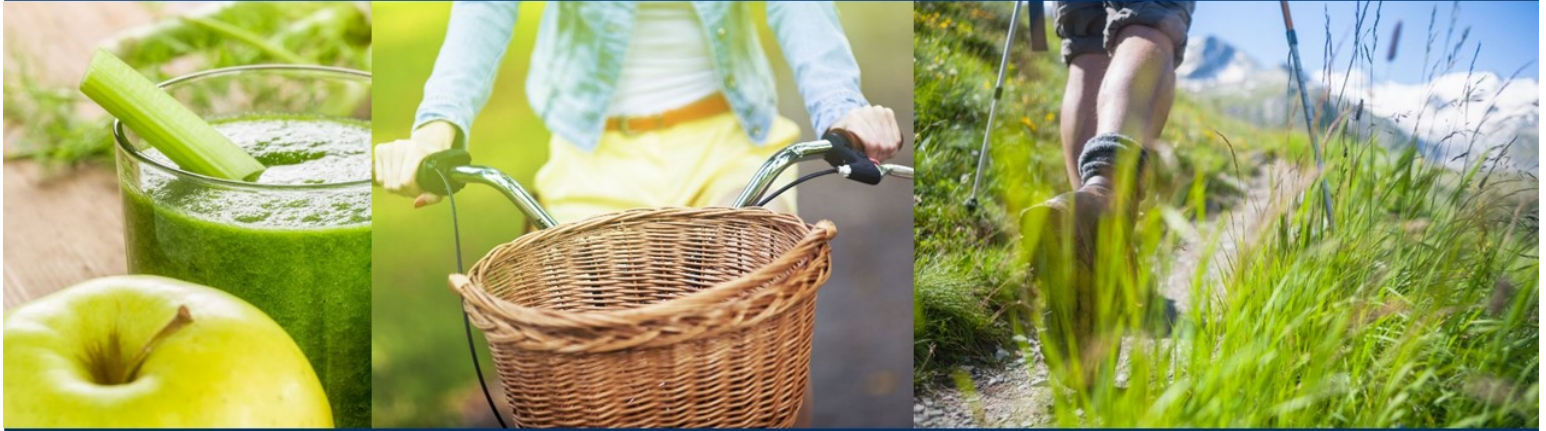




EMPLOYEE BENEFITS



PITTSFIELD CHARTER TOWNSHIP EMPLOYEE BENEFIT GUIDE

January 1, 2021 through December 31, 2021

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

MEDICAL PLANS - BLUE CROSS BLUE SHIELD—ACTIVE

Medical - All	CURRENT BCBSM SB H.S.A \$1,400 005-0007 (Active)	RENEWAL BCBSM SB H.S.A \$1,400 005-0007 (Active)																																
Benefit Comparison	In-Network	In-Network																																
Annual Deductible/Individual	\$1,400	\$1,400																																
Annual Deductible/Family	\$2,800	\$2,800																																
Coinsurance	100%	100%																																
Office Visit/Exam	100% after deductible	100% after deductible																																
Specialist Visit	100% after deductible	100% after deductible																																
Telemedicine	100% after deductible	100% after deductible																																
Annual Out-of-Pocket Limit/Individual	\$2,250	\$2,250																																
Annual Out-of-Pocket Limit/Family	\$4,500	\$4,500																																
Chiropractic	100% after deductible ; 12 Visits	100% after deductible ; 12 Visits																																
Emergency Room	100% after deductible	100% after deductible																																
Urgent Care Facility	100% after deductible	100% after deductible																																
Inpatient Hospitalization	100% after deductible	100% after deductible																																
Outpatient Services - Mental Health/Substance Abuse	100% after deductible	100% after deductible																																
Prescription Drug Benefits	In-Network	In-Network																																
Generic	\$10 after deductible	\$10 after deductible																																
Brand (Formulary/Preferred)	\$40 after deductible	\$40 after deductible																																
Brand (Non-Formulary/Non-preferred)	\$80 after deductible	\$80 after deductible																																
Number of Days Supply	30 Day	30 Day																																
Mail Order																																		
Generic	\$20 after deductible	\$20 after deductible																																
Brand (Formulary/Preferred)	\$80 after deductible	\$80 after deductible																																
Brand (Non-Formulary/Non-preferred)	\$160 after deductible	\$160 after deductible																																
Number of Days Supply for Mail Order	90 Day	90 Day																																
Rates	Rates Table	Rates Table																																
	<table><tr><th>Counts</th><th>Tier</th><th>Monthly Premium</th><th>Medical/Rx Rate</th></tr><tr><td>21</td><td>EE Only</td><td>\$8,974.14</td><td>\$427.34</td></tr><tr><td>8</td><td>Two Person</td><td>\$8,204.96</td><td>\$1,025.62</td></tr><tr><td>48</td><td>Family</td><td>\$61,537.44</td><td>\$1,282.03</td></tr></table>	Counts	Tier	Monthly Premium	Medical/Rx Rate	21	EE Only	\$8,974.14	\$427.34	8	Two Person	\$8,204.96	\$1,025.62	48	Family	\$61,537.44	\$1,282.03	<table><tr><th>Counts</th><th>Tier</th><th>Monthly Premium</th><th>Medical/Rx Rate</th></tr><tr><td>21</td><td>EE Only</td><td>\$9,156.42</td><td>\$436.02</td></tr><tr><td>8</td><td>Two Person</td><td>\$8,371.68</td><td>\$1,046.46</td></tr><tr><td>48</td><td>Family</td><td>\$62,787.84</td><td>\$1,308.08</td></tr></table>	Counts	Tier	Monthly Premium	Medical/Rx Rate	21	EE Only	\$9,156.42	\$436.02	8	Two Person	\$8,371.68	\$1,046.46	48	Family	\$62,787.84	\$1,308.08
Counts	Tier	Monthly Premium	Medical/Rx Rate																															
21	EE Only	\$8,974.14	\$427.34																															
8	Two Person	\$8,204.96	\$1,025.62																															
48	Family	\$61,537.44	\$1,282.03																															
Counts	Tier	Monthly Premium	Medical/Rx Rate																															
21	EE Only	\$9,156.42	\$436.02																															
8	Two Person	\$8,371.68	\$1,046.46																															
48	Family	\$62,787.84	\$1,308.08																															

MEDICAL PLANS - BLUE CROSS BLUE SHIELD— ACTIVE

Medical - All	CURRENT BCBSM CB \$1,000 006 - 0008 (Active)	RENEWAL BCBSM CB \$1,000 006 - 0008 (Active)						
Benefit Comparison	In-Network	In-Network						
Annual Deductible/Individual	\$1,000	\$1,000						
Annual Deductible/Family	\$2,000	\$2,000						
Coinsurance	80% ECM: \$2,500/5,000	80% ECM: \$2,500/5,000						
Office Visit/Exam	\$30	\$30						
Specialist Visit	80% after deductible	80% after deductible						
Telemedicine	\$30	\$30						
Annual Out-of-Pocket Limit/Individual	\$6,350	\$6,350						
Annual Out-of-Pocket Limit/Family	\$12,700	\$12,700						
Chiropractic	\$30 ; 24 Visits	\$30 ; 24 Visits						
Emergency Room	\$150	\$150						
Urgent Care Facility	\$30	\$30						
Inpatient Hospitalization	80% after deductible	80% after deductible						
Outpatient Services - Mental Health/Substance Abuse	80% after deductible	80% after deductible						
Prescription Drug Benefits	In-Network	In-Network						
Generic	\$10	\$10						
Preferred Specialty	15% up to \$150	15% up to \$150						
Non-preferred Specialty	25% up to \$300	25% up to \$300						
Brand (Formulary/Preferred)	\$40	\$40						
Brand (Non-Formulary/Non-preferred)	\$80	\$80						
Number of Days Supply	30 Day	30 Day						
Mail Order								
Generic	\$20	\$20						
Preferred Specialty	N/A	N/A						
Non-preferred Specialty	N/A	N/A						
Brand (Formulary/Preferred)	\$80	\$80						
Brand (Non-Formulary/Non-preferred)	\$160	\$160						
Number of Days Supply for Mail Order	90 Day	90 Day						
Rates	Rates Table				Rates Table			
	Counts	Tier	Monthly Premium	Medical/Rx Rate	Counts	Tier	Monthly Premium	Medical/Rx Rate
	8	EE Only	\$3,798.00	\$474.75	8	EE Only	\$3,867.28	\$483.41
	4	Two Person	\$4,557.64	\$1,139.41	4	Two Person	\$4,640.68	\$1,160.17
	18	Family	\$25,636.68	\$1,424.26	18	Family	\$26,103.96	\$1,450.22

MEDICAL PLANS - BLUE CROSS BLUE SHIELD— RETIREE

Medical - All	CURRENT BCBSM CB \$500 002-0004 (Retiree)	RENEWAL BCBSM CB \$500 002-0004 (Retiree)						
Benefit Comparison	In-Network	In-Network						
Annual Deductible/Individual	\$500	\$500						
Annual Deductible/Family	\$1,000	\$1,000						
Coinsurance	90%	90%						
Office Visit/Exam	\$20	\$20						
Specialist Visit	\$20	\$20						
Telemedicine	\$20	\$20						
Annual Out-of-Pocket Limit/Individual	\$750	\$750						
Annual Out-of-Pocket Limit/Family	\$1,500	\$1,500						
Chiropractic	\$20 ; 24 Visits	\$20 ; 24 Visits						
Emergency Room	\$250	\$250						
Urgent Care Facility	\$20	\$20						
Inpatient Hospitalization	90% after deductible	90% after deductible						
Outpatient Services - Mental Health/Substance Abuse	90% after deductible	90% after deductible						
Prescription Drug Benefits	In-Network	In-Network						
Generic	\$10	\$10						
Brand (Formulary/Preferred)	\$40	\$40						
Brand (Non-Formulary/Non-preferred)	\$80	\$80						
Number of Days Supply	30 Day	30 Day						
Mail Order								
Generic	\$20	\$20						
Brand (Formulary/Preferred)	\$80	\$80						
Brand (Non-Formulary/Non-preferred)	\$160	\$160						
Number of Days Supply for Mail Order	90 Day	90 Day						
Rates	Rates Table				Rates Table			
	Counts	Tier	Monthly Premium	Medical/Rx Rate	Counts	Tier	Monthly Premium	Medical/Rx Rate
	1	EE Only	\$559.00	\$559.00	1	EE Only	\$568.37	\$568.37
	1	Two Person	\$1,341.60	\$1,341.60	1	Two Person	\$1,364.09	\$1,364.09
	0	Family	\$0.00	\$1,676.99	0	Family	\$0.00	\$1,705.10
	2	1 Comp	\$1,314.40	\$657.20	2	1 Comp	\$1,312.36	\$656.18
	1	2 Comp	\$1,314.40	\$1,314.40	1	2 Comp	\$1,312.36	\$1,312.36
	1	1 Reg / 1 Comp	\$1,216.20	\$1,216.20	1	1 Reg / 1 Comp	\$1,224.55	\$1,224.55



MEDICAL PLANS - BLUE CROSS BLUE SHIELD— RETIREE

Medical - All	CURRENT BCBSM CB \$0 003-0005 (Retiree)	RENEWAL BCBSM CB \$0 003-0005 (Retiree)																																								
Benefit Comparison	In-Network	In-Network																																								
Annual Deductible/Individual	\$0	\$0																																								
Annual Deductible/Family	\$0	\$0																																								
Coinsurance	100%	100%																																								
Office Visit/Exam	\$10	\$10																																								
Specialist Visit	100%	100%																																								
Telemedicine	\$10	\$10																																								
Annual Out-of-Pocket Limit/Individual	\$6,350	\$6,350																																								
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Chiropractic	\$10 ; 24 Visits	\$10 ; 24 Visits																																								
Emergency Room	\$50	\$50																																								
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Outpatient Services - Mental Health/Substance Abuse	100%	100%																																								
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Brand (Formulary/Preferred)	\$40	\$40																																								
Brand (Non-Formulary/Non-preferred)	\$40	\$40																																								
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Generic	\$20	\$20																																								
Brand (Formulary/Preferred)	\$80	\$80																																								
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2	Two Person	\$2,914.30	\$1,457.15																																							
0	Family	\$0.00	\$1,821.44																																							



MEDICAL PLANS - BLUE CROSS BLUE SHIELD— RETIREE

Medical - All	CURRENT BCBSM CB \$0 004-0006 (Retiree)	RENEWAL BCBSM CB \$0 004-0006 (Retiree)						
Benefit Comparison	In-Network	In-Network						
Annual Deductible/Individual	\$0	\$0						
Annual Deductible/Family	\$0	\$0						
Coinsurance	100%	100%						
Office Visit/Exam	\$15	\$15						
Specialist Visit	100%	100%						
Telemedicine	\$15	\$15						
Annual Out-of-Pocket Limit/Individual	\$600	\$600						
Annual Out-of-Pocket Limit/Family	\$1,200	\$1,200						
Chiropractic	\$0 ; 24 Visits	\$0 ; 24 Visits						
Emergency Room	\$50	\$50						
Urgent Care Facility	\$15	\$15						
Inpatient Hospitalization	100%	100%						
Outpatient Services - Mental Health/Substance Abuse	100%	100%						
Prescription Drug Benefits	In-Network	In-Network						
Generic	\$10	\$10						
Brand (Formulary/Preferred)	\$40	\$40						
Brand (Non-Formulary/Non-preferred)	\$40	\$40						
Number of Days Supply	30 Day	30 Day						
Mail Order								
Generic	\$20	\$20						
Brand (Formulary/Preferred)	\$80	\$80						
Brand (Non-Formulary/Non-preferred)	\$80	\$80						
Number of Days Supply for Mail Order	90 Day	90 Day						
Rates	Rates Table				Rates Table			
	Counts	Tier	Monthly Premium	Medical/Rx Rate	Counts	Tier	Monthly Premium	Medical/Rx Rate
	0	EE Only	\$0.00	\$605.90	0	EE Only	\$0.00	\$612.37
	0	Two Person	\$0.00	\$1,454.17	0	Two Person	\$0.00	\$1,469.70
	0	Family	\$0.00	\$1,817.73	0	Family	\$0.00	\$1,837.13
	1	2 Comp	\$1,487.06	\$1,487.06	1	2 Comp	\$1,484.20	\$1,484.20
	3	1 Reg / 1 Comp	\$4,048.29	\$1,349.43	3	1 Reg / 1 Comp	\$4,063.41	\$1,354.47



MEDICAL PLANS - BLUE CROSS BLUE SHIELD— RETIREE

Medical - All	CURRENT BCBSM SB H.S.A \$1,400 900-0009 (Active)	RENEWAL BCBSM SB H.S.A \$1,400 900-0009 (Active)																																								
Benefit Comparison	In-Network	In-Network																																								
Annual Deductible/Individual	\$1,400	\$1,400																																								
Annual Deductible/Family	\$2,800	\$2,800																																								
Coinsurance	100%	100%																																								
Office Visit/Exam	100% after deductible	100% after deductible																																								
Specialist Visit	100% after deductible	100% after deductible																																								
Telemedicine	100% after deductible	100% after deductible																																								
Annual Out-of-Pocket Limit/Individual	\$2,250	\$2,250																																								
Annual Out-of-Pocket Limit/Family	\$4,500	\$4,500																																								
Chiropractic	100% after deductible ; 12 Visits	100% after deductible ; 12 Visits																																								
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Prescription Drug Benefits	In-Network	In-Network																																								
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PITTSFIELD TOWNSHIP

Prepared by: Melissa Ramos

Effective Date: January 1, 2021



2021 Premium Rates - HDHP			
Contract Type	Census	Monthly Premium - 0007	Total
Single	21	\$436.02	\$9,156.42
Two-Person	8	\$1,046.46	\$8,371.68
Family	48	\$1,308.08	\$62,787.84

2021 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	21	\$586.99	\$12,326.81
Two-Person	8	\$1,227.58	\$9,820.64
Family	48	\$1,600.89	\$76,842.64

2021 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00

2021 Premium Rates - CB 12/20%			
Contract Type	Census	Monthly Premium - 0008	Total
Single	8	\$483.41	\$3,867.28
Two-Person	4	\$1,160.17	\$4,640.68
Family	18	\$1,450.22	\$26,103.96

2021 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	8	\$586.99	\$4,695.93
Two-Person	4	\$1,227.58	\$4,910.32
Family	18	\$1,600.89	\$28,815.99

2021 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00

Monthly Total	\$114,927.86
Annual Total	\$1,379,134.32
Amount Under (Over) Hard Cap Amount	

Monthly Total	\$137,412.32
Annual Total	\$1,648,947.89
\$269,813.57	

*Census includes active contracts only.



PITTSFIELD TOWNSHIP

Prepared by: Melissa Ramos

Effective Date: January 1, 2021



2021 Premium Rates			
Contract Type	Census	Monthly Premium - 0005	Total
Single	0	\$607.15	\$0.00
Two-Person	2	\$1,457.15	\$2,914.30
Family	0	\$1,821.44	\$0.00

2021 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	0	\$586.99	\$0.00
Two-Person	2	\$1,227.58	\$2,455.16
Family	0	\$1,600.89	\$0.00

2021 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
N/A	N/A
N/A	N/A
N/A	N/A

2021 Premium Rates			
Contract Type	Census	Monthly Premium - 0006	Total
Single	0	\$612.37	\$0.00
Two-Person	0	\$1,469.70	\$0.00
Family	0	\$1,837.13	\$0.00
2 Comp	1	\$1,484.20	\$1,484.20
1 Reg / 1 Comp	3	\$1,354.47	\$4,063.41

2021 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	0	\$586.99	\$0.00
Two-Person	0	\$1,227.58	\$0.00
Family	0	\$1,600.89	\$0.00
Family	1	\$1,227.58	\$1,227.58
Family	3	\$1,227.58	\$3,682.74

2021 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

2021 Premium Rates - HDHP			
Contract Type	Census	Monthly Premium - 0009	Total
Single	1	\$436.02	\$436.02
Two-Person	2	\$1,046.46	\$2,092.92
Family	0	\$1,308.08	\$0.00

2021 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	1	\$586.99	\$586.99
Two-Person	2	\$1,227.58	\$2,455.16
Family	0	\$1,600.89	\$0.00

2021 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00

2021 Premium Rates - CB 12/20%			
Contract Type	Census	Monthly Premium - 0010	Total
Single	0	\$483.41	\$0.00
Two-Person	0	\$1,160.17	\$0.00
Family	0	\$1,450.22	\$0.00
1 Comp	2	\$647.72	\$1,295.44
2 Comp	1	\$1,295.44	\$1,295.44
1 Reg / 1 Comp	1	\$1,131.13	\$1,131.13

2021 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	0	\$586.99	\$0.00
Two-Person	0	\$1,227.58	\$0.00
Family	0	\$1,600.89	\$0.00
Family	2	\$586.99	\$1,173.98
Family	1	\$1,227.58	\$1,227.58
Family	1	\$1,227.58	\$1,227.58

2021 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$60.73	\$28.03
\$67.86	\$31.32
\$0.00	\$0.00

Monthly Total	\$6,574.37
Annual Total	\$78,892.44
Amount Under (Over) Hard Cap Amount	

Monthly Total	\$6,724.89
Annual Total	\$80,698.69
\$1,806.25	

*Census includes retiree contracts only.



MEDICAL PLANS - BLUE CROSS BLUE SHIELD— BUDGET TOTALS

PITTSFIELD TOWNSHIP

Prepared by: Melissa Ramos

Effective Date: January 1, 2021



ACTIVE	CURRENT	RENEWAL
Total Monthly Premium	\$212,657.61	\$114,927.86 -45.96%
Total Annualized Cost	\$2,551,891.32	\$1,379,134.32 -45.96%
Annualized Dollar Change From Current		-\$1,172,757.00
Total Active Enrolled		107

RETIREE	CURRENT	RENEWAL
Total Monthly Premium	\$15,189.27	\$15,290.10 0.66%
Total Annualized Cost	\$182,271.24	\$183,481.20 0.66%
Annualized Dollar Change From Current		\$1,209.96
Total Retiree Enrolled		13

TOTAL	CURRENT	RENEWAL
Total Monthly Premium	\$227,846.88	\$130,217.96 -42.85%
Total Annualized Cost	\$2,734,162.56	\$1,562,615.52 -42.85%
Annualized Dollar Change From Current		-\$1,171,547.04
Total Active & Retiree Enrolled		120

*Projected 2021 costs assume 75% of the active members currently enrolled in the "Current \$500" plan enroll in the HDHP January 1, 2021, and 25% of the active members currently enrolled in the "Current \$500" plan enroll in the Community Blue 12/20% effective January 1, 2021.

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions.
Rates are subject to final enrollment, medical underwriting and effective date.



DENTAL PLAN - DELTA DENTAL

Dental - All	CURRENT Delta Dental 100/50/50/50 \$1,000/\$1,500	RENEWAL Delta Dental 100/50/50/50 \$1,000/\$1,500																																
Benefit Comparison	In-Network	In-Network																																
Individual / Family Deductible	\$0 / \$0	\$0 / \$0																																
Annual Benefit Maximum	\$1,000	\$1,000																																
Orthodontia Benefit Maximum	\$1,500	\$1,500																																
Preventive & Diagnostic Care Benefit	100%	100%																																
Basic Care Benefit	50%	50%																																
Major Care Benefit	50%	50%																																
Orthodontia Benefit	50%	50%																																
Dependent Children / Full time student up to age	up to age 19	up to age 19																																
Rate Guarantee	1 year	1 Year																																
Waiting Period	FOM following DOH	FOM following DOH																																
Rates - 0001 (Active)	Rates Table	Rates Table																																
	<table><tr><th>Counts</th><th>Tier</th><th>Premium</th><th>Rate</th></tr><tr><td>29</td><td>EE Only</td><td>\$739.79</td><td>\$25.51</td></tr><tr><td>26</td><td>Two Person</td><td>\$1,330.68</td><td>\$51.18</td></tr><tr><td>69</td><td>Family</td><td>\$7,061.46</td><td>\$102.34</td></tr></table>	Counts	Tier	Premium	Rate	29	EE Only	\$739.79	\$25.51	26	Two Person	\$1,330.68	\$51.18	69	Family	\$7,061.46	\$102.34	<table><tr><th>Counts</th><th>Tier</th><th>Premium</th><th>Rate</th></tr><tr><td>29</td><td>EE Only</td><td>\$739.79</td><td>\$25.51</td></tr><tr><td>26</td><td>Two Person</td><td>\$1,330.68</td><td>\$51.18</td></tr><tr><td>69</td><td>Family</td><td>\$7,061.46</td><td>\$102.34</td></tr></table>	Counts	Tier	Premium	Rate	29	EE Only	\$739.79	\$25.51	26	Two Person	\$1,330.68	\$51.18	69	Family	\$7,061.46	\$102.34
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Rates - 0099 (Cobra)	Rates Table	Rates Table																																
	<table><tr><th>Counts</th><th>Tier</th><th>Premium</th><th>Rate</th></tr><tr><td>1</td><td>EE Only</td><td>\$25.51</td><td>\$25.51</td></tr><tr><td>1</td><td>Two Person</td><td>\$51.18</td><td>\$51.18</td></tr><tr><td>0</td><td>Family</td><td>\$0.00</td><td>\$102.34</td></tr></table>	Counts	Tier	Premium	Rate	1	EE Only	\$25.51	\$25.51	1	Two Person	\$51.18	\$51.18	0	Family	\$0.00	\$102.34	<table><tr><th>Counts</th><th>Tier</th><th>Premium</th><th>Rate</th></tr><tr><td>1</td><td>EE Only</td><td>\$25.51</td><td>\$25.51</td></tr><tr><td>1</td><td>Two Person</td><td>\$51.18</td><td>\$51.18</td></tr><tr><td>0</td><td>Family</td><td>\$0.00</td><td>\$102.34</td></tr></table>	Counts	Tier	Premium	Rate	1	EE Only	\$25.51	\$25.51	1	Two Person	\$51.18	\$51.18	0	Family	\$0.00	\$102.34
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DENTAL PLAN - DELTA DENTAL



Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 2022-0001, 0099 Charter Township of Pittsfield

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Basic Services			
Radiographs – X-rays	50%	50%	50%
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Major Services			
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Up to age 19	Up to age 19	Up to age 19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.

DENTAL PLAN - DELTA DENTAL

- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,000 per person total per Benefit Year on all services except orthodontic services. \$1,500 per person total per lifetime on orthodontic services.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following the employee's date of hire.

Eligible People – All eligible employees (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). The Contractor pays the full cost of this plan.

Also eligible are your legal spouse and your children to the end of the calendar year in which they turn 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the last day of the month in which the employee is terminated.

Customer Service Toll-Free Number: (800) 524-0149 (TTY users call 711)

www.DeltaDentalMI.com

January 1, 2017

LIFE INSURANCE—THE HARTFORD

Life/AD&D - All	CURRENT The Hartford	RENEWAL The Hartford																
Benefit Comparison	Description	Description																
Life/AD&D Benefit Amount	1.5x earnings up to \$120,000	1.5x earnings up to \$120,000																
Age Reduction Schedule	35% @ 65 ; 50% @ 70	35% @ 65 ; 50% @ 70																
Guaranteed Issue Amount	\$120,000	\$120,000																
Conversion	Included	Included																
Portability	Included	Included																
Waiver of Premium	Included	Included																
Accelerated Death Benefit	Included / Not included	Included / Not included																
Rate Guarantee	Through 1/1/2022	Through 1/1/2022																
Rates	Rates Table	Rates Table																
	<table><tr><th>Description</th><th>Rate</th></tr><tr><td>Total Volume</td><td>\$11,345,000</td></tr><tr><td>Life Rate per \$1,000 of Benefit</td><td>\$0.110</td></tr><tr><td>AD&D Rate per \$1,000 of Benefit</td><td>\$0.027</td></tr></table>	Description	Rate	Total Volume	\$11,345,000	Life Rate per \$1,000 of Benefit	\$0.110	AD&D Rate per \$1,000 of Benefit	\$0.027	<table><tr><th>Description</th><th>Rate</th></tr><tr><td>Total Volume</td><td>\$11,345,000</td></tr><tr><td>Life Rate per \$1,000 of Benefit</td><td>\$0.110</td></tr><tr><td>AD&D Rate per \$1,000 of Benefit</td><td>\$0.027</td></tr></table>	Description	Rate	Total Volume	\$11,345,000	Life Rate per \$1,000 of Benefit	\$0.110	AD&D Rate per \$1,000 of Benefit	\$0.027
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Total Volume	\$11,345,000																	
Life Rate per \$1,000 of Benefit	\$0.110																	
AD&D Rate per \$1,000 of Benefit	\$0.027																	
Cost Comparison	CURRENT	RENEWAL																
Total Monthly Premium	\$1,554.27	\$1,554.27																
Total Annualized Premium	\$18,651.18	\$18,651.18																
Annual Dollar Change From Current		\$0.00																
Percent Change From Current		0%																
Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.																		



LONG TERM DISABILITY—THE HARTFORD

Long Term Disability - All	CURRENT The Hartford	RENEWAL The Hartford												
Benefit Comparison	Description	Description												
Monthly Benefit Maximum	\$5,000	\$5,000												
Elimination Period	90 Days	90 Days												
Benefit Duration	ADEA I w/ SSNRA	ADEA I w/ SSNRA												
Benefit Percentage	60%	60%												
Mental Illness/Substance Abuse Limitation	24 Months	24 Months												
Pre-Existing Condition Limitations	3/3/12	3/3/12												
Conversion / Portability	N/A	N/A												
Waiver of Premium	N/A	N/A												
Rate Guarantee	Through 1/1/2022	Through 1/1/2022												
FICA Match	Included	Included												
Rates	Rates Table	Rates Table												
	<table><tr><th>Description</th><th>Rate</th></tr><tr><td>Monthly Covered Payroll</td><td>\$191,581</td></tr><tr><td>Rate per \$100 of Payroll</td><td>\$0.499</td></tr></table>	Description	Rate	Monthly Covered Payroll	\$191,581	Rate per \$100 of Payroll	\$0.499	<table><tr><th>Description</th><th>Rate</th></tr><tr><td>Monthly Covered Payroll</td><td>\$191,581</td></tr><tr><td>Rate per \$100 of Payroll</td><td>\$0.499</td></tr></table>	Description	Rate	Monthly Covered Payroll	\$191,581	Rate per \$100 of Payroll	\$0.499
Description	Rate													
Monthly Covered Payroll	\$191,581													
Rate per \$100 of Payroll	\$0.499													
Description	Rate													
Monthly Covered Payroll	\$191,581													
Rate per \$100 of Payroll	\$0.499													
Cost Comparison	CURRENT	RENEWAL												
Total Monthly Premium	\$955.99	\$955.99												
Total Annualized Premium	\$11,471.89	\$11,471.89												
Annual Dollar Change From Current		\$0.00												
Percent Change From Current		0%												
Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.														



TOTAL RATES

PITTSFIELD TOWNSHIP

Prepared by: Melissa Ramos

Effective Date: January 1, 2021



Current CB \$500 Plan Removed*

ACTIVE - MEDICAL
Total Monthly Premium
Total Annualized Cost
Annualized Dollar Change From Current

Total Active Enrolled

CURRENT
\$212,657.61
\$2,551,891.32

RENEWAL
\$114,927.86
\$1,379,134.32

107

RETIREE - MEDICAL
Total Monthly Premium
Total Annualized Cost
Annualized Dollar Change From Current

Total Retiree Enrolled

CURRENT
\$15,189.27
\$182,271.24

RENEWAL
\$15,290.10
\$183,481.20

13

TOTAL - MEDICAL
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

Total Active & Retiree Enrolled

CURRENT
\$227,846.88
\$2,734,162.56

RENEWAL
\$130,217.96
\$1,562,615.52

120

TOTAL - DENTAL
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$9,208.62
\$110,503.44

RENEWAL
\$9,208.62
\$110,503.44

TOTAL - LIFE/AD&D
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$1,554.27
\$18,651.18

RENEWAL
\$1,554.27
\$18,651.18

TOTAL - LTD
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$955.99
\$11,471.89

RENEWAL
\$955.99
\$11,471.89

TOTAL
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$239,565.76
\$2,874,789.07

RENEWAL
\$141,936.84
\$1,703,242.03

*Assumes 75% of members currently in the CB \$500 plan elect HDHP and 25% currently in the CB \$500 plan elect the CB 12/20% benefit in 2021.





Diabetes Prevention

Solutions powered by Omada



What if you could offer a solution to your employees that has the power to help them avoid type 2 diabetes and other obesity-related chronic conditions? And what if that solution gave them the tools they need to get and stay healthy? Would you be interested?

If so, here's your opportunity.

Blue Cross now offers you a diabetes prevention program powered by Omada.

A different kind of solution:

The Omada solution is unique and effective because:

- It's an intensive behavioral counseling program designed to reduce the risk of obesity-related chronic conditions like type 2 diabetes and heart disease
- It is personalized for each individual
- It is powered by data and backed by science
- It helps drive long-term, meaningful change for your employees' health

How it drives results...

It gets employees onboard with tailored enrollment campaigns which sign up twice as many employees

It keeps them engaged, averaging 32 touchpoints each week for participants

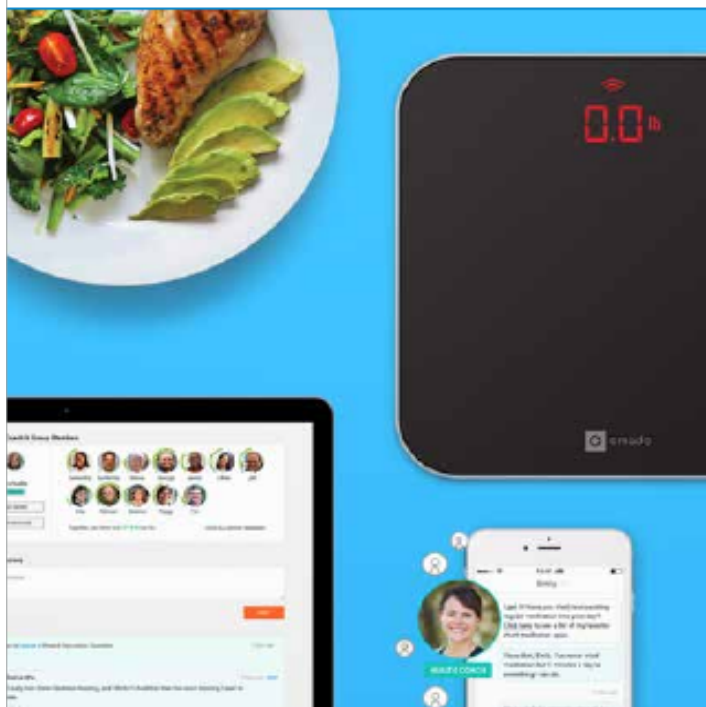
It's one solution to tackle multiple conditions

...and the proof is in the outcome:

Participants averaged 4.7% weight loss in year 1 and 4.2% weight loss in year 2. So why is that such an impressive statistic? Well, if a person can achieve a 5-7% loss in weight, they will reduce their chance of developing type 2 diabetes by **58%**. That keeps them healthy and could significantly decrease their long-term health costs.



OMADA



How it works for members

- Once you opt for this solution, Omada will create a launch plan for your company, focusing on your specific needs.
- Assist in outreach to enroll as many employees, spouses and eligible dependents as possible who are at risk for developing type 2 diabetes and heart disease.

Participants will receive a wireless scale to monitor their progress and a personalized experience including:

- An Omada health coach to keep them on track and offer support
- An online peer group for encouragement and accountability
- Engaging lessons providing knowledge on eating, exercise, sleeping and stress management.

How it works for employers

- Cost is based on outcomes for your employees and can be covered as part of a benefit expense
- It includes smart technology for your employees, professional health coaches to help them on their journey, support among peers and weekly lessons to help educate your workforce on simple rules for a healthier life.
- Best of all, it integrates into your existing Blue Cross and BCN coverage with support provided by existing servicing teams, wellness and care management and information on our member portal

Ask your sales partner for more information on our technology solutions or any other information we have about diabetes management.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

R08.22.56



Diabetes Management, Simplified

Solutions powered by Livongo

Over 30 million people in the United States today have diabetes – it's a problem that has a huge impact on the health and wellness of people and on the cost of care. Chances are, you have employees with type 2 diabetes and, if so, you're probably looking for a way to help them manage their disease.

If so, here's your opportunity.

Blue Cross and Blue Care Network now offer you a diabetes management program powered by Livongo.

Helping your employees manage their diabetes:

Diabetes management is critical. If not correctly managed, type 2 diabetes can lead to several other chronic conditions that affect your employees' health and wellness, as well their benefit costs. Livongo's diabetes management program focuses on glucose monitoring for people with diabetes and lowering their A1C.

So why aren't people managing their diabetes?

Diabetes management can be complicated, full of hassles, expensive and people often find themselves without support.

How can Livongo help?

Livongo makes managing diabetes easier for your employees. It's a new approach to diabetes management that works directly with your employees to remove the barriers that stop them from managing their diabetes. They do this by:

- Offering connected devices to remove hassles – like an advanced blood glucose meter
- Providing personalized coaching and other support
- Giving participants free, unlimited supplies of strips and lancets
- Using data and analytics to drive behavior change and give a personalized experience to the employee

Did you know?

The average annual medical costs for a person with diabetes are twice as much as people without AND people with medical complications related to diabetes are four times higher!

Did you know?

A two point reduction in a person's A1C can result in 35-76% reduction in long-term complications related to diabetes?!



LIVONGO



How it works

- Livongo works with your employees to understand the program and make it easy for them to join
- They provide them with a welcome kit and onboarding information
- Employees get personalized insights based on their information and access to a convenient mobile app
- Employees are provided free supplies as needed
- Throughout their journey, they have access to remote monitoring and coaching
- Health summary reports are available for sharing with family and providers if desired

There's more to the Livongo solution

- Cost can be covered as part of a benefit expense, rather than as an administrative fee
- Coaching is available by phone, text message or through the Livongo mobile app...it's on your employee's terms
- Best of all, it integrates into your existing Blue Cross and BCN coverage with support provided by existing servicing teams, wellness and care management and information on our member portal

Ask your sales partner for more information on our technology solutions or any other information we have about diabetes management.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

R082256



High-Cost Drug Discount Optimization Program, powered by PillarRx Frequently Asked Questions

Overview

What is the High-Cost Drug Discount Optimization Program?

This is a copayment assistance program that reduces the out-of-pocket costs Blue Cross Blue Shield of Michigan and Blue Care Network members pay for certain medications. This helps members afford their medication and adhere to their therapies. It may also result in cost savings to their employer groups.

Through copay assistance programs, drug manufacturers cover all or some of the member cost sharing for certain medications. Our copay assistance program is operated by PillarRx Consulting, an independent prescription benefit consulting company. PillarRx will help arrange copay assistance from drug manufacturers for our members who purchase certain medications.

How does the program work?

Members who enroll have all or some of their out-of-pocket costs for certain medications covered by drug manufacturers.

The amounts members pay toward their prescriptions (their copays and coinsurance) **will** apply toward their out-of-pocket maximums, as outlined in plan documents.

Will the reduced copay remain constant throughout the benefit year? What happens if funding disappears or is no longer available for these medications?

Typically, yes. If funding for a drug runs out before the end of the benefit year, members will resume paying the regular copays they were paying without the discounts.

Dates of Availability

When is the program available to HMO and PPO groups?

Self-funded group customers can opt into the program July 1, 2020. Groups must sign a letter of understanding to opt in.

Fully insured small groups will be enrolled at their renewals, starting Jan. 1, 2021.

Fully insured large groups will be enrolled Jan. 1, 2021.

Can self-funded groups enroll in this program in the middle of the benefit year?

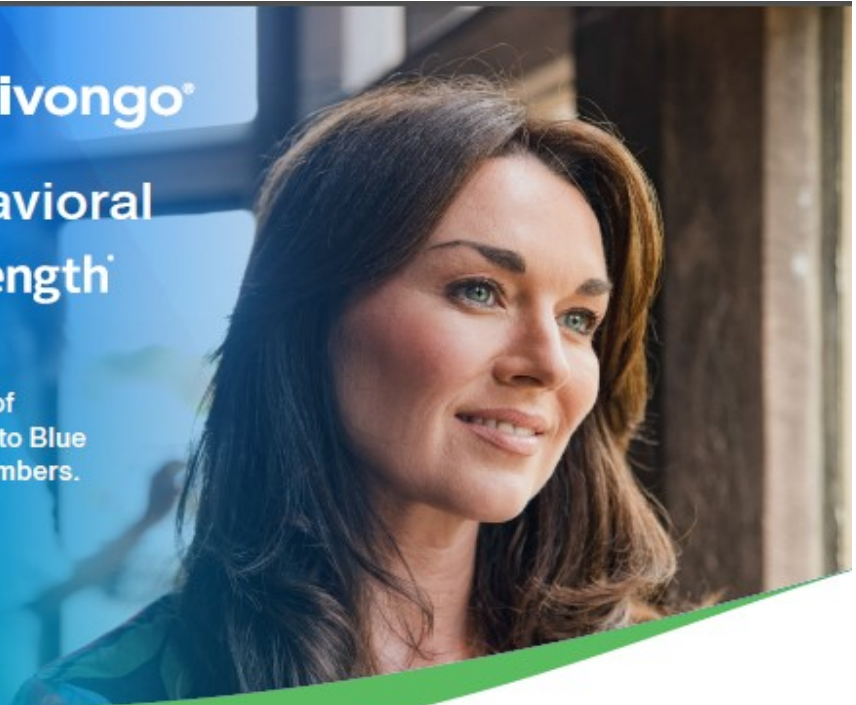
Yes, self-funded groups may enroll in the middle of the benefit year. Implementation time required is 90 days.

mySTRENGTH



Livongo for Behavioral Health by myStrength

Evidence-based digital platform addressing a complete spectrum of behavioral health support offered to Blue Cross Blue Shield of Michigan Members.



Key Elements of the myStrength Offering

Blue Cross is committed to giving our Members the tools they need to deal with daily life's stressors. myStrength's data-driven approach provides Blue Cross Members with personalized, actionable and timely support that helps deliver lasting outcomes.



Connected Technology

- ✓ A multisurface, multimodal experience for resilience and clinical conditions
- ✓ Self-monitoring to track mood, sleep, stress, and goals



Personalized Health Signals

- ✓ Interactive, self-paced programs matched to Members' preferences
- ✓ In-the-moment tools for coping in daily situations



Human-Centered Approach

- ✓ Expert coaches trained in behavioral health engagement
- ✓ Asynchronous, text-based one-on-one coaching
- ✓ Coordination across conditions to optimize care

mySTRENGTH



Partnership Value

A partnership that offers seamless integration, effortless client setup, and empowers Members to live better and healthier lives.



Effortless launch setup and Member identification



Turnkey, integrated marketing campaign drives high enrollment



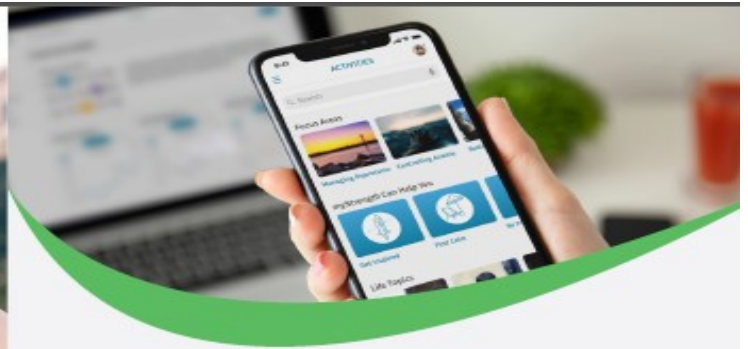
Program billed with your existing Blue Cross invoice



Integrated data and reporting to provide meaningful insights

1. Schladweiler, K., Hirsch, A., Jones, E., Snow, L. B. (2017). Real-World Outcomes Associated with a Digital Self-Care Behavioral Health Platform. *Annals of Clinical Research and Trials*, 1(2), 007.
2. *J Med Econ*. 2018 Nov;23(7):1084-1090

Livingo is an independent company that manages the behavioral health program on behalf of Blue Cross Blue Shield of Michigan. Blue Cross and Blue Shield of Michigan is an independent licensee of the Blue Cross Blue Shield Association.



Comprehensive Coverage

Full spectrum of subclinical to clinical behavioral health needs

- Depression
- Anxiety
- Sleep
- Substance use disorders
- Chronic pain
- Opioid/medication assisted treatment
- Stress
- Mindfulness
- Balancing emotions
- Pregnancy & early parenting
- Nicotine
- Trauma

Proven Impact

Extends Access¹

82%

As effective as face-to-face therapy

Measurable Clinical Outcomes²

-55%

Reduction in depression scores

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Contact your Blue Cross Account Manager to learn more.



PILLAR RX



High-Cost Drug Discount Optimization Program, powered by PillarRx Frequently Asked Questions

Member Participation

Who contacts the members: PillarRx or Blue Cross?

PillarRx will contact members through letters and phone calls. Letters are cobranded with both the Blue Cross and PillarRx logos.

Can groups with plans that include an integrated medical and pharmacy deductible enroll?

No, not at this time. Groups cannot enroll segments for which a deductible applies to the prescription drug program, including health savings account plans. Enrollment for segments with prescription plan deductibles is planned as a future program expansion.

What can members expect?

If a member currently takes one or more medications for which copay assistance is available, he or she can expect a phone call from a PillarRx copay assistance team representative. The representative will help the member to enroll in the discount program.

The PillarRx team will monitor member claims. They'll also ensure that copays are processing as expected and applied to the out-of-pocket costs appropriately.

Members can call the PillarRx copay assistance team at 636-614-3126.

Can groups with health savings account plans enroll?

Health savings account group plans are not included in the Jan. 1, 2021 launch. Blue Cross plans to expand this program to these groups in the next phase.

Is there a certificate or rider that groups need to add to enroll?

Self-funded groups that want to enroll in the program starting July 1, 2020, should work with their assigned account managers. A rider or update to each group's benefit design documents will be required, in addition to a letter of understanding for this program.

Beginning Jan. 1, 2021, we'll incorporate the program into the benefit design for fully insured small groups on their plan year renewal dates. The program will be effective for fully insured large groups on Jan. 1, 2021.

Can members choose not to participate in the program?

No. Members who take medications included in this program are required to participate. This program not only provides cost-savings for members, but for group customers as well.

PillarRx is an independent company providing Blue Cross Blue Shield of Michigan and Blue Care Network with a high-cost discount drug program.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

PILLAR RX



High-Cost Drug Discount Optimization Program, powered by PillarRx Frequently Asked Questions

Does the entire group have to enroll?

The entire self-funded/ASC group does not have to enroll. A self-funded/ASC group customer can choose a division or package code of the group to enroll. All members within that division or package code would be included for their eligible medications.

Fees and Funding

What is the fee for this service, and how often is the group invoiced?

The fee is 25% of the amount saved on medications in the program. We'll bill this to self-funded groups on monthly invoices.

Fully insured groups will not be billed for the program.

Is reporting available?

Reporting is available for self-funded groups. Reporting will show the assistance amount that goes toward each medication. Reporting will also show the 25% fee and the net savings to the group.

PillarRx is an independent company providing Blue Cross Blue Shield of Michigan and Blue Care Network with a high-cost discount drug program.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

AFLAC

Aflac Group Critical Illness Insurance

When employees recover, help make sure their finances do, too.

A critical illness doesn't just take a toll on an employee's health; it can have an impact on their finances as well. But with **Aflac Group Critical Illness Insurance**, you can help your clients protect their employees' financial stability — at no direct cost to their company.

Critical Illness protection designed with their business in mind.

Aflac understands that your clients want to help protect their employees, attract and retain talent, and keep an eye on the bottom line. By offering Group Critical Illness Insurance, you can help them do it all by delivering powerful protection from a name businesses have trusted for more than 60 years. Aflac Group Critical Illness pays a lump sum cash benefit to help cover the costs of a covered critical illness, such as heart attack or stroke.

You can help your clients protect their employees while growing your business with portfolio-boosting products like **Aflac Group Critical Illness**.

Deliver standout protection. Differentiate your business.

With **Aflac Group Critical Illness**, you can help your clients make sure that if an employee's health takes a turn for the worse, their financial health doesn't.

Face Amounts:

- **Employee:** \$5,000 up to \$50,000
- **Spouse:** \$5,000 up to \$25,000 (50% of employee amount)
- In order to apply for spouse coverage, the employee must also apply
- **Dependent Children:** 50% of primary insured benefit at no additional charge

Features Include:

- Guaranteed-issue based on participation requirements
- Spouse coverage will be issued even if employee is declined
- No benefit reduction at Age 70
- No pre-existing conditions limitation
- No waiting period

Benefits Include:

- Lump-sum benefits for: Internal/Invasive Cancer (employer choice), Heart Attack (Myocardial Infarction), Stroke, Kidney Failure (End-Stage Renal Failure), Bone Marrow Transplant, Sudden Cardiac Arrest
- Major Organ Transplant (pays 25% when placed on transplant list, and 75% when surgery occurs.)
- Non-invasive Cancer (pays at 25%.)
- Coronary Artery Bypass Surgery (pays at 25%.)
- Skin Cancer Benefit
- Health Screening Benefit (employer choice)
- Additional Diagnosis and Re-occurrence Diagnosis
- Waiver of Premium Benefit



The Aflac logo, featuring the word "Aflac" in blue with a small duck head icon integrated into the letter "a".

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Optional Benefits Include:

- Additional Covered Critical Illnesses: Paralysis, Burns, Coma, Loss of Speech, Sight, or Hearing
- Occupational HIV Rider
- Heart Event Rider: Specified Surgeries of the Heart & Invasive Heart Procedures/Techniques
- Optional Benefits Rider: Benign Brain Tumor, Advanced Alzheimer's Disease and Advanced Parkinson's Disease
- Progressive Diseases Rider: Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) and Sustained Multiple Sclerosis
- Building Benefit Rider
- Cancer Survivor Rider
- Term Life Rider*
- Successor Insured Waiver of Premium Rider*
- Childhood Conditions Rider: Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida, Type I Diabetes, Autism Spectrum Disorder (ASD)

Value-Added Services:

With Aflac's value-added services, you can add even more customization and choice to your benefits offering – at little to no cost. Choose from our broad array of services designed to help employees with stress, work/life balance, financial and legal well-being, and wellness.

Why Employers Flock to Aflac

Payroll Deduction: Premiums are paid by convenient payroll deduction.

Portable Coverage: Employees can continue through bank draft or direct billing (with certain stipulations).

Unlimited Claims: There is no limit on the number of claims a certificate holder can file.

aflacgroupinsurance.com | 1.800.433.3036 | Continental American Insurance Company | Columbia, South Carolina

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company.

For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.

Continental American Insurance Company Columbia, South Carolina Confidential – For Internal Use Only. Any use other than for internal training is not authorized by Aflac and may result in contract termination. Other nonapproved uses include but are not limited to distribution to prospective policyholders, distribution to prospective accounts, or solicitation of Aflac insurance. You further agree not to modify, loan, sell, distribute, or create derivative works based on these materials. Misrepresenting this information to solicit or induce a policyholder to lapse, forfeit, or surrender an insurance policy is prohibited by law. Any use not specifically permitted herein shall be considered to be a material breach of your Agent's contract with Aflac and is strictly prohibited. Aflac herein refers to American Family Life Assurance Company of Columbus and/or American Family Life Assurance Company of New York and/or Continental American Insurance Company and/or Continental American Life Insurance Company.

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. State availability may vary.

This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

* In order to have access to these two riders, the account must offer a standalone Aflac Life product (Term Life or Whole Life) to their employees.



AFLAC

Aflac Group Accident Insurance

Introducing customizable, competitive and sellable. All wrapped up in our next-generation group accident plan.

The Aflac Group Accident Plan lets you offer highly-customizable options to complement an employer's major medical plan. Which means they can shift cost without sacrificing coverage. It's a financial safety net to help protect employee income and their families' financial well-being. Let Aflac help you provide your clients with customized solutions—and not just products. It's the easiest way to go from open to close.

Help your clients design their own accident coverage. With their own company in mind.

Highly customizable categories allow employers to pick and choose benefit sets—at High, Mid and Low coverage levels—that enhance their major medical plan, such as:

- Initial accident treatment
- Hospitalization
- After care
- Life changing events

We also offer optional riders that employers can choose to further customize their plans too:

- Wellness
- Accidental death
- Sickness
- Catastrophic accident
- Organized athletic activity
- Gunshot wound
- Line of duty
- Waiver of premium
- Term life*
- Successor insured waiver of premium*



Guaranteed-issue underwriting

No underwriting questions, combined with no direct costs for employers and rates priced to fit most budgets, make Aflac's Group Accident plan an even better fit.

Provide your clients with customized solutions and not just products.

From the options your clients want, to the benefits employees can use, to the value they both depend on, the latest generation of Group Accident Insurance from Aflac adds up to a better benefits offering. With value added services from day one.

Contact your Aflac Broker Sales Professional today for a proposal and rates.

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PITTSFIELD CHARTER TOWNSHIP EMPLOYEE BENEFIT GUIDE

January 1, 2021 through December 31, 2021

