2020-2021 Employee Benefits Guide

PIONEER
HEALTH CARE MANAGEMENT

An overview of the benefits provided by
Pioneer Health Care Management

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This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Understanding Your Benefits Program

Eligibility

All regular, active full-time employees of PIONEER HEALTH CARE MANAGEMENT working at least 30 hours per week, are eligible to participate in the health and welfare benefit plans outlined in this Employee Benefits Guide.

Effective Date of Coverage

For newly hired employees, your benefits become effective on the first day of the month after working full-time for 60 days.

All full time, benefits eligible employees are required to complete the on-line enrollment process using our new enrollment portal.

Who is Covered?

With each of PIONEER HEALTH CARE MANAGEMENT health, dental and vision options you may elect coverage for:

- You
- Your Legal Spouse
- Child(ren), stepchild(ren), and children under legal guardianship until they turn age 26
- Unmarried disabled children of any age who depend on you for support and maintenance

Section 125 Plan

Section 125 of the Internal Revenue Code allows companies to give their employees the opportunity to pay for benefits on a pre-tax basis.

Under our Section 125 Plan, your contributions for medical, dental, vision coverage will be taken on a pre-tax basis.

Qualification Status Changes

Your benefit elections will remain in effect for the plan year of May 1st, 2020 – April 30th , 2021. If you experience a qualified change in status during the plan year — such as change in marital status, birth or adoption of a child, or changes in your spouses' employment or health care coverage — you may be able to make changes to certain benefits before the beginning of the next plan year. You must notify Human Resources within 30 days of the qualifying event to change your benefit elections.

Enrollment Notices

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you or a dependent loses coverage under Medicaid or a state child health plan, you may request enrollment within 60 days after the coverage ends. If you or a dependent becomes eligible for a premium assistance subsidy under the group health plan through Medicaid or a state child health plan, you may request enrollment within 60 days of becoming eligible for assistance.

Medical Benefits

This side-by-side comparison provides general coverage information for some common medical services. This comparison is not intended to provide a detailed overview of covered services. In addition, some coverage may be limited to a specific provider, duration, or number of visits per calendar year. For additional plan information, including coverage limitations, please see the Summary of Benefits and Coverage.

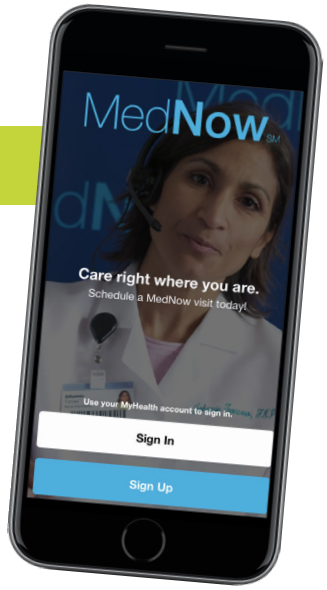
	Option #1 HMO $1,500	Option #2 PPO $2,500
	In-Network: HMO	In-Network: PPO
Deductible (resets on January 1st)	$1,500/$3,000	$2,500/$5,000
Co-Insurance	20%	20%
Out of Pocket Maximum	$7,350/$14,700	$7,350/$14,700
Preventive Care		
Health Maintenance Exams	100% Covered	100% Covered
Childhood Immunizations / Well-Baby	100% Covered	100% Covered
Gynecological Exams	100% Covered	100% Covered
Mammogram	100% Covered	100% Covered
Physician & Diagnostic Services		
Primary Care / Specialist Office Visits	$30 Copay / $45 Copay	$40 Copay / $55 Copay
Virtual Visits Medical	$0 Copay	$0 Copay
Diagnostic Imaging / Lab	Deductible + Coinsurance Applies	Deductible + Coinsurance Applies
Hospital Services		
Inpatient Consultations & Care	Deductible + Coinsurance Applies	Deductible + Coinsurance Applies
Surgical Services	Deductible + Coinsurance Applies	Deductible + Coinsurance Applies
Hospital Emergency Room	$150 copay	$250 Copay
Other Medical Services		
Urgent Care Visits	$60 Copay	$70 Copay
Chiropractic Services	$30 Copay / 30 Visits	$40 Copay / 30 Visits
Ambulance Services	$150 Copay	$150 Copay
Prescription Drugs: 30 Day Supply		
Preferred Generic Non-Preferred Generic Preferred Brand Non-Preferred Brand Preferred Specialty Non-Preferred Specialty	Preventive Coverage Only	$15 Copay $15 Copay $50 Copay $80 Copay $50 Copay $80 Copay

PriorityHealth

MedNow

24/7 care when and where you need it

Seeing the doctor just got easier. Get care anytime, anywhere, from a board-certified doctor with virtual care through MedNow℠.



Two convenient ways to receive care with MedNow

Video visits

Great for things like pink eye, allergies, bites and stings, cold and flu, sinus issues and more.

How it works:

- Connect with MedNow one of three ways:
  1. Download the MedNow app. Log in with your MyHealth credentials or create a new account.
  2. Log in to your MyHealth account at *priorityhealth.com* and select the MedNow tile
  3. Call MedNow at 844.322.7374
- Click or ask to schedule your appointment
- You'll be asked a few health questions, including a brief description of your current symptoms.
- You'll be connected to a care provider.

If you've missed two or more consecutive days of work, you can request a doctor's note while you're connected with the provider. The note will be sent electronically to your email.

Don't have a MyHealth account? Set one up today at *priorityhealth.com/myhealth*. If you need assistance, contact MyHealth Customer Support at 877.308.5083.

Engaged health care consumers get rewarded

66% of people shopping for a major purchase do online research at home. They spend an average of 80 days gathering information before committing.

Why isn't the same attention given to health care decisions?

With our Cost Estimator, members no longer have to brace for the bill. Costs for hundreds of services and prescriptions are available so members can make informed decisions with their family and budget in mind.

PriorityHealth Rewards

And, members who use our Cost Estimator to research the cost of a procedure are eligible for a reward ranging from $50 to $500.

***Priority**Rewards is not yet available for members with Medicare, Medicaid, Spectrum Health Partners plans or self-funded employer groups who have not opted in.*

How can GoodRx help me?

GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average GoodRx customer saves $276 a year on their prescriptions. GoodRx is 100% free. No personal information required.

Visit https://www.goodrx.com/ to see if any of your prescription drugs are for a lower cost.

GoodRx is independent company and is not part of the benefits provided by your employer. This should be used as a resource to find lower cost prescription drugs only.

Dental Benefits

Dental care is an important part of your total health care. For this reason, Pioneer Health Care Management offers a comprehensive, nationwide dental plan administered by MetLife. Please see below for a summary of benefits for the Base Dental Plan.

- $50 deductible per person / Family deductible of $150 combined
- Annual benefit maximum of $1,250 per person
- Dependents are eligible for benefits until the day they turn 26.
- No Waiting Periods

Under this plan, you can go to any licensed dentist. If you choose a non-participating dentist, you may be billed the full amount at the time of service and be subject to balance billing.

Find a Dentist: https://www.metlife.com/

Class I Benefits	PPO Network Dentist	Out of Network
Annual Maximum Benefit	$1,250	
Diagnostic & Preventative Services	100%	100%
Emergency Palliative Treatment	100%	100%
Class II Benefits		
Minor Restorative Services (including fillings)	80%	80%
Radiographs (X-rays)	80%	80%
Simple Extractions	80%	80%
Endodontic Services (including root canals)	50%	50%
Class III Benefits		
Major Restorative Services (including crowns)	50%	50%
Prosthodontic Services (inc. bridges & dentures)	50%	50%

Payroll Contributions – Per Pay	
Employee Only	$16.61
Employee + Spouse	$33.72
Employee + Child(ren)	$37.29
Employee + Family	$58.76

DID YOU KNOW… The average person only brushes for 45 to 70 seconds a day, the recommended amount of time is 2-3 minutes.

Vision Benefits

Pioneer Health Care Management has selected MetLife/VSP Vision Care to provide optional vision care benefits. MetLife/VSP Choice network consists of private practicing optometrists, ophthalmologists, opticians, and optical retailers such as Target Optical, Pearle Vision and Sears Optical locations. This plan includes benefits for eye exams, corrective lenses and LASIK/PRK vision correction procedures from participating providers.

With MetLife/VSP Vision Care, members benefit from low out-of-pocket expenses with savings on additional eye wear through secondary discounts. When searching for an MetLife/VSP provider visit the MetLife/VSP Vision Care website. Please see below for a summary of benefits.

Exams & Fitting	In-Network Member Cost
Exam with Dilation	$20 Copay
Contact Lens Fit & Follow-up	Up to $60 Copay
Corrective Lenses & Procedures	
Frames	$130 Allowance, 20% off balance over $130
Standard Plastic Lenses – Single Vision	$20 Copay
Standard Plastic Lenses – Bifocal	$20 Copay
Standard Plastic Lenses – Trifocal	$20 Copay
Standard Progressive Lens	$55 Copay
Lens Options –Scratch-Resistance	$33 Copay
Lens Options – Standard Polycarbonate	$35 Copay
Lens Options – Standard Anti-Reflective	$85 Copay
Contact Lenses – Conventional	$130 Allowance
Contact Lenses – Medically Necessary	$100% Covered
LASIK & PRK Vision Correction Procedures	Discounted
Frequency	
Exams	Once every 12 months
Frames	Once every 24 months
Standard Plastic Lenses	Once every 24 months
Contact Lenses (in lieu of lenses and frames)	Once every 24 months

Payroll Contributions Per Pay	
Employee Only	$2.84
Employee + Spouse	$4.77
Employee + Child(ren)	$4.86
Employee + Family	$7.70

DID YOU KNOW… MetLife/VSP offers additional discounts to In-Network members. You can enjoy exclusive savings on eyewear such as prescription eyeglasses and non-prescription sunglasses. Login to www.metlife.com/mybenefits to see what discounts are currently available.

Federal Notices

The Departments of Labor and Health and Human Services, ERISA, and the IRS require that plan administrators and/or insurers provide plan participants with certain information related to their health and welfare plans. To assist in satisfying these requirements, please see the following consolidated notices. Please read these notices carefully and keep them for future reference. Please note that this is not a legal document and should not be construed as legal advice.

HIPAA: Notice of Privacy Practice

This group health plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). These requirements are described in a Notice of Privacy Practices. A copy of this notice is available from Human Resources. If you would like a paper copy of this notice, please contact your Human Resources Department.

Newborns' and Mothers' Health Protection Act Disclosure (NMHPA)

The NMHPA and its regulations provide that group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Important Reminder to Medicare Eligible Subscribers

If you will become Medicare eligible this year, please see your HR Department six weeks before your 65th birthday. There is important information for you to receive and paperwork for you to complete.

Additionally, each year before the Medicare Part D enrollment period, you should receive a non-creditable or creditable coverage notice from your employer that verifies the status of your prescription drug plan.

Uniformed Services Employment and Reemployments Rights Act (USERRA)

USERRA protects your right to continued participation in the Plan during leaves of absence for active military duty. If you are absent from work due to a period of active duty in the military of less than 31 days, health care coverage is provided as if the service member had remained employed. For periods of service of more than 30 days, you have the right to elect to continue coverage for up to 24 months; however, you may be required to pay up to 102% of the full premium.

If you do not elect to continue to participate in the Plan during an absence for military duty, you have the right to be reinstated in your employer's health plan when you are reemployed - generally without any waiting periods or exclusions except for service-connected illnesses or injuries. Please see your HR Department for further details.

Qualified Medical Child Support Order (QMCSO)

Participants and beneficiaries may obtain a copy of a group health plan's QMCSO procedures from the plan administrator - free of charge.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan elected. Please see the Medical section of this booklet for deductible and coinsurance information. If you would like more information on WHCRA benefits, please see your HR Department.

Newborns' and Mothers' Health Protection Act Disclosure (NMHPA)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Questions

For detailed plan information and other inquiries regarding any of the benefit plans outlined in this brochure, you may contact a member of PIONEER HEALTH CARE MANAGEMENT Human Resources group by email or the insurance carrier directly.

MEDICAL
Priority Health
www.priorityhealth.com
800.942.0954

DENTAL
MetLife Insurance
www.metlife.com
800.880.1800

VISION
MetLife/VSP
www.metlife.com
800.880.1800

HUMAN RESOURCES
Pioneer Health Care Management
Antonio Johnson
Phone: (248) 593-1990
ajohnson@pioneerhcm.com

BENEFITS AGENCY
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Benefit Advocate
advocate@wilshirebenefits.com
844.870.2010

WILSHIRE BENEFITS GROUP

EMPLOYEE & EXECUTIVE BENEFITS | BUSINESS & SUCCESSION PLANNING

The information in this guide is a summary and presented for illustrative purposes only. While every effort was taken to accurately report your benefits, discrepancies or errors are possible. In case of discrepancy between this Guide and the actual plan documents or plan certificates/riders, the actual plan document or certificates/riders will prevail. The company reserves the right to amend or terminate these benefits at any time. The information in this guide does not constitute a contract of employment. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

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