



## Benefits Summary & Overview

### Eligible Benefits after 91 Days of Continuous Employment following Date of Hire

#### Blue Cross Blue Shield of Michigan Health Insurance - Team Member Contribution

##### BCBSM Community Blue PPO Plan #12 (Core Plan):

**10% Team Member Contribution, Compliant**

**20% Team Member Contribution, Non-Complaint, (does not participate in Wellness Program)**

**Calendar Year Deductible In-Network:** Individual: \$1,000, Family: \$2,000

**Co-Insurance In-Network:** Plan Pays 80%, You pay 20% after each deductible has been met.

**Co-Insurance Maximum In-Network:** Up to \$2,500 per individual, \$5,000 per family.

**Annual Out of Pock Maximum In-Network:** \$6,350 per individual, \$12,700 per family. Includes deductible, copays, co-insurance amounts for all covered medical and prescription services.

**Doctors Office Visits In-Network:** Primary Care Physician \$30 Copay, Specialist \$50 Copay, Urgent Care \$60 Copay, Emergency Room \$150 Copay.

**Preventative Care Services In-Network:** 100% Coverage.

**Prescription Drugs In-Network:** Tier 1 (Generic) \$10 Copay, Tier 2 (Preferred Brand Name) \$40 Copay, Tier 3 (Non-Preferred Brand Name) \$80 Copay, Tier 4 (Generic & Preferred Brand Name Specialty) \$15% (no more than \$150), Tier 5 (Non-Preferred Brand Name Specialty) 25% (no more than \$300).

**Mail Order Prescription (90 Days) In Network:** 2 x Applicable Copay

##### BSBSM PPO Simply Blue Plan #3, HSA (Pre-Tax Savings):

**10% Team Member Contribution, Compliant**

**20% Team Member Contribution, Non-Complaint, (does not participate in Wellness Program)**

**Calendar Year Deductible In-Network:** Individual: \$2,000, Family: \$4,000

**Co-Insurance In-Network:** Plan Pays 100%, You pay 0% after each deductible has been met.

**Co-Insurance Maximum:** Not Applicable

**Annual Out of Pock Maximum In-Network:** Individual: \$3,000, Family: \$6,000. Includes deductible, copays, co-insurance amounts for all covered medical and prescription services.

**Doctors Office Visits In-Network:** Primary Care Physician, Specialist, Urgent Care, 100% after Deductible, Emergency Room, Deductible and Co-Insurance.

**Preventative Care Services In-Network:** 100% Coverage.

**Prescription Drugs In-Network:** Tier 1 (Generic) \$10 Copay (after deductible), Tier 2 (Preferred Brand Name), Tier 3 (Non-Preferred Brand Name), Tier 4 (Generic & Preferred Brand Name Specialty), Tier 5 (Non-Preferred Brand Name Specialty) \$60 (after deductible).

**Mail Order Prescription (90 Days) In Network:** 2 x Applicable Copay (after deductible)

**Deductibles:** Combines deductible amounts paid under your Flexible Blue Medical **and** Prescription Drug Coverage. Total family deductible (\$6,000) **must** be met under a two-person or family contract **before** benefits are paid for any person on the contract.

#### Delta Dental - 10% Team Member Paid

Dental Plan pays 100% on preventative and diagnostic services (Class I), most minor services such as fillings, and major services such as crowns and bridges are covered 50%, (Class II & III). Plan has \$1,000 maximum per year. Orthodontia (braces) is also covered at 50% to a lifetime maximum benefit of \$1,000.



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### Delta Dental Buy-Up - 10% Team Member Paid

Dental Plan pays 100% on preventative and diagnostic services (Class I), most minor services such as fillings and Oral Surgery are covered 80%, (Class II) and major services such as crowns and bridges are covered 50%, (Class III). Plan has \$1,000 maximum per year. Orthodontia (braces) is also covered at 50% to a lifetime maximum benefit of \$1,000.

### Voluntary VSP Vision - 100% Team Member Paid

Vision Coverage provided by Blue Cross Blue Shield with Vision Service Plan (VSP) Choice Network.

**CORE Plan:** VSP Member Doctor covers all services once every 24 months.

**BUY-UP Plan:** VSP Member Doctor covers all services once every 12 months.

Both Plans have the same benefits In-Network.

**Eye Exams:** \$5 Copay

**Lenses:** \$10 Copay

**Frames:** \$130 allowance after \$10 Copay (one copay applies to both lenses and frames)

**Contact Lenses (Medically Necessary):** \$10 Copay

**Contact Lenses (Elective):** \$130 allowance that is applied toward contact lens exam and contact lenses (member responsible for any cost exceeding the allowance).

To find a VSP member doctor, call 1-800-877-7195 or visit website at [www.vsp.com](http://www.vsp.com).

### Blue Cross Online Visits – For those enrolled in Medical Plans

A Blue Cross branded website and URL, [bcbsmonlinevisits.com](http://bcbsmonlinevisits.com)

A dedicated Customer Service Phone Number: 1.800.606.1608

For medical services:

**Members enrolled in BCBSM Community Blue 12 Plan:** \$5 Copay

**Members enrolled in BCBSM Simply Blue HSA \$2000:** \$49 Claims Charge (Deductible & Coinsurance will apply per HSA rules).

### MERRILL Wellness Program and Annual Health Assessment

MERRILL believes that keeping our team members and their families healthy will lead to a lower cost plan and a healthy bottom line for the future. Please reference Benefit Guide for further details on eligibility requirements for lower compliant contribution rates.

### Life and Accidental Death and Dismemberment – 100% Company Paid Insurance

Life insurance benefits are equal to 1 times your base annual earnings up to \$50,000.

### Short Term Disability Income Insurance – 100% Company Paid Insurance

New hires are eligible the 1<sup>st</sup> of the month following 90 days of continuous service. Benefits begin the 14th day following either an accident or an illness. Benefit payments run the length of disability up to a maximum of 11 weeks and are based on 66 2/3% of your current weekly earnings up to a maximum of \$300.



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### Voluntary Life Insurance - 100% Team Member Paid

New hires are eligible the 1<sup>st</sup> of the month following 90 days of continuous service. Additional life insurance is available for Team Members, as well as your spouse and children. This benefit is only available to Team Members who choose to purchase additional Team Member Life insurance other than the Company Paid. Team Members may choose any amount of coverage from \$10,000 to \$500,000. The amount of coverage for your spouse may never exceed 50% of the amount of life insurance in force for the Team Member.

### Healthcare & Dependent Care Reimbursement Accounts - 100% Team Member Paid

Pre-tax and Flexible Spending Account. Team Member contributions to premiums can be made on a pre-tax basis.

### Long Term Disability Income Insurance - 100% Company Paid Insurance

New hires are eligible the 1<sup>st</sup> of the month following 90 days of continuous service. Benefits are paid after the 90-day elimination period when deemed totally disabled. Benefits are 60% of monthly earnings to a maximum of \$5,000 per month. Benefits are payable to age 65 for totally disabled.

### Voluntary Benefits through AFLAC

AFLAC is the leading provider of voluntary benefit plans. All benefits are paid directly to you and you spend them however you wish. AFLAC rates are locked in at the time of purchase and completely portable at the same rate. For more information, please reference Benefit Guide for further details and direct contact information.

### LegalShield and IDShield

LegalShield and IDShield offer a variety of coverage, please reference Benefit Guide for further details and direct contact information.

### Pet Insurance

Nationwide's Pet Insurance offers coverage as unique as your pet. With this insurance coverage, you can visit any licensed veterinarian anywhere in the world, even specialists and emergency providers. MERRILL team members receive special pricing and Nationwide has coverage options that fit every budget. For more information, please reference Benefit Guide for further details.

### Employee Assistance Program

Employee Assistance Program is a free benefit for you, your spouse, and any eligible dependents, and it is totally confidential, beginning with your first phone call. Please reference Benefit Guide for further details and direct contact information.

### Value Added Benefits

**Travel Assistance, Life Planning Financial and Legal Resources.** Please reference Benefit Guide for further details and direct contact information.



## Benefits Summary & Overview

### Eligible Benefits after six (6) months of Continuous Employment following Date of Hire

#### 401(k) Pension Plan

If currently enrolled in a plan, you may rollover funds immediately. After six (6) months of continuous service, you may contribute to MT Management Company's plan. Company matches funds of 50% of the participants' contributions, up to a maximum of 3%.

#### Exclusions and Drug Testing

##### Auto Exclusion

If you or an eligible dependent is involved in a motor vehicle accident, the Merrill Technologies Group health **excludes** coverage for any services related to an injury which is a direct or indirect result of an automobile accident. This applies whether or not the Team Member and/or eligible dependents has no-fault automobile insurance. Blue Cross Blue Shield will reject all serviced related to auto related claims. It is imperative that you discuss this with your auto insurance company to be sure you have full medical under your auto insurance coverage.

##### Spouse Exclusion – Non Merrill Technologies Group Spouse

If your Spouse is working **full-time** and your Spouse's employer or business **offers** group health coverage to its Team Members, owners, or partners, Merrill Technologies Group's health insurance may not be listed as your Spouse's primary insurance policy. Your Spouse must be enrolled in their employer's or business's group health plan. Therefore, your spouse will be primary on his/her employer health plan and Merrill Technologies Group health plan will be secondary.

##### Random & Mandatory Drug Testing

During your employment, Team Members may be subjected to **random** drug testing, as well as, **mandatory** drug testing for all **work related injuries**.

**ALL TEAM MEMBER PAID INSURANCE PREMIUMS  
ARE MADE THROUGH BI-WEEKLY OR SEMI-MONTHLY PAYROLL DEDUCTIONS**