

HEALTH BENEFITS: OPTION 2 Continued

Blue Cross Blue Shield PPO \$1,500 / 80%

Benefit Snapshots	In Network	Out of Network
If you have a test: (Diagnostic Test/Imaging)	20% coinsurance	40% coinsurance
If you have outpatient surgery: (Facility Fee & Physician/Surgeon Fees)	20% coinsurance	40% Coinsurance
If you need immediate medical attention: Emergency Room Care Emergency Medical Transportation	\$150 copay/visit 20% coinsurance	\$150 copay/visit 20% coinsurance
If you have a hospital stay: Facility Fee & Physician/Surgeon Fee	20% coinsurance	40% Coinsurance
If you need behavioral health services: Outpatient Services Inpatient Services	20% coinsurance 20% coinsurance	20% coinsurance 40% coinsurance
If you are pregnant: Office Visits Childbirth/delivery professional services Childbirth/delivery facility services	Prenatal:No Charge/Postnatal: 20% coinsurance 20% coinsurance	Prenatal/Postnatal: 40% coinsurance 40% coinsurance 40% coinsurance
If you need help recovering or have other special health needs: Home Health Care Rehabilitation Services Habilitation Services Skilled Nursing Care Durable Medical Equipment Hospice Services	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance No Charge	20% coinsurance 40% coinsurance 20% coinsurance 20% coinsurance 40% coinsurance No Charge.

Examples:

HEALTH BENEFITS: OPTION 2 Continued

Blue Cross Blue
Shield PPO \$1,000
/ 80%

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of
a well-controlled condition)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (including
disease education)

Diagnostic tests (blood work)

Prescription drugs

Durable medical equipment (glucose meter)

Total Example Cost	\$2,500
---------------------------	----------------

In this example, Joe would pay:

<u>Cost Sharing</u>	
Deductibles	\$900
Copayments	\$400
Coinsurance	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,320

Peg is Having a Baby

(9 months of in-network pre-natal care
and a hospital delivery)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)

Childbirth/Delivery Professional Services

Childbirth/Delivery Facility Services

Diagnostic tests (ultrasounds and blood work)

Specialist visit (anesthesia)

Total Example Cost	\$11,300
---------------------------	-----------------

In this example, Peg would pay:

<u>Cost Sharing</u>	
Deductibles	\$1,500
Copayments	\$10
Coinsurance	\$1,400
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,970

Mia's Simple Fracture

(in-network emergency room visit and
follow up care)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (including medical
supplies)

Diagnostic tests (x-ray)

Durable medical equipment (crutches)

Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<u>Cost Sharing</u>	
Deductibles	\$1,500
Copayments	\$100
Coinsurance	\$70
<u>What isn't covered</u>	
Limits or exclusions	\$400
The total Mia would pay is	\$2,070

HEALTH BENEFITS: OPTION 4

Blue Care Network HMO \$4,000/70%

Benefit Snapshots	In Network Only																		
Preventive Care	Covered – 100% (No Copay)																		
Office Visit	\$30 copay/visit																		
Specialist Visit	\$50 Copay																		
Urgent Care	\$60 Copay																		
Emergency Room	\$250 copay/visit																		
Referral for Specialist	Yes																		
Prescription Drug Coverage	<table border="0"> <tr> <td>Value:</td> <td></td> <td>\$10 Copay</td> </tr> <tr> <td>Generics:</td> <td>:</td> <td>\$30 Copay</td> </tr> <tr> <td>Preferred Brand:</td> <td>:</td> <td>\$60 Copay</td> </tr> <tr> <td>Non-Preferred Brand:</td> <td></td> <td>\$80 Copay</td> </tr> <tr> <td>Preferred Speciality:</td> <td></td> <td>20% CoInsurance</td> </tr> <tr> <td>Non-Preferred Speciality:</td> <td></td> <td>20% CoInsurance</td> </tr> </table>	Value:		\$10 Copay	Generics:	:	\$30 Copay	Preferred Brand:	:	\$60 Copay	Non-Preferred Brand:		\$80 Copay	Preferred Speciality:		20% CoInsurance	Non-Preferred Speciality:		20% CoInsurance
Value:		\$10 Copay																	
Generics:	:	\$30 Copay																	
Preferred Brand:	:	\$60 Copay																	
Non-Preferred Brand:		\$80 Copay																	
Preferred Speciality:		20% CoInsurance																	
Non-Preferred Speciality:		20% CoInsurance																	
Annual Deductible	\$4,000/member; \$8,000/two or more members																		
Annual Out of Pocket Maximum	\$6,600/member; \$13,200/two or more members																		

HEALTH BENEFITS: OPTION 4

Blue Care Network HMO \$4,000/70%

Benefit Snapshots

In Network Only

If you have a test:

Diagnostic Test: 30% coinsurance
Imaging (CT/PET scans, MRIs): \$150 copay

If you have outpatient surgery:

Facility Fees: 30% coinsurance
Physician/surgeon fees: 30% coinsurance

If you need immediate medical attention:

Emergency Room Care: \$250 Copay/Visit
Emergency Medical Transportation: 30% coinsurance

If you have a hospital stay:

Facility Fee: 30% coinsurance
Physician/Surgeon Fee: No Charge

If you need behavioral health services:

Outpatient Services: \$30 copay/visit. Deductible does not apply
Inpatient Services: 30% coinsurance

If you are pregnant:

Office Visits: No Charge. Deductible does not apply
Childbirth/delivery professional services: No Charge
Childbirth/delivery facility services: 30% coinsurance

If you need help recovering or have other special health needs

Home Health Care: \$50 copay/visit
Rehabilitation Services: \$50 copay/visit
Habilitation Services: ABA - \$30 copay per visit. \$50 copay per visit for PT/OT/ST/ Deductible does not apply to ABA services.
Skilled Nursing Care: 30% coinsurance
Durable medical equipment: 50% coinsurance. Deductible does not apply.
Hospice Services: No Charge

Examples:

HEALTH BENEFITS: OPTION 4

Blue Care Network
HMO \$4,000/70%

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$4000
■ Specialist copayment	\$60
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

Primary care physician office visits (including
disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,500
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,520

Peg is Having a Baby

(9 months of in-network pre-natal care
and a hospital delivery)

■ The plan's overall deductible	\$4000
■ Specialist copayment	\$60
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$4,000
Copayments	\$10
Coinsurance	\$1,400
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$5,470

Mia's Simple Fracture

(in-network emergency room visit and
follow up care)

■ The plan's overall deductible	\$4000
■ Specialist copayment	\$60
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

Emergency room care (including medical
supplies)
Diagnostic tests (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,300
Copayments	\$100
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,500

DENTAL

Delta Dental PPO

Covered Services:	In Network	Out of Network
Preventive Services (Exams, cleanings, fluoride, Emergency Palliative treatment, Brush Biopsy, X-Rays)	100%	100%
Basic Services (Fillings and Crown repairs, Root Canals, Extractions and Dental Surgery, Repairs to Bridges, implants and Dentures)	80%	80%
Major Services (Major Restorative Services to Crowns, Prosthodontic Services: Bridges, Implants, and Dentures)	50%	50%
Orthodontia Services Dependent children up to age 19	50%	50%
<p><i>Oral Exams are payable twice per calendar year</i> <i>Prophylaxes (cleanings) are payable twice per calendar year</i></p>		
Annual Deductible	\$50 per person to \$150 per family	\$50 per person to \$150 per family
Annual Maximum Per person per Calendar Year	\$1,000	\$1,000

401K

2024 Annual Limits :You can contribute up to \$23,000. For participants over the age of 50, up to \$30,500.

General Details:

Eligibility Requirements:

- Deferrals:
 - Age: 21, Months: 0, Hours: 0, Entry: Monthly

Employee Contribution:

- 1% - 98% (based on all W2 wages)
- Your contributions are always 100% vested.

Matching Contributions

- You may elect to provide a matching contribution.



Deferral Options

- **Pre-tax Traditional:**
 - Reduces current taxable income, upon distribution your assets will be taxed accordingly.
- **Roth 401(k):**
 - After-tax contributions do not affect current taxable income, upon distribution your deferrals and gains on investments are not taxed with a qualified distribution.
- **Distribution Options:**
 - A Pension plan may provide for distribution only upon retirement, termination of employment, disability, or death of the participant according to Treasury Regulation. Taxes and penalties may apply.
- **Loan Feature:**
 - You can access up to 2 loans a a time from your account, minimum loan \$1,000 and maximum loan \$50,000.

Investment Portfolio, Changing Allocations and Rollovers:

Investment Options:

- Vanguard
- Fidelity
- American Funds
- J.P. Morgan
- DFA
- iShares

Fees:

- Annual Admin Fee: \$39

Loan Fee:

- \$150.00 initial fee
- \$50.00 annual maintenance fee

Distribution Fee:

- \$75 standard
- \$75 hardship
- \$150.00 QDRO

WHAT TO DO WHEN YOU HAVE A PROBLEM

BENEFIT OR PAYROLL QUESTIONS

If you experience problems or have questions throughout the year, you may contact one of the people listed below:

Name	Contact Info
Benefits Administrator Hannah Reynolds	248-313-2000 ext: 112 hannah@midwest-mgt.com
Benefits Coordinator Lynnda Kemp	248-313-2000 lynnda@midwest-mgt.com
Human Resources Lisa Johnson	248-313-2000 ext: 121 lisa@midwest-mgt.com



MIDWEST
MANAGEMENT
GROUP, INC.

MIDWEST MANAGEMENT GROUP

27655 Middlebelt Road Suite 170

Farmington Hills, MI 48334

Phone: 248-313-2000 x 112

Fax: 248-313-2009