

2024

Plan Year



EMPLOYEE BENEFITS GUIDE

Effective Date:

January 1, 2024 through
December 31, 2024



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ELIGIBILITY REQUIREMENTS & COVERAGE EFFECTIVE DATES

Employees are eligible to participate in the Medical and Flexible Spending Accounts (FSA) if you work at least 30 hours per week. Employees working 40 hours per week are also eligible to participate in the Dental, Vision, Teladoc (if waiving SME's medical coverage), Health Savings Account (HSA), Identity Theft Protection, Colonial Life Accident & Critical Illness, Legal Assistance, Pet Insurance, Life/AD&D and Disability. Part-time employees working under 30 hours are only eligible to participate in the Flexible Spending Dependent Care Account.

As a participant of SME's Employee Benefits Plan, you may choose coverage for **yourself only, yourself and one dependent, yourself and two or more dependents.**

Eligible dependents are defined as your **legal spouse, natural child(ren), legally adopted child(ren), child(ren) placed in your home for legal adoption, stepchild(ren), or child(ren) over whom you have legal guardianship.**

Dependent children include children of the employee or spouse by birth, legal adoption, legal guardianship or children from a former marriage of whom the subscriber has custody.

NEW HIRES: WHEN COVERAGE BEGINS

- Medical, Dental, Vision, Teledoc, Health Savings Account (HSA), Identity Theft Protection, AFLAC, Life/AD&D and Flexible Spending Accounts (FSA) coverage is effective the first of the month following **30** days.
- Short-Term and Long-Term Disability coverage is effective the first of the month following **90** days.

DEPENDENT ELIGIBILITY AND RESTRICTIONS

- **Medical and vision plan coverage** is only available through the end of the month in which a dependent child turns **26**.
- **Dental coverage** is only available through the end of the calendar year in which a dependent turns **19**, unless they are a full-time student, unmarried, and eligible to be claimed by you as an IRS dependent. If this is the case, coverage would be available through the end of the calendar year in which they turn **25**.
- Dependents may potentially remain covered to any age if they are "totally and permanently disabled" by either a physical or mental condition (carrier approval is required).

TELL US WHEN YOU ARE MEDICARE ELIGIBLE

Please notify us when you or your dependent become eligible for Medicare. You can become eligible for Medicare based on age, declaration of total disability, or diagnosis of ESRD.

We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pay primary.

MAKING CHANGES MID-YEAR

The choices you make during open enrollment or when you first become eligible remain in effect for the remainder of the plan year. Thereafter, you must wait until the next open enrollment period to change your benefits or add/remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. (examples: Marriage, Divorce, new Child) Changes to your coverage must be made within 30 days of the life event.

SPOUSAL LIMITATION– MEDICAL COVERAGE

Spousal coverage in the Medical program is only available if the spouse is not eligible for coverage through his/her employer. If an employee's spouse is covered under SME's Medical plan and the spouse subsequently gains access to Medical coverage through his/her employer, the employee must notify SME's Human Resources Department within 30 days of this change. The spouse will no longer be eligible for coverage under SME's Medical plan. Conversely, if the spouse subsequently loses Medical coverage through his/her employer, the employee may add his/her spouse to their SME coverage, but the employee must notify SME's Human Resources Department within 30 days of this change.

SME will conduct periodic spousal audits. Employees will be responsible for completion and return of any requested documentation. If it is found that you did not inform Human Resources about your spouse's eligibility for other coverage during the calendar year, your spouse will lose coverage retroactive to the date other group medical coverage was available.

SPOUSAL LIMITATION– FREQUENTLY ASKED QUESTIONS

- If my spouse is covered by their employer's Medical insurance, are they also eligible for SME's Medical plan? **No**
- If my Spouse does not have group insurance and would be financially responsible for 100% of coverage, can I cover him/her under SME's Medical plan? **Yes. Except if they had the option to enroll in coverage and choose not to enroll.**
- If my spouse chooses SME medical insurance because their company doesn't offer insurance or my spouse is self-employed, would they be eligible for coverage under SME's plan? **Yes**
- If my spouse's company will not allow him/her to elect coverage until their open enrollment period, will they be able to enroll in SME's coverage? **Yes, only until they are eligible for the new coverage to be effective. Except if they had the option to enroll in coverage and choose not to enroll.**
- If my spouse loses his/her job and benefits, would he/she have to wait until open enrollment to add SME insurance? **No**
- My spouse is able to negotiate a higher rate of pay (including per diem and contract "houses") if coverage is waived, would they be eligible for SME's medical coverage? **No**

NICOTINE AFFIDAVIT 

SME's medical plans are designed to encourage healthy lifestyle choices. For the 2024 Plan Year, all employees who enroll in medical insurance are required at the time of enrollment to submit a Nicotine Use Affidavit.

If you are enrolling in a 2024 SME medical plan and:

- A. There is only one adult (over the age of 18) covered on the medical plan who currently uses or has used nicotine products within the last 6 months, you will be charged **\$20** per pay period.
- B. There are two or more adults (over the age of 18) covered on the medical plan who currently uses or has used nicotine products within the last 6 months, you will be charged **\$40** per pay period.

The surcharge will be waived if all adult (over the age of 18) nicotine users covered under SME's medical plan successfully complete the RAS or any other nicotine cessation program within the 6 month period ending on the date you submit the Nicotine-Use Affidavit. You will not have to complete the cessation program, and the surcharge will be waived if the nicotine user's primary care provider believes quitting nicotine is not medically appropriate for that member. Contact HR for a copy of the Physician Affidavit or for information regarding cessation programs.

Outside SME's 2024 standard Open Enrollment Period, you are only eligible to remove or reduce the nicotine surcharge after certifying that applicable covered nicotine users have been nicotine free for the prior 6 months or have completed the reasonable alternative (RAS) within the prior 6 months.

NOTE: Nicotine products are defined as nicotine or nicotine like products intended for human consumption, and when used orally or inhaled, produces smoke or smoke like vapor. This includes but is not limited to: cigarettes, cigars, loose tobacco smoked via a pipe or hookah, chewing tobacco, snuff, dip, electronic cigarettes and vaporizers.



HEALTH & DENTAL BENEFITS GLOSSARY OF TERMS

The following is a glossary of commonly used health and dental benefit terms.



HEALTH

Please refer to your SBC for more details.

- **COINSURANCE:** A percentage of healthcare cost, such as 20%, that the covered employee pays after meeting the deductible.
- **COPAY:** The fixed dollar amount, such as \$25 for each doctor visit, that the covered employee pays for medical services.
- **DEDUCTIBLE:** A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits per person and per family.
 - ◇ **Aggregate Deductible:** Each covered family member's deductible amounts are applied toward the family deductible accumulation. Once the family deductible has been met, the entire family's deductible is considered met regardless of the individual amounts applied to the deductible. Individual deductible does not apply unless single coverage was elected.
 - ◇ **Embedded Deductible:** Each covered family member only needs to satisfy his or her individual deductible prior to receiving plan benefits. Benefits are payable for the entire family once family deductible has been reached.
- **FORMULARY:** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low cost generics at a higher percentage than more expensive brand name or specialty drugs.
- **HEALTH SAVINGS ACCOUNT (HSA):** HSAs may be opened by employees who enroll in a high deductible health plan (HDHP). Employees can put money in an HSA up to an annual limit set by the government using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- **HIGH DEDUCTIBLE HEALTH PLAN (HDHP):** A HDHP features higher annual deductibles than traditional health plans, such as a preferred provider organization (PPO) or health maintenance organization (HMO) plan. With the exception of preventive care, covered employees must meet the annual deductible before the plan pays benefits. HDHPs, however, may have significantly lower premiums than a PPO, HMO or other traditional plans.
- **HEALTH REIMBURSEMENT ARRANGEMENT (HRA):** Unlike HSAs, only an employer may fund an HRA and the funds revert back to the employer when the employee leaves the organization. HRAs are not subject to the same contribution limits as HSAs, and they may be paired with either high deductible plans or traditional health plans.
- **IN-NETWORK:** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- **OUT-OF-NETWORK:** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network.
- **OUT-OF-POCKET LIMITS:** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
- **PREMIUM:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

DENTAL

Please refer to your benefit summary for more details.

- **ANNUAL MAXIMUM:** The total amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) in a specified benefit period, typically a calendar year.
- **LIFETIME MAXIMUM:** The cumulative dollar amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) for the life of the enrollee or the plan. Lifetime maximums usually apply to specific services such as orthodontic treatment.

Source: SHRM.



BCBSM PPO PLAN



BCBSM PPO PLAN

A Preferred Provider Organization (PPO) is a health plan that has contracts with a network of “preferred” providers from which you can choose. With a PPO plan, you have the flexibility of visiting “in” or “out” of network providers, but save significant dollars by obtaining services from in-network providers. You do not need to select a primary care physician (PCP) and you do not need referrals to see other providers in the network.

PPO BENEFITS	
Primary Care Physician (PCP) Required	No
Referral Required to see a Specialist	No
“In-Network” Benefits	Yes
“Out-of-Network” Benefits	Yes
Flexibility	Highest
Premium Cost	\$\$\$

2024 MEDICAL CONTRIBUTIONS

	Coverage Tier	Deductible	Coinsurance Maximum	Out-of-Pocket Maximum		2024 Annual Employee Contributions	2024 Annual Employer HSA Contributions	Maximum Employee Exposure
BUY UP PPO	Single	\$1,000	\$2,500	\$8,150	Employee	\$2,771.86	N/A	\$10,921.86
					EE + Child	\$6,813.04	N/A	\$23,113.04
	Family	\$2,000	\$5,000	\$16,300	EE + Spouse	\$7,198.36	N/A	\$23,498.36
					EE + Children	\$9,669.66	N/A	\$25,969.66
					Family	\$10,146.24	N/A	\$26,446.24
BASE PPO	Single	\$2,000	\$2,500	\$8,150	Employee	\$2,180.36	N/A	\$10,330.36
					EE + Child	\$5,392.80	N/A	\$21,692.80
	Family	\$4,000	\$5,000	\$16,300	EE + Spouse	\$5,778.12	N/A	\$22,078.12
					EE + Children	\$7,894.38	N/A	\$24,194.38
					Family	\$8,371.22	N/A	\$24,671.22
CONSUMER DRIVEN HSA	Single	\$2,500	N/A	\$4,000	Employee	\$1,622.52	\$500	\$5,122.52
					EE + Child	\$3,853.98	\$1,000	\$10,853.98
	Family	\$5,000	N/A	\$8,000	EE + Spouse	\$4,239.30	\$1,000	\$11,239.30
					EE + Children	\$5,721.04	\$1,000	\$12,721.04
					Family	\$6,197.76	\$1,000	\$13,197.76

BI-WEEKLY MEDICAL CONTRIBUTIONS

Coverage Status	BUY UP PPO	BASE PPO	CONSUMER DRIVEN HSA
Employee Only	\$106.61	\$83.86	\$62.40
Employee + Child	\$262.04	\$207.41	\$148.23
Employee + Spouse	\$276.86	\$222.24	\$163.05
Employee + Children	\$371.91	\$303.63	\$220.04
Employee + Spouse and Child(ren)	\$390.24	\$321.97	\$238.38



MEDICAL PLAN

2024 IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries and SBCs for out-of-network coverage and additional plan details.

Group #007044294	Blue Cross Blue Shield of Michigan		
	BUY UP PPO Member's Responsibility	BASE PPO Member's Responsibility	CONSUMER DRIVEN HSA Member's Responsibility
Deductibles (individual/family)	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000
Deductible Type	Embedded ¹	Embedded ¹	Aggregate ²
Coinsurance	20%	20%	20%
Coinsurance Maximum (individual/family)	\$2,500/\$5,000	\$2,500/\$5,000	None
Out-of-Pocket Maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$4,000/\$8,000
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Office Visit Copay	\$30	\$30	20% after deductible
Medical Online Visit Copay	\$30	\$30	20% after deductible
Specialist Visit Copay	\$50	\$50	20% after deductible
Chiropractic Services	\$30 (12 visits per year)	\$30 (12 visits per year)	20% after deductible (12 visits per year)
Emergency Room Copay	\$250	\$250	20% after deductible
Urgent Care Copay	\$60	\$60	20% after deductible
Hospitalization (in-patient)	20% after deductible	20% after deductible	20% after deductible
Prescription Drug Copays			(after deductible)
Generic	\$15	\$15	\$15
Preferred Brand	\$50	\$50	\$50
Non-Preferred Brand	50% (\$70-\$100)	50% (\$70-\$100)	50% (\$70-\$100)
Preferred Specialty	20% (max \$200)	20% (max \$200)	20% (max \$200)
Non-Preferred Specialty	25% (\$300 max)	25% (\$300 max)	25% (\$300 max)
Mail Order	2x copay	2x copay	2x copay

1) Embedded Deductible: If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

2) Aggregate Deductible: If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.



MEDICAL SOLUTIONS FOR 2024

Additional detailed information is available at bcbsm.com.

WHAT YOU NEED TO KNOW!

ACCESS TO CARE

Network options, benefits and cost management innovations that save.

Virtual Care Update

Convenient, high quality virtual options for the full spectrum of care that's always there.

Choices for Care

Helps you avoid costly ER visits and get the care you need quickly and conveniently.

Please see the following pages for detailed information about each of these solutions along with QR codes to the carrier flyers.

IMPROVED CARE

Solutions to better manage care and address specific health and well-being needs.

Maternity and Menopause

Digital programs to fully support family building and woman's health.

Chronic Conditions Management

Personalized support for those who can benefit the most.

Behavioral Health Care

Helping you manage everyday stress to substance abuse.

Health and Well-Being

Gives you the basic building blocks to support and improve your overall well-being.



Virtual Care 2024

Previously Blue Cross Online VisitsSM

Blue + Teladoc!

Starting January 1, 2024:

- **Virtual Care** is replacing Blue Cross Online Visits and transitioning to the Teladoc Health app and web platform.
- **Virtual Primary Care (PPO)** is new and available if you are enrolled in the PPO plan.

The **Livongo** chronic condition management program and myStrength behavioral health digital resiliency tool will be integrated into the Teladoc Health app in 2024.

VIRTUAL CARE THAT'S ALWAYS THERE

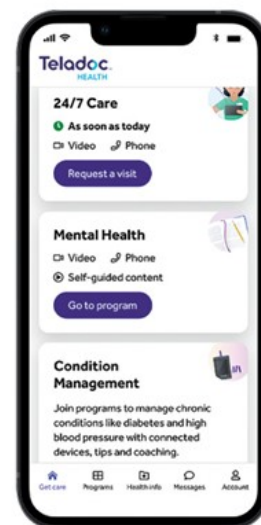
With **Virtual Care** by Teladoc Health, you and everyone on your health plan can get virtual medical and mental health care from a smartphone, tablet or computer.

24/7 ACCESS TO CARE TEAM

Have a virtual visit with a U.S. board-certified doctor for minor illnesses such as colds, sore throats, urinary tract infections and pink eye. Visits are available for adults and children and you don't need an appointment. Prescriptions, if needed, can be sent to your preferred pharmacy.

PRIVATE AND CONFIDENTIAL VIRTUAL MENTAL HEALTH CARE

With **Virtual Care** by Teladoc Health, you can have virtual visits with licensed therapists, psychologists, social workers and counselors, and U.S. board-certified psychiatrists from the comfort of home at a convenient time. This option requires an appointment and provides ongoing support for stressful situations or issues such as grief, anxiety and depression.



VIRTUAL PRIMARY CARE (PPO)

Virtual Primary Care (PPO) provides an additional primary care access point if you prefer virtual care or otherwise haven't been able to receive consistent primary care.

- You will develop a continuous relationship with providers, who work with a dedicated team to create a care plan through the Teladoc platform
- You have 24/7 access to the care team and can receive health reminders to keep you engaged
- You will receive a welcome kit and blood pressure cuff
- Your provider may order lab tests and prescribe medications
- Concierge-level service is available to guide you to in-network, high-quality specialty providers and facilities when in-person care is needed

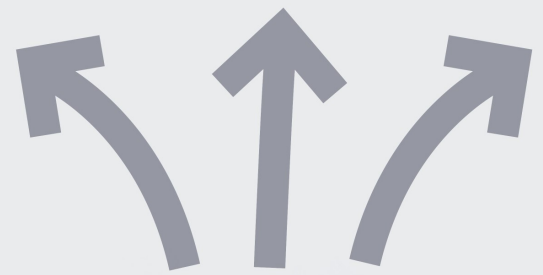


Use the QR code for additional information and how to sign up on the Teladoc Health app in conjunction with your BCBSM medical plan.



CHOICES FOR CARE

Additional detailed information is available at bcbsm.com



When it's not an emergency, you have choices for when and where to get health care.

ALWAYS START HERE



PRIMARY CARE PROVIDER

Comprehensive personalized care from a trusted provider, virtually or in person—the first choice for care.



24 HOUR NURSE LINE

Free medical advice from a registered nurse from the comfort of home or on the go—anytime of day or night.



VIRTUAL CARE BY TELADOC

Virtual Visits 24/7 with U.S. board-certified doctors and nurse practitioners, anywhere in the U.S., behavioral health is also available.



WALK-IN CLINICS

In-person care after hours or on weekends, without an appointment. Retail health clinics and urgent care centers are conveniently located near your home, school and work.



IN DANGER EMERGENCY ROOM

Emergency medical care for life-threatening situations.

Always follow up with your primary care provider. This information isn't intended to be medical advice. In an emergency, call 911 or go to an emergency room near you.



MATERNITY & MENOPAUSE PROGRAMS

Additional detailed information is available at bcbsm.com



No cost digital health support for pregnancy and menopause journeys.

The digital maternity and menopause programs through Maven provide full support for these stages of life, including access to 24/7 video appointments with clinical coaches and personalized, interactive content. You or anyone on your health plan can enroll and participate at **no cost**.

Maternity Program

This program provides full support during pregnancy and three months postpartum including:

- Comprehensive prenatal and postpartum care navigation
- High-risk pregnancy management
- Early detection for risk factors
- Support for parents with an infant in the NICU and for parents who have experienced a loss
- Help preparing for returning to work
- Content and support tools specific to each week of pregnancy

Key features of the Maven app

Through the Maven app, you will receive full access to:

- A personal care advocate
- Personalized resources
- 24/7 video appointments

Menopause Program

Gives instant access to expert advice and resources for:

- Early identification of menopausal symptoms and treatment guidance
- 24/7 virtual access to coaching care team specializing in perimenopause, menopause, and post-menopause
- Guided education and in-app communities to connect with others in the same stage of life
- One-on-one mental health support



Use the QR Code for more details and how to sign up on the Maven app.



BLUE CROSS HEALTH & WELL-BEING

Additional detailed information is available at bcbsm.com



Basic building blocks to support and improve overall well-being

Online Well-Being Resources

Powered by WebMD, these well-being resources are available through your online member account at bcbsm.com and the mobile app.

- Health assessment
- Digital Health Assistant
- Symptom checker
- My Pregnancy Assistant
- Behavioral health podcasts
- Recipes
- Health record
- Health trackers
- Document library
- Devices and app connection center
- WebMD health topics
- Medical encyclopedia
- WebMD interactives
- WebMD videos

Blue365 Member Discounts

Get exclusive savings on national and Michigan-based products and services for a healthy and well-balanced lifestyle, including:

- Gym memberships and fitness gear
- Weight-loss programs and meal delivery kits
- Travel and recreation
- Lasik and eye care services, dental care and hearing aids

myStrength by Livongo

A digital resiliency tool to help with everyday stressors through self-guided tools, video modules and resources. The myStrength program helps with conditions such as depression, anxiety, substance use disorder, chronic pain and more.



Use the QR Code to learn about each of these solutions.

Blue Cross Virtual Well-Being

An inspirational tool to help you live your best life. Virtual Well-Being includes two live, interactive, science-based webinars and a guided meditation each week. Each webinar runs from noon to 12:30 pm, EST and has downloadable resources you can use in your workplace.

Visit bluecrossvirtualwellbeing.com to register for upcoming webinars and meditations or to view past sessions on demand.

Tobacco Coaching, powered by WebMD

Helps those who are ready to quit using tobacco products. By signing up for this program, you will receive five calls from a specialty trained health coach over a 12-week period, with unlimited calls and online resources.



CHRONIC CONDITIONS MANAGEMENT

Additional detailed information is available at bcbsm.com

Our Smarter, Better Health Care, helps you manage your chronic or complex conditions and save on health care costs.

Blue Cross Coordinated Care Core

This program delivers a holistic, member-centric approach for you or family members on your health plan with complex, chronic and acute conditions or those with the potential risk of developing these conditions.

Features:

- A comprehensive Blue Cross care team provides you with a deep level of support, a better understanding of your condition, and steps you can take to improve your health and well-being
- A dedicated phone number to call if you have condition related questions
- Access to the Blue Cross Coordinated Care mobile app where you can connect with a care advocate, set appointment reminders, track medications, and view helpful articles/videos related to your personal needs

Livongo Diabetes Program

This data-driven health program helps remove the barriers to proper diabetes care and gives you the power to manage your diabetes and combat the risk of complications down the road. This program is available at no additional cost to you, and makes living with diabetes easier with:

- 24/7 one-on-one coaching from certified diabetes educators
- A welcome kit that includes a smart glucometer that automatically uploads blood sugar readings, making logbooks a thing of the past
- Unlimited testing strips and lancets delivered to home
- Reports that can easily be shared with providers or loved ones
- Emergency outreach—a diabetes specialist will reach out to you when an out-of-range blood glucose reading occurs to ensure your safety and provide guidance to regain control of your condition

Spine and Joint Care Program

If you are someone who suffers from a condition that affects your muscles, bones, joints, tendons and ligaments, Blue Cross wants to make sure that you get the care you need, that's safe, medically necessary and will lead to the best possible outcomes.

What type of conditions are considered spine and joint?

- **Injuries**—fractures, sprains, strains and tears of tendons and ligaments
- **Degenerative conditions** such as chronic low back pain
- **Chronic overuse** or repetitive strain injuries



Medication Adherence Programs

These programs are available at no additional cost.

Drug Adherence Discount Program, powered by Sempre Health

Once enrolled, you receive monthly refill reminders. When you refill and pick up your qualifying prescription on time, you earn a discount on the copay. Monthly discounts increase as you refill on time.

High-Cost Drug Discount Optimization Program, powered by PillarRx

If you are enrolled, you can take advantage of manufacturer copayment assistance programs that significantly lower your out-of-pocket costs for expensive medications.



Use the QR Code to find out more about these programs.



BEHAVIORAL HEALTH

Additional detailed information is available at bcbsm.com



In times of need, there are several convenient ways to get confidential help.

There's not a one-size-fits-all solution when you or a family member has a mental health or substance use concern—finding the best option is key to a successful recovery. That's why your chosen health plan includes a range of benefits and support to meet your personal needs.

VIRTUAL & IN-PERSON THERAPY OPTIONS

Virtual Visits

A convenient way to have a confidential session with a licensed therapist or psychiatrist from anywhere.

- Connect with board-certified psychiatrists or licensed psychologists, social workers and therapists by appointment, seven days a week from 7 am to 9 pm
- Therapists are available for children ages 13 and older

AbleTo

Offers eight weeks of structured cognitive behavioral therapy with a licensed therapist for anxiety and depression. This is only for adult members and you can find AbleTo providers through your BCBSM online member account.

New Care Navigation

Quartet Health helps reduce the burden on Michigan-based, adult members to find the right network, outpatient behavioral health providers within a reasonable time frame at no additional cost.

Crisis Services

Blue Cross provides four interconnected programs to manage crises and initiate treatments early for you and your family members.

- Psychiatric urgent care
- Mobile crisis
- Crisis stabilization
- Crisis residential

Hotlines

- Call the number on the back of your member ID card anytime for help with a mental health or substance use crisis
- Anyone can call the national 988 Suicide & Crisis Lifeline by dialing **988** or **1.800.273.8255**

Self-Guided Support

There are a variety of free resources available for you and your family members that can be accessed regularly to manage day-to-day stress and maintain a healthy state of well-being.

- Blue Cross Virtual Well-Being
- Blue Cross Health & Well-Being online resources powered by WebMD
- myStrength by Livongo



Use the QR Code for additional information.



HEALTH SAVINGS ACCOUNTS



SME offers a Health Savings Account (HSA) option through Fidelity Investments. This program is designed to give you greater control in managing your health & funding your health care services. You can only contribute to an HSA if you enroll in the HSA Qualifying Plan: **CONSUMER DRIVEN HSA.**

An HSA combines a high-deductible health plan (HDHP) with a tax-free individually owned savings account. Money in the savings account can help pay for your qualified medical expenses, or you can save and use it for qualified medical expenses when you retire. The balance in your HSA rolls over from year to year and the account earns interest and is yours to keep, even if you leave SME, change medical plans, or retire.

HSAs are designated to provide participants with triple tax benefits. The following are tax-free:

- HSA contributions
- Interest and other earnings on HSA contributions
- Amounts distributed from an HSA for qualified medical expenses

You are eligible for an HSA if you are:

- Covered by a HDHP
- Not enrolled under another medical plan that is not a HDHP
- Not entitled to (eligible for AND enrolled in) Medicare benefits
- Not eligible to be claimed on another persons tax return
- Not covered by a Health FSA funded by your spouse

You can make contributions to your HSA through regular payroll deductions. You may change the amount at any time. Please contact your Human Resources Department for assistance.

Using your HSA funds is easy - You can choose between using a Fidelity Debit Card or If you decide to pay out of pocket for a qualified expense, you can later reimburse yourself from your HSA at any time without penalty—weeks or even years in the future—provided you have receipts that total the appropriate amount to reimburse yourself.

Fidelity HSA accounts are Flexible - Spend your HSA funds today or save it for tomorrow—it's up to you. Because your balance automatically carries over from year to year, you don't have to worry about losing money that you haven't spent. If you're paying for current qualified expenses, you can save money in your HSA in cash for easy access. Any savings not needed for current qualified expenses can be invested in a wide variety of investment options— including mutual funds, stocks, bonds, and CDs—to potentially grow your balance for future qualified expenses, such as those in retirement. Once you reach age 65, you can use your HSA for any reason—just pay normal income taxes on any money used for any nonqualified medical expense.

Opening Your HSA Account with Fidelity - Log in to Fidelity NetBenefits® at netbenefits.com or 401k.com using your existing username and password, and click Open next to Health Savings Account.

More Information - Want to learn more about a Fidelity HSA? Visit Fidelity.com/healthsavingsaccount or call 800-544-3716.

HOW MUCH CAN I CONTRIBUTE TO MY HSA?

	2023	2024
Single Coverage	\$3,850	\$4,150
Family Coverage	\$7,750	\$8,300
Catch up Contributions*	\$1,000	\$1,000

*If you are age 55 or older, you can make an additional catch-up contribution. The maximum IRS contribution for the year includes the sum of all employee and employer contributions. For more information, visit www.irs.gov/publications/p969.

ANNUAL EMPLOYER CONTRIBUTIONS BY SME

Single Coverage	\$500
Family Coverage	\$1,000

Contributions will be made to your HSA on a pro-rated,



FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for eligible expenses that are not covered by insurance or only partially covered. You can save up to 30% on your dollar (depending on your tax bracket) by estimating how much you usually spend on these types of expenses in a year and setting aside that dollar amount into your FSA.

HEALTH FSA

Maximum annual election amount: \$3,200 (projected)

LIMITED PURPOSE FSA (If participating in an HSA plan)

Maximum annual election amount: \$3,200 (projected)

DEPENDENT CARE FSA

Maximum annual election amount: \$5,000

The example below is based on an annual salary of \$50,000 and an annual Health FSA election of \$1,200. Payroll taxes calculated to assume federal and state taxes, Social Security and Medicare.

WITHOUT THE FSA	
Monthly gross earnings	\$4,167
Taxable income	\$4,167
Payroll taxes	-\$1,292
Net Income	\$2,875
Medical expenses	-\$100
Total home pay	\$2,775
WITH THE FSA	
Monthly gross earnings	\$4,167
Medical expenses	-\$100
Taxable income	\$4,067
Payroll taxes	-\$1,260
Net Income	\$2,807
Total home pay	\$2,807
Estimated monthly savings: \$32	
Estimated annual savings: \$384	

HOW TO ACCESS YOUR FUNDS

Paper Claim: Fax or email Kapnick

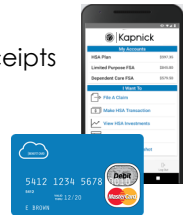
Debit Card: When you enroll in the FSA, Kapnick will provide you with two Benny Cards, a MasterCard with the value of your account contribution stored on it (there is a \$10 replacement fee for lost or stolen cards).

Don't forget to keep your FSA card for 2024!

Kapnick FSA Mobile App: The Kapnick FSA Mobile App allows you to easily and securely access your healthcare accounts to:

- View account balance and detail
- Submit healthcare account claims
- Capture and upload pictures of your receipts anytime

The Kapnick FSA Mobile App can be located by searching Kapnick FSA in the app store or browser on your mobile device.



FSA RULES TO REMEMBER

GRACE PERIOD: Permits participants to be reimbursed from the Health FSA for expenses incurred during the two and a half months (until March 14) after the plan year ends.

RUN-OUT PERIOD (PROOF OF LOSS): Active participants have until March 31 to submit expenses incurred during the plan year. If you terminate employment during the plan year, you have 90-days from your separation date to submit eligible expenses for reimbursement.

If you are enrolling in the Consumer Driven HSA plan & currently participate in a Traditional PPO Plan as well as the Health FSA, you may want to consider submitting all of your 2023 health care claims prior to 12/15/23 so that your Health FSA account has a zero balance as of 12/31/23. If your Health FSA has a zero balance as of 12/31/23, you may start making HSA contributions as of 1/1/24. If your Health FSA has a balance greater than zero on 12/31/23, you may not make HSA contributions until 3/15/24, after the Health FSA grace period has expired.



HSA/FSA/LPFSA COMPARISON

	HSA	HEALTH CARE FSA	LPFSA
What does it stand for?	Health Savings Account	Health Care Flexible Spending Account	Limited Purpose Flexible Spending Account
What are the benefits to employees?	Contributions are tax deductible, interest and capital gains on investments are tax-free.	Employee contributions are exempt from federal and FICA tax as well as most state and local tax.	Employee contributions are exempt from federal and FICA tax as well as most state and local tax.
Does the employee need to be enrolled in a particular medical plan to qualify?	Yes. Employees must be enrolled in a qualifying high-deductible medical plan.	No. An employee can be enrolled in any type of health plan.	Yes. Employees must be enrolled in a qualifying high-deductible medical plan.
What is the account used for?	Funds can be used for any qualified medical expense as defined under Section 213(d) of the Internal Revenue Code. This includes co-pays, deductibles and Rx costs.	Funds can be used for any qualified medical expense as defined under Section 213(d) of the Internal Revenue Code. This includes co-pays, deductibles and Rx costs.	Funds can be used for <u>Dental</u> and <u>Vision</u> claims as defined under Section 213(d) of the Internal Revenue Code.
Who owns the account?	Employee	Employer	Employer
Can the account be integrated with other accounts?	Yes. An HSA can be combined with a Limited Purpose Flexible Spending Account.	No	Yes. A Limited Purpose Flexible Spending Account can be used in conjunction with enrollment in an HSA.
Who funds the account?	Typically the employee, but the employer can contribute.	Typically the employee, but employer can contribute	Typically the employee, but employer can contribute
How is it funded?	Money is deposited directly into the account. Contributions can be made through pre-tax salary deductions, or "after-tax" by the employee.	Based on the employee's annual election, the employer designates a specific amount of wages to be deducted from the employee's payroll check pre-tax.	Based on the employee's annual election, the employer designates a specific amount of wages to be deducted from the employee's payroll check pre-tax.
What is the contribution limit?	Annual contribution limits are established by the IRS and indexed for inflation. For 2024, up to \$4,150 for a single, up to \$8,300 for a family. Employee's 55 and older can contribute an additional "catch-up" contribution of \$1,000.	The annual maximum amount of employee contribution is established by the IRS. For 2024, the projected maximum annual election amount is \$3,200.	The annual maximum amount of employee contribution is established by the IRS. For 2024, the projected maximum annual election amount is \$3,200.
What happens to the money if not used during the plan year?	The money remains in the account year-over-year and is owned by the individual.	Any money not used by the end of the plan year is forfeited back to the plan ("use it or lose it").	Any money not used by the end of the plan year is forfeited back to the plan ("use it or lose it").
When can I access funds?	Only the amount currently available in the HSA may be used to pay or reimburse qualified expenses.	The total amount elected by the employee for the plan year is available on the first day of the plan, regardless of the amount contributed.	The total amount elected by the employee for the plan year is available on the first day of the plan, regardless of the amount contributed.
Does the money in the account earn interest?	Yes	No	No
Is the account portable between employers?	Yes	No	No



DENTAL & VISION

2024 IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries for out-of-network coverage and additional plan details.

BENEFITS	DELTA DENTAL BASE / CORE PPO PLAN Group # 0193-0001 Member's In-Network Responsibility	DELTA DENTAL BUY UP / ENHANCED PPO PLAN Group #0193-1001 Member's In-Network Responsibility
Deductible	\$50 per member/\$150 per family	None
Diagnostic & Preventive	Covered 100% In-Network Covered 80% Out-of-Network	Covered 100% (In and Out-of-Network)
Basic Services	20% After Deductible	20%
Major Services	50% After Deductible	50%
Maximum Payment	\$1,000 per member per year	\$1,500 per member per year
Orthodontics (under age 19)	50%; lifetime maximum \$1,000	50%; lifetime maximum \$1,500
<u>BI-WEEKLY CONTRIBUTIONS</u>		
Employee Only	\$5.03	\$9.10
Employee + Child	\$9.96	\$18.45
Employee + Spouse	\$9.96	\$18.45
Employee + Children	\$18.35	\$36.02
Employee + Spouse + Child(ren)	\$18.35	\$36.02

BENEFITS	EYEMED VISION PPO PLAN Group # 1041760-1001 Member's In-Network Responsibility using EyeMed's Insight Network
Eye Exam (once every plan year)	\$0 copay (PLUS providers) \$10 copay
Standard Lenses (one pair every plan year)	\$25 copay; additional copays for progressive lenses (see benefit summary for complete description)
Standard Frames (once every other plan year)	\$0 copay; up to \$180 allowance (PLUS providers) \$0 copay; up to \$130 allowance
Elective Contact Lenses (once every plan year)	\$0 copay; \$130 allowance
Contacts are in lieu of Prescription Glasses and vice versa	
<u>EMPLOYEE CONTRIBUTIONS</u>	
Employee Only	\$2.96
Employee + Child	\$4.51
Employee + Spouse	\$4.51
Employee + Children	\$8.10
Employee + Spouse + Child(ren)	\$8.10



LIFE & DISABILITY

2024 COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

EMPLOYER/EMPLOYEE PAID COVERAGES PLUS VALUE ADDED COVERAGES

MUTUAL OF OMAHA Group # GLUG-0B9KS EMPLOYER PAID LIFE & AD&D INSURANCE

- **Benefit Amount:** 1x basic annual salary to a maximum of \$500,000
- **Benefit Reduction:** At age 70, amounts reduce to 65%. At age 75, amounts reduce to 50%.

MUTUAL OF OMAHA Group # G00-0B9KS EMPLOYER PAID SHORT-TERM DISABILITY

- **Weekly Benefit Amount:** 60% of weekly salary up to \$1,000 per week
- **Elimination Period:** Benefits begin on the 1st day of accident/8th day illness
- **Maximum Benefit Period:** 13 weeks

MUTUAL OF OMAHA Group # GLTD-0B9KS EMPLOYER PAID LONG-TERM DISABILITY

- **Monthly Benefit Amount:** 60% of monthly salary up to \$6,000 per month
- **Elimination Period:** 90 days
- **Maximum Benefit Period:** Social Security normal retirement age

MUTUAL OF OMAHA Group # GVTL-0B9KS EMPLOYEE PAID VOLUNTARY LIFE & AD&D

EMPLOYEE	SPOUSE	DEPENDENT
Benefit amount: \$25,000 increments; not to exceed 7x annual salary	<i>Employees must elect coverage for themselves in order for spouse to be eligible.</i>	<i>Employee must elect coverage for themselves in order for a dependent to be eligible.</i>
Maximum benefit amount: \$200,000	Benefit amount: \$25,000 increments. Not to exceed employee amount, up to \$100,000	Coverage amount: flat \$10,000
Medical underwriting: required for amounts in excess of \$150,000	Medical underwriting: required for amounts in excess of \$50,000	
Benefit reduction: Benefits will reduce to 65% at age 70; reduce to 50% at age 75		

- *Note: Late entrants (enrollment after your new hire eligibility period) will be subject to Evidence of Insurability. You are responsible for the full cost of this coverage.*
- Please refer to your benefit summary for age banded rates.

MUTUAL OF OMAHA VALUE ADDED PROGRAMS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP is confidential and available at no extra cost to you! The work-based program assists employees and their eligible dependents with personal and job-related concerns including: up to 4 free face-to-face sessions per person, per issue, per year | unlimited phone access to legal, financial and work-life services | 25% discount on in-person consultations with network lawyers | Financial consultations and referrals | assistance with child care, finding movers, kennels and pet care, vacation planning and more

www.mutualofomaha.com/eap or phone: 800.316.2796

TRAVEL ASSISTANCE PROGRAM

Worldwide Emergency Travel Assistance services are available to you with just one phone call. When traveling for business or pleasure, in a foreign country or just 100 miles or more away from home, you and your family can count on getting help in the event of a medical emergency. **Inquires within the U.S.: 800.856.9947/For collect calls outside the U.S.: 1.312.935.3658**

HEARING DISCOUNT PROGRAM

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call **1-888-534-1747** or visit amplifonusa.com/mutualofomaha to learn more.

WILL PREPARATION SERVICES

MOO works with Epoq, Inc. to offer employees discounted online will preparation tools. In just a few clicks you can complete a customized plan to protect your family and property. To get started visit www.willprepservices.com and use the code **MUTUALWILLS** to register.

ADDITIONAL VOLUNTARY COVERAGES

2024 COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

NEW CARRIER!
COLONIAL LIFE
EMPLOYEE PAID COVERAGES

COLONIAL LIFE

EMPLOYEE PAID VOLUNTARY ACCIDENT INSURANCE

Colonial Life's Accident Insurance will pay cash benefits to you based on a diagnosis and treatment of a covered injury for you or your covered family members that resulted from an accident.

- ✓ You can use these benefits to help cover your deductibles, copayments or even your bills at home.
- ✓ Accident insurance can provide benefits for covered accidents that occur on and off the job.
- ✓ Accident insurance is offered to all eligible team members who are actively at work with **no evidence of insurability required**.

COLONIAL LIFE

EMPLOYEE PAID VOLUNTARY CRITICAL ILLNESS

COULD YOUR BANK ACCOUNT SURVIVE A SERIOUS ILLNESS?

Critical Illness Insurance will pay a lump sum cash benefit to you based on a diagnosis and treatment of a covered condition for you or your covered family members

- ✓ You can use these benefits to help cover your deductible, copayments, or even your bills at home.
- ✓ Critical Illness insurance is offered to all eligible team members who are actively at work with **no evidence of insurability required**.

SOME COVERED CONDITIONS INCLUDE:

- ⇒ Cancer
- ⇒ Stroke
- ⇒ Major Organ Failure
- ⇒ Heart attack
- ⇒ End stage kidney failure
- ⇒ Coma
- ⇒ Blindness

During SME's 2024 Open Enrollment, you can enroll in two ways:

- Call Colonial Life's Enrollment Center at **313.965.3533**
- Scan or click the QR code to visit Colonial Life's [Online Enrollment Center](#) for SME



IMPORTANT NOTE FOR CURRENT AFLAC POLICYHOLDERS!

Current AFLAC policyholders will receive a letter via email discussing options for continuing their current coverage.

403(b) PLAN & EMPLOYEE DISCOUNTS

EMPLOYEE SAVINGS 403(b) PLAN

Once you have received your first paycheck from SME you can enroll in the Fidelity 403(b) plan at anytime. You can also change your contribution amount at any time.

Employee contributions are matched according to the following formula: **100% of the first 3% and 50% of the next 2%** an employee contributes each pay period. Matching funds are immediately vested **(there is no waiting period)**.

Annual Retirement Contribution: SME will match an additional 2% of employees "gross" salaries for active employees on the last day of the calendar year (regardless of participation). Amounts will be deposited in employee accounts in January of the following year.

Employees have two enrollment options: by phone or on-line.

- Fidelity's online system is available at www.netbenefits.com.
 - ⇒ If electing for the first time, select "New User Registration" and confirm your basic information. You will have the option of creating both a log-in and password that are unique (any combination of upper or lower case letters, symbols and/or numbers).
- To enroll by phone, call Fidelity at (800) 343-0860.
 - ⇒ If electing for the first time, when asked for your customer identification number your default number is your social security number. We recommend that you change this default number.
 - ⇒ You will be asked to confirm your basic information and to choose a PIN number.
- Once your account is established, if you wish to roll-over 401(k) or 403(b) funds from another provider or employer, call Fidelity at (800) 343-0860 and they will guide you through the process.
- Please remember to designate a beneficiary for your 403(b) account by filling out the designation form and mailing it back to: Fidelity Investments, P.O. Box 5000, Cincinnati, OH 45273-8687.
- Employees can contribute up to 50% of their check per pay period up to the IRS maximum for the year.

IRS Maximums for 2024:

Contribution Maximum (under the age of 50) = \$23,000

Contributions Maximum (over the age of 50) = \$30,500 (includes Catch-up)

EMPLOYEE DISCOUNTS

Company	Details	Company Code	Phone Number
General Motors	www.gmsupplierdiscount.com	187323	
Chrysler	www.chrysleraffiliates.com	S63828	(888) 444 - 4321
Verizon (18% Discount)	www.verizonwireless.com/discounts		
AT & T (10% Discount)	Provide proof of employment via pay stub, badge, etc.	4886871	
Blue Cross Blue Shield	See www.blue365deals.com for a complete list of discounts		

2024 KAPNICK STRIVE GOLD WORKSITE WELL-BEING PROGRAM



WHAT IS KAPNICK STRIVE?

Kapnick Strive supports SME'S commitment to a culture of health and wellness. Our goal is to help you achieve your better health today by providing education, support, resources, and rewards. Kapnick Strive is also a way to proactively manage healthcare costs by helping participants maintain and improve their health. By participating in the Kapnick Strive Worksite Well-Being program, you may be eligible to earn a financial incentive. Kapnick Strives' comprehensive program includes the following benefits:

KAPNICK STRIVE BENEFITS	EE'S PARTICIPATE IN MEDICAL & COVERED SPOUSE	ALL EMPLOYEES
Free comprehensive biometric screening	√	
Online health risk assessment	√	√
Access to a comprehensive wellness portal	√	√
Reward points program	√	√
Online challenges and tracking tools	√	√
Discounts with the wellness outlet	√	√
Wellness Presentations	√	√
Online Health coaching	√	√

BIOMETRIC HEALTH SCORE WELLNESS INCENTIVE CRITERIA:

HEALTH SCORE	REQUIREMENTS
70 or higher	Incentive eligible
Improved by 5 points	Incentive eligible
Less than 70	Enroll in the six week health coaching program
First time participant	Incentive eligible

Visit kapnickstrive.com/SME to view your health report. If you did not score 70+ or improve by 5, you will have the option to enroll in the RAS program.

STRIVE REWARD POINTS PROGRAM DETAILS:

Employees and eligible spouses are eligible to earn Strive Reward Points to win quarterly and annual prizes. These points can be earned by completing and submitting various healthy activities inside and outside of work.

HOW TO EARN THE STRIVE WELLNESS INCENTIVE

Employees covered on the medical plan are eligible to receive a **\$500** wellness incentive by completing a biometric health screening and following the recommended next steps listed in the chart below. If an employee and their spouse are enrolled in a SME medical plan, both employee & spouse must follow the below to earn the 2024 incentive. If an employee's spouse does not participate & meet the below criteria, the employee will be eligible for a \$250 wellness incentive. The amount will be paid out at the end of each quarter (\$125, \$125, \$125 & \$125).

STEP 1: Visit www.kapnickstrive.com/sme to log in or select sign up if you are a first-time participant

STEP 2: Complete your 2024 Health Risk Assessment (HRA)

STEP 3: Schedule your biometric health screening appointment

STEP 4: Complete your biometric health screening

STEP 5: Determine your incentive eligibility

REASONABLE ALTERNATIVE STANDARD (RAS): If you did not receive a score of 70 or higher OR you have not increased your score by 5 points, and you're not a first time participant, you can enroll in the Reasonable Alternative Standard (RAS) Health Coaching Program to become incentive eligible.

RAS TELEPHONIC HEALTH COACHING:

- Six weeks of health coaching with a certified health coach
- The health coach calls you once a week
- Develop a plan of action

USE THE MYWELL APP:

You can access your Strive Wellness Portal from your phone:

- 1) Visit your portal (www.kapnickstrive.com) on a computer to get your mobile access code:
 - Click on your avatar
 - Select mobile access
 - Select NEW
 - Save your code
- 2) Visit your phone's app store and download MyWellApp by CoreHealth. Enter your mobile access code after waiting 1-2 minutes.



2024 WELLNESS REIMBURSEMENT PROGRAM



SME offers an incentive to all full and part time US employees who are committed to promoting a healthy lifestyle. In 2024 we will reimburse employees up to **\$300** a year for their participation in, or purchase of, any of the following items:

- Gym, fitness or aquatic memberships
- Health seminars or classes (taken outside of a fitness club, such as yoga, kickboxing, etc.)
- Weight loss programs (i.e. Weight Watchers, Jenny Craig)
- Smoking cessation programs
- Heart rate and/or activity trackers (limit 1 tracker per employee every 3 years)
- Large fitness equipment (treadmill, stair master, elliptical, or stationary bicycle)
- Nutrition counseling
- Race registration (i.e. marathon, triathlon)
- Acupuncture
- Tennis and swim lessons
- Medical provider-based weight loss programs, or counseling with a registered dietician
- Medically prescribed massage

*** Anything not noted above must be discussed with HR prior to reimbursement request being submitted.**

PROGRAM RULES:

- Receipts for the program, membership, class, etc., must be provided. The receipt must be itemized and have detail of the charges.
- SME will not pay an invoice, but will reimburse based on a receipt
- We will accept receipts dated back to **December 1, 2023** for this program
- You must be an active employee on the date the reimbursement is made
- *Note: Receipts do not need to be from the current quarter for reimbursement, but must be from 2024*
- All reimbursements are subject to applicable taxes
- Employees must complete the wellness reimbursement form in Kronos and upload a copy of their receipt(s). Go to My HR > HR Actions > Wellness Reimbursement > select Start.
- No more than one form per employee should be submitted per quarter. Please consolidate submissions if possible.

DEADLINES:

Reimbursements will be made via direct deposit, via payroll on a quarterly basis. The schedule is as follows:

- Receipts for Q1 due **by Friday, April 5** for payment on April 12
- Receipts for Q2 due **by Friday, July 12** for payment on July 19
- Receipts for Q3 due **by Friday, October 4** for payment on October 11
- Receipts for Q4 due **by Friday, November 29** for payment on December 6
- No receipts will be accepted for 2024 after December 1, 2024.

EXAMPLES OF ITEMS INELIGIBLE FOR REIMBURSEMENT:

- Health spas, massages or spa products
- Tournament or greens fees
- Food or beverage purchases, child care or tanning at a gym, fitness or aquatic club
- Merchandise (shoes, clothing, golf clubs, skis, snowmobile, etc.)
- Food and dietary supplements (other than those bought as part of a medical provider-based program)

2024 WELLNESS VISIT INCENTIVE



The **2024 Wellness Visit Incentive** program offers all employees an incentive to see their doctor for their annual preventative visit. Employees who provide proof of their annual preventative visit will receive a Wellness Visit Incentive of **\$200** (less applicable taxes and deductions).

Today, approximately 40% of our insured employees have not had an annual preventative visit in the last year. The population of people who do not take advantage of these visits with their doctors is at a higher risk for developing serious medical conditions. Data tells us that the earlier medical issues are caught, the easier and less costly they can be to address. For example, a routine blood test would usually check for indications of diabetes.

SME believes it is in everyone's best interest to have an annual preventative visit with the primary doctor of their choice. This is an investment in the health of our employees and an effort to contain the rising costs of health care for everyone. We will offer this incentive to all employees—not just those enrolled in the SME medical program—because we want everyone to be healthy while working together to cope with the ever-increasing costs of health care. And don't forget: members enrolled in one of SME's medical plans can receive their annual preventative visit from in-network providers at no cost!

HAVE YOU BEEN TO YOUR DOCTOR LATELY?

Get back on track with your preventive medical care.

REASON #1



Annual well-visits allow you to know your numbers & assess your risk for future health problems even if you're currently free of symptoms or complaints.

REASON #2

Well-visits allow you to establish an ongoing relationship with your clinician for personalized care and ease of talking about uncomfortable issues.



REASON #3



Well-visits allow you to make sure you're up-to-date on your vaccinations and give you a chance to review your prescriptions, which can help prevent future health problems.

REASON #4

Employees who provide proof of their annual preventative visit will receive a Wellness Visit Incentive of \$200!



DEADLINES:

Annual preventative visit must occur between January 1 and December 1, 2024.

Reimbursements will be made via direct deposit, via payroll on a quarterly basis. The schedule is as follows:

- Proof of visit for Q1 due **by Friday, April 5** for payment on April 12
- Proof of visit for Q2 due **by Friday, July 12** for payment on July 19
- Proof of visit for Q3 due **by Friday, October 4** for payment on October 11
- Proof of visit for Q4 due **by Friday, November 29** for payment on December 6
- No proofs of visit will be accepted for 2024 after December 1, 2024.



NEW OFFERING! EMPLOYEE PAID PET INSURANCE

Enroll anytime on or after
January 1, 2024



- ✓ Accidents, including poisoning and allergic reactions
- ✓ Injuries, including cuts, sprains, and broken bones
- ✓ Common illnesses, including ear infections, vomiting and diarrhea
- ✓ Serious/chronic illnesses, including cancer, and diabetes
- ✓ Hereditary and congenital conditions
- ✓ Surgeries and hospitalization
- ✓ X-rays, MRIs and CT scans
- ✓ Prescription medications and therapeutic diets

To get a quote or enroll, go to
www.metlife.com/getpetquote
or call 1 800 GET-MET8



 **MetLife** | Pet Insurance





MetLife

**NEW OFFERING!
EMPLOYEE PAID
LEGAL ASSISTANCE**

Legal Plans

Provides access to legal expertise for both expected and unexpected events.

Legal experts on your side, whenever you need them

For **\$8.31 per pay**, you get legal assistance for some of the most frequently needed personal legal matters—with no waiting periods, no deductibles and no claim forms, when using a Network Attorney for a covered matter.

- Money Matters
- Home & Real Estate
- Estate Planning
- Family & Personal
- Civil Lawsuits
- Elder-Care Issues
- Vehicle & Driving
- E-Services

To learn more, visit members.legalplans.com or call **800.821.6400**

**Monday—Friday
8:00 am—8:00 pm (EST/EDT)**

*Please see your plan summary for details on this voluntary coverage.





Identity protection that keeps up with your digital life

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media—so you can protect the trail of data you leave behind.

Introducing our next evolution in identity theft protection for over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.

Sign up during open enrollment

[MyAIP.com](https://www.myaip.com)

Questions? 1.800.789.2720

Plans and Pricing Allstate Identity Protection

Pro

Employee: \$7.95/month

Employee + Family: \$13.95/month

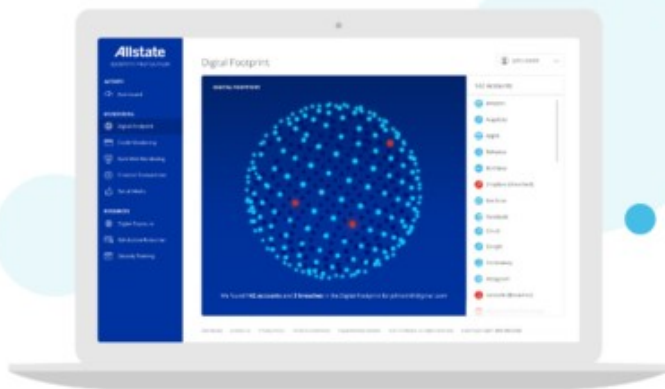
Allstate Identity Protection

Pro Plus

Employee: \$9.95/month

Employee + Family: \$17.95/month

*Please see your plan summary for details on this voluntary coverage.



- See your personal data
- Manage it with real time alerts
- Protect your identity and finances from fraud

Talk to a doctor anytime

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.



MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Ear infection
- Urinary tract infection
- Respiratory infection
- Skin problems
- And more!

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary physician it is a convenient and affordable option for quality care:

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

Talk to a doctor anytime for **free!**

Teladoc is just a click or call away!

 Teladoc.com

 1-800-Teladoc (835-2362)

**DOWNLOAD
THE APP
TODAY >>>**





WHO SHOULD I CALL FOR ASSISTANCE?

Most of the day to day administration of your employee benefits coverage can be accomplished directly with the insurance providers either through their websites or customer service telephone numbers.

In the event you run into problems that cannot be resolved directly from the insurance companies, Kapnick is always available to assist you.

KAPNICK EMPLOYEE BENEFITS CALL CENTER

Available Monday—Friday, 8:30 am – 5:00 pm (EST) to answer questions concerning:



- Explanation of Benefits
- ID Card Reorders
- Carrier Information
- Participating Provider Assistance
- Claim Assistance
- Kapnick FSA Account Balances/Inquiries
- Kapnick COBRA Inquiries
- Life Status Events

CONTACT US AT
877.233.1164

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Voluntary Supplemental Coverage	Voluntary Identity Theft Coverage	SME Benefit Contact
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