

2021 Benefit Highlights

Easterseals Michigan Healthcare Plans

Benefits 2021

Introduction



Easterseals recognizes that attracting and retaining an extraordinary workforce means that we need to be a great place to work. We are dedicated to providing employees with a Total Rewards package that is both comprehensive and competitive. Total Rewards consists of four main components: benefits, compensation, well-being and culture. We always strive to offer benefit plan options that meet the changing needs of our workforce, while keeping the options reasonable and affordable for both you and our organization.

If you “opt out” of the Easterseals medical plans, it is important to remember that the Affordable Care Act requires you to have sufficient coverage through another source (like your spouse’s plan or a public plan like Medicaid) in order to avoid paying a tax penalty. This is also true if you are a part-time employee not eligible for benefits under our medical plan.

2021 Benefits at a Glance

Easterseals Michigan 2021 Medical Plan Options Overview	Plan 1 SB HDHP PPO with HSA <i>In-Network*</i>	Plan 2 Simply Blue PPO <i>In-Network *</i>	Plan 3 BCN HBL HMO <i>In-Network Only</i>	
	In-Network	In-Network	Enhanced	Standard
Deductible (Calendar Year)	\$1,400 single \$2,800 two-person/family -Deductible first –most services -Family deductible	\$500 individual \$1,000 family	\$250 individual \$500 family	\$1,500 individual \$3,000 family
Preventive Services (In-network) No deductible or cost to you	Plan pays at 100%	Plan pays at 100%	Plan pays at 100%	Plan pays at 100%
Coinsurance	You pay 20% Plan pays 80% (most services)	You pay 20% Plan pays 80% (most services)	You pay 10% Plan pays 90% (most services)	You pay 30% Plan pays 70% (most services)
Fixed Dollar Copays	N/A	\$20 office visits \$150 emergency room	\$20 PCP office visit \$40 after deductible specialist office visit \$200 after deductible emergency room (waived if admitted)	\$30 PCP office visit \$50 after deductible specialist office visit \$200 after deductible emergency room (waived if admitted)
Prescription Drug Copays *Tier 1A – Value Generic (typically) *Tier 1B – Generic (typically) *Tier 2 – Preferred Brand *Tier 3 – Non-Preferred Brand Tier 4 – Preferred Specialty Tier 5 – Non-Preferred Specialty *Mail order – see SBC	30 day supply N/A \$10 after deductible \$40 after deductible \$80 after deductible N/A N/A	30 day supply N/A \$10 \$40 \$80 N/A N/A	30 day supply \$4 \$15 \$40 \$80 20% to \$200 max 20% to \$300 max	30 day supply \$6 \$25 \$50 \$80 20% to \$200 max 20% to \$300 max
Total Out-of-Pocket Maximum (includes deductible, coinsurance, copays)	\$2,250 single \$4,500 two-person/family	\$3,000 individual \$6,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
ESM HSA Contributions (annual to your HSA)	\$800 single \$1,600 two-person/family	N/A	N/A	N/A
Net Out-of-Pocket Maximum if use ESM HSA \$ to cover expenses	\$1,450 single \$2,900 two-person/family	N/A	N/A	N/A

2021

Employee Contribution Structure

Salary Grades 1-9:

BI-WEEKLY EMPLOYEE COSTS	Single	Two-Person	Family
MEDICAL/RX DRUG COVERAGE	Gr 1-9	Gr 1-9	Gr 1-9
<small>See enrollment system for your costs</small>			
BCBSM Simply Blue PPO 1400 HDHP (+)	\$48.98	\$112.22	\$133.61
BCBSM Simply Blue PPO 500 (+)	\$64.68	\$162.70	\$212.70
BCN Healthy Blue Living HMO (+)	\$14.24	\$34.17	\$42.60
Working Spouse Surcharge (if applicable)		\$46.15	\$46.15
DENTAL COVERAGE			
Delta Dental (=)	\$4.38	\$8.19	\$12.76
VOLUNTARY VISION			
Blue Vision VSP Vision	\$2.20	\$4.39	\$7.29
OPTIONAL LIFE <small>may see differences in age bands</small>			
UNUM (=)	See enrollment system		
VOLUNTARY STD <small>may see differences in age bands</small>			
UNUM	See enrollment system		
LTD			
UNUM	No cost to you		

Salary Grades 10-13:

BI-WEEKLY EMPLOYEE COSTS	Single	Two-Person	Family
MEDICAL/RX DRUG COVERAGE	Gr 10-13	Gr 10-13	Gr 10-13
<small>See enrollment system for your costs</small>			
BCBSM Simply Blue PPO 1400 HDHP (+)	\$55.24	\$127.26	\$152.43
BCBSM Simply Blue PPO 500 (+)	\$70.90	\$177.63	\$231.37
BCN Healthy Blue Living HMO (+)	\$18.99	\$45.56	\$56.80
Working Spouse Surcharge (if applicable)		\$46.15	\$46.15
DENTAL COVERAGE			
Delta Dental (=)	\$4.38	\$8.19	\$12.76
VOLUNTARY VISION			
Blue Vision VSP Vision	\$2.20	\$4.39	\$7.29
OPTIONAL LIFE <small>may see differences in age bands</small>			
UNUM (=)	See enrollment system		
VOLUNTARY STD <small>may see differences in age bands</small>			
UNUM	See enrollment system		
LTD			
UNUM	No cost to you		

Salary Grades 14-18:

BI-WEEKLY EMPLOYEE COSTS	Single	Two-Person	Family
MEDICAL/RX DRUG COVERAGE	Gr 14-18	Gr 14-18	Gr 14-18
Review enrollment system for your costs			
BCBSM Simply Blue PPO 1400 HDHP (+)	\$61.50	\$142.30	\$171.24
BCBSM Simply Blue PPO 500 (+)	\$77.12	\$192.56	\$250.03
BCN Healthy Blue Living HMO (+)	\$23.74	\$56.95	\$71.00
Working Spouse Surcharge (if applicable)		\$46.15	\$46.15
DENTAL COVERAGE			
Delta Dental (=)	\$4.38	\$8.19	\$12.76
VOLUNTARY VISION			
Blue Vision VSP Vision	\$2.20	\$4.39	\$7.29
OPTIONAL LIFE <small>may see differences in age bands</small>			
UNUM (=)	See enrollment system		
VOLUNTARY STD <small>may see differences in age bands</small>			
UNUM	See enrollment system		
LTD			
UNUM	No cost to you		

Salary Grades 19+:

BI-WEEKLY EMPLOYEE COSTS	Single	Two-Person	Family
MEDICAL/RX DRUG COVERAGE	Gr 19+	Gr 19+	Gr 19+
Review enrollment system for your costs			
BCBSM Simply Blue PPO 1400 HDHP (+)	\$67.76	\$157.34	\$190.06
BCBSM Simply Blue PPO 500 (+)	\$83.34	\$207.49	\$268.70
BCN Healthy Blue Living HMO (+)	\$28.48	\$68.35	\$85.20
Working Spouse Surcharge (if applicable)		\$46.15	\$46.15
DENTAL COVERAGE			
Delta Dental (=)	\$4.38	\$8.19	\$12.76
VOLUNTARY VISION			
Blue Vision VSP Vision	\$2.20	\$4.39	\$7.29
OPTIONAL LIFE <small>may see differences in age bands</small>			
UNUM (=)	See enrollment system		
VOLUNTARY STD <small>may see differences in age bands</small>			
UNUM	See enrollment system		
LTD			
UNUM	No cost to you		


Working Spouse Surcharge: An employee must pay an additional cost to cover a working spouse who has the option to elect health coverage from their employer and has declined coverage. Avoid this surcharge by having your working spouse enroll on their employer's plan.


Medical – Telemedicine on three medical plans -

All Blue Care Network and Blue Cross Blue Shield of Michigan plans offer 24/7 online telemedicine services. As a participant in any one of our three medical plan options, you and your covered dependents are able to visit a physician via video or telephone. Short term medications can be prescribed. You pay an office visit copay or fee payment at the end of the visit.

Blue Cross Online Visits

Medical, therapy and psychiatry services on one platform





▶ Choose to have a face-to-face online medical, therapy or psychiatry visit.

	Medical	Therapy	Psychiatry
Care provided by:	U.S. board-certified doctors who may be specialists in pediatrics, family medicine or emergency room medicine	Masters- and doctoral-level behavioral health clinicians include fully licensed psychologists, clinical social workers, marriage and family therapists, and professional counselors.	Psychiatrists are trained in telehealth and board-certified in psychiatry or neurology.
Services:	Get treatment for colds, flu, sore throats, sinus and respiratory infections, and other minor illnesses and injuries.	Talk about daily challenges, such as anxiety, depression, grief and insomnia. Therapists use talk therapy, while psychiatrists can conduct diagnostic interviews and manage medications.	
Appointment:	Not required; Average visit lasts about 10 minutes	Required; 45-minute visits	Required; initial visits are 45 minutes with 15-minute follow-up visits
Hours:	24/7	Extended; seven days a week	

*To see a psychiatrist, psychologist or counselor, you'll most likely have to schedule the visit in advance.

Dental:

Dental Benefit Summary	
Item	Coverage Level*
Deductibles & Dollar Maximums	
Deductible (Only applies to Type II & III expenses)	\$25 Single / \$75 Family
Annual Benefit Maximum	\$1,500
Orthodontics Lifetime Maximum	\$1,250
Type I—Preventive/Diagnostic	
<ul style="list-style-type: none"> • Diagnostic Services • Preventive Services • Emergency Palliative 	100%
Type II—Basic	
<ul style="list-style-type: none"> • Oral Surgery • Sealants (up to age 14) • Minor Restorative & Fillings • Periodontics/Endodontics • Relines and Repairs of Bridges & Dentures 	80%
Type III—Major Restorative	
<ul style="list-style-type: none"> • Bridges and dentures • Crowns • Inlays/Onlays 	50%
Orthodontics	
Orthodontics	50%

Easter Seals dental plan is insured by Delta Dental Plan of Michigan and is offered to eligible employees at a cost per pay period. This Delta Dental PPO Plan is Delta Dental's point-of-service PPO plan that provides access to two of the nation's largest networks of participating dentists. These rates apply to staff in all salary grades.

- Single Coverage - \$4.38/pay period
- 2-Person Coverage - \$8.19/pay period
- Family Coverage - \$12.76/pay period

Vision:

Voluntary Vision Benefit Summary		
	In-Network Provider VSP Choice Network	Out-of-Network Provider Maximum Reimbursement Amounts
Eye Exam (every 12 months)	\$10 copay	Reimbursement up to \$45, less \$10 copay
Lenses (ever 12 months) - Standard Glass or Plastic		
Single Vision	\$25 copay (one copay applies to both frames and lenses)	Reimbursement up to approved amount based on lens type, less \$25 copay
Bifocal		
Trifocal		
Lenticular		
Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP provider.		
Frames (every 24 months) - All VSP network doctor locations have at least 100 frames within frame allowance. VSP discount available if exceed allowance.		
Standard Frames	\$130 allowance applied to frames, less \$25 copay	Reimbursement up to \$70, less \$25 copay
Contacts (every 12 months)		
Elective (in lieu of Lenses and Frame)	\$130 allowance applied to contact lens exam and contact lenses	Reimbursement up to \$105 allowance applied to contact lens exam and contact lenses
Medically Necessary (in lieu of Lenses and Frame) (Requires meeting medical criteria and VSP pre-approval.)	\$25 copay	Reimbursement up to \$210, less \$25 copay
Contact lens exam (fitting and evaluation)	Part of contact allowance	Part of contact reimbursement allowance.

Easter Seals offers first-rate voluntary vision coverage insured by VSP Vision Care through Blue Cross Blue Shield Vision and is offered to eligible employees at a cost per pay period. These rates apply to staff in all salary grades.

- Single Coverage - \$2.20/pay period
- 2-Person Coverage - \$4.39/pay period
- Family Coverage - \$7.29/pay period

Retirement Savings Plan – 401K:

Employer Safe Harbor Contribution	
Easterseals will contribute the amount equal to 3% of your compensation, regardless of whether you make an Employee 401(k) Elective Deferral Contribution.	
Employer Matching Contribution	
Easterseals will match 100% of your Employee Elective Deferral contribution, up to the first 2% of pay.	
Vesting Schedule	
After 1 st year	25%
After 2 nd year	50%
After 3 rd year	75%
After 4 th year	100%

Other Benefits:

- 80 Hours of Vacation Time Annually Prorated based on Hire Date
- 48 Hours of Personal Leave Time Annually
- 9 Paid Holiday and 3 Floating Holidays
- Mileage Reimbursement at the IRS Regulated Rate
- ***NEW*** So-Fi partnership “no cost” financial advice, education, and support including student loan refinancing options, debt navigation, tools, and calculators
- ***NEW*** health and wellness benefit – Access to the *Calm* App
- ***NEW*** Formalized Employee Recognition Program with Elite Values & Employee of the Month Recognition Awards
- Blue Cross Blue Shield HDHP, PPO & Blue Care Network HMO along with a PPO Dental Plan and Vision Plan
- \$50 opt out credit per pay period if Medical Coverage is Waived
- Basic Life & AD&D Plan – Insured for \$50,000.00
- Optional Employee & Dependent Life Insurance
- Voluntary Short-Term Disability Coverage – 60% of weekly earning up to \$1,000 per week.
- Long Term Disability Coverage
- Health Care Reimbursement with a maximum of \$2,750 annually.
- Dependent Care Reimbursement with a maximum of \$5,000 annually.
- Voluntary Pet Insurance (available annually at Open Enrollment only)
- Voluntary Critical Illness & Accident Supplemental Insurance through UNUM (available annually at Open Enrollment only)
- Easterseals partners with Ulliance to offer comprehensive Employee Assistance Services to Easterseals employees and their families.
- Easterseals partners with Genesis Financial Partners to offer financial planning services for employees and their families at a discounted rate.
- Consumerism Discount Card Program
- Wellness program and incentives
- Extensive Training and Development Opportunities
- Performance Bonus Opportunities
- Cellphone allowance and program stipends available for specified positions

