Emmet County Road Commission
Employee Benefit Guide

January 1, 2022 – December 31, 2022

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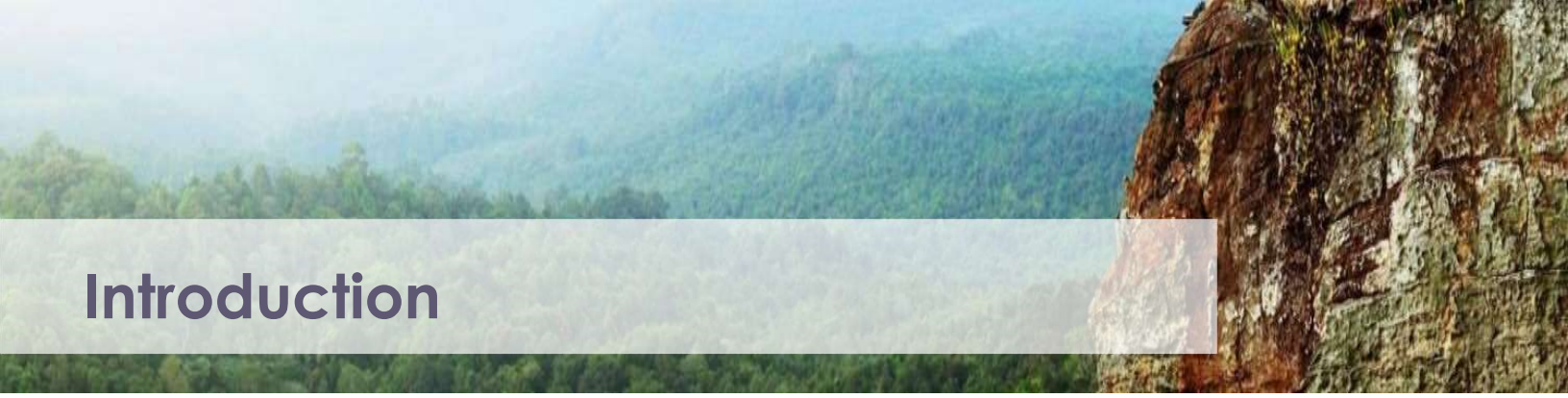


Introduction

THE FOLLOWING PLAN OPTIONS ARE EFFECTIVE:

January 1, 2022 through December 31, 2022

Medical/Prescription
Blue Care Network of Michigan (BCN) will continue to be your medical insurance provider

- BCN HRA

Preventive Care that is performed in-network is payable at 100%

Dental
The dental coverage will remain the same this year

- Delta Dental of Michigan

Vision
The vision coverage will remain the same this year

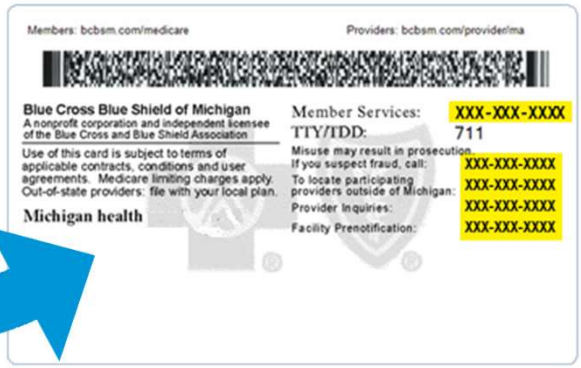
- VSP

Life /AD&D
The Life coverage will remain the same this year

- Lincoln Financial Group

Coordination of Benefits for Auto Insurance

Need a **Coordination of Benefits** or **Qualified Health Plan letter** from your Health Insurance Carrier for your Auto Insurance Carrier? **It's as easy as calling the number on the back of your card!**



These letters will either be mailed or emailed to you, based on what the carrier can do. Please be advised that if you receive this via secure email from the Medical carrier, you will be required to set up a User ID and Password to access the document.

Once you get one or both of these, simply give them to your Auto Insurance Carrier.

BCN CONTACT INFORMATION:

BCN: 800-970-6684

The Coordination of Benefits letter will state if the Medical carrier or the Auto carrier is primary in Auto related accidents.

Qualified Health Plan is defined as:
Other health or accident coverage that does not limit or exclude auto related accidents and any annual deductible for the coverage is $6,000 or less per individual. Each PIP opt-out election requires the insured to demonstrate that they **and relatives domiciled in their home** have either Medicare, other no-fault auto insurance or "Qualified Health Coverage" from another insurer or health plan.

Want to pull your Qualified Health Plan letter on your own with BCBS?

1. **Login to your member account at bcbsm.com**
2. **Select ID Cards & Proof of Insurance**
3. **Near the bottom of the page, click the link that allows you to obtain proof of Qualified Health Coverage**

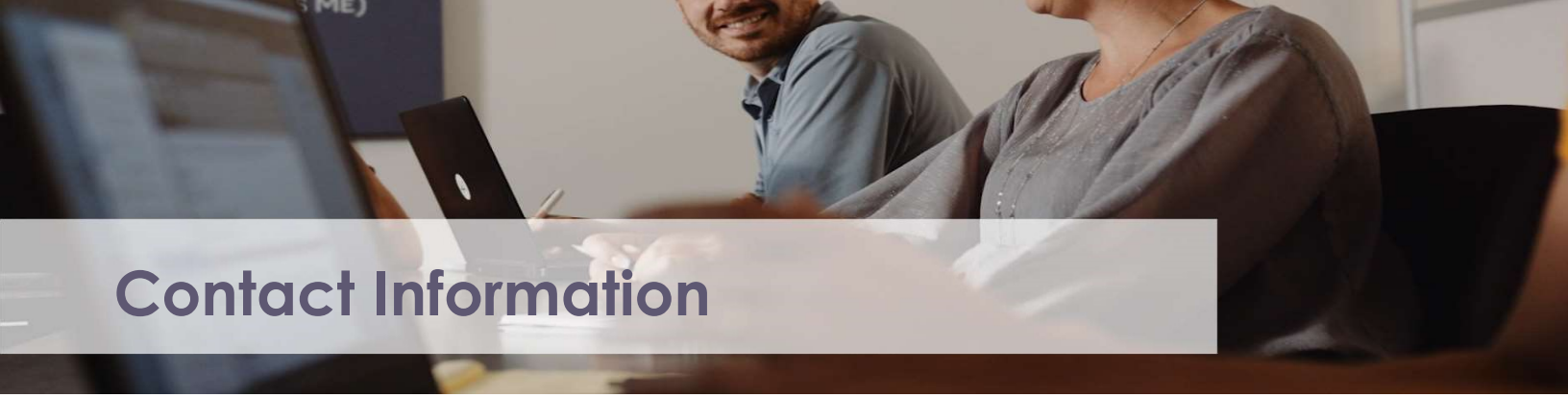
Dedicated Service Team

JENNIFER MARTIN PRODUCER & GROUP BENEFIT CONSULTANT
jmartin@44n.com (855) 306-1099 ext. 1030
Jennifer oversees operations and provides consulting and advisory services to accounts. Through strategic planning and solid carrier partnerships, Jennifer lends her expertise to help set goals and introduce tools in order to determine the best solution for each client.

JEN WANSTEAD ACCOUNT EXECUTIVE & WELLNESS
jwanstead@44n.com (855) 306-1099 ext. 1054
In addition to working closely with Jennifer during the planning and implementation process, Jen brings her experience to light each year during the group renewal process, always looking for innovative ways to improve group benefits while decreasing cost. Jen serves as the main point of contact for the overall administration of the benefits.

KELLEY VANHULST ACCOUNT ADMINISTRATIVE COODINATOR
kvanhulst@44n.com (855) 306-1099 ext. 1074
Kelley serves as an additional key component to our team. She coordinates with both carriers and internal departments when plan changes occur to ensure a smooth transition. She attentively addresses both employer and employee benefit questions and serves as an additional point of contact for human resource/benefit departments.

CRICKETT MARKS PATIENT ADVOCATE
cmarks@44n.com (855) 306-1099 ext. 1031
As your dedicated Patient Advocate, Crickett works directly with carriers and providers as a liaison for your employees' claim issues and inquiries to make sure everything is processed correctly.



Contact Information

PROVIDER	BENEFIT	CONTACT INFORMATION
44North	24/7 Patient Advocacy	855-306-1099 www.44N.com
Blue Care Network	Medical	800-662-6667 www.bcbsm.com
Delta Dental of Michigan	Dental	800-524-0149 www.DeltaDentalMI.com
Vision Service Plan	Vision	800-877-7195 www.vsp.com
Lincoln Financial Group	Life & AD&D	800-423-2765 www.lfg.com

EMPLOYER CONTACT INFORMATION

1. Tori Thompson (231-347-8142, Ext. 4 tthompson@emmetcrc.org
2. Lisa Kleeman (231) 347-8142, Ext. 3 lkleeman@emmetcrc.org

Insurance Eligibility

Insurance Plan Year:

1/1/2022 ⟶ 12/31/2022

Employee Eligibility

Full-time employees are eligible to participate in the insurance plans.

Benefit Effective Date

- Employees - Benefits will begin on the 1st day of employment for Blue Care Network, Delta Dental, VSP, and Lincoln Financial

New hire paperwork must be submitted at least 15 days prior to the benefit effective date

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant. The term "child" includes any of the following:

- Natural child or Stepchild
- Legally adopted child
- Other child for whom the team member has permanent legal custody

Dependent Child Age Requirements

- Medical, Dental, and Vision: Dependent children are covered until age 26 end of the calendar year

What if I Separate From Employment?

Medical, Dental and Vision coverage will end on the last day of the month.

Qualifying Events & IRS Code Sec. 125

IRS Code Section 125

Premiums for medical, dental, and vision insurance are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made ONLY during the Open Enrollment period unless you or your qualified dependents experience a qualifying event (Marriage, Death, Birth, Adoption or loss of coverage) and the request to make a change is made within 30 days of the qualifying event. If the Qualifying Event is a divorce or the dependent ages out of the eligibility, you are allowed 60 days to notify Human Resources.

Under certain circumstances, you may be allowed to make changes to your benefit elections during the plan year, if the event affects your own, your spouse's or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125.

Examples of Qualifying Events:

- Legal marital status
    - Marriage
    - Divorce
    - Legal Separation
- Number of eligible dependents
    - Birth
    - Death
    - Adoption
- Employment status
- Change in employment status
- A covered dependents status
- Loss of other coverage
- Enrollment in another health plan

Special Enrollment Events & Changes in Family Status

IMPORTANT

If you are declining enrollment in the group health plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you experience a Qualified Event.

If you experience a qualifying event you must contact Human Resources within 30 days of the qualifying event to make the appropriate changes to your coverage. If the Qualifying Event is a divorce or dependent ages out of eligibility, you are allowed 60 days to notify Human Resources. Beyond 30 days, requests will be denied and you may be responsible both legally and financially for any claims and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the date of the qualifying event. You will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

If you or your eligible dependents are eligible for, but not enrolled in, the group health plan and your coverage or the coverage of your spouse or other eligible dependent under a Medicaid plan or state Children's Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, you must notify Human Resources no later than 60 days after the date the Medicaid or CHIP coverage terminates. If you, your spouse or other eligible dependent become eligible for a premium subsidy in this Plan under a Medicaid plan or state CHIP (including any waiver or demonstration project) you must contact Human Resources to request coverage under this Plan no later than 60 days after the date you are determined to be eligible for such assistance. Your enrollment will take effect no later than the first of the month following your loss of coverage and the date the company receives your request for enrollment, as long as your request to enroll on or before the date that is 60 days after the lost of coverage.

To request special enrollment or obtain additional information, please contact Human Resources.

Medical Insurance

	BCN HRA
Preventive Services: Covered 100%	
Plan Year Deductible: 1/1/2022-12/31/2022	
Individual	$100
Family	$200
Deductible Reset	Calendar Year
Coinsurance	
Member Responsibility	10%; 50% select services
Annual Out-of-Pocket Maximum Deductible, Coinsurance, Copays & Prescription Drug Copays	$8,150/$16,300
Provider Copays	
Primary Care	$10
Specialist	$10
Urgent Care Facility	$10
Emergency Room	$50
Prescription Drugs – 30 Day Supply	
Generic	$15
Preferred Brand	$40
Non-preferred Brand	$80

Emmet County Road Commission

Benefit Summary effective 1-1-2022

Plan Details	Blue Care Network of Michigan
	BCN $100 HRA Plan
Deductible	$100/$200
Coinsurance %	10%; 50% select services
Coinsurance Max	$500/$1,000
Office Visit Co-Pay	$10
Specialist Visit Co-Pay	$10 with referral
Chiropractic/Max Visits	$0 / 30 visit max with referral
Urgent Care	$10
Emergency Room	$50
Annual out of pocket Max	$8,150/$16,300
The Out of Pocket Max applies to all services including deductible, coinsurance, and co-pays.	**Your Prescription Coverage**
	30 Day Supply
Tier 1A - Value Generics	$15
Tier 1B - Generics	$40
Tier 2 - Preferred Brand	$80
Tier 3 - Non-Preferred Brand	$100
Tier 4 - Preferred Specialty	20%; $200 max
Tier 5- Non-preferred Specialty	20%; $300 max
	90 Day Supply (Mail Order)
90 Day Supply (Mail order)	3x copay minus $10; specialty excluded
	Monthly Cost Share
Single:	**FREE**
Double:	**FREE**
Family:	**FREE**

HRA Rx Reimbursement up to $250 per contract

Plan Details VSP Signature	VSP Vision care for life **Your Vision Coverage**
Eye Exam	Every 12 months - $10 copay
Prescription Glasses	Frames - Every 24 Months - $25 copay Lenses - Every 24 months - copay incl.
Medically Necessary Contact Lenses	Every 24 months - Up to $60 copay
Standard Frames	Every 24 months - $120 allowance
Medically Necessary Contact Lenses (instead of Glasses)	Every 24 months - $120 allowance
Monthly Cost Share	**FREE**

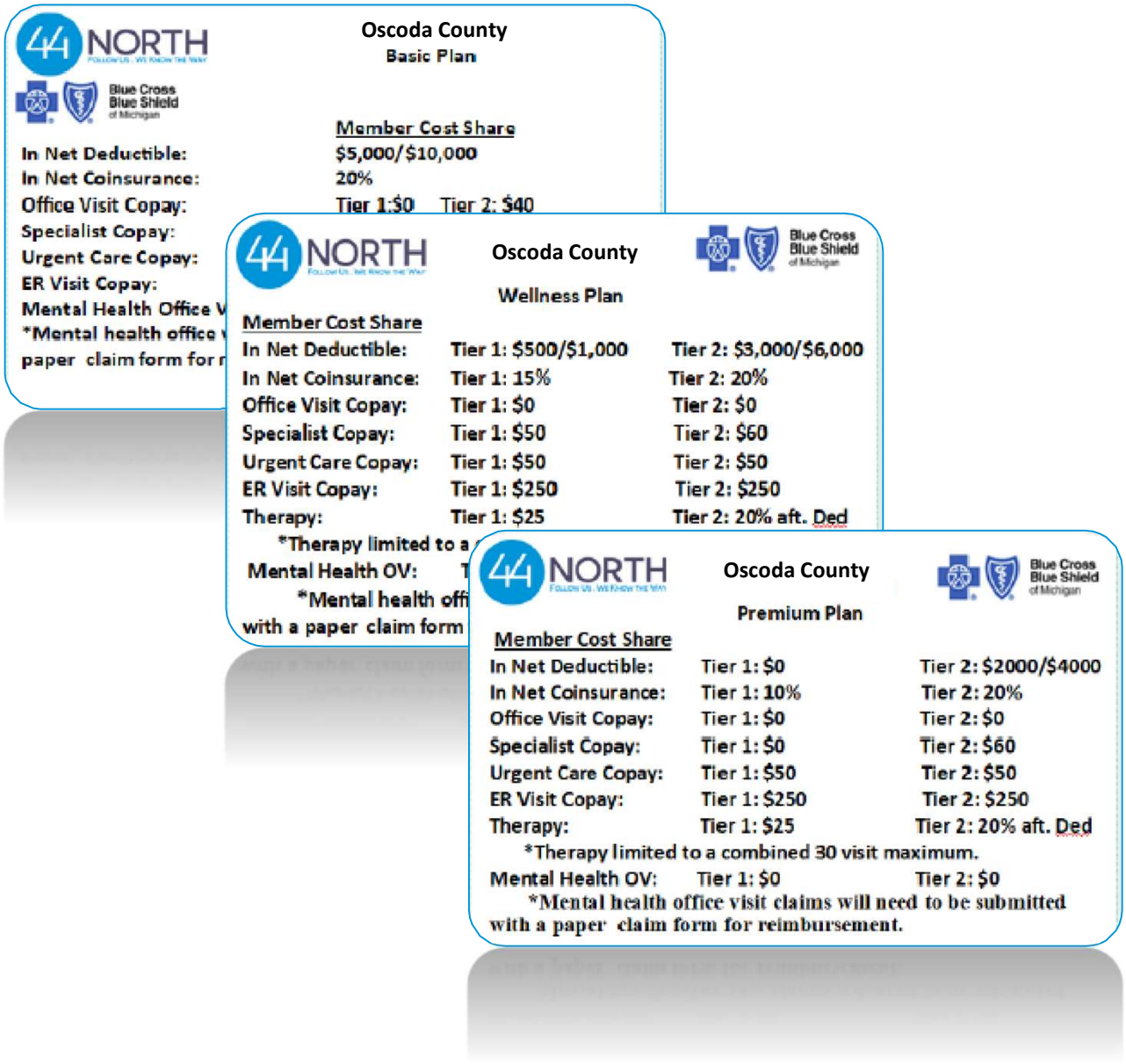
DELTA DENTAL	
Plan Details	**Your Dental Coverage**
Class I: Cleanings, X-Rays	75%
Class II: Fillings, Crowns, Root Canals	50%
Class III: Bridges, Implants, Dentures	50%
Annual Maximum Limit	$800 Annual Max Per Member
Deductible	$0
Monthly Cost Share	**FREE**

Delta Dental includes Pediatric Dental Coverage 100%/50%/50% Out of Pocket $350 each child or

44North Seamless HRA Process

1. Present BCN ID Card & 44North HRA Card to the provider to explain the HRA process.
2. Provider will submit claim to BCN.
3. After 44North receives your claim from BCN, claims specialists will ensure the processing of your medical provider claim within 10 days.
4. You will then receive a 44North explanation of benefits (EOB), showing the medical provider's bill has been processed.
5. Pay provider for any remaining charges, if any (copay, etc).

Sample HRA Cards



Oscoda County
Basic Plan

Member Cost Share	
In Net Deductible:	$5,000/$10,000
In Net Coinsurance:	20%
Office Visit Copay:	Tier 1:$0 Tier 2: $40
Specialist Copay:	
Urgent Care Copay:	
ER Visit Copay:	
Mental Health Office V	
*Mental health office v	
paper claim form for r	

Oscoda County
Wellness Plan

Member Cost Share		
In Net Deductible:	Tier 1: $500/$1,000	Tier 2: $3,000/$6,000
In Net Coinsurance:	Tier 1: 15%	Tier 2: 20%
Office Visit Copay:	Tier 1: $0	Tier 2: $0
Specialist Copay:	Tier 1: $50	Tier 2: $60
Urgent Care Copay:	Tier 1: $50	Tier 2: $50
ER Visit Copay:	Tier 1: $250	Tier 2: $250
Therapy:	Tier 1: $25	Tier 2: 20% aft. Ded
*Therapy limited to a		
Mental Health OV:	T	
*Mental health offi		
with a paper claim form		

Oscoda County
Premium Plan

Member Cost Share		
In Net Deductible:	Tier 1: $0	Tier 2: $2000/$4000
In Net Coinsurance:	Tier 1: 10%	Tier 2: 20%
Office Visit Copay:	Tier 1: $0	Tier 2: $0
Specialist Copay:	Tier 1: $0	Tier 2: $60
Urgent Care Copay:	Tier 1: $50	Tier 2: $50
ER Visit Copay:	Tier 1: $250	Tier 2: $250
Therapy:	Tier 1: $25	Tier 2: 20% aft. Ded
*Therapy limited to a combined 30 visit maximum.		
Mental Health OV:	Tier 1: $0	Tier 2: $0
*Mental health office visit claims will need to be submitted with a paper claim form for reimbursement.		

Blue Care Network (BCN)

Your doctor is your health partner

Your primary care physician, or PCP, is responsible for the care you receive — from preventive health services to treatment for illness. As your health care partner, your PCP makes sure that you get the care you need when you need it.

Getting care

PCPs provide many services in their offices, and they arrange for specialist care or special tests. Your network gynecologist or obstetrician can also refer you to specialists for OB-GYN-related services. Specialists decide on the services and the number of visits required for treatment.

Extensive network of specialists

Our network includes thousands of specialists. More than likely, your PCP or OB-GYN will refer you to someone he or she knows professionally. Sometimes the specialist may even be part of the same group as your PCP.

When you don't need a referral

You don't need a referral for behavioral health services, as long as you are seen by a provider who's in your plan's network. Also, female members don't need a referral to see a gynecologist or obstetrician in your plan's network for annual well woman visits and obstetrical care (Woman's Choice program). Your OB-GYN can also refer you for specialist care, but only for OB-GYN-related services.

Chiropractic services

As a member in the East or Southeast region (see other side for a map of the regions), you must have a referral from your PCP for chiropractic services. The chiropractor must also get BCN approval before providing manipulations or other physical medicine services to you.

Referrals for specialist care

Your PCP manages your health care through a referral process with these guidelines:

- Your PCP refers you to a specialist. Check that the specialist is in your plan's network. Also ask if there's anything else you need to do to ensure coverage.
- You may need special approval from BCN for certain services. You need approval from BCN for all services from specialists who aren't in your plan's network.
- Only your PCP or OB-GYN can refer you for specialist care.
- If the service requires a referral and your PCP or OB-GYN doesn't refer you, you may be responsible for the charges.
- Changing your PCP while a specialist is treating you may change your treatment authorization. Check with your new PCP.

WELCOME TO MDLIVE®

With MDLIVE, you can visit with a doctor or counselor 24/7 from your home, office or on-the-go.

You have a telehealth benefit giving you virtual care, anywhere. At a price you can afford.

- Board-certified doctors
- Available anytime, day or night
- Consults by mobile app, video or phone
- Prescriptions can be sent to your nearest pharmacy if medically necessary

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold/flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Insect bites
- Nausea/vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- And more

Your virtual doctor is here. Join for free today!

44 NORTH
IMPROVING LIVES

Download the app.
Join for free. Visit a doctor.

MDLIVE.com/44North
888-548-4251

MDLive Registration

MDLIVE®

Online Registration Process

44North's 24/7 physician access is provided to you by MDLive. You should **register** with MDLive and enter your medical history before you use the service, to ensure all will go smoothly when you need a consult.

Immediate registration is strongly encouraged to help your first consult go smoothly. No one likes answering basic health information when they or their dependents are sick.

Instructions:

1. Go to **www.MDLive.com/44North** and select "Activate Now".
2. Enter your First Name, Last Name, and Date of Birth, and click "Continue".
3. Enter your Primary Phone, Alternate Phone, Email Address, and Select a Username and Password.
4. Choose one of the Security Question options from the drop down box and provide the Answer.
5. To receive treatment and prevention tips by email from MDLive, leave the corresponding check box selected or deselect to opt out of emails, and then click "Continue".
6. You're in! You will receive an email from MDLive asking you to validate your email address.
7. Before you can request a consult, you will need to take a few minutes to fill out your health information. Click on "Health Profile" and then complete each of the sections for "My Health History", "My Behavioral Health History", "My Lifestyle", and "My Family History".
8. To add your dependents go to the drop down arrow next to your name in the upper right corner of your screen and select "Add New Dependent". Once you've registered your dependent, you will also need to complete their "My Health" information. *Anyone over the age of 18 will need to register under their own account after you have added them.*
9. To request a consult for treatment after you have registered, please do so online from the portal or by calling (888) 548-4251.

Registration Checklist: Have this information on hand when registering:

Medications, PCP info, Health Conditions, Height/Weight, Allergies & Family History

Dental Insurance

Delta Dental	
Deductible	
Individual	$0
Family	$0
Deductible Reset	Calendar Year
Maximum Benefit	
Per Member	$800
Class I Services: Preventive & Diagnostic	
Routine Oral Exam	75%
Routine Cleanings	
X-Rays	
Class II Services: Basic Restorative	
Fillings	50%
Endodontics (Root Canals)	
Periodontics (Surgical & Non-Surgical)	
Recementing Bridges	
Oral Surgery	
Repair & Adjustments of Dentures	
Class III Services: Major Restorative	
Bridges	50%
Removable Dentures	

Vision Insurance

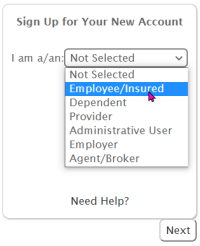
VSP	
Services	**In-Network**
Eye Exam	$10 Copay
Lenses	
Single Vision	Included in Prescription Glasses
Bifocal	
Trifocal	
Frame	
Allowance	$120 allowance for select frames
Contact Lenses (in-lieu of Glasses)	
Allowance	$120 allowance
Frequency	
Exam: Every 12 Months Lenses, Frames & Contacts Lenses: Ever 24 Months	

Employee Registration Help

click here to access the portal

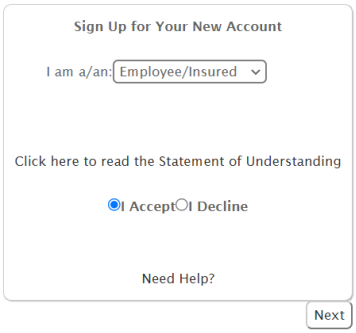
New User Registration:

1. In the upper left side of the screen click on the ***New User Registration*** Link.



2. Under "**Sign Up for Your New Account**", select Employee/Insured.

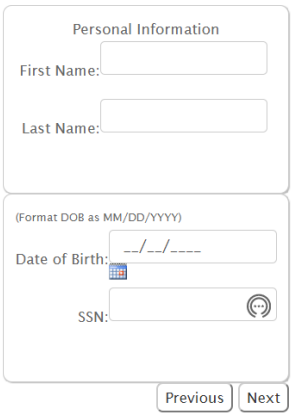
3. Open the Statement of Understanding by clicking on the ***here*** button to download and read the Statement.



4. Click on the ***I Accept*** button.

5. Click the ***Next*** button.

6. Enter your First & Last Name, Date of Birth and Social Security Number.



For Date of Birth - Enter in the format of MM/DD/YYYY.

For SSN - Enter your 9 digit number. Do not include dashes (-) or slashes (/).

If you are a dependent, use your own name, DOB and SSN.

7. Click the ***Next*** button.

Note: Data entered must match our database. If you get a message that states *We are unable to process your registration ...*, Please call Customer Service to verify your data.

8. Create a Unique User Name and Password - Your Password should be a minimum length of 8 characters and a max of 16, with at least one letter, one number and one of the following: ! @ # $ % ^ & * ( ).

9. Enter your email address.

10. Enter a Security Question and Security Answer.

Note: The Security Question will be displayed as a reminder if you click on "Forgot Your Password?" When using "Forgot Your Password?", you must enter your Security Answer.

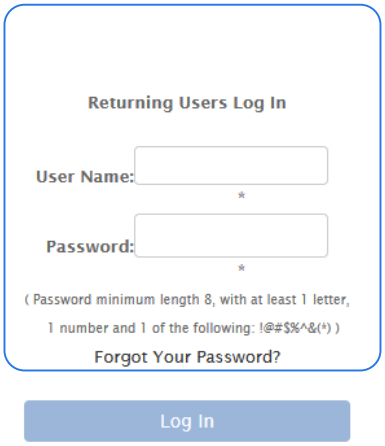
11. Click the **Create User** button.

13. Please make a record of your User Name, Password, Security Question and Security Answer. You will use the User Name and Password to access the web site. If you forget your Password, you can answer the Security Question to request a new password.

For Customer Service, please call (855) 306-1099

Log in:

14. Once you receive an email that your registration has been approved and your account has been activated, return to the portal and enter your User Name and Password that you created. Click on ***Log In.***



44NORTH

Employee Care Center

Let our experienced Patient Advocates and Claims Analysts help you through the layers of health Insurance.

We can assist you and your family in finding out if a service is covered and what you should expect to pay. We can help with billing concerns and whether it was processed correctly. We will even call your physician, facility, or carrier so you don't havetoo!

Our team consists of many different areas of experience and expertise including facility billing, physician billing, medical assistance background, coding experience, etc. Our top priority is you!

Here are some real life examples of how 44North's Employee Care Center is utilized:

- ***Why can't I get my prescription filled?***
- ***I lost my ID card, what do I do?***
- ***Why is my provider requesting payment upfront?***
- ***I'm out of state, I broke my leg, will this be covered?***

We'll make sure your call gets the attention it needs by a 44North professional.

WE HAVE SAVED OUR MEMBERS OVER $13 MILLION DOLLARS IN MIS-BILLED CLAIMS. **WHAT CAN WE DO FOR YOU?**

EMPLOYEE CARE CENTER

CALL US:
855-306-1099

FAX US:
855-306-1098

CLAIMS QUESTIONS:
claims@44n.com

URGENT AFTER HOURS CALLS:
855-306-1099
HELP AVAILABLE 24/7

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Improving The Lives We Touch
Leading The HealthE Revolution

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