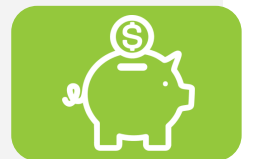


# 2024 BENEFITS GUIDE



**CHOICESCHOOLS**  
ASSOCIATES





# BENEFITS OVERVIEW

**Choice Schools Associates** is proud to offer a comprehensive benefits package to eligible, full-time employees who work at least 30 hours per week for medical, dental, vision, Teladoc and flexible spending benefits. Employee must work 35 hours per week to be eligible for all other benefits. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Choice Schools Associates provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

## TABLE OF CONTENTS

Benefits Overview	2
Medical Benefits	3
How Your Plans Work	7
Dental Benefits	8
Vision Benefits	9
Flexible Spending Account	10
Life and Accidental Death & Dismemberment Insurance	11
Voluntary Life and AD&D Insurance	11
Short Term Disability	12
Voluntary Long Term Disability	12
Employee Assistance Program (EAP)	13
Valuable Extras	13
Accident Insurance	14
Critical Illness	14
Hospital Indemnity Insurance	14
Employee Contributions for Benefits	15
Contact Information	16

## BENEFITS OFFERED

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability
- Voluntary Long Term Disability
- Employee Assistance Program (EAP)
- Valuable Extras
- Accident Insurance
- Critical Illness
- Hospital Indemnity Insurance

## ELIGIBILITY

You and your dependents are eligible for Choice Schools Associates benefits on the first of the month following date of hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Choice Schools Associates eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/ Benefits Department.



# MEDICAL BENEFITS

Administered by Blue Care Network & Blue Cross Blue Shield Of Michigan

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	BCN HMO BASIC PLAN	BCBSM COMMUNITY BLUE PPO HRA PLAN	
	In-Network	In-Network	Out-of-Network*
Calendar Year Deductible	\$1,500 single / \$3,000 family	\$5,000 single / \$10,000 family	\$10,000 single / \$20,000 family
Calendar Year Out-of-Pocket Maximum	\$6,600 single / \$13,200 family	\$8,150 single / \$16,300 family	\$16,300 single / \$32,600 family
Coinsurance	\$2,500 single / \$5,000 family	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family
Company Contribution to Your Health Savings Account		Company Contribution to Your Health Reimbursement Account	
Single/Family	NA	Up to \$4,500 / Up to \$9,000	
DOCTOR'S OFFICE			
Primary Care Office Visit	\$20 copay	\$25 copay	40% after deductible
Specialist Office Visit	\$40 copay	\$25 copay	40% after deductible
Preventive care (screening, immunization)	0%	0%	Not covered
Diagnostic test (x-ray, blood work)	20% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	\$150 copay after deductible	20% after deductible	40% after deductible
PRESCRIPTION DRUGS			
Retail—Generic Drug (30-day supply)	Tier 1a: \$10; Tier 1b: \$30	\$15 copay	In-network copay plus 25% of BCBSM approved amount
Retail—Preferred Brand Drug (30-day supply)	\$60 copay	\$50 copay	
Retail—Non-Preferred Brand Drug (30-day supply)	\$80 copay	\$70 or 50% up to \$100, whichever is greater	
Specialty—Preferred Brand (30 days supply)	20% up to \$200	\$50 copay	
Specialty—Non-Preferred Brand (30 days supply)	20% up to \$300	\$70 or 50% up to \$100, whichever is greater	
Mail Order—Generic Drug (90-day supply)	3x copay - \$10	2x copay	N/A
Mail Order—Preferred Brand Drug (90-day supply)			
Mail Order—Non-Preferred Brand Drug (90-day supply)			
HOSPITAL SERVICES			
Emergency Room	\$250 copay after deductible (copay waived if admitted)	\$100 copay (copay waived if admitted or for an accidental injury)	
Inpatient	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Ambulance Service	20% after deductible	20% after deductible	



# MEDICAL BENEFITS

Administered by Blue Care Network & Blue Cross Blue Shield Of Michigan

Choice Schools will contribute up to \$1,200 towards your HSA for the 2024-2025 plan year.

NEW THIS YEAR! 50% of the employer HSA contribution will be given to you on your first check of the new plan year. This means that on the 7/5/24 payroll, you will receive \$600 into your HSA account should you select one of the two HSA plans below. The remaining \$600 will be split among the remaining checks of the fiscal year. This will help with some upfront out of pocket expenses that may occur as you build up your HSA account through tax free payroll deductions. \*Should an employee leave before the end of the school year, there may be a portion of this HSA pre-funding that would need to be paid back.

	BCBSM SIMPLY BLUE PPO HSA HIGH PLAN		BCBSM SIMPLY BLUE PPO HSA LOW PLAN	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Calendar Year Deductible	\$2,000 single / \$4,000 family	\$4,000 single / \$8,000 family	\$3,500 single / \$7,000 family	\$7,000 single / \$14,000 family
Calendar Year Out-of-Pocket Maximum	\$3,000 single / \$6,000 family	\$6,000 single / \$12,000 family	\$6,350 single / \$12,700 family	\$12,700 single / \$25,400 family
Coinsurance	N/A	N/A	N/A	N/A
Company Contribution to Your Health Savings Account			Company Contribution to Your Health Savings Account	
Single/Family				
DOCTOR'S OFFICE				
Primary Care Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive care (screening, immunization)	0%	Not covered	0%	Not covered
Diagnostic test (x-ray, blood work)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
PRESCRIPTION DRUGS				
Retail—Generic Drug (30-day supply)	\$15 copay after deductible	In-network copay after deductible plus 20% of BCBSM approved amount	\$15 copay after deductible	In-network copay after deductible plus 20% of BCBSM approved amount
Retail—Preferred Brand Drug (30-day supply)	\$50 copay after deductible		\$50 copay after deductible	
Retail—Non-Preferred Brand Drug (30-day supply)	\$70 or 50% up to \$100 after deductible		\$70 or 50% up to \$100 after deductible	
Specialty—Preferred Brand (30 days supply)	\$50 copay after deductible		\$50 copay after deductible	
Specialty—Non-Preferred Brand (30 days supply)	\$70 or 50% up to \$100 after deductible		\$70 or 50% up to \$100 after deductible	
Mail Order—Generic Drug (90-day supply)	2x copay after deductible	N/A	2x copay after deductible	N/A
Mail Order—Preferred Brand Drug (90-day supply)				
Mail Order—Non-Preferred Brand Drug (90-day supply)				
HOSPITAL SERVICES				
Emergency Room	20% after deductible	20% after deductible	\$100 copay (copay waived if admitted or for an accidental injury)	
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Ambulance Service	20% after deductible	20% after deductible	20% after deductible	

# HOW THE PLANS WORK

Two plans use the [Blue Cross Blue Shield Of Michigan](#) and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the [HDHP](#), you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. [Your paycheck deductions for this plan are lower than the PPO plan.](#)

The [PPO plan](#) has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum. [This plan has higher paycheck deductions than the HDHP.](#)

	HDHP	PPO Plan
<b>Per-paycheck Cost for Coverage</b>	\$	\$\$
<b>Calendar Year Deductible</b>	\$\$	\$
<b>Calendar Year Out-of-pocket Maximum</b>	\$\$	\$
<b>Using the Plan</b>	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
<b>Spending Account Options</b>	Health savings account (HSA) Dependent care FSA	Health care FSA Dependent care FSA

## PAYING FOR HEALTH CARE

[Choice Schools Associates](#) offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HSA	FSA
<b>What medical plan can I choose?</b>	HDHP	PPO plan
<b>What expenses are eligible?</b>	Medical, prescription, dental & vision care (See <a href="#">IRS publication 502</a> for the types of expenses that may be eligible)	Medical, prescription, dental & vision care (See <a href="#">IRS publication 502</a> for the types of expenses that may be eligible)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account	All of the funds you elect for the year are available on January 1
<b>Can I roll over funds each year?</b>	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	No, you will lose any funds remaining in your account at the end of the year, unless your plan has a grace period or carryover
<b>How do I pay for eligible expenses?</b>	With your <a href="#">Health Equity</a> debit card (You can also submit claims for reimbursement online at <a href="https://my.healthequity.com">https://my.healthequity.com</a> )	With your <a href="#">Isolved Benefit Services</a> debit card (You can also submit claims for reimbursement online at <a href="http://www.isolvedbenefitservices.com">www.isolvedbenefitservices.com</a> )
<b>How much can I contribute each year?</b>	\$4,150 for individual coverage or \$8,300 for family coverage (this total includes company funding) and additional \$1,000 for catch up contributions in 2024	You can contribute \$3,200 in 2024
<b>Can I change my contributions throughout the year?</b>	Yes, contact Payroll to change your HSA contributions at any time	No, unless you have a qualifying life event



# DENTAL BENEFITS

Administered by Delta Dental Of Michigan

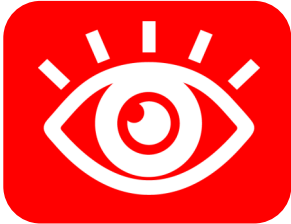
Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Choice Schools Associates dental benefit plan.

SERVICES	IN-NETWORK AND OUT-OF-NETWORK <sup>1</sup> DPPO
Calendar Year Deductible	\$0 per person; \$0 family limit
Calendar Year Benefit Maximum	\$1,500 <sup>2</sup>
Preventive Dental Services (cleanings, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%
Orthodontia Services (child only)	50% to \$1,500 lifetime maximum <sup>3</sup>

Coinurance percentage shown in the above chart represent what member is responsible for paying.

- 1. If you use on out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
- 2. Per calendar year: Preventive, Basic and Major Services combined (In-Network and Out-of-Network services combined).
- 3. In-Network and Out-of-Network services combined.





# VISION BENEFITS

Administered by VSP (vision service plan)

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

SERVICE	IN-NETWORK (ANY VSP PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$10 copay	Up to \$45

LENSES — ONCE EVERY 12 MONTHS

Single Vision Lenses	\$25 copay	Up to \$30
Lined Bifocal Lenses	\$25 copay	Lined - up to \$50
Lined Trifocal Lenses	\$25 copay	Lined - up to \$65
Frames — once every 24 months	\$150 allowance	Up to \$70
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	\$150 allowance	Up to \$105





# SPENDING ACCOUNTS

## FLEXIBLE SPENDING ACCOUNT

Administered by iSolved Benefit Services

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$3,200
Dependent Care Spending Limit	\$5,000





# LIFE INSURANCE BENEFITS

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by Mutual Of Omaha

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Choice Schools Associates. The company provides basic life insurance of \$50,000 at no cost to you if you participate in the medical plans offered by Choice Schools Associates.

### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Choice Schools Associates provides AD&D coverage of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Choice Schools Associates.

## VOLUNTARY LIFE AND AD&D INSURANCE

Administered by Mutual Of Omaha

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$200,000 or five times your salary, and 100% of employee's benefit, up to \$50,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

**Employee**— Up to five times your salary in increments of \$10,000; \$200,000 maximum amount

**Spouse**— Up to \$50,000 not to exceed of employee's benefit in increments of \$5,000

**Children**— \$10,000 - Dependent children age 14 days to age 26





# DISABILITY INSURANCE

## DISABILITY INSURANCE

Choice Schools Associates also provides disability insurance through Mutual Of Omaha. This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Short-term Disability	You receive 66.67% of your income up to \$750 per week. Benefits begin on 1st day due to injury and 8th day due to illness and continue for up to 13 weeks.	Company
Voluntary Long-term Disability	You receive 60% of your income up to \$5,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the Later of age 65 or Social Security Normal Retirement Age.	Employee



# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Pine Rest.

**The EAP can help with the following issues, among others:**

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

## VALUABLE EXTRAS

**We also offer the following additional benefits:**

▶ **Teladoc** - You have 24/7 access to Teladoc via American Health Holding, a leader in telehealth services providing live, confidential access to medical advice via online by secure video or phone from the convenience of your home or office. With a simple click or touch of a screen, you'll be connected to a Board-certified physician directly, who can diagnose your condition and even prescribe you medicine. Teladoc via American Health Holding saves you time and comes at a much lower cost than a visit to the doctor's office or urgent care center.

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

▶ **Pet Health Insurance** - Pet Insurance through Nationwide offers affordable plans for your cats and dogs. Policies cover a wide range of care from minor ailments to serious conditions. You'll pick your reimbursement level after a \$250 deductible and be able to visit any vet, anywhere without pre-approvals. Visit Employee Navigator for a link out to Nationwide to pick the coverage that fits your pet's needs!

▶ **Mutual of Omaha Worldwide Travel Assistance**

▶ **Mutual of Omaha Will Preparation Services**

▶ **Mutual of Omaha Hearing Discount Program**

# Voluntary Benefits

Our benefit plans are here to help you and your family live well-and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment-they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## ACCIDENT INSURANCE

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs - an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

## CRITICAL ILLNESS

Most of us don't have an extra \$7,000 ready to spend - even if we do, we don't want to use it all on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more.

## HOSPITAL INDEMNITY INSURANCE

When your loved one needs to be hospitalized, your family deserves to focus on their wellbeing-not the stress of the average three-day hospital stay, which can cost you \$30,000<sup>1</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

1. Why health Insurance Is Important Protection from high medical costs. HealthCare.gov

2. Average medical cost of fatal and non-fatal Injuries by type In the USA, December 2019. National Library of Medicine.

3. MetLife Accident and Critical Illness Impact Study.



# EMPLOYEE CONTRIBUTIONS

## EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	BIWEEKLY
<b>Medical/Rx BCN HMO Basic Plan</b>	
Employee	\$22.13
Employee + One	\$146.71
Family	\$267.62
<b>Medical/Rx BCBSM PPO HRA Plan</b>	
Employee	\$41.60
Employee + One	\$419.55
Family	\$597.64
<b>Medical/Rx BCBSM PPO HSA HIGH Plan</b>	
Employee	\$25.52
Employee + One	\$214.35
Family	\$290.25
<b>Medical/Rx BCBSM PPO HSA LOW Plan</b>	
Employee	\$0.00
Employee + One	\$22.90
Family	\$56.16

BENEFIT PLAN	BIWEEKLY
<b>Dental Rates</b>	
Employee	\$0.00
Employee + One	\$31.87
Family	\$31.87
<b>Vision Rates</b>	
Employee	\$0.00
Employee + One	\$2.71
Family	\$6.03



# EMPLOYEE CONTRIBUTIONS (Continued)

## CASH IN LIEU\*

If you have declined medical, dental and vision coverage, Choice Schools will provide a credit of \$100 toward your Bi-Weekly benefits contributions.	
Per Pay Credit	
\$100.00	

\*Proof of other medical coverage must be submitted to Human Resources to receive this credit

## TELADOC

BI-WEEKLY CONTRIBUTION	
For employees not enrolled in the HSA medical Plan	\$1.27
For employees enrolled in the HSA medical Plan	\$0.63
* Please note there is a \$49 copay	

## VOLUNTARY BENEFITS

BI-WEEKLY CONTRIBUTION (POST-TAX)
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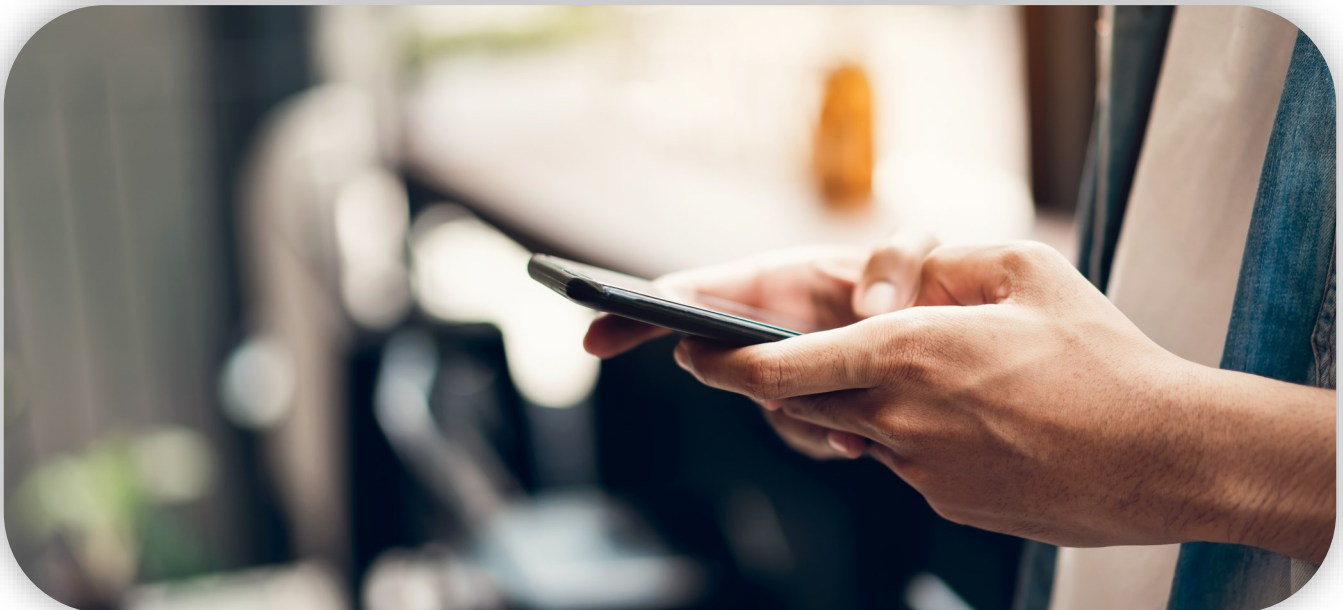
Actual contributions will be available when completing your enrollment through Employee Navigator.



## CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Blue Care Network / Blue Cross Blue Shield Of Michigan	800.662.6667 / 877.790.2583	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
Dental	Delta Dental Of Michigan	800.524.0149	<a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>
Vision	VSP (vision service plan)	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Account	Isolved Benefit Services	866.370.3040	<a href="http://www.isolvedbenefitservices.com">www.isolvedbenefitservices.com</a>
Life and AD&D	Mutual Of Omaha	800.775.8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Life and AD&D	Mutual Of Omaha	800.775.8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Short Term Disability	Mutual Of Omaha	800.877.5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Long Term Disability	Mutual Of Omaha	800.877.5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Benefits	Aflac	800.433.3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Telehealth	Teladoc	800.362.2667	<a href="http://www.mydrconsult.com">www.mydrconsult.com</a>
Identify Theft	Allstate Identity Protection	800.789.2720	<a href="http://www.allstateidentityprotection.com">www.allstateidentityprotection.com</a>
Pet Insurance	Nationwide	877.738.7874	<a href="https://benefits.petinsuranteee.com/choice-schools-associates">https://benefits.petinsuranteee.com/choice-schools-associates</a>
Employee Assistance Program (EAP)	Pine Rest	800.442.0809	<a href="http://www.pinerest.org/eap">www.pinerest.org/eap</a>
Human Resources	Stacey Maycroft	616-340-0468	<a href="mailto:staceymaycroft@choiceschools.com">staceymaycroft@choiceschools.com</a>





*This benefit summary prepared by*



Insurance | Risk Management | Consulting