700 per person \$25,400 per family
Annual Rx out-of-pocket maximum	\$800 per person \$1,600 per family	Member could pay more due to U&C restrictions
Preventive Healthcare		
Annual physical	you pay nothing	Most preventative services not covered. Mammography and Colonoscopy covered at 40% member cost-share. See benefit summary or contact BCBSM for more details.
Immunizations and Prenatal		
Postnatal, family planning & screenings		
Preventative Care Drugs		
Office Visits		
Illness or injury	\$20 Co-pay	you pay 40% after deductible
Physical, occupational therapy, speech therapy		
Chiropractic care		
Mental / Chemical health care		
Retail Clinic		
Emergency Care		
Care at an urgent care clinic or medical center	\$40 Co-pay	you pay 40% after deductible
Emergency care at a hospital ER	\$250 Co-pay	\$250 Co-pay
Inpatient Hospital Care		
Illness or injury	you pay nothing after deductible	you pay 40% after deductible
Mental / Chemical health care		
Outpatient Care		
Scheduled outpatient procedures	you pay nothing after deductible	you pay 40% after deductible
MRI/CT		
Durable Medical Equipment (DME)		
Hearing Aids	\$1,684 limit per ear for hearing aid, plus \$250 for other services	
DME & prosthetic devices	you pay nothing after deductible	you pay 20% after deductible
Pharmacy Highlights		
Partial listing of covered services		
	Retail Pharmacy	
Generic preferred	\$10 copay	\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.
Brand preferred	\$40 copay	\$40 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.
Non-preferred	\$80 copay	\$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.
	Mail Order Pharmacy (up to a 90-day supply)	
Generic preferred	\$20 copay	Not covered
Brand preferred	\$80 copay	
Non-preferred	\$160 copay	

# Stockbridge Community Schools

## Medical Benefit Summary



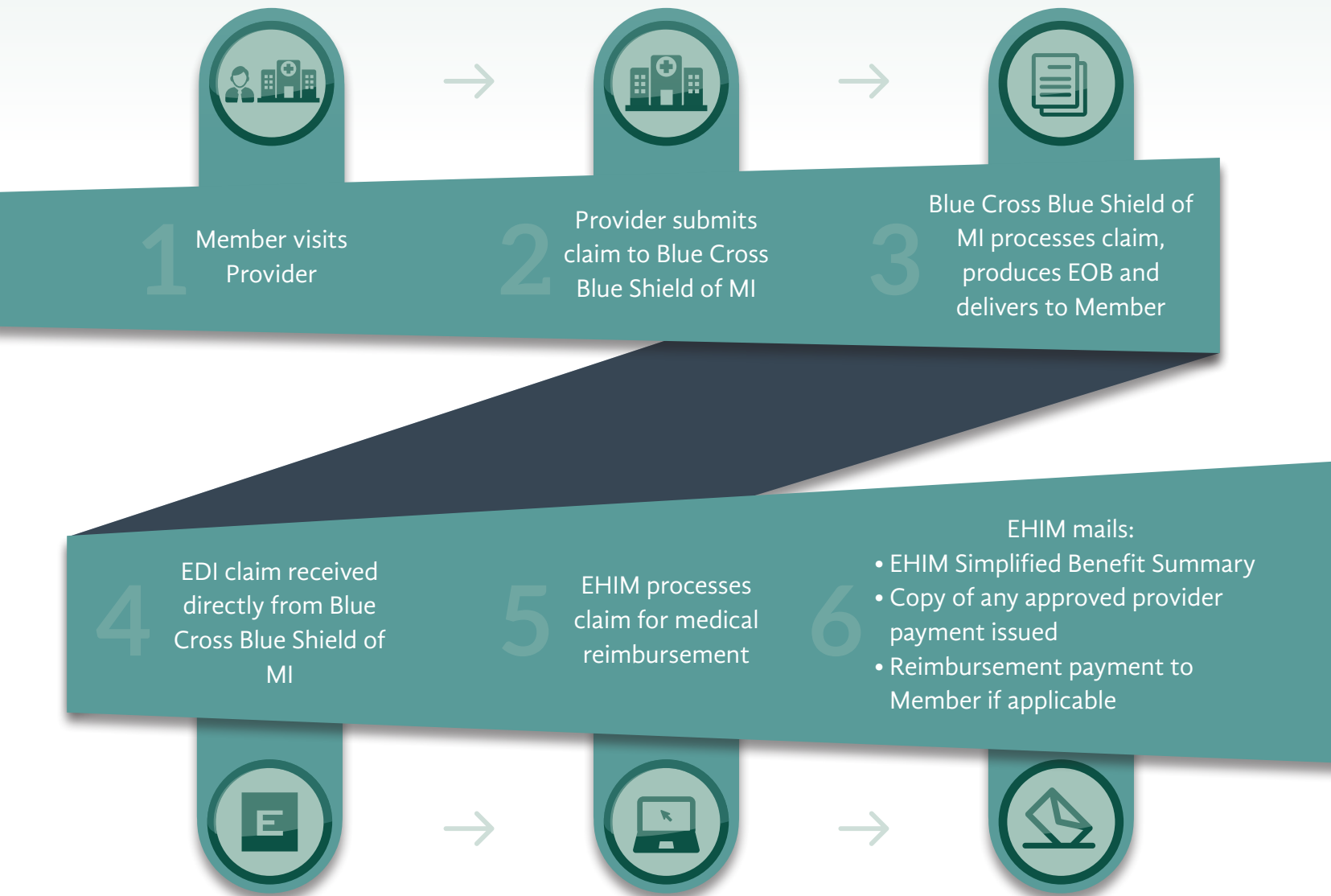
Third Party Administration

*Effective Date: October 1, 2024*

**Presented By:**  
**Employee Health Insurance Management, Inc.**  
**(EHIM, Inc.)**  
**26711 Northwestern Highway**  
**Suite 400**  
**Southfield, MI 48033-2154**  
**(248) 948-9900 – phone**  
**(248) 945-4887 – fax**  
**[www.ehimrx.com](http://www.ehimrx.com)**



# Special Medical Reimbursement Plan PROCESS



*In a rare instance where the provider will not bill BCBS for covered services, get an itemized receipt and submit it to EHIM. EHIM will assist you in filing your claims with BCBS. If you receive a bill before you receive a Simplified Benefit Summary from EHIM please call EHIM for assistance.*

**QUESTIONS? Contact the EHIM Medical Claims Department.**

26711 Northwestern Hwy., #400 Southfield, MI 48033

Telephone: 248-948-9900 | Fax: 248-945-4887





## Exciting Announcement from EHIM

The EHIM medical claims portal for your plan is available for you to access

**Sign in for a personalized view of your benefits and claims at:**

**<https://med-member.ehimrx.com/#>**

**Your portal is an online tool that gives you easy access to your secure personal health information and more.**

By visiting your member portal you can:



Easy access to  
medical claims  
and plan  
information 24/7



Review  
deductible and  
coinsurance  
responsibility



View when a  
claim was  
processed and  
what was paid



Your plan  
information  
anytime  
anywhere

**If you are having difficulty registering for your new member portal or understanding your claims, our call center representatives are available at 248-948-9900**



## **Stockbridge Community Schools Explanation of Special Medical Reimbursement Benefits**

**To:** All Eligible Employees of Stockbridge Community Schools

**Re:** Group Health Plan Benefits

**Effective:** 10/1/2024

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**Medical Coverage:** Blue Cross Blue Shield of Michigan PPO #15 LG with Stockbridge Community School's Special Medical Reimbursement Program to the benefit level of modified Blue Cross Blue Shield of Michigan PPO #2.

**EHIM:** Employee Health Insurance Management is the Claims Administrator of the Special Medical Reimbursement Program.

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Distribution or use without EHIM's permission is not permitted and will entitle EHIM to equitable relief or damages.

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EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC. 26711 NORTHWESTERN HIGHWAY, SUITE 500 SOUTHFIELD, MI 48033  
PHONE: (248) 948-9900 FAX: (248) 945-4887 WEBSITE: WWW.EHIMRX.COM

## Stockbridge Community Schools Community Blue PPO Plan Explanation of Special Medical Reimbursement Benefits

### ***Your Current Benefits***

You are enrolled in a Preferred Provider Organization (PPO) Plan with benefits being paid by two parties, Blue Cross Blue Shield of Michigan (BCBSM) and your employer. Your underlying purchased program through Blue Cross includes deductible, coinsurance and flat dollar copayments as well as an out-of-pocket maximum.

Your employer will be sharing in a portion of service that BCBSM applies to your deductible and coinsurance as outlined in the chart below:

### **IN-NETWORK BENEFITS**

#### **SINGLE COVERAGE**

Employee responsible for	\$100.00
Employer pays the remaining	\$4,900.00

Annual Coinsurance	\$6,750.00
Employee pays	\$0.00
Employer pays entire 20%	\$1,350.00
Employee out-of-pocket expense	\$100.00

#### **TWO PERSON OR FAMILY COVERAGE**

Employee responsible for	\$200.00
Employer pays the remaining	\$9,800.00

Annual Coinsurance	\$13,500.00
Employee pays	\$0.00
Employer pays entire 20%	\$2,700.00
Employee out-of-pocket expense	\$200.00

### **Fixed Dollar Copayments**

(for single, two person, and family coverage)

Fixed Office Visit & Chiropractic Care Copay	\$40.00
Employee pays	\$20.00
Employer pays	\$20.00

Fixed Emergency Room Copay	\$250.00
Employee pays	\$250.00
Employer pays	\$0.00

Urgent Care Copay	\$40.00
Employee pays	\$40.00
Employer pays	\$0.00

### **OUT-OF-NETWORK BENEFITS**

#### **SINGLE COVERAGE**

Annual Deductible	\$10,000.00
Employee responsible for entire	\$10,000.00

Annual Coinsurance	\$2,700.00
Employee responsible for entire	\$2,700.00
Employee out-of-pocket expense	\$12,700.00

#### **TWO PERSON OR FAMILY COVERAGE**

Annual Deductible	\$20,000.00
Employee responsible for entire	\$20,000.00

Annual Coinsurance	\$5,400.00
Employee responsible for entire	\$5,400.00
Employee out-of-pocket expense	\$25,400.00

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**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

Employee Health Insurance Management (EHIM) will process the amount that the Company will pay. BCBSM will first process the claim and make any payment directly to the provider. BCBSM will then forward the claim to EHIM who will determine if a second payment from the Company is required to insure there is no change in your benefits from the current PPO Plan #2 benefit design. EHIM merely processes claims and does not insure or underwrite any liabilities of the employer.

**Benefit Period/Maximum**

Your benefit period is a calendar year. Each January your deductible, coinsurance and special medical reimbursement start over.

**Deductible Amount**

**In-Network** Under the BCBSM Community Blue PPO Option #2 program, you have a \$5,000 per person/\$10,000 per family in-network calendar year deductible. You are responsible for the first \$100 per person/\$200 per family of the in-network deductible. EHIM on behalf of Stockbridge Community Schools will reimburse the remaining \$4,900 per person/\$9,800 per family of the in-network deductible as each expense occurs.

**Out-of-Network** Under the BCBSM Community Blue PPO Option #2 program, you have a \$10,000 per person/\$20,000 per family out-of-network calendar year deductible. You are responsible for the entire \$10,000 per person/\$20,000 per family of the out-of-network deductible as each expense occurs.

**Coinsurance Amount**

**In-Network** Under the BCBSM Community Blue PPO Option #2 program, you have a 20% coinsurance on the next \$6,750 (\$1,350) per person/\$13,500 (\$2,700) per family maximum on all covered services. EHIM on behalf of Stockbridge Community Schools will then reimburse the entire \$1,350 per person/\$2,700 per family of the in-network calendar year coinsurance as each expense occurs.

**Out-of-Network** Under the BCBSM Community Blue PPO Option #2 program your plan has a 40% out-of-network coinsurance amount (services applied to coinsurance are paid at 60% by BCBSM). You are responsible for the entire \$2,700 per person/\$5,400 per family of the out-of-network coinsurance as each expense occurs.

**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

**Fixed Copayment Amount**

BCBSM will require a \$40 copayment for each office, urgent care, and chiropractic care visit. You may be required to pay the entire \$40 office visit, urgent care, and chiropractic care copay at the time of service. Any other services performed in the physician's office may be subject to your deductible and/or coinsurance. You are also responsible for all \$40 of the urgent care copays and \$250 of the emergency room copays. EHIM on behalf of Stockbridge Community Schools will reimburse \$20 of the office copay and chiropractic care copay.

**Benefits Paid at 100%**

Your plan includes a cap on the amount of money you will pay out of your pocket for covered services during the plan year known as the out-of-pocket maximum. ALL covered services will accumulate towards this out-of-pocket maximum (including deductibles, coinsurance, flat dollar copays and prescription drug copays). Once you have met your out of pocket maximum with BCBSM, all covered services, including prescription drugs will be paid at 100%.

**Required Documentation**

In order for EHIM to consider your claim under the Special Medical Reimbursement Plan, EHIM must have a completed and signed EHIM Authorization for Use and Disclosure of Protected Health Information (PHI) form on file for you. EHIM will receive electronic files of your finalized claims from BCBSM and will use the claims detail received to determine if reimbursement is applicable under the Special Medical Reimbursement program.

**Employee Reimbursement**

As your claims are processed, you will receive from EHIM an Explanation of Benefits outlining how the claim was processed. If you are eligible to receive reimbursement under the Special Medical Reimbursement program, **EHIM will cut a check directly to your provider whenever possible except for reimbursement of fixed copayments. If you are eligible to receive reimbursement for fixed copayments, EHIM will cut a check directly to you.**

**BCBSM Benefits-at-a-Glance**

The Benefits-at-a-Glance provides you with a summary of the coverage you have with BCBSM. This is only a summary and will not provide complete details regarding your coverage. For complete details regarding your coverage, please refer to your BCBSM employee benefits booklet.

**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

**Plan Modification, Amendment, and Termination**

Your Employer may modify, amend, or terminate (in whole or in part) the Special Medical Reimbursement Program, retroactively or prospectively, at any time in its sole discretion without prior notice to you or to any other covered individuals or their beneficiaries. The Plan Administrator will notify you of any modifications, amendments, or terminations that affect you.

**Program Funding and Asset Distribution Upon Termination**

Your Employer funds the Special Medical Reimbursement Program through its general assets and any employee contributions that your Employer may require. In case of Program termination, there are no specific assets set aside to use to pay claims incurred prior to the date of such termination. If the Special Medical Reimbursement Program is terminated as to all or any of the covered individuals or beneficiaries, benefits will only be paid to the affected individuals for claims incurred before the date of termination and only to the extent the Special Medical Reimbursement Program is then funded or the claims are paid by your Employer.

**State of Michigan Disclosure Requirement**

The benefits under the Special Medical Reimbursement Program are self-funded benefits. Covered individuals under this Special Medical Reimbursement Program and their beneficiaries are not insured. In the event that benefit expenses that are eligible for payment under this Special Medical Reimbursement Program are not paid for any reason, you may be liable for those expenses. The Claims Supervisor, EHIM, merely processes claims and does not ensure that any of your benefit expenses will be paid.

**Errors**

If you receive a benefit which you are not entitled to under the Special Medical Reimbursement Program, for example as a result of an error, you are not entitled to keep the benefit but must instead return the benefit payment to EHIM as Claims Administrator or to the Plan Administrator.

**Overpayments**

An overpayment occurs if the Special Medical Reimbursement Program pays you an amount that is not payable under the Special Medical Reimbursement Program, if the Special Medical Reimbursement Program pays an expense or benefit more than once, or if all or part of an expense or benefit is paid by both the Special Medical Reimbursement Program and a third party and the total benefits and reimbursements you receive exceed the amount of the expense. An expense or benefit is considered paid if it is paid to you or to someone else (*e.g.* a health care provider) on your behalf.

**Stockbridge Community Schools**  
**Community Blue PPO Plan**  
**Explanation of Special Medical Reimbursement Benefits (cont.)**

If the Special Medical Reimbursement Program makes an overpayment, the Special Medical Reimbursement Program has the right to recover the overpayment. If the overpayment was made to a health care provider, the Special Medical Reimbursement Program may request a refund of the overpayment from either you or the provider. If the refund is not received from either you or the provider, the overpayment will be deducted from future Program benefits available to you or your beneficiaries or from your wages, but the amounts withheld will not reduce your pay below the applicable state or federal minimum wage unless permitted by law.

Any overpayment you owe due to your or your dependant's ineligibility for Program benefits will be offset by the amount of any contributions Your Employer required you to make for that person while you or they were ineligible.

**Administration of the Special Medical Reimbursement Program**

Your Employer is the Plan Administrator, but may delegate this responsibility to a person or persons designated by your Employer. The Plan Administrator must supply you with this Explanation and other information and to file various reports and documents regarding the Special Medical Reimbursement Program with government agencies. In its role of administering the Program, the Plan Administrator (or its delegate) also may make rulings, interpret the Plan, set procedures, gather needed information, receive and review financial information regarding the Special Medical Reimbursement Program, employ or appoint individuals to assist in any administrative function, and generally do all other things which need to be handled in administering the Plan. The Plan Administrator has retained the Claims Administrator, EHIM, merely to process claims and has not given EHIM authority to make final determinations about the benefits covered under the Special Medical Reimbursement Program nor about the administration of the Special Medical Reimbursement Program.

The Plan Administrator (or its delegate) shall have any and all powers of authority which shall be proper to enable it to carry out its duties under the Special Medical Reimbursement Program, including by way of illustration and not of limitation: (i) the power and authority contemplated by ERISA with respect to employee welfare plans; (ii) the powers and authority to make regulations with respect to the Plan not inconsistent with the Special Medical Reimbursement Program or ERISA; and (iii) the power and authority to determine, consistently therewith, all questions that may arise as to the status and rights of covered individuals and their beneficiaries and any and all other persons.



**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

The Plan Administrator (or its delegate) also shall have full discretionary authority to interpret all provisions of the Special Medical Reimbursement Program, including resolving an inconsistency or ambiguity or correcting an error or an omission. The Special Medical Reimbursement Program shall be governed by and interpreted according to ERISA and the Internal Revenue Code and, where not preempted by Federal law, the laws of the State of Michigan. Subject to the provisions of the Plan, the actions and determinations by the Plan Administration (or its delegate) and the interpretation or construction of any provision of the Special Medical Reimbursement Program by the Plan Administrator (or its delegate) shall be final and conclusive upon all affected individuals or entities.

**Information Disclaimer**

The CONFIDENTIAL and PROPRIETARY information contained within this document is owned by EHIM. It is protected by agreement(s) and/or law that requires the recipient to keep it confidential. Distribution or use without EHIM's permission is not permitted and will entitle EHIM to equitable relief or damages. It may not be disclosed to any third party without the prior consent and written approval from EHIM.

**CLAIM FILING AND REVIEW PROCEDURES FOR PLAN**

**Submitting a Claim for Plan Benefits**

At the time you are receiving a medical service you must present your primary health insurance card. The provider will then submit your claim to your insurance company for primary processing. Once a final determination is made on this claim it will be sent to EHIM for secondary processing under your special medical reimbursement plan. If your plan does not include a direct crossover, you may need to submit the claim with a medical reimbursement form to EHIM, 26711 Northwestern Highway, Suite 400, Southfield, MI 48033. A copy of the form is available at [www.ehimrx.com](http://www.ehimrx.com)

**Reviewing Requests for Plan Benefits**

Generally, your claim will be paid or denied within 30 days of submission unless EHIM is unable to make a decision within that time for reasons beyond its control. EHIM must notify you before 30 days have expired that an extension (not to exceed 15 days) is required.



**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

If the paperwork you have submitted is incomplete, EHIM will inform you that it needs additional information within 30 days). You will then have 45 calendar days in which to submit the additional information.

**IMPORTANT: If you do not submit the additional information, EHIM will deny the claim.**

**Your Right to Appeal an Adverse Determination**

If the claim you have submitted using EHIM's Medical Reimbursement Form is denied in whole or in part, or if your coverage is rescinded or terminated for cause, you will be notified in writing or by e-mail. The notice, as applicable, will provide information to help you identify the claim, explain the reason for the denial, make specific references to the provisions of the plan on which the decision is based, list any rules, standards or guidelines used in making the decision, and describe any additional information needed to approve your claim. If your claim is denied based on medical necessity, experimental treatment, or a similar exclusion or limit, the notification will either explain the scientific or clinical judgment underlying the denial, or advise you that an explanation will be provided free of charge. The notice will also explain your right to appeal the decision, including a statement of your right to bring a civil action under ERISA Section 502(a) if your claim is denied on appeal and provide contact information for an office of health insurance consumer assistance or a health insurance ombudsman program, if such a service has been established in your state.

**Internal Review Procedures**

*First Level Review*

Within 180 calendar days after you receive a notice of denial, you or your authorized representative may appeal the decision. You may review and receive at no cost a copy of the plan document and any other documents relevant to your claim. If, after reviewing these documents, you think your claim is valid, you may request a review by your plan. When requesting a review, please submit any documents and comments you believe relevant to your claim to the address specified in the written notice denying your claim. Your request for review must raise any and all issues you believe relevant to your claim. Also include your group number, daytime telephone and service date.

**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

The appeal will be assigned to a reviewer who did not make the initial determination and does not work for the person who did. The reviewer will not give any deference to the prior decision denying your claim, but will take into account all comments, documents, testimony and other information and evidence you have submitted, regardless of whether this information was considered when your claim was denied. If the denial is based in whole or in part on a medical judgment, the reviewer may consult with another health care professional who is trained and experienced in the field of medicine involved in the medical judgment and who was neither consulted in connection with the denial nor a subordinate of such an individual. If the reviewer consults with another health care professional and your appeal is denied, the reviewer will provide you with information about the other health care professional whether or not the reviewer relied on the health care professional's advice.

Before the reviewer makes a decision, the plan will notify you of any additional evidence or rationale for denying the claim and provide you with an opportunity to present additional evidence in response. You will be notified of the appeal decision within 30 days either in writing or electronically (15 days in the case of a prior authorization request; 72 hours if the claim involves an urgent care situation).

*Right to a Second Review*

If your claim denial is upheld at the first level of review, you may request a second level of review within 60 calendar days of the first decision. Again, you may review and receive at no cost documents relevant to your claim, and may submit any evidence you would like considered to the address specified in the notice you received regarding the first-level review decision.

The second level review will not be conducted by anyone who made the prior decision denying your claim nor the subordinate of someone who denied your claim. The review will not give any deference to the prior decisions denying your claim, but will take into account all comments, documents, testimony, and other information you have submitted, regardless of whether the information was submitted or considered in the prior determinations. Your request for a second level review must raise any and all issues you believe relevant to your claim.

As with the first-level review, a health care professional will be consulted if necessary, and you will be given information about the health care professional if your claim is denied. Before a final decision is made, the plan will notify you of any additional grounds for denying your claim and provide you with an opportunity to present additional evidence in response.

**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

You will be notified of the final determination within 30 days of the date you submitted your request for a second-level review. The decision is final, unless you choose to voluntarily submit your appeal to an independent review organization (see “External Review”) below.

*Second-Level Review for Prior authorization Requests*

If you request a second-level review of a decision denying a prior authorization request, the appeal will follow the same procedures described above, except that the plan will notify you of the results within 15 days of your written request.

**External Review**

Once you have exhausted the internal appeals procedures described above, you or your authorized representative have the right to request a voluntary, external review from an Independent Reviewing Organization (“IRO”). This external review process is available if your claim was denied based on a medical judgment or if your appeal involves a rescission of coverage (whether or not the rescission has any effect on any particular benefit at the time of the rescission). Claims regarding plan eligibility and contractual or legal interpretations of the plan are not eligible for external review. This external review procedure is voluntary and you do not have to seek an external review in order to have your claim reviewed by a court.

You will have 120 days from the date you receive the final notice of claim denial to request an external review, following the procedures set forth in the claim denial letter. Once the plan receives your request for an external review, the plan will have five business days to complete a preliminary review to determine whether your claim is eligible for external review.

If your request for an external review is incomplete, the plan will give you additional time to submit the additional information—either until the end of the four-month appeal deadline, or if the deadline has already expired, then 48 hours from the time you receive notice that the claim is incomplete.

The IRO will notify you once it has received the external appeal and will give you at least 10 business days to submit any additional information that you want the IRO to consider when reviewing your claim. The IRO will notify you in writing of its decision within 45 days of receiving your claim. The IRO’s decision will be binding on you and the plan, unless additional remedies are available to you under state or federal law.

**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits (cont.)**

**Expedited Review**

*Expedited Review with an Independent Review Organization*

You may request an expedited external review with an Independent Review Organization (IRO) before exhausting the internal claims appeal process if the time frame for an expedited internal appeal would seriously jeopardize your life or health or jeopardize your ability to regain maximum function. You may also seek an expedited external review after going through the internal claims appeal process if either: (a) the normal time frame for an external review would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function; or (b) your claim involves an admission, availability of care, continued stay or health care item or service for which you have received emergency services, but have not been discharged from a facility.

Upon receiving your request for an expedited external review, the plan will immediately determine whether your claim is eligible for external review, and if it is eligible will expeditiously forward your appeal record to an IRO. The IRO will notify you of its determination within 72 hours and will confirm the decision in writing within an additional 48 hours. The IRO's decision will be binding on you and the plan, unless additional remedies are available to you under state or federal law.

**You Must Follow the Appeals Process**

You will not be able to file a lawsuit for benefits under the plan unless you have exhausted the appeals process described above for every issue you believe relevant to your claim. You must file your lawsuit within one year from the date of the notice denying your appeal. You may not raise issues in your lawsuit that you have not previously raised during the appeals process.

**Questions Regarding your Benefits**

If at any time you have questions regarding your benefits, please feel free to call EHIM at (248) 948-9900 or e-mail us at [Medicalclaims@ehimrx.com](mailto:Medicalclaims@ehimrx.com). You may also contact BCBSM directly at 1-877-790-2583.

26711 Northwestern Highway, Suite 400  
Southfield, MI 48033



## **Blue Cross Blue Shield of MI/EHIM Explanation of Special Medical Reimbursement Benefits**

WHEN BCBSM PROCESSES A CLAIM, THEY WILL SEND TO YOU AN EXPLANATION OF BENEFITS (EOB). THE EOB IS A WRITTEN EXPLANATION OF HOW BCBSM PROCESSES A CLAIM. THE EOB WILL INDICATE WHETHER BCBSM HAS APPROVED, REJECTED, OR IS REVIEWING THE CLAIM FURTHER.

AFTER BCBSM HAS MADE A DETERMINATION REGARDING YOUR CLAIM, EHIM WILL REVIEW IT TO SEE IF YOUR CLAIM MAY BE ELIGIBLE FOR ADDITIONAL BENEFITS UNDER THE STOCKBRIDGE COMMUNITY SCHOOLS SPECIAL MEDICAL REIMBURSEMENT PROGRAM. YOU WILL RECEIVE AN EHIM EXPLANATION OF BENEFITS INDICATING WHETHER OR NOT YOUR CLAIM QUALIFIES FOR ADDITIONAL BENEFITS.

A SAMPLE COPY OF AN EHIM SIMPLIFIED BENEFIT SUMMARY AND A BCBSM EOB ARE SHOWN ON THE NEXT PAGES.

**BCBSM WILL AUTOMATICALLY SEND AN ELECTRONIC FILE OF YOUR FINALIZED CLAIMS DIRECTLY TO EHIM.**

This confidential information is owned by EHIM. It is protected by agreement(s) and/or laws that require the recipient to keep it confidential.  
Distribution or use without EHIM's permission is not permitted and will entitle EHIM to equitable relief or damages.



## Simplified Benefit Summary <sup>TM</sup>

123456

Date: 10/1/2024

Employee Name  
Employee Address

Re: Claimant Name

- Provider Name is a participating provider with Blue Cross and Blue Shield of MI, therefore you are not responsible for the RC above Blue Cross and Blue Shield of MI's approved amount.
- Blue Cross and Blue Shield of MI paid BCBS80.
- Enclosed please find reimbursement of Copay1 for Your Company Name's portion of the coinsurance.
- You are responsible for the balance.
- If you have not already done so, please send Provider Name payment of Copay1 when you receive the bill. Remember to include your account number. If you have any questions about this or any other claim, please call us at (248) 948-9900. Thank you.

<b>Provider:</b>	Provider Name		
<b>Date of Service:</b>	Date Of Service		
<b>Charged Amount:</b>	Charged Amount		
<b>Approved Amount:</b>	Approved Amount		
<b>Deductible:</b>	Ded1	of which	(1) <b>Employee Deductible:</b> Ded2 (2) <b>Employee Deductible:</b> Ded3 (3) <b>Employer Deductible:</b> Ded4
<b>Blue Cross 80%:</b>	BCBS80		
<b>20% Copay:</b>	Copay1	of which	<b>Employee Copay:</b> Copay2 (4) <b>Employer Copay:</b> Copay3
<b>Office Copay:</b>	OfficeCopay		
<b>Blue Cross 100%:</b>	BCBS100		
<b>Rejected Charges:</b>	Rejected		
<b>R &amp; C Fees:</b>	RC		
		<b>Employee Totals:</b>	<b>Total</b>
Processor Name		<b>Employer Totals:</b>	<b>Total1</b>

### YOUR CURRENT BENEFITS

You are enrolled in the Blue Cross and Blue Shield of MI Community Blue PPO Option program. Under this program you have a \$5,000.00 per person/\$10,000.00 per family deductible. Once the deductible has been met, Blue Cross and Blue Shield of MI will pay 80% of the next \$6,750.00 (\$5,400.00) per person/\$13,500.00 (\$10,800.00) per family of in-network claims. You are responsible for the remaining 20% coinsurance on the \$6,750.00 (\$1,350.00) per person/\$13,500.00 (\$2,700.00) per family of in-network claims. After the deductible and coinsurance have been met, Blue Cross and Blue Shield of MI will pay 100% of remaining claims for the calendar year. In addition, you will have an office visit copay of \$40.00. Please refer to your employee handbook for a summary of covered services and out-of-network benefits.

Stockbridge Community Schools will be sharing in your in-network deductible and copay costs as outlined in the charts below:

#### SINGLE COVERAGE

Employee responsible for the first	\$100.00
Employer pays remaining	\$4,900.00
Employee responsible for the first	\$0.00
Employer pays 20 %	\$1,350.00
Employee Maximum Out-Of-Pocket	\$100.00

#### TWO PERSON OR FAMILY COVERAGE

Employee responsible for the first	\$200.00
Employer pays remaining	\$9,800
Employee responsible for the first	\$0.00
Employer pays 20%	\$2,700.00
Employee Maximum Out-Of-Pocket	\$200.00

**\*\*SEE EMPLOYEE HANDBOOK FOR DETAILS FOR OUT-OF-NETWORK CLAIMS AND OFFICE VISIT COPAYS \*\***

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Statement Date 1/1/2020

12345-000

DOE, JANE T. 12345

ANYWHERE

SOMEWHERE, MI 12345-000

Your Customer Service Phone Number is:

DIRECT DIAL: (313) 225-8100

NATIONWIDE TOLL-FREE 1-800-637-2227

Send Written Inquires to this Address: BLUE

CROSS AND BLUE SHIELD OF MI

CUSTOMER INQUIRY DEPARTMENT P.O.

BOX 2888

Group Name: ABC Corporation

Group Number: 12345-000

Subscriber Name: DOE, JANE. T

Contract Number: 123-45-6789

Coverage: Hospital/Physician

DETROIT

MI 48231-2888

See your Health Care Benefits Certificate or Benefits Guide for details on contract coverage.

Patient Name or Initial: Jane. T

Patient Birth Month/Year: 01/60

Claims Processed from 01/01/19

to: 09/30/19

Summary of Balances (See Detail on Services)

Name of Hospital, Physician or Provider	Total Provider charges	(-) Less BCBSM Paid	(-) Less Participating Provider Savings	(-) Less Other Insurance Paid	(=) Equals Balance*
William Beaumont	198.00	\$ 46.31	140.12	\$ 0.00	\$11.57
Totals:	198.00	\$ 46.31	140.12	0.00	\$11.57

\*Note: The amount in the 'Equals Your Balance' column includes any copayments, deductibles, sanctions and non-covered charges.

Summary of Deductible and copayments

may not reflect all outstanding claims.)

Totals for: Family	01/01/19 to 09/30/19	Totals for: Jane	01/01/19 to 09/30/19
Deductible required for year:	\$3,000.00	Deductible required for year:	\$1,500.00
Deductible applied year to date:	\$ 500.00	Deductible applied year to date: \$	500.00
The family deductible has been met.			
The patient deductible has not been met.			

Totals for: Family	01/01/19 to 09/30/19
Copayment required for year:	\$ 5,000.00
Copayment applied year to date: \$	459.60
The family copayment requirement has not been met.	

Helpful Information

Just what the doctor ordered: More than 80 percent of Michigan physicians participate with the Blues.

That means they accept the Blue card as payment in full for their services after deductibles and copays.

And the majority of Michigan Physicians have Blue coverage for themselves and their families.

## EXPLANATION OF BENEFITS

EXAMPLE

Blue Cross  
Blue Shield  
of Michigan

THIS IS NOT A BILL

An Independent licensee of the Blue  
Cross and Blue Shield Association

Statement Date 1/1/2020

## Helpful Information

What is "participating provider savings"? It's the difference between your provider's charge and our approved amount. You save this amount by having BCBSM coverage and going to a provider who participates with us.

Detail on Services		Contract Number: 123-45-6789	Patient: Jane
Service Date (from/To):	01/01/19	Total Charges	98.00
Claim Received on:	09/30/19		
Provider Name:	William Beaumont	Amount Approved by BCBSM for this service	23.88
Provider Status:	PARTICIPATING	Minus Copayment	4.78
Referring Provider:	(FOR FUTURE USE)	BCBSM processed on 09/30/19 and paid provider	19.01
Service Type:	LABORATORY TESTS	Savings because provider participates with BCBSM	74.12
Procedure:	TISSUE EXAM BY PATH.	Total Covered	19.01
Procedure Code:	88305		
Claims Number:	5706873386	Your Balance: (Highlighted Amounts)	\$ 4.78

Explanation Message: We reduced our payment because your contract requires a 20 percent copayment for the service (YX20)

Service Date (from/To):	01/01/19	Total Charges	\$ 100.00
Claim Received on:	09/30/19		
Provider Name:	William Beaumont	Amount Approved by BCBSM for this service	\$ 66.00
Provider Status:	PARTICIPATING	Minus Copayment	6.79
Referring Provider:	(FOR FUTURE USE)	BCBSM processed on 09/30/19 and paid provider	\$ 27.21
Service Type:	LABORATORY TESTS	Savings because provider participates with BCBSM	\$ 25.00
Procedure:	OFFICE VISIT	Total Covered	\$ 34.00
Procedure Code:	99121		
Claims Number:	5706873386	Your Balance: (Highlighted Amounts)	\$ 6.79

Explanation Message: We reduced our payment because your contract requires a 20 percent copayment for the service (YX20)

E0B953080158746



## **Blue Cross Blue Shield of MI Five Reasons to Choose a Participating Provider**

1. Participating physicians accept BCBSM's payment as payment in full.
2. You are not asked for payment at the time of service.
3. Your claims are filed for you.
4. You take an active part in holding down health care costs.
5. Participating physicians are easier to find than you think. Call the physician prior to your appointment to confirm that they accept your BCBSM Community Blue PPO Plan.

**BCBSM pays claims based on their Reasonable & Customary Fee scale. Any amount above this scale may be your responsibility unless your providers participate with BCBSM Community Blue PPO Program.**



Pharmacy Benefits. *Managed.*

**26711 NORTHWESTERN HIGHWAY SUITE 500**

**SOUTHFIELD, MI 48033**

**Phone: 800-311-3446    Fax: 248-948-4887**

**[WWW.EHIMRX.COM](http://WWW.EHIMRX.COM)**

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## PHARMACY BENEFIT SUMMARY

Effective:10/01/2024

Prepared For:

**S** STOCKBRIDGE  
COMMUNITY SCHOOLS

## No Changes

Effective: 10/01/2024

We are pleased to announce that there will be NO changes to your existing pharmacy benefit plan for the upcoming year!

You can continue to utilize the current ID card that you have.

### Customer Service

(800) 311-3446 • 24/7/365 • [www.ehimrx.com](http://www.ehimrx.com)

EHIM's primary mission is to provide our members with the best customer service possible. If you are experiencing a problem filling a retail or mail order prescription, please contact the Pharmacy Help Desk. For your convenience, the help desk has representatives available **24 hours a day, 7 days a week, 365 days a year.**

Our toll free number is **printed on your ID card** for easy reference. EHIM values our clients and we appreciate the opportunity to continue to service our members.

### Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be lowest for generic prescriptions and highest for medications that are considered Non-Preferred under your plan design. Below highlights your plan's copay levels:

\$10	Copayment on any generic medication
\$40	Copayment on any Preferred Brand Medication
\$80	Copayment on any Non-Preferred Brand Medication
\$80	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when an exact generic is available). The <i>physician</i> will indicate "DAW" or "Dispense as Written" on the prescription.
\$80	Copayment <b>plus the difference</b> in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when an exact generic is available) The <i>patient</i> indicates the brand to be dispensed. DAW penalty does not count towards the OOP Max
\$80	Copayment on all Specialty Medications (Example: Oncology, Multiple Sclerosis, Organ Transplant) Please contact EHIM at <b>800-311-3446</b>
\$10	Copayment on any medication covered under the EHIM OTC program
Generic \$20  Brand \$80  NP Brand \$160	Standard Copayment for all eligible maintenance medication filled in a three month supply. Brand & Generic eligible maintenance medications can be filled through the Local Retail Pharmacy or through Mail Order in order to obtain them in a 3 month supply.
Single \$800  Family \$1,600	Out of Pocket Maximum: Once a member/contract meets the amount in pharmacy copays and medical spend combined that member/contract will have a \$0 copay on all eligible medications for the rest of the plan year. Out of Pocket Maximum: Once a member/contract spends the maximum in pharmacy copays that member/contract will have a \$0 copay on all covered medications for the rest of the plan year. One person in a 2-person/Family contract will be capped at the single amount and the rest of the members under that contract will have to meet the other single max combined.

Effective: 10/01/2024

## Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. The quantity limits ensure that these medications are utilized appropriately and that maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines, and have been reviewed and approved by our licensed, clinical staff.

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## Alliance Walgreen's + Prime Mail Order

EHIM offers a mail order program through Alliance Walgreen's + Prime Mail Order which allows you to receive a three month supply (61-90 days maximum) for the plan's designated number of copays. The program includes maintenance medications covered under the Prescription Plan. Prescriptions can be ordered through the Alliance Walgreen's + Prime website ([www.walgreens.com/mailorder](http://www.walgreens.com/mailorder)) or by completing a hard copy prescription order form. You must complete a registration form for Alliance Walgreen's + Prime prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. You may contact EHIM at 800-311-3446 for assistance with registering with Alliance Walgreen's + Prime, or you may contact Alliance Walgreen's + Prime directly at 800-345-1985.

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## Non-Preferred Drug List

Some medications under this program are classified as "Non-Preferred". This means there are alternative medications which are therapeutically equivalent. If your physician writes for a medication that is part of our Non-Preferred List, you may want to discuss alternative medications that are just as effective.

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## EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies and most independent pharmacies. You may visit our website at [www.ehimrx.com](http://www.ehimrx.com) for our National Pharmacy Directory and Pharmacy Locator tool.

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## EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at [www.ehimrx.com](http://www.ehimrx.com).

# Did You Know...?



## OTC Medications available for **\$10 Copay**

### How to Use the OTC Program:

1. If you are currently using a prescription Anti-Ulcer or Allergy medication, talk to your physician about using an Over-the-Counter (OTC) treatment.
2. If your physician believes an OTC treatment is right for you, ask them to write a prescription for the medication. OTC must be written on the script.
3. Present that prescription to the pharmacist.
4. The pharmacist will bill the prescription to EHIM.
5. **You will receive the OTC product for a \$10 copay!**

You can receive certain Over-the-Counter (OTC) medications for a **\$10 copay**. Your prescription drug program through EHIM provides coverage for certain OTC Anti-Ulcer and Allergy medications. These medications are considered to be therapeutically equivalent to those medications available by prescription only.

To help reduce some of your current out-of-pocket costs, you may want to consider utilizing a medication available through the OTC program instead of your prescription medication.

Anti-Ulcer (Acid-Reflux) Medications		
<b>If you take:</b>		<b>You are currently paying:</b>
<ul style="list-style-type: none"> <li>Dexilant</li> </ul>	<ul style="list-style-type: none"> <li>Nexium</li> </ul>	\$80 Copay
<b>If you change to:</b>		<b>You would pay:</b>
<ul style="list-style-type: none"> <li>Axid (nizatidine)</li> <li>Pepcid AC &amp; Complete (famotidine)</li> <li>Prevacid OTC (lansoprazole)</li> <li>Prilosec OTC (omeprazole OTC)</li> </ul>	<ul style="list-style-type: none"> <li>Tagamet (cimetidine)</li> <li>Zantac (ranitidine)</li> <li>Zegerid OTC (omeprazole/sodium bicarbonate)</li> </ul>	\$10 Copay
Allergy Medications		
<b>If you take:</b>		<b>You are currently paying:</b>
<ul style="list-style-type: none"> <li>Flonase Nasal Inhaler</li> <li>Nasacort AQ</li> <li>Nasonex Nasal Inhaler</li> </ul>	<ul style="list-style-type: none"> <li>Rhinocort Aqua Nasal Inhaler</li> <li>Veramyst Nasal Inhaler</li> <li>Xyzal</li> </ul>	\$80 Copay
<b>If you change to:</b>		<b>You would pay:</b>
<ul style="list-style-type: none"> <li>Alavert (loratadine)</li> <li>Alavert-D (loratadine-D)</li> <li>Allegra (fexofenadine)</li> <li>Allegra-D (fexofenadine-D)</li> <li>Benadryl (diphenhydramine)</li> <li>Claritin (loratadine)</li> </ul>	<ul style="list-style-type: none"> <li>Claritin-D (loratadine-D)</li> <li>Nasacort Allergy 24 HR</li> <li>Rhinocort Allergy Spray</li> <li>Zyrtec (cetirizine)</li> <li>Zyrtec-D (cetirizine-D)</li> </ul>	\$10 Copay

# Patient Protection & Affordable Care Act (PPACA) Formulary



## List of Preventive Care Drugs - Covered for \$0.00 copayment

available to members without any member cost-share. In short, the following list of medications are available to members for a \$0 copayment. If a member opts to use a medication within these therapy classes and the medication is NOT listed below, the member will have a cost-share based on the plan design (**Brand Copay on Alternative**). However, in the case of the contraceptives, this list is merely a guide and not all-inclusive. Members are encouraged to speak to their providers regarding the treatment that best fits their needs.

Rx Name	Drug Type
<b>Antivirals</b>	
emtricitabine-tenofovir disoproxil fumarate (subject to clinical protocols)	Generic
<b>Contraceptives - Oral</b>	
apri	Generic
aranelle	Generic
aviane	Generic
azurette	Generic
balziva	Generic
camila	Generic
caziant	Generic
cesia	Generic
cryselle-28	Generic
enpresse-28	Generic
errin	Generic
gianvi	Generic
gildess FE 1/20	Generic
gildess FE 1.5/30	Generic
heather	Generic
jolivetite	Generic
jolessa	Generic
junel 1/20	Generic
junel FE 1/20	Generic
junel 1.5/30	Generic

Rx Name	Drug Type
<b>Contraceptives - Oral</b>	
junel fe 1.5/30	Generic
kariva	Generic
kelnor 1/30	Generic
leena	Generic
levora	Generic
low-orgestral	Generic
lutura	Generic
microgestin 1/20	Generic
microgestin 1.5/30	Generic
microgestin FE	Generic
microgestin FE 1.5/30	Generic
mononessa	Generic
necon 0.5/35-28	Generic
necon 1/35-28	Generic
necon 1/50-28	Generic
necon 10/11-28	Generic
necon 7/7/7	Generic
nora-BE	Generic
norinyl	Generic
nortrel 0.5/35 (28)	Generic
nortrel 1/35 (21)	Generic
nortrel 1/35 (28)	Generic
nortrel 7/7/7	Generic

## List of Preventive Care Drugs - Covered for \$0.00 copayment

Rx Name	Drug Type
<b>Contraceptives - Oral</b>	
ocella	Generic
ogestrel	Generic
orsythia	Generic
portia	Generic
quasense	Generic
reclipsen	Generic
solia	Generic
sprintec-28	Generic
sronyx	Generic
tilia fe	Generic
tri-legest fe	Generic
trinessa	Generic
tri-sprintec	Generic
tri-lo-sprintec	Generic
trivora-28	Generic
velivet	Generic
zenchent	Generic
zenchent fe	Generic
zovia 1/35E	Generic
zovia 1/50E	Generic
<b>Contraceptives - Patch</b>	
Ortho Evra	Brand
<b>Contraceptives - Ring</b>	
Nuvaring	Brand
<b>Contraceptives - Diaphragm</b>	
Femcap	Brand
Ortho All Flex	Brand
Ortho-Diaphragm	Brand
<b>Contraceptives - Emergency</b>	
levonorgestrel, next choice	Generic
<b>Contraceptives - Implantable</b>	
Paraguard	Brand
Nexplanon	Brand
<b>Contraceptives - Injectable</b>	
medroxyprogesterone	Generic

Rx Name	Drug Type
<b>Smoking Cessation - Oral</b>	
bupropion SR 150 (Zyban)	Generic
Chantix Starting Pack	Brand
Chantix Continuing Pack	Brand
<b>Smoking Cessation - Inhaler</b>	
Nicotrol	Brand
<b>Smoking Cessation - Gum</b>	
Nicotine Gum	OTC
<b>Smoking Cessation - Lozenge</b>	
Nicotine Lozenge	OTC
<b>Smoking Cessation - Patch</b>	
Nicotine Patch	OTC
<b>Statins (Men &amp; Women Age 40-75)</b>	
atorvastatin 10mg, 20mg	Generic
fluvastatin 20mg, 40mg	Generic
fluvastatin ER 80 mg	Generic
lovastatin 10mg, 20mg, 40mg	Generic
pravastatin 10mg, 20mg, 40mg, 80mg	Generic
rosuvastatin 5mg, 10mg	Generic
simvastatin 5mg, 10mg, 20mg, 40mg	Generic
<b>Preventive Medications</b>	
aspirin 81mg (males 45-79 yrs, females 55-79 yrs)	Generic
folic acid .4mg - .8mg (females 18-45 yrs)	Generic
iron supplement (6mos - 1yr)	Generic
oral fluoride (under 5yrs old)	Generic
vitamin D (65 years or older)	Generic
tamoxifen	Generic
<b>Bowel Prep Agents (Men &amp; Women Age 50-75)</b>	
gavilyte	Generic
gavilyte N/flavor pack	Generic
gavilyte-G	Generic
PEG 3350/electrolytes	Generic
PEG 3350NACL/NA	Generic
bicarbonate/KCL	Generic
trilyte	Generic

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# Commit to Quit

In an effort to support the wellness of our employees, we are pleased to announce that we are offering a Smoking Cessation program! The smoking cessation benefits will include the following:

**Both over-the-counter (OTC) medications and prescription medications are covered!**

SAMPLE OF OVER-THE-COUNTER (OTC) MEDICATIONS INCLUDED:			
Commit 2mg Lozenges	\$0	Nicotine 21/24 Hr. TD Patch	\$0
Commit 4mg Lozenges	\$0	Nicotine Polacrilex 2mg (Nicotine Gum)	\$0
Nicotine 7/24 Hr. TD Patch	\$0	Nicotine Polacrilex 4mg (Nicotine Gum)	\$0
Nicotine 14/24 Hr. TD Patch	\$0		
SAMPLE OF PRESCRIPTION MEDICATIONS INCLUDED:			
Bupropion Hcl 150mg SA	\$0	Nicotine Cartridge Inhaler	\$0
Chantix Continuing Pack	\$0	Nicotine Nasal Inhaler	\$0
Chantix Starting Pack	\$0		

Talk to your physician about which treatment may be right for you!

## How to Use the Smoking Cessation Program:

1. Talk to your doctor about which anti-smoking treatment may be right for you.
2. Obtain a prescription for either the over-the-counter (OTC) medication or the prescription strength medication.
3. Present that prescription to the pharmacist.
4. Pharmacist will bill the prescription to EHIM.
5. **You will receive the medication for a \$0.00 copay.**

# Prescriptions that deliver in every way.

## Alliance Rx Walgreens Prime

As a member of EHIM, you are eligible to enroll in Alliance Rx Walgreens Prime, offering you convenient delivery of your ongoing maintenance medications from Walgreens to the location of your choice.

It's easy to register and order prescriptions, just have the following ready:

- **Member ID Number** (Located on ID Card)
- **Group Number**
- **Payment Information**

Select the option that works for you and follow the steps to get started.

	Online	Fax	Mail	Phone
<b>1</b> <b>REGISTER</b>	Register or Sign In at Walgreens.com/MailService. Follow the prompts to complete enrollment.	Not available	Send completed <i>Registration and Prescription Order Form</i> to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and ask to be registered for Walgreens mail service. Please have your insurance information handy.
<b>2</b> <b>ORDER</b> your first prescription.	Ask your doctor if he or she can prescribe your medications electronically. If he or she is unable, select an alternative option.	Have your doctor complete and fax the Prescriber Fax Form to: 800-332-9581*	Send completed <i>Registration and Prescription Order Form along with your original prescription</i> to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and request that Walgreens reach out to your doctor for a new prescription. <sup>†</sup>
<b>3</b> <b>REFILL<sup>‡</sup></b>	Prescriptions eligible for refills are listed in your member profile at Walgreens.com/MailService.	Not available	Send completed <i>Preprinted Refill Order Form</i> enclosed with your last order to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and select "refill a prescription" or ask to speak with a customer service representative.

\*By law, prescriber fax forms and e-prescriptions are valid only if sent from a prescriber's office.

<sup>†</sup>You will need to provide your doctor's contact information as well as the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.

<sup>‡</sup>To automatically receive refills of your medications, select the "Auto Refill" option in your online profile or on the Registration and Prescription Order Form.

\*Scripts that cannot be transferred and require a new written prescription include: expired prescriptions, no refills remaining, controlled substances & compound medications.



**EHIM Pharmacy Call Center**

800-311-3446

[www.ehimrx.com](http://www.ehimrx.com)

# DENTAL INSURANCE

## WHO IS ELIGIBLE AND WHEN:

Superintendent, Administrators, Supervisors, Admin Office Support, Teachers, Secretaries, Custodians

## BENEFITS YOU RECEIVE:

See attached Benefit Summary

## EMPLOYEE PAYS:

Refer to your employment contract or bargained agreement

## EMPLOYER PAYS:

Refer to your employment contract or bargained agreement

**STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan**  
**Administrators**

**Group #9898**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year July 1 through June 30**

Annual Maximum	\$1000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	

**Class II Restorative Services – 90%**

Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (includes prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 90%**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 90%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Sealants      Eposteal and Transosteal Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

\*\*Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

\*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

**STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan**  
**Custodians**

**Group #9898**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year October 1 through September 30**

Annual Maximum	\$800 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$800 per eligible individual for covered class IV services
TMJ Lifetime Maximum	\$500 per eligible individual for covered TMJ services

**Class I Preventive Services – 80%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Once per plan year to age 18
Sealants	Once per 24 months; permanent molars to age 14
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 19

**Class II Restorative Services – 80%**

Composite and Amalgam fillings**	
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 24 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per 24 months

**Class III Major Services – 80%**

Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 24 months, per arch
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 50%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Implants      Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

\*\*Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies

\*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

## STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan

**Group #9898**

### Policy

#### The Plan-at-a-Glance

#### PPO Networks: ADN Dental Network, DenteMax

#### Maximum Benefits

#### Plan year July 1 through June 30

Annual Maximum	\$1000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1500 per eligible individual for covered class IV services

#### Class I Preventive Services – 100%

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14

#### Class II Restorative Services – 90%

Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (includes prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

#### Class III Major Services – 90%

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

#### Class IV Orthodontic Services – 90%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

#### Not Covered

Sealants	Episternal and Transosteal Implants	TMJ/TMD Treatment	Cosmetic Treatment
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Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

\*\*Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

\*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**



**STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan**  
**Teachers and Secretaries**

**Group #9898**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year October 1 through September 30**

Annual Maximum	\$1000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14

**Class II Restorative Services – 90%**

Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (includes prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 90%**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 90%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Sealants      Eposteal and Transosteal Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

\*\*Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

\*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**



## VISION INSURANCE

### WHO IS ELIGIBLE AND WHEN:

Superintendent, Administrators, Supervisors, Admin Office Support, Teachers, Secretaries, Custodians

### BENEFITS YOU RECEIVE:

See attached Benefit Summary

### EMPLOYEE PAYS:

Refer to your employment contract or bargained agreement

### EMPLOYER PAYS:

Refer to your employment contract or bargained agreement



**STOCKBRIDGE COMMUNITY SCHOOLS - Vision Benefits Plan      Group # 9898**  
Administrators and Policy

**The Plan-at-a-Glance      Benefit Year – July 1 through June 30**

**Vision Examination**      Covered at 100% of Reasonable & Customary (R&C)

**Spectacle Lenses (Pair):**

Single Vision	Covered at 100% of R&C
Bifocal	According to Limits & Exclusions
Trifocal	
Lenticular	

**Frames**      Covered Up to \$65

**Contact Lenses (Pair)**

Cosmetic/Elective (Includes Vision Exam and Fitting)	Covered Up to \$115
Medically Necessary	Covered at 100% of R&C

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**Extra Lens Features** – Tinted, Photochromic (Transition), Polycarbonate, Polarized, Oversize and Blended Lenses, Rimless Drill

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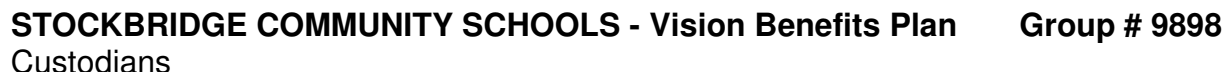
**Limits & Exclusions**

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

**No Payments will be made for the following:**

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. The additional cost of progressive lenses
10. Charges for contact lenses, including the exam, prescription and fitting fee, that exceed the one-time annual plan allowance

**Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.**



**Benefit Year – October 1 through September 30**

Covered at 100% of Reasonable & Customary (R&C)  
Following \$5.00 Copay

Covered at 100% of R&C

Following \$7.50 Combined Copay for Lenses and Frames

According to Limits & Exclusions

Covered at 100% of R&C

Following \$7.50 Combined Copay for Frames and Lenses

Covered Up to \$80

### Extra Lens Features – Rose Tint 1 and 2

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features.
9. The additional cost of progressive lenses
10. Charges for contact lenses, including the prescription and fitting fee, that exceed the one-time annual plan allowance

PO Box 610, Southfield, MI 48037 248-901-3705

**STOCKBRIDGE COMMUNITY SCHOOLS - Vision Benefits Plan****Group # 9898**

Teachers &amp; Secretaries A

**The Plan-at-a-Glance****Benefit Year – October 1 through September 30****Vision Examination**Covered at 100% of Reasonable & Customary (R&C)  
Following \$6.50 Copay**Spectacle Lenses (Pair):**

Single Vision

Covered at 100% of R&amp;C

Bifocal

Following \$18 Combined Deductible for Lenses and Frames

Trifocal

According to Limits &amp; Exclusions

Lenticular

**Frames**Covered Up to \$65  
Following \$18 Combined Deductible for Frames and Lenses**Contact Lenses (Pair)**

Cosmetic/Elective (Includes Vision Exam and Fitting)

Covered Up to \$90

Medically Necessary

Covered at 100% of R&amp;C

**Extra Lens Features** – Tinted, Photochromic (Transition), Polycarbonate, Polarized, Oversize and Blended Lenses, Rimless Drill**Limits & Exclusions**

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

**No Payments will be made for the following:**

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. The additional cost of progressive lenses
10. Charges for contact lenses, including the exam, prescription and fitting fee, that exceed the one-time annual plan allowance

**Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.**



**STOCKBRIDGE COMMUNITY SCHOOLS - Vision Benefits Plan**      **Group # 9898**  
Teachers & Secretaries B

**The Plan-at-a-Glance**      **Benefit Year – October 1 through September 30**

**Vision Examination**      Covered at 100% of Reasonable & Customary (R&C)

**Spectacle Lenses (Pair):**

Single Vision      Covered at 100% of R&C  
Bifocal      According to Limits & Exclusions  
Trifocal  
Lenticular

**Frames**      Covered Up to \$65

**Contact Lenses (Pair)**

Cosmetic/Elective (Includes Vision Exam and Fitting)      Covered Up to \$115  
Medically Necessary      Covered at 100% of R&C

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**Extra Lens Features** – Tinted, Photochromic (Transition), Polycarbonate, Polarized, Oversize and Blended Lenses, Rimless Drill

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**Limits & Exclusions**

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

**No Payments will be made for the following:**

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. The additional cost of progressive lenses
10. Charges for contact lenses, including the exam, prescription and fitting fee, that exceed the one-time annual plan allowance

**Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.**

# DISABILITY INSURANCE

## WHO IS ELIGIBLE AND WHEN:

**Classes 01-02, 05:** First day of Active Work

**Class 03:** First day of Active Work if hired during the school year; 9/1 if hired during the summer

**Class 04:** First day of Active Work if hired from 10/1 through the end of the school year; 10/1 if hired after the end of the school year, but before 10/1

**Class 06:** First day of Active Work if hired during the school year, September 1 if hired during the summer

## BENEFITS YOU RECEIVE:

Class	Class Title and Eligibility (Minimum Hour Requirement)	Maximum Annual Covered Salary / Maximum Monthly Benefit	Benefit	Elimination Period
01	Superintendent (40 hours per week)	\$170,000 / \$8,500	60%	Modified fill
02	Administrators, Supervisors and Administration Office Support (40 hours per week)	\$99,996 / \$5,000	60%	Modified fill
03	Teachers (33.75 hours per week)	\$50,004 / \$2,500	60%	Modified fill
04	Support Staff (40 hours per week)	\$50,004 / \$2,500	60%	Modified fill
05	Grandfathered Employees working a minimum of 20 hours per week (20 hours per week)	\$50,004 / \$2,500	60%	Modified fill
06	Part-Time Teacher & Part-Time Administrator (33.75 hours per week)	\$99,996 / \$5,000	60%	Modified fill

## EMPLOYEE PAYS:

10%

## EMPLOYER PAYS:

90%

# LIFE INSURANCE

## WHO IS ELIGIBLE AND WHEN:

**Classes 01-02:** First of month following completion of the Waiting Period if hired during the school year; 9/1 if hired during the summer

**Classes 03-04, 06, 11, 13:** First Day of Active Work

**Classes 07-08:** First of month following completion of the Waiting Period if hired during the school year; 9/1 if hired during the summer

**Class 10:** First of month following 90 days

**Class 12, 14:** First of month following completion of the Waiting Period if hired during the school year; 9/1 if hired during the summer

## BENEFITS YOU RECEIVE:

Class	Class Title and Eligibility (Minimum Hour Requirement)	Basic Life and AD&D
01	Teachers with Medical (33.75 hours per week)	\$25,000
02	Teachers without Medical (33.75 hours per week)	\$35,000
03	Superintendent hours per week)	2 x Annual Salary rounded to the nearest \$1,000 with a maximum of \$300,000
04	Administrators & Department Heads (40 hours per week)	\$55,000
06	Administration Office Support (40 hours per week)	\$40,000
07	Support Staff with Medical (40 hours per week)	\$25,000
08	Support Staff without Medical (40 hours per week)	\$35,000
10	Custodians (40 hours per week)	\$20,000
11	Maintenance Director (40 hours per week)	\$35,000
12	Part-Time Teacher & Part-Time Counselors (15 hours per week)	\$17,500
13	Nurses (33.75 hours per week)	\$35,000
14	Transportation Employee with Medical (30 hours per week)	\$20,000

## EMPLOYEE PAYS:

**Classes 01-02, 04, 06-08, 11-12, 14:** 10%

**Class 03, 13:** 0%

**Class 10:** 20%

## EMPLOYER PAYS:

**Classes 01-02, 04, 06-08, 11-12, 14:** 90%

**Class 03, 13:** 100%

**Class 10:** 80%

# FLEXIBLE SPENDING ACCOUNT

## WHO IS ELIGIBLE AND WHEN:

All employees

## BENEFITS YOU RECEIVE:

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

## HEALTH CARE REIMBURSEMENT FSA

This program lets 's employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The current limit on salary reduction contributions to a health FSA offered under a cafeteria plan is \$3,200 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

## DEPENDENT CARE FSA

The Dependent Care FSA lets 's employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)



# EMPLOYEE ASSISTANCE PROGRAM

## WHO IS ELIGIBLE AND WHEN:

All employees covered under group life insurance with Madison National Life

## BENEFITS YOU RECEIVE:

When you are dealing with personal situations , it can be difficult to be your best at work or at home. That's why Stockbridge Community Schools offers the Employee Assistance Program (EAP) administrated by LifeWorks. The EAP gives you a place to turn for support any time of the day, or night, and 365 days a year. Support is available for whatever issues employees might be facing, including depression, marriage and relationships, legal issues, child/elder care challenges, parenting issues, financial concerns, grief management or substance abuse.

You can contact our FREE Employee Assistance Program toll-free at 866-451-5465, or you can visit the website at [www.niseap.com](http://www.niseap.com).

## EMPLOYEE PAYS:

0%

## EMPLOYER PAYS:

100%



## Embedded Employee Assistance Program (EAP) with Claimant Assist

Support for Employees\* with Life or Disability Insurance Through National Insurance Services



### The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

### Your EAP Service Provider

TELUS Health is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. TELUS Health has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

### The EAP Process

When you access the EAP, TELUS Health counselors listen and take

action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

### Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, TELUS Health counselors will refer you for counseling at a location that is convenient to your home or work. TELUS Health counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

### Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

### Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

### EAP Services Are Available to You Two Ways:

**Phone:** 866.451.5465

**Online:** [www.niseap.com](http://www.niseap.com)

**Login:** NISEAP | **Password:** EAP  
(Note: Password Is Case-Sensitive)

### Claimant Assist Services Are Available:

866.472.2734

(over)

members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

### Virtual Fitness

You have access to a virtual fitness platform through the EAP. LIFT session, one of the leading fitness providers, provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health and well-being.

You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

### Access to Masters-Degreed Counselors 24-Hours a Day Through a Toll-Free Number

Up to three in-person assessment and counseling sessions.

- **Legal Assistance:** Counselors may refer you to a telephone and/or one in-person consultation with an attorney.
- **Financial Assistance:** Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.
- **Eldercare Assistance:** Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filing your retirement days with meaningful activities.
- **Childcare Assistance:** Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.
- **Memorial Planning Assistance:** Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

### Your EAP and Claimant Assist Administrator:



134 North LaSalle Street, Suite 2200  
Chicago, IL 60602

#### Telephone Assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

#### Online:

[www.niseap.com](http://www.niseap.com) | Login: NISEAP | Password: EAP

(Note: Password Is Case-Sensitive)

**\*The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.**



## Identity Theft Protection Services

In 2022, identity theft impacted at least 422 million individuals.<sup>1</sup> If you are a victim, the IDX Identity Theft Recovery specialists will provide concierge-style service every step of the way. Their expertise will save valuable time during this stressful process.

Your dedicated recovery specialist will work with you until the identity is restored to pre-fraud status. Support may include:

- Assistance with investigation of the suspected identity theft
- Guidance through the recovery process
- Recovery for all 9 types of identity theft
- Advice from trained professionals in identity protection
- Single point-of-contact if you are a victim
- Assistance with notifying law enforcement or local government agencies
- Limited Power of Attorney to work on the victim's behalf
- Documentation including fraud affidavit
- And much more



<https://app.idx.us/account-creation/NIS>  
**855.205.6010**

*"It was great knowing I had someone to help me resolve my identity theft issues and I didn't have to spend hours trying to figure out how to handle it on my own" - IDX member, Needham, MA*

<sup>1</sup> <https://www.iii.org/fact-statistic/facts-statistics-identity-theft-and-cybercrime>

Resolution services offered to you by your employer and:



**Corporate Headquarters:** 300 North Corporate Drive, Suite 300  
Brookfield, WI 53045  
**Offices Nationwide:** 800.627.3660 | [www.NISBenefits.com](http://www.NISBenefits.com)



PO Box 5008, Madison, WI 53705

*Identity theft assistance services are provided by IDX, which is not affiliated with Madison National Life Insurance Company, Inc. Services provided by IDX are not part of Madison National Life's insurance products, and Madison National Life is not responsible for any acts or omissions of IDX in connection with or arising under identify theft assistance services. Access to IDX program is conditioned upon your employer remaining a Madison National Life customer and the program terms and conditions. This program does not provide credit repair services or any form of legal advice.*

*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.*

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