Medical Benefit Program Summary

Effective: January 1, 2019

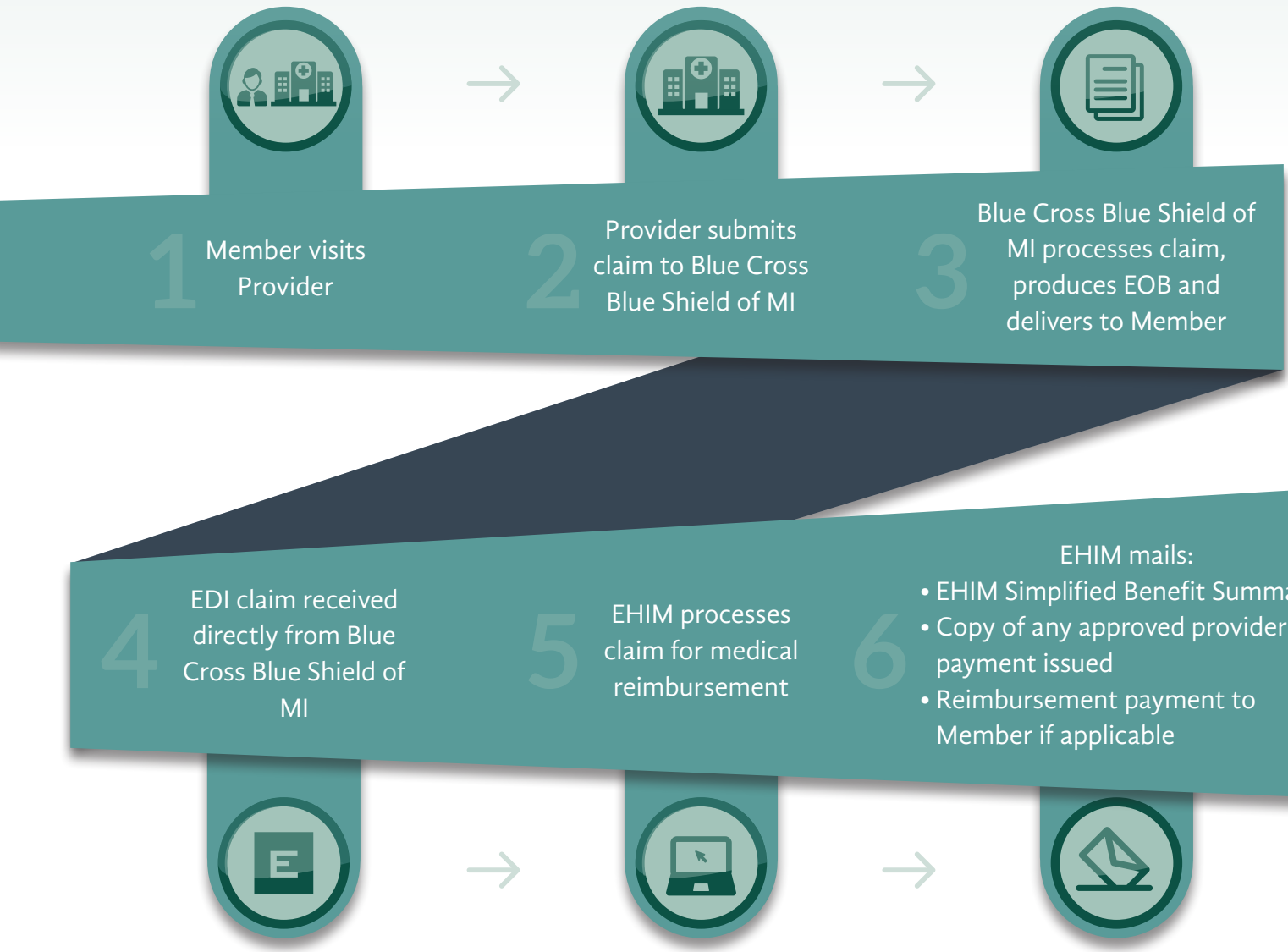
Pharmacy Benefits. *Managed.*
Third Party Administration

Administrators, Central Office Directors, Coordinators, Teachers, Custodians, & Maintenance

EHIM
Third Party Administration

Special Medical Reimbursement Plan

PROCESS



In a rare instance where the provider will not bill BCBS for covered services, get an itemized receipt and submit it to EHIM. EHIM will assist you in filing your claims with BCBS. If you receive a bill before you receive a Simplified Benefit Summary from EHIM please call EHIM for assistance.

QUESTIONS? Contact the EHIM Medical Claims Department.

26711 Northwestern Hwy., #400 Southfield, MI 48033

Telephone: 248-948-9900 | Fax: 248-945-4887

Milan Area Schools
Explanation of Special Medical Reimbursement Benefits

To: All Eligible Employees of Milan Area School-Administrators, Central Office Directors, Coordinators, Teachers, Custodians, & Maintenance

Re: Group Health Plan Benefits

Effective: January 1, 2019

Medical Coverage: Blue Cross Blue Shield of Michigan PPO #15 LG with Milan Area Schools's Special Medical Reimbursement Program to the benefit level of modified Blue Cross Blue Shield of Michigan PPO Custom Plan.

EHIM: Employee Health Insurance Management is the Claims Administrator of the Special Medical Reimbursement Program.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits

Your Current Benefits

You are enrolled in a Preferred Provider Organization (PPO) Plan with benefits being paid by two parties, Blue Cross Blue Shield of Michigan (BCBSM) and your employer. Your underlying purchased program through Blue Cross includes deductible, coinsurance and flat dollar copayments as well as an out-of-pocket maximum.

Your employer will be sharing in a portion of service that BCBSM applies to your deductible and coinsurance as outlined in the chart below:

IN-NETWORK BENEFITS

SINGLE COVERAGE	
Annual Deductible	$5,000.00
Employee pays	$0.00
Employer pays remaining	$5,000.00

TWO PERSON OR FAMILY COVERAGE	
Annual Deductible	$10,000.00
Employee pays	$0.00
Employer pays remaining	$10,000.00

Annual Coinsurance	$1,350.00
Employee pays	$675.00
Employer pays remaining	$675.00
Employee out-of-pocket expense	$675.00

Annual Coinsurance	$2,700.00
Employee pays	$1,350.00
Employer pays remaining	$1,350.00
Employee out-of-pocket expense	$1,350.00

Fixed Dollar Copayments

(for single, two person, and family coverage)

Fixed Office Visit & Urgent Care Copay	$40.00
Employee pays	$20.00
Employer pays	$20.00

Fixed Emergency Room Copay	$250.00
Employee pays	$50.00
Employer pays	$200.00

Prescription Brand Name Drug Copay	$60.00
Employee pays	$10.00
Employer pays	$50.00

Prescription Generic Drug Copay	$10.00
Employee pays	$10.00
Employer pays	$0.00

OUT-OF-NETWORK BENEFITS

SINGLE COVERAGE	
Annual Deductible	$10,000.00
Employee pays	$250.00
Employee pays 40% to $2,000	$2,000.00
Employer pays 60% to $3,000	$3,000.00
Employer pays remaining $5,000	$5,000.00

TWO PERSON OR FAMILY COVERAGE	
Annual Deductible	$20,000.00
Employee pays	$500.00
Employee pays 40% to $4,000	$4,000.00
Employer pays 60% to $6,000	$6,000.00
Employer pays remaining $10,000	$10,000.00

Annual Coinsurance	$5,000.00
Employee pays	$0.00
Employer pays remaining	$5,000.00
Employee out-of-pocket expense	$2,250.00

Annual Coinsurance	$10,000.00
Employee pays	$0.00
Employer pays remaining	$10,000.00
Employee out-of-pocket expense	$4,500.00

Employee Health Insurance Management, Inc. 26711 Northwestern Highway, Suite 400 Southfield, MI 48033
Phone: (248) 948–9900 Fax: (248) 945-4887 Website: www.ehimrx.com

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Employee Health Insurance Management (EHIM) will process the amount that the Company will pay. BCBSM will first process the claim and make any payment directly to the provider. BCBSM will then forward the claim to EHIM who will determine if a second payment from the Company is required to insure there is no change in your benefits from the current PPO Custom Plan benefit design. EHIM merely processes claims and does not insure or underwrite any liabilities of the employer.

Benefit Period/Maximum

Your benefit period is a calendar year. Each January your deductible, coinsurance and special medical reimbursement start over.

Deductible Amount

In-Network Under the BCBSM Community Blue PPO Option #15 program, you have a $5,000 per person/$10,000 per family in-network calendar year deductible. EHIM on behalf of Milan Area Schools will reimburse the remaining $5,000 per person/$10,000 per family of the in-network deductible as each expenses occurs.

Out-of-Network Under the BCBSM Community Blue PPO Option #15 program, you have a $10,000 per person/$20,000 per family out-of-network calendar year deductible. You are responsible for the first $250 per person/$500 per family of the out-of-network deductible. You are then responsible for 40% of the remaining $5,000 ($2,000) per person/$10,000 ($4,000) per family of the out-of-network deductible. EHIM on behalf of Milan Area Schools will reimburse 60% of the remaining $5,000 ($3,000) per person/ $10,000 ($6,000) per family of the out-of-network deductible as each expense occurs. Milan Area Schools will reimburse the remaining $5,000 per person/$10,000 per family of the out-of-network deductible.

Coinsurance Amount

In-Network Under the BCBSM Community Blue PPO Option #15 program, you have a 10% in-network coinsurance on the next $6,750 ($1,350) per person/$13,500 ($2,700) per family maximum on all covered services. You are responsible for $675 per person/$1,350 per family of the in-network coinsurance. EHIM on behalf of Milan Area Schools will reimburse the remaining $675 per person/$1,350 per family of the in-network calendar year coinsurance as each expense occurs.

Out-of-Network There is no out-of-network coinsurance for most services under this program. A coinsurance does apply to private duty nursing.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Fixed Copayment Amount

BCBSM will require a $40 copayment for each office, urgent care, chiropractic care visit, $60 copayment for prescription brand name drug, and $10 copayment for brand name drug, which you may be, required to pay at the time of service. Any other services performed in the physician's office may be subject to your deductible and/or coinsurance. BCBS will require a $250 copayment for each emergency room visit. EHIM on behalf of Milan Area Schools will reimburse $20 of each office, urgent care and chiropractic care copay, $50 for prescription brand name drug copay, and $200 for each emergency room visit.

Benefits Paid at 100%

Your plan includes a cap on the amount of money you will pay out of your pocket for covered services during the plan year known as the out-of-pocket maximum. ALL covered services will accumulate towards this out-of-pocket maximum (including deductibles, coinsurance, flat dollar copays and prescription drug copays). Once you have met your out of pocket maximum with BCBSM, all covered services, including prescription drugs will paid at 100%.

Out-of-Pocket Maximum

Your plan includes a maximum dollar amount that you will pay out of your pocket for all covered services combined. Your out-of-pocket maximum runs on a calendar year, like your deductible. Once the out-of-pocket maximum amount has been met, most covered services will be paid at 100% for the remaining calendar year. Your plan includes a combined out-of-pocket maximum for the medical and pharmacy coverage. Your out-of-pocket maximum for your medical and prescription drug coverage can be found in your summary of benefits in the appropriate sections within this booklet. Not all out-of-pocket expenses will be counted towards your annual out-of-pocket maximum. For instance, non-covered services, balance billing and items which are not considered essential health benefit benefits will not count towards your out-of-pocket maximum.

Required Documentation

In order for EHIM to consider your claim under the Special Medical Reimbursement Plan, EHIM must have a completed and signed EHIM Authorization for Use and Disclosure of Protected Health Information (PHI) form on file for you. EHIM will receive electronic files of your finalized claims from BCBSM and will use the claims detail received to determine if reimbursement is applicable under the Special Medical Reimbursement program.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Employee Reimbursement

As your claims are processed, you will receive from EHIM an Explanation of Benefits outlining how the claim was processed. If you are eligible to receive reimbursement under the Special Medical Reimbursement program, **EHIM will cut a check directly to your provider whenever possible except for reimbursement of fixed copayments. If you are eligible to receive reimbursement for fixed copayments, EHIM will cut a check directly to you.**

BCBSM Benefits-at-a-Glance

The Benefits-at-a-Glance provides you with a summary of the coverage you have with BCBSM. This is only a summary and will not provide complete details regarding your coverage. For complete details regarding your coverage, please refer to your BCBSM employee benefits booklet.

Plan Modification, Amendment, and Termination

Your Employer may modify, amend, or terminate (in whole or in part) the Special Medical Reimbursement Program, retroactively or prospectively, at any time in its sole discretion without prior notice to you or to any other covered individuals or their beneficiaries. The Plan Administrator will notify you of any modifications, amendments, or terminations that affect you.

Program Funding and Asset Distribution Upon Termination

Your Employer funds the Special Medical Reimbursement Program through its general assets and any employee contributions that your Employer may require. In case of Program termination, there are no specific assets set aside to use to pay claims incurred prior to the date of such termination. If the Special Medical Reimbursement Program is terminated as to all or any of the covered individuals or beneficiaries, benefits will only be paid to the affected individuals for claims incurred before the date of termination and only to the extent the Special Medical Reimbursement Program is then funded or the claims are paid by your Employer.

State of Michigan Disclosure Requirement

The benefits under the Special Medical Reimbursement Program are self-funded benefits. Covered individuals under this Special Medical Reimbursement Program and their beneficiaries are not insured. In the event that benefit expenses that are eligible for payment under this Special Medical Reimbursement Program are not paid for any reason, you may be liable for those expenses. The Claims Supervisor, EHIM, merely processes claims and does not ensure that any of your benefit expenses will be paid.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Errors

If you receive a benefit which you are not entitled to under the Special Medical Reimbursement Program, for example as a result of an error, you are not entitled to keep the benefit but must instead return the benefit payment to EHIM as Claims Administrator or to the Plan Administrator.

Overpayments

An overpayment occurs if the Special Medical Reimbursement Program pays you an amount that is not payable under the Special Medical Reimbursement Program, if the Special Medical Reimbursement Program pays an expense or benefit more than once, or if all or part of an expense or benefit is paid by both the Special Medical Reimbursement Program and a third party and the total benefits and reimbursements you receive exceed the amount of the expense. An expense or benefit is considered paid if it is paid to you or to someone else (*e.g.* a health care provider) on your behalf.

If the Special Medical Reimbursement Program makes an overpayment, the Special Medical Reimbursement Program has the right to recover the overpayment. If the overpayment was made to a health care provider, the Special Medical Reimbursement Program may request a refund of the overpayment from either you or the provider. If the refund is not received from either you or the provider, the overpayment will be deducted from future Program benefits available to you or your beneficiaries or from your wages, but the amounts withheld will not reduce your pay below the applicable state or federal minimum wage unless permitted by law.

Any overpayment you owe due to your or your dependant's ineligibility for Program benefits will be offset by the amount of any contributions Your Employer required you to make for that person while you or they were ineligible.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Administration of the Special Medical Reimbursement Program

Your Employer is the Plan Administrator, but may delegate this responsibility to a person or persons designated by your Employer. The Plan Administrator must supply you with this Explanation and other information and to file various reports and documents regarding the Special Medical Reimbursement Program with government agencies. In its role of administering the Program, the Plan Administrator (or its delegate) also may make rulings, interpret the Plan, set procedures, gather needed information, receive and review financial information regarding the Special Medical Reimbursement Program, employ or appoint individuals to assist in any administrative function, and generally do all other things which need to be handled in administering the Plan. The Plan Administrator has retained the Claims Administrator, EHIM, merely to process claims and has not given EHIM authority to make final determinations about the benefits covered under the Special Medical Reimbursement Program nor about the administration of the Special Medical Reimbursement Program.

The Plan Administrator (or its delegate) shall have any and all powers of authority which shall be proper to enable it to carry out its duties under the Special Medical Reimbursement Program, including by way of illustration and not of limitation: (i) the power and authority contemplated by ERISA with respect to employee welfare plans; (ii) the powers and authority to make regulations with respect to the Plan not inconsistent with the Special Medical Reimbursement Program or ERISA; and (iii) the power and authority to determine, consistently therewith, all questions that may arise as to the status and rights of covered individuals and their beneficiaries and any and all other persons.

The Plan Administrator (or its delegate) also shall have full discretionary authority to interpret all provisions of the Special Medical Reimbursement Program, including resolving an inconsistency or ambiguity or correcting an error or an omission. The Special Medical Reimbursement Program shall be governed by and interpreted according to ERISA and the Internal Revenue Code and, where not preempted by Federal law, the laws of the State of Michigan. Subject to the provisions of the Plan, the actions and determinations by the Plan Administration (or its delegate) and the interpretation or construction of any provision of the Special Medical Reimbursement Program by the Plan Administrator (or its delegate) shall be final and conclusive upon all affected individuals or entities.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Information Disclaimer

The CONFIDENTIAL and PROPRIETARY information contained within this document is owned by EHIM. It is protected by agreement(s) and/or law that requires the recipient to keep it confidential. Distribution or use without EHIM's permission is not permitted and will entitle EHIM to equitable relief or damages. It may not be disclosed to any third party without the prior consent and written approval from EHIM.

CLAIM FILING AND REVIEW PROCEDURES FOR PLAN

Submitting a Claim for Plan Benefits

At the time you are receiving a medical service you must present your primary health insurance card. The provider will then submit your claim to your insurance company for primary processing. Once a final determination is made on this claim it will be sent to EHIM for secondary processing under your special medical reimbursement plan. If your plan does not include a direct crossover, you may need to submit the claim with a medical reimbursement form to EHIM, 26711 Northwestern Highway, Suite 400, Southfield, MI 48033. A copy of the form is available at www.ehimrx.com

Reviewing Requests for Plan Benefits

Generally, your claim will be paid or denied within 30 days of submission unless EHIM is unable to make a decision within that time for reasons beyond its control. EHIM must notify you before 30 days have expired that an extension (not to exceed 15 days) is required.

If the paperwork you have submitted is incomplete, EHIM will inform you that it needs additional information within 30 days). You will then have 45 calendar days in which to submit the additional information.

IMPORTANT: **If you do not submit the additional information, EHIM will deny the claim.**

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Your Right to Appeal an Adverse Determination

If the claim you have submitted using EHIM's Medical Reimbursement Form is denied in whole or in part, or if your coverage is rescinded or terminated for cause, you will be notified in writing or by e-mail. The notice, as applicable, will provide information to help you identify the claim, explain the reason for the denial, make specific references to the provisions of the plan on which the decision is based, list any rules, standards or guidelines used in making the decision, and describe any additional information needed to approve your claim. If your claim is denied based on medical necessity, experimental treatment, or a similar exclusion or limit, the notification will either explain the scientific or clinical judgment underlying the denial, or advise you that an explanation will be provided free of charge. The notice will also explain your right to appeal the decision, including a statement of your right to bring a civil action under ERISA Section 502(a) if your claim is denied on appeal and provide contact information for an office of health insurance consumer assistance or a health insurance ombudsman program, if such a service has been established in your state.

Internal Review Procedures

First Level Review

Within 180 calendar days after you receive a notice of denial, you or your authorized representative may appeal the decision. You may review and receive at no cost a copy of the plan document and any other documents relevant to your claim. If, after reviewing these documents, you think your claim is valid, you may request a review by your plan. When requesting a review, please submit any documents and comments you believe relevant to your claim to the address specified in the written notice denying your claim. Your request for review must raise any and all issues you believe relevant to your claim. Also include your group number, daytime telephone and service date.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

The appeal will be assigned to a reviewer who did not make the initial determination and does not work for the person who did. The reviewer will not give any deference to the prior decision denying your claim, but will take into account all comments, documents, testimony and other information and evidence you have submitted, regardless of whether this information was considered when your claim was denied. If the denial is based in whole or in part on a medical judgment, the reviewer may consult with another health care professional who is trained and experienced in the field of medicine involved in the medical judgment and who was neither consulted in connection with the denial nor a subordinate of such an individual. If the reviewer consults with another health care professional and your appeal is denied, the reviewer will provide you with information about the other health care professional whether or not the reviewer relied on the health care professional's advice.

Before the reviewer makes a decision, the plan will notify you of any additional evidence or rationale for denying the claim and provide you with an opportunity to present additional evidence in response. You will be notified of the appeal decision within 30 days either in writing or electronically (15 days in the case of a prior authorization request; 72 hours if the claim involves an urgent care situation).

Right to a Second Review

If your claim denial is upheld at the first level of review, you may request a second level of review within 60 calendar days of the first decision. Again, you may review and receive at no cost documents relevant to your claim, and may submit any evidence you would like considered to the address specified in the notice your received regarding the first-level review decision.

The second level review will not be conducted by anyone who made the prior decision denying your claim nor the subordinate of someone who denied your claim. The review will not give any deference to the prior decisions denying your claim, but will take into account all comments, documents, testimony, and other information you have submitted, regardless of whether the information was submitted or considered in the prior determinations. Your request for a second level review must raise any and all issues you believe relevant to your claim.

As with the first-level review, a health care professional will be consulted if necessary, and you will be given information about the health care professional if your claim is denied. Before a final decision is made, the plan will notify you of any additional grounds for denying your claim and provide you with an opportunity to present additional evidence in response.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

You will be notified of the final determination within 30 days of the date you submitted your request for a second-level review. The decision is final, unless you choose to voluntarily submit your appeal to an independent review organization (see "External Review") below.

Second-Level Review for Prior authorization Requests

If you request a second-level review of a decision denying a prior authorization request, the appeal will follow the same procedures described above, except that the plan will notify you of the results within 15 days of your written request.

External Review

Once you have exhausted the internal appeals procedures described above, you or your authorized representative have the right to request a voluntary, external review from an Independent Reviewing Organization ("IRO"). This external review process is available if your claim was denied based on a medical judgment or if your appeal involves a rescission of coverage (whether or not the rescission has any effect on any particular benefit at the time of the rescission). Claims regarding plan eligibility and contractual or legal interpretations of the plan are not eligible for external review. This external review procedure is voluntary and you do not have to seek an external review in order to have your claim reviewed by a court.

You will have 120 days from the date you receive the final notice of claim denial to request an external review, following the procedures set forth in the claim denial letter. Once the plan receives your request for an external review, the plan will have five business days to complete a preliminary review to determine whether your claim is eligible for external review.

If your request for an external review is incomplete, the plan will give you additional time to submit the additional information—either until the end of the four-month appeal deadline, or if the deadline has already expired, then 48 hours from the time you receive notice that the claim is incomplete.

The IRO will notify you once it has received the external appeal and will give you at least 10 business days to submit any additional information that you want the IRO to consider when reviewing your claim. The IRO will notify you in writing of its decision within 45 days of receiving your claim. The IRO's decision will be binding on you and the plan, unless additional remedies are available to you under state or federal law.

Milan Area Schools
Community Blue PPO Plan
Explanation of Special Medical Reimbursement Benefits (cont.)

Expedited Review

Expedited Review with an Independent Review Organization

You may request an expedited external review with an Independent Review Organization (IRO) before exhausting the internal claims appeal process if the time frame for an expedited internal appeal would seriously jeopardize your life or health or jeopardize your ability to regain maximum function. You may also seek an expedited external review after going through the internal claims appeal process if either: (a) the normal time frame for an external review would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function; or (b) your claim involves an admission, availability of care, continued stay or health care item or service for which you have received emergency services, but have not been discharged from a facility.

Upon receiving your request for an expedited external review, the plan will immediately determine whether your claim is eligible for external review, and if it is eligible will expeditiously forward your appeal record to an IRO. The IRO will notify you of its determination within 72 hours and will confirm the decision in writing within an additional 48 hours. The IRO's decision will be binding on you and the plan, unless additional remedies are available to you under state or federal law.

You Must Follow the Appeals Process

You will not be able to file a lawsuit for benefits under the plan unless you have exhausted the appeals process described above for every issue you believe relevant to your claim. You must file your lawsuit within one year from the date of the notice denying your appeal. You may not raise issues in your lawsuit that you have not previously raised during the appeals process.

Questions Regarding your Benefits

If at any time you have questions regarding your benefits, please feel free to call EHIM at (248) 948-9900 or e-mail us at Medicalclaims@ehimrx.com. You may also contact BCBSM directly at 1-877-790-2583.

26711 Northwestern Highway, Suite 400
Southfield, MI 48033

Blue Cross Blue Shield of MI/EHIM
Explanation of Special Medical Reimbursement Benefits

WHEN BCBSM PROCESSES A CLAIM, THEY WILL SEND TO YOU AN EXPLANATION OF BENEFITS (EOB). THE EOB IS A WRITTEN EXPLANATION OF HOW BCBSM PROCESSES A CLAIM. THE EOB WILL INDICATE WHETHER BCBSM HAS APPROVED, REJECTED, OR IS REVIEWING THE CLAIM FURTHER.

AFTER BCBSM HAS MADE A DETERMINATION REGARDING YOUR CLAIM, EHIM WILL REVIEW IT TO SEE IF YOUR CLAIM MAY BE ELIGIBLE FOR ADDITIONAL BENEFITS UNDER THE MILAN AREA SCHOOLS SPECIAL MEDICAL REIMBURSEMENT PROGRAM. YOU WILL RECEIVE AN EHIM EXPLANATION OF BENEFITS INDICATING WHETHER OR NOT YOUR CLAIM QUALIFIES FOR ADDITIONAL BENEFITS.

A SAMPLE COPY OF AN EHIM SIMPLIFIED BENEFIT SUMMARY AND A BCBSM EOB ARE SHOWN ON THE NEXT PAGES.

BCBSM WILL AUTOMATICALLY SEND AN ELECTRONIC FILE OF YOUR FINALIZED CLAIMS DIRECTLY TO EHIM.

EHiM
Third Party Administration

Simplified Benefit Summary ™

123456

January 1, 2019

Employee Name
Employee Address

Re: Claimant Name

- Provider Name is a participating provider with Blue Cross and Blue Shield of MI, therefore you are not responsible for the RC above Blue Cross and Blue Shield of MI's approved amount.
- Blue Cross and Blue Shield of MI paid BCBS80.
- Enclosed please find reimbursement of Copay1 for Your Company Name's portion of the coinsurance.
- You are responsible for the balance.
- If you have not already done so, please send Provider Name payment of Copay1 when you receive the bill. Remember to include your account number. If you have any questions about this or any other claim, please call us at (248) 948-9900. Thank you.

Provider:	Provider Name			
Date of Service:	Date Of Service			
Charged Amount:	Charged Amount			
Approved Amount:	Approved Amount			
Deductible:	Ded1	of which	**(1) Employee Deductible:**	Ded2
			(2) Employee Deductible:	Ded3
			(3) Employer Deductible:	Ded4
Blue Cross 80%:	BCBS80			
20% Copay:	Copay1	of which	**Employee Copay:**	Copay2
Office Copay:	OfficeCopay		**(4) Employer Copay:**	Copay3
Blue Cross 100%:	BCBS100			
Rejected Charges:	Rejected			
R & C Fees:	RC			
			Employee Totals:	**Total**
Processor Name			**Employer Totals:**	**Total1**

YOUR CURRENT BENEFITS

You are enrolled in the Blue Cross and Blue Shield of MI Community Blue PPO Option #3 LG program. Under this program you have a $5,000.00 per person/$10,000.00 per family deductible. Once the deductible has been met, Blue Cross and Blue Shield of MI will pay 80% of the next $6,750.00 ($5,400.00) per person/$13,500.00 ($10,800.00) per family of in-network claims. You are responsible for the remaining 20% coinsurance on the $6,750.00 ($1,350.00) per person/$13,500.00 ($2,700.00) per family of in-network claims. After the deductible and coinsurance have been met, Blue Cross and Blue Shield of MI will pay 100% of remaining claims for the calendar year. In addition, you will have an office visit copay of $30.00. Please refer to your employee handbook for a summary of covered services and out-of-network benefits.

Milan Area Schools will be sharing in your in-network deductible and copay costs as outlined in the charts below:

SINGLE COVERAGE

Annual Deductible In Network	$5,000.00
Employee pays first	$1,000.00
Employee pays 20% of next $4000	$800.00
Employer pays 80% of next $4,000	$3,200.00

Annual Copay In Network	$6,750.00
Employee pays first	$700.00
Employer pays remaining	$650.00
BCBSMI pays 80% of $6,750.00	$5,400.00

TWO PERSON OR FAMILY COVERAGE

Annual Deductible In Network	$10,000.00
Employee pays first	$2,000.00
Employee pays 20% of next $8,000	$1,600.00
Employer pays 80% of next $8,000	$6,400.00

Annual Copay In Network	$13,500.00
Employee pays first	$1,400.00
Employer pays remaining	$1,30.00
BCBSMI pays 80% of $13,500	$10,800.00

****SEE EMPLOYEE HANDBOOK FOR DETALS FOR OUT-OF-NETWORK CLAIMS AND OFFICE VISIT COPAYS ****

EXAMPLE

EXPLANATION OF BENEFITS

Blue Cross
Blue Shield
of Michigan

THIS IS NOT A BILL

An Independent licensee of the Blue Cross and Blue Shield Association

Statement Date 4/1/2018

12345-000
DOE, JANE T. 12345
ANYWHERE
SOMEWHERE, MI 12345-000

Your Customer Service Phone Number is:
DIRECT DIAL: (313) 225-8100
NATIONWIDE TOLL-FREE 1-800-637-2227

Send Written Inquires to this Address: BLUE CROSS AND BLUE SHIELD OF MI CUSTOMER INQUIRY DEPARTMENT P.O. BOX 2888

Group Name:	ABC Corporation	DETROIT	MI	48231-2888
Group Number:	12345-000			
Subscriber Name:	DOE, JANE. T			
Contract Number:	123-45-6789			
Coverage:	Hospital/Physician			

See your Health Care Benefits Certificate or Benefits Guide for details on contract coverage.

Patient Name or Initial: Jane. T
Patient Birth Month/Year: 01/60

Claims Processed from 01/01/18 to: 12/31/2018

.Summary of Balances (See Detail on Services)

Name of Hospital, Physician or Provider	Total Provider charges	(-) Less BCBSM Paid	(-) Less Participating Provider Savings	(-) Less Other Insurance Paid	(=) Equals Balance*
William Beaumont	198.00	$ 46.31	140.12	$ 0.00	$11.57
Totals:	198.00	$ 46.31	140.12	0.00	$11.57

*Note: The amount in the 'Equals Your Balance' column includes any copayments, deductibles, sanctions and non-covered charges.

Summary of Deductible and copayments

may not reflect all outstanding claims.)

Totals for: Family	01/01/18 to 12/31/2018	Totals for: Jane	01/01/18 to 12/31/18
Deductible required for year:	$10,000.00	Deductible required for year:	$5,000.00
Deductible applied year to date:	$ 500.00	Deductible applied year to date:	$ 500.00

The family deductible has been met.
The patient deductible has not been met.

Totals for: Family	01/01/18 to 12/31/18
Copayment required for year:	$ 2,000.00
Copayment applied year to date:	$ 459.60

The family copayment requirement has not been met.

Helpful Information

Just what the doctor ordered: More than 80 percent of Michigan physicians participate with the Blues. That means they accept the Blue card as payment in full for their services after deductibles and copays. And the majority of Michigan Physicians have Blue coverage for themselves and their families.

E0B953080158746

EXAMPLE

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Blue Cross
Blue Shield
of Michigan

An Independent licensee of the Blue Cross and Blue Shield Association

Statement Date 4/1/2018

Helpful Information

What is "participating provider savings'? It's the difference between your provider's charge and our approved amount. You save this amount by having BCBSM coverage and going to a provider who participates with us.

Detail on Services

Contract Number: 123-45-6789

Patient: Jane

Service Date (from/To):	04/02/18	Total Charges	98.00
Claim Received on:	04/15/18		
Provider Name:	William Beaumont	Amount Approved by BCBSM for this service	23.88
Provider Status:	PARTICIPATING	Minus Copayment	4.78
Referring Provider:	(FOR FUTURE USE)	BCBSM processed on 08/31/16 and paid provider	19.01
Service Type:	LABORATORY TESTS	Savings because provider participates with BCBSM	74.12
Procedure:	TISSUE EXAM BY PATH.	Total Covered	19.01
Procedure Code:	88305		
Claims Number:	5706873386	Your Balance: (Highlighted Amounts)	$ 4.78

Explanation Message: We reduced our payment because your contract requires a 20 percent copayment for the service (YX20)

Service Date (from/To):	04/30/18	Total Charges	$ 100.00
Claim Received on:	04/15/18		
Provider Name:	William Beaumont	Amount Approved by BCBSM for this service	$ 66.00
Provider Status:	PARTICIPATING	Minus Copayment	6.79
Referring Provider:	(FOR FUTURE USE)	BCBSM processed on 08/31/16 and paid provider	$ 27.21
Service Type:	LABORATORY TESTS	Savings because provider participates with BCBSM	$ 25.00
Procedure:	OFFICE VISIT	Total Covered	$ 34.00
Procedure Code:	99121		
Claims Number:	5706873386	Your Balance: (Highlighted Amounts)	$ 6.79

Explanation Message: We reduced our payment because your contract requires a 20 percent copayment for the service (YX20)

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Blue Cross Blue Shield of MI
Five Reasons to Choose a Participating Provider

1. Participating physicians accept BCBSM's payment as payment in full.
2. You are not asked for payment at the time of service.
3. Your claims are filed for you.
4. You take an active part in holding down health care costs.
5. Participating physicians are easier to find than you think. Call the physician prior to your appointment to confirm that they accept your BCBSM Community Blue PPO Plan.

BCBSM pays claims based on their Reasonable & Customary Fee scale. Any amount above this scale may be your responsibility unless your providers participate with BCBSM Community Blue PPO Program.

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