



# City of Marquette Employee Benefit Information

Effective July 2020 – June 2021





NORTH

FOLLOW Us . WE KNOW THE WAY



## WHAT'S CHANGING?

- The City of Marquette is **lowering** your HRA deductibles on all plan options
- Flat HRA contributions on the Buy Down Plan with Flat HRA are changing

## NO CHANGES

- **BCBSM** Medical and Dental coverages
- **ARORx** Prescription coverage
- **EyeMed** Vision coverage
- **LFG** Life/AD&D and Long-Term Disability coverages
- **MDLive** telemedicine coverage
- **44North** will continue to administer your benefits



PPO

## 2020 Medical Coverage Menu

BCBSM with 44North	<u>Core</u> 0021	<u>Buy-Up</u> 0022	<u>Buy-Down</u> 0023	<u>Buy-Down</u> w/o Flat HRA
Deductible	<b>\$100/\$200</b>	<b>\$100/\$200</b>	<b>\$500/\$1000</b>	<b>\$500/\$1000</b>
Coinsurance	0%	0%	0%	0%
<b>Flat Dollar Copays</b>				
Office	\$20	\$20	\$30	\$30
Specialist	\$20	\$20	\$30	\$30
Chiropractic	\$20 24 visits	\$0 24 visits	\$30 24 visits	\$30 24 visits
Urgent Care	\$20	\$20	\$30	\$30
ER	\$150	\$100	\$150	\$150
<b>ARORx Prescription Drug Coverage-30 Day Supply Copays</b>				
Generic	\$5	\$10	\$10	\$10
Preferred	\$25	\$20	\$40	\$40
Non-Preferred	\$50	\$40	\$80	\$80
90 Day Supply	2x Copay	1x Copay	2x Copay	2x Copay

Please Note: All benefits listed above assume In-Network services. See full Benefits-at-a-Glance for Out-of-Network benefits. All plans have UP Blue, which restricts In-Network coverage to the State of Michigan unless you and your doctor follow the UP Blue Referral process.



# CLAIMS PROCESS



1. **Present BCBSM ID Card & 44North HRA Card to the provider to explain the HRA process.**

2. **Provider will submit claim to BCBSM.**

3. **After 44North receives your claim from the carrier, claims specialists will ensure the processing of your medical provider claim within 10 days.**

4. **You will then receive a 44North explanation of benefits (EOB), showing the medical provider's bill has been processed.**

5. **Pay Provider for any remaining charges, if any (Copay, etc)**



**Subscriber**

**Participating Provider**



**Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan**



**44 NORTH**  
FOLLOW US . WE KNOW THE WAY

**Participating Provider**



**Blue Cross  
Blue Shield  
of Michigan**



An independent licensee of the Blue Cross and Blue Shield Association.

## BCBM Purchased Plan EOB

### EXPLANATION OF BENEFIT PAYMENTS THIS IS NOT A BILL

Statement Date: 05/05/06

98765-000

ALEXANDRA JONES  
123 HAPPY STREET  
SMILEY TOWN, MI 45321

Group Name: 1 SMART COMPANY, INC.  
Group Number: 98765-000  
Subscriber Name: JONES ALEXANDRA  
Contract Number: 987321654  
Coverage: HOSPITAL/PHYSICIAN

Patient Name or Initial: ALEXANDRA  
Patient Birth Month/Year: 08/66

Your Customer Service Phone Number Is:  
NATIONWIDE TOLL FREE 1-800-672-4797

Send Written Inquiries to this Address:  
BLUE CROSS AND BLUE SHIELD OF MICHIGAN  
CUSTOMER SERVICE DEPARTMENT  
P.O. BOX 230495  
GRAND RAPIDS MI 49523-0495

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

### Summary of Balances

Name of Hospital, Physician or Provider	Total Provider Charges	(-) Less BCBSM Paid	(-) Less Participating Provider Savings	(-) Less Other Insurance Paid	(=) Equals Your Balance*
MUNSON MEDICAL CENTER	140.00	0.00	0.00	0.00	140.00
<b>Totals:</b>	<b>140.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>140.00</b>

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

### Summary of Deductibles and Copayments

These amounts are based on the information on this bill and may be subject to change.

### EXPLANATION OF BENEFIT PAYMENTS THIS IS NOT A BILL

Statement Date: 05/05/06

#### Detail on Services

Service Date	Claim Received	Provider Name	Referring Provider	Service Type	Procedure Code	Claim Number	Total Charge	Amount approved by BCBM for this service	Minus deductible	BCBSM processed on 05/05/06 and paid provider	Total Covered	Your Balance: (Highlighted Amounts)
04/26/06	05/05/06	MUNSON MEDICAL CENTER	PARICATING	DIAGNOSTIC TESTS	00000	72395516336	140.00	140.00	0.00	140.00	140.00	140.00

Explanation Message: We approved this service but can't send payment because the patient hasn't met the annual cost sharing requirements. As a result, you are responsible for paying the balance shown above to the provider. (CR3)

# How to Read Your EOBs

## CIC Reimbursed Plan EOB

1 Smart Company, Inc.  
Company Address  
Company City, State Zip

Group ID: ADVAN-6

2 Check Number: 0002053

Member: Alexandra Jones  
123 Happy Street  
Smiley Town, MI 45321

Explanation of Benefits  
HRA/MRA Plan  
May 20, 2006

Check Amount: \$36.18

3 Check Date: 5/20/2006

Payee: Munson Medical  
Provider Address  
Provider City, State Zip

Claims Managed by:  
CIC Benefit Consulting Group  
an Advanced Benefit Solutions Company  
832 N. Mitchell Street  
Cadiac, MI 49801  
(888) 775-1293

Claim Number: 4362		Claimant: Alexandra					Claim Processed Date: 05/20/2006						
Provider		Treatment Date	Chain Amount	End	Ineligible	Approved Amount	COB	Deductible	Copay/Coins	Insurance Paid	HRA/MRA Plan		
											Deduct	Copay	Coins
3 Provider: Munson Medical Center													
000 Diagnostic tests		4/26/06	\$140.20	\$0.00	\$140.20	\$0.00	\$140.20	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$36.18
Chains Totals:			\$140.20	\$0.00	\$140.20	\$0.00	\$140.20	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$36.18

Member Responsibility Totals:	104.82	100.00	0.00	4.82
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Explanation:

- Employer Info
- Member Info
- Provider Info
- Date of Service
- BCBS Approved Amount
- Purchased Plan Deductible
- BCBS Paid
- HRA Deductible
- HRA Coinsurance
- Reimbursed Amount Paid to Provider
- Amount Employee Must Pay Provider

Alexandra Jones  
123 Happy Street  
Smiley Town, MI 45321



*Upper Peninsula BLUE<sup>SM</sup>*

## Away from Home Care

If you or your dependents are outside of Michigan and need medical care, Blue Cross Blue Shield of Michigan will waive your out-of-network cost sharing obligation in the following situations:

- If you or your dependent are admitted to a hospital immediately following an emergency room visit.
- If you or your dependent are a full-time college student attending classes in another state.
- If you are responsible for court-ordered child care for children living in another state.
- If you or your dependent suffer an accidental injury or a medical emergency.

If one of these situations applies and your explanation of benefits statement indicates that we have charged you the out-of-network cost sharing amount, please contact the BCBSM Marquette office at 1-877-457-2583. This will trigger a review process and could result in the waiver of your out-of-network cost sharing amount.

In addition to the exceptions described above, you still need to follow the U. P. Blue referral process:

- Your health care provider contacts the Upper Peninsula Health Plan with a request for you to receive services outside of Michigan.
- The UPHP reviews the referral request to determine if the services cannot be performed locally by a BCBSM PPO network provider.
- The member contacts the BCBSM Marquette office for reprocessing of the claim.

If the services you seek can be performed in Michigan by a BCBSM PPO network provider, the UPHP will not approve your referral. You may still choose to have the medical services performed by the out-of-state provider, but you will be responsible for the out-of-network cost-sharing amount.



**Blue Cross  
Blue Shield**  
of Michigan

*Upper Peninsula  
Health Plan*





Blue Cross  
Blue Shield  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## U.P. Blue Referral Form



### Section A: Patient Information

1: Patient Name (First and Last)			2: Patient City of Residence		
3: Patient DOB	4: BCBSM Group Number	5: BCBSM Contract Number	6: Policyholder's Employer		

### Section B: Referring Michigan PPO Physician Information

1: Referring Physician		2: Specialty		3: Phone Number		4: Fax Number	
5: Address		6: City		7: State		8: ZIP Code	
9: Referring Physician License Number		10: Digits 3 through 9 of Referring Physician BCBS Pin Number				11: Referring Physician 10 digit NPI	
12: Michigan PPO Physician Signature							13: Date

### Section C: Out-of-State/Network Physician/Laboratory/Facility Information

1: Out-of-State/Network Provider/Facility/Laboratory Name		2: Specialty		3: Phone Number		4: Fax Number	
5: Address		6: City		7: State		8: ZIP Code	

### Section D: Reason for Referral

1: What services are being requested?			2: Diagnosis Code(s) (code and description)		
3: Anticipated Start Date month/day/year		4: Anticipated End Date		5: Number of Visits	
6: Length of Treatment					
7: Why are you referring out-of-state/network?					
<input type="checkbox"/> No PPO In-State Provider Available <input type="checkbox"/> PPO In-State Provider unable to schedule in timely manner					
<input type="checkbox"/> Other: (explain) _____ _____ _____					
Once completed, please FAX this form and necessary documentation to 906 225-9268					

### Section E: Determination

Upper Peninsula Health Plan Use	
<input type="checkbox"/> Able to waive out-of-network cost sharing requirements <input type="checkbox"/> Unable to waive out-of-network cost sharing requirements <input type="checkbox"/> Unable to Process Request due to: <input type="checkbox"/> Incomplete Form: Section: ____ Number: ____ ; Section: ____ Number: ____ ; Section: ____ ; Number: ____ <input type="checkbox"/> Other: _____ _____	
Signature _____	Date _____

# PRESCRIPTION COVERAGE



	Core 0021	Buy-Up 0022	Buy-Down 0023	Buy-Down w/o Flat HRA
ARORx Prescription Drug Coverage-30 Day Supply Copays				
Generic	\$5	\$10	\$10	\$10
Preferred	\$25	\$20	\$40	\$40
Non-Preferred	\$50	\$40	\$80	\$80
90 Day Supply	2x Copay	1x Copay	2x Copay	2x Copay

## Sample ID Cards

**NAME:** ##emp\_full##  
**MEMBER ID:** ##employee\_id##  
**RxGroup #:** ##groupnum##  
 Processor - NetCard BIN# 008878  
 Pharmacy Help Desk - 833-306-4092  
 ARORx's Customer Service - 833-306-4092



Present this card and your prescription to any participating pharmacy. At the time of service you are responsible for any copayment or other charges as required by your plan. If you have any questions, please

call ARORx at 833-306-4092

*This card is for information only and not a guarantee of benefits.*

# PRESCRIPTION COVERAGE



## Specialty Medications

- If you or an enrolled member of your family are prescribed a specialty medication contact ARORx at [Rx@arorx.com](mailto:Rx@arorx.com) or by phone at 833-306-4092. You can also call 44North for help at 855-306-1099.
- Specialty medications are defined as those used in the treatment of chronic, complex conditions.
  - These medications are often injectable or infused but can also be oral.
  - Some conditions that may require treatment with a specialty medication include: cancer, Hepatitis C, HIV, Rheumatoid arthritis, and Multiple Sclerosis.
    - Examples of Specialty Medications: Humira, Aubagio, Enbrel Injection, Copaxone Injection Kit
  - If you are unsure if you or a covered dependent are taking a specialty medication, please consult with 44North after the meeting or reach out to ARORx.

# PRESCRIPTION COVERAGE



## Online Access

- Refill Prescriptions
- Download benefit documents
- View/Print/Download Prescription History
- Manage Dependents
- Find a pharmacy



[members.arorx.com](https://members.arorx.com)

MEMBER PORTAL

Welcome to the AroRx Member Portal. Using the portal members can refill prescriptions, download benefit documentation, view/print/download prescription history information, manage dependents, find a pharmacy, and more.

**Quick Refill**

Prescription Number

Date of Birth - (mm/dd/yyyy)

[Find Refills](#)

OR

**Log Into Your Account**

Email Address

Password

[Log On](#) [Register](#) [I Forgot My Password](#)



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## CITY OF MARQUETTE A1BHC9 007003465 - City Plans 0021, 0022, 0023 Dental Coverage Effective Date: On or after July 2020 Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

**Coverage determination:** Claims are subject to dental necessity verification and availability of dental benefits when they are processed, as well as the terms and conditions of the applicable BCBSM certificates and riders.

### Network access information

With Blue Dental PPO, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.

**Blue Dental PPO network-** Blue Dental members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 535,000 dentist locations\* nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit [mibluedentist.com](http://mibluedentist.com) or call **1-888-826-8152**.

*\*A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices is two dentist locations.*

**Blue Par Select<sup>SM</sup> arrangement-** Most non-PPO(out-of-network) dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services, and members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit [mibluedentist.com](http://mibluedentist.com).

**Note:** Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

### Member's responsibility (deductible, coinsurance and dollar maximums)

Benefits	Coverage
Deductible	None
Coinsurance (percentage of BCBSM's approved amount for covered services)	None (covered at 100%)
• Class I services	
• Class II services	20%
• Class III services	50%
• Class IV services	50%
Dollar maximums	\$1,500 per member
• Annual maximum for Class I, II and III services	
• Lifetime maximum for Class IV services	\$1,500 per member



Class I services	
Benefits	Coverage
Oral exams	100% of approved amount <b>Note:</b> Twice per calendar year
A set (up to 4 films) of bitewing x-rays	100% of approved amount <b>Note:</b> Twice per calendar year
Panoramic or full-mouth x-rays	100% of approved amount <b>Note:</b> Once every 60 months
Prophylaxis (cleaning)	100% of approved amount <b>Note:</b> Twice per calendar year
Sealants - for members age 19 and younger	100% of approved amount <b>Note:</b> Once per tooth in any 36 consecutive months when applied to the first and second permanent molars
Emergency palliative treatment	100% of approved amount
Fluoride treatments	100% of approved amount <b>Note:</b> Two per calendar year
Space maintainers - missing posterior (back) primary teeth - for members 18 and younger	100% of approved amount <b>Note:</b> Once per quadrant per lifetime

Class II services	
Benefits	Coverage
Fillings - permanent (adult) teeth	80% of approved amount <b>Note:</b> Replacement fillings covered after 24 months or more after initial filling
Fillings - primary (child) teeth	80% of approved amount <b>Note:</b> Replacement fillings covered after 12 months or more after initial filling
Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older	80% of approved amount <b>Note:</b> Once every 60 months per tooth
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount <b>Note:</b> Three times per tooth per calendar year after six months from original restoration
Oral surgery	80% of approved amount
Root canal treatment	80% of approved amount <b>Note:</b> Once every 12 months
Scaling and root planing	80% of approved amount <b>Note:</b> Once every 24 months per quadrant
Limited occlusal adjustments	80% of approved amount <b>Note:</b> <b>Limited</b> occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	80% of approved amount <b>Note:</b> Once every 12 months
General anesthesia or IV sedation	80% of approved amount <b>Note:</b> When medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	80% of approved amount <b>Note:</b> Six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	80% of approved amount <b>Note:</b> Once per arch in any 36 consecutive months
Tissue conditioning	80% of approved amount <b>Note:</b> Once per arch in any 36 consecutive months

Class III services	
Benefits	Coverage
Removable dentures (complete and partial)	50% of approved amount <b>Note:</b> Once every 60 months
Bridges (fixed partial dentures) - for members age 16 and older	50% of approved amount <b>Note:</b> Once every 60 months
Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement	50% of approved amount <b>Note:</b> Once per tooth per lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

Class IV services - Orthodontic services for dependents under age 19	
Benefits	Coverage
Minor treatment for tooth guidance appliances	50% of approved amount
Minor treatment to control harmful habits	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount
Post-treatment stabilization	50% of approved amount
Cephalometric film (skull) and diagnostic photos	50% of approved amount

**Note:** For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination **before** treatment begins.

# Find a Dentist

Go to: <http://www.mibluedentist.com>

Type in your zip code and your preferences  
and select “Search”



Find A Dentist

## Find a Dentist

You can search for a dentist by last name or find a dentist near you by entering a Zip Code or City and State.

Your costs are **lowest** when you choose a PPO network dentist. Non-PPO dentists can (and most do) participate with BCBSM on a per-claim basis through our Blue Par Select arrangement. Not all Blue Dental plans cover services with a Blue Par Select dentist (i.e. Blue Dental EPO and Medicare Advantage). It's important to check with your dentist and confirm participation before making an appointment or receiving treatment. Be sure to mention if you have a Medicare Advantage plan, as these use different networks than our other plans.

If you need help verifying your dentist is part of the Blue Dental PPO Network, please call 888-826-8152.

Search by: ☒ Plan type: ☐ Healthcare.gov plan name

Select dentist type: ☒ PPO dentists ☐ Blue Par Select dentists [Help me choose](#)

Zip Code:

or

City:

State:

---

Search Within:

Specialty:  [See Specialty Definitions.](#)

Office Name:

Dentist Last Name:

Secondary Language:

☐ Only show results for providers that are currently accepting new patients



## **Benefit Overview 2020**

Insight Network		
Plan Design	Buy-Up Plan	Core & Buy-Down
Exam	Every 12 Months	Every 24 Months
Lenses	Every 12 Months	Every 24 Months
Frames Allowance	Every 12 Months \$130	Every 24 Months \$130
Contacts	Every 12 Months	Every 24 Months
Exam Copay Material	\$0 \$10	\$0 \$10



### Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

### Take a sneak peek before enrolling

- You're on the **Insight** Network

- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1-866-804-0982

- For LASIK providers, call 1-877-5LASER6

### SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Exam With Dilation as Necessary	\$0 Copay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$130 allowance, 20% off balance over \$130	Up to \$91
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Copay	Up to \$30
Bifocal	\$10 Copay	Up to \$50
Trifocal	\$10 Copay	Up to \$70
Lenticular	\$10 Copay	Up to \$70
Standard Progressive Lens	\$65 Copay	Up to \$50
Premium Progressive Lens <sup>A</sup>	\$95 Copay - \$185 Copay	Up to \$50
Tier 1	\$95 Copay	Up to \$50
Tier 2	\$105 Copay	Up to \$50
Tier 3	\$120 Copay	Up to \$50
Tier 4	\$185 Copay	Up to \$50
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - age 19 and over	\$40	N/A
Standard Polycarbonate - under age 19	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	Up to \$5
Premium Anti-Reflective Coating <sup>A</sup>	\$57 - \$85	Up to \$5
Tier 1	\$57	Up to \$5
Tier 2	\$68	Up to \$5
Tier 3	\$85	Up to \$5
Photochromic/Transitions	\$75	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lens Fit and Follow-up</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit & Follow-Up:	\$40	N/A
Premium Contact Lens Fit & Follow-Up:	10% off Retail Price	N/A
<b>Contact Lenses</b> (Contact Lens allowance includes materials only)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$130
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$130
Medically Necessary	\$0 copay, Paid-In-Full	Up to \$210
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
<b>Frequency</b>		
Examination	Once every 24 months	
Lenses (in lieu of contact lenses)	Once every 24 months	
Contacts (in lieu of lenses)	Once every 24 months	
Frame	Once every 24 months	

QL-0000076832

<sup>A</sup> Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



## Additional discounts

# 40% OFF

Complete pair of prescription eyeglasses

# 20% OFF

Non-prescription sunglasses

# 20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

## Take a sneak peek before enrolling

- You're on the **Insight Network**

- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1-866-804-0982

- For LASIK providers, call 1-877-5LASER6

## City of Marquette

## Buy Up Vision Benefits

SUMMARY OF BENEFITS		
Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Exam With Dilation as Necessary	\$0 Copay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$130 allowance, 20% off balance over \$130	Up to \$91
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Copay	Up to \$30
Bifocal	\$10 Copay	Up to \$50
Trifocal	\$10 Copay	Up to \$70
Lenticular	\$10 Copay	Up to \$70
Standard Progressive Lens	\$65 Copay	Up to \$50
Premium Progressive Lens <sup>Δ</sup>	\$95 Copay - \$185 Copay	Up to \$50
Tier 1	\$95 Copay	Up to \$50
Tier 2	\$105 Copay	Up to \$50
Tier 3	\$120 Copay	Up to \$50
Tier 4	\$185 Copay	Up to \$50
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - age 19 and over	\$40	N/A
Standard Polycarbonate - under age 19	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	Up to \$5
Premium Anti-Reflective Coating <sup>Δ</sup>	\$57 - \$85	Up to \$5
Tier 1	\$57	Up to \$5
Tier 2	\$68	Up to \$5
Tier 3	\$85	Up to \$5
Photochromic/Transitions	\$75	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lens Fit and Follow-up</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit & Follow-Up:	\$40	N/A
Premium Contact Lens Fit & Follow-Up:	10% off Retail Price	N/A
<b>Contact Lenses</b> (Contact Lens allowance includes materials only)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$130
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$130
Medically Necessary	\$0 copay, Paid-In-Full	Up to \$210
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses (in lieu of contact lenses)	Once every 12 months	
Contacts (in lieu of lenses)	Once every 12 months	
Frame	Once every 12 months	

QL-0000076833

<sup>Δ</sup> Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



EXPERIENCE MORE: ONLINE ACCESS

# HOW TO: enjoy your own eye site

## MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at [eyemed.com](http://eyemed.com) is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

## START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit [eyemed.com](http://eyemed.com) and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number.\* (You'll get an email asking to confirm your account.)
4. Finish setting up your new account with your email address and a password. (To keep it secure, we list some password "musts.")
5. Come back anytime to change your password, email address and billing preferences. (It's all under Manage Profiles.)

## LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online\*\*
- View health and wellness information
- Get special offers



## SEE THE GOOD STUFF

Register on [EYEMED.COM](http://EYEMED.COM) or grab the member app (iTunes or Android) now.

\* Depends on how your benefit administrator entered you into the system.










\*\* Most, but not all, network providers offer this.



# An app that fits your vision



Managing vision benefits with our mobile app for members is easy – just as it should be. When they download the app, employees can:

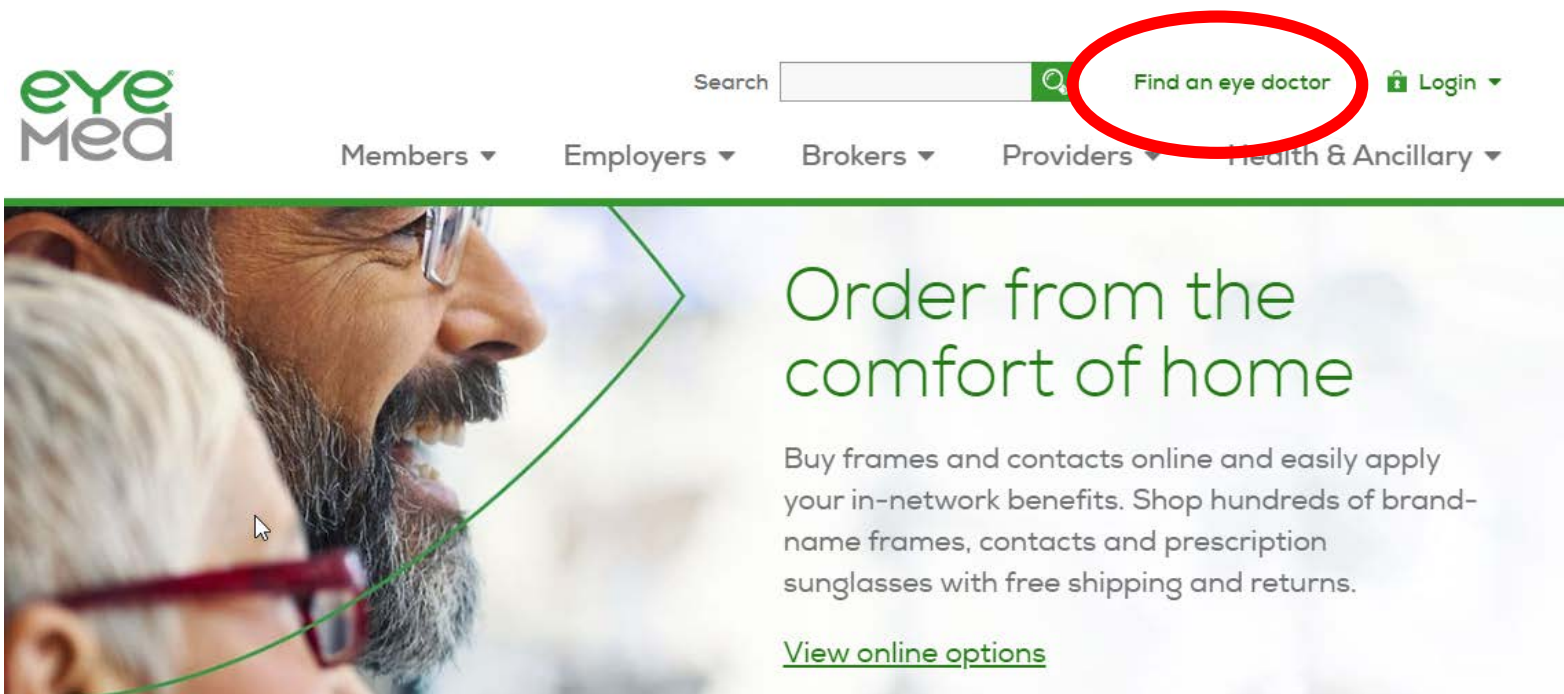
<p>1</p> <p>GET STARTED</p>	 <p>Download the EyeMed Members App from the App Store or Google Play</p>	 <p>Learn about benefits</p>	 <p>Search thousands of in-network eye doctors</p>
<p>2</p> <p>SEE AN EYE DOCTOR</p>	 <p>Schedule an eye exam straight from a phone or tablet</p>	 <p>Get turn-by-turn directions to the eye doctor</p>	 <p>Shake to view an ID card</p>
<p>3</p> <p>USE THE TOOLS AND EXTRAS</p>	 <p>Create reminders to schedule an exam or reorder contact lenses</p>	 <p>Save prescription info</p>	 <p>Check out exclusive member deals and discounts</p>

Help employees stay connected to life –  
Contact your EyeMed rep or visit [starthere.eyemed.com](http://starthere.eyemed.com)



# Find an EyeMed Provider

Begin your search at [www.eyemed.com/en-us](http://www.eyemed.com/en-us)



Begin Your Search

ZIP Code \* Or Use My Location

Insight ?

What else is important?

Get Results ▶ Advanced Search ▶

\* Required Field

**Search your zip code and be sure to select the INSIGHT Network!**

Local Providers Include:

- Stang Family EyeCare – 226-8800
- Downtown Eyecare – 226-2020
- Eye Associates of Marquette – 226-2531
- David Kyle OD – 228-8808
- Superior Eye Health & Vision – 228-4401
- Shopko Optical – 228-4120
- Meyer Family Vision PC – 485-1300

**Please Note – Providers are<sup>19</sup> subject to change at any time.**



## HEARING DISCOUNT

eye  
Med



## For the sweet sounds of life

Have you heard? Vision and hearing loss often go hand-in-hand. Mature adults<sup>1</sup> and diabetics<sup>2</sup> are likely to experience both sensory impairments. Research also shows an increase of adults in their 20s and 30s with hearing loss.<sup>3</sup> And that impacts you – the employer – since 95% of those with untreated hearing loss feel that it affects their on-the-job performance.<sup>4</sup>

At EyeMed, we're all eyes and ears about your employees' health and wellness. That's why we teamed up with Amplifon – the world's largest distributor of hearing aids and services – to add affordable hearing care to every EyeMed vision benefits package.

### Our hearing discount through Amplifon provides:

- 40% off hearing exams at thousands of locations around the country
- Discounted, set pricing on thousands of hearing aids, including the latest technology to hit the market
- Low price guarantee – if your employees find the same product at a lower price, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- 1-year free follow-up care with unlimited appointments
- Free batteries for 2 years with initial purchase
- 3-year warranty and loss & damage coverage

See – and hear – life to the fullest

Contact your EyeMed rep or visit [starthere.eyemed.com](http://starthere.eyemed.com)

<sup>1</sup>Archives of Ophthalmology, Oct. 2006 <sup>2</sup>HealthDay, U.S. News: <http://health.usnews.com/health-news/news/articles/2012/11/16/hearing-loss-tied-to-diabetes-in-study> <sup>3</sup>JAMA Internal Medicine, "Prevalence of Hearing Loss and Differences by Demographic Characteristics Among US Adults" <sup>4</sup>"Address Hearing Loss in the Workplace and Reap the Rewards." Better Hearing Institute, 2014. <sup>5</sup>Ibid

# Welcome to MDLIVE!

With MDLIVE, you can visit with a doctor or counselor 24/7 from your home, office or on-the-go.

**You have a telehealth benefit giving you virtual care, anywhere. At a price you can afford.**

- Board-certified doctors
- Available anytime, day or night
- Consults by mobile app, video or phone
- Prescriptions can be sent to your nearest pharmacy if medically necessary

**We treat over 50 routine medical conditions including:**

- Acne
- Allergies
- Cold/flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Insect bites
- Nausea/vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- And more

**Your virtual doctor is here. Join for free today!**



**Download the app.**  
Join for free. Visit a doctor.

**MDLIVE.com/44North**  
**888-548-4251**





# MDLIVE<sup>®</sup>

## Always there.

### Online Registration Process

44North's 24/7 physician access is provided to you by MDLive. You should **register** with MDLive and enter your medical history before you use the service, to ensure all will go smoothly when you need a consult.

**Immediate registration is strongly encouraged to help your first consult go smoothly. No one likes answering basic health information when they or their dependents are sick.**

#### Instructions:

1. Go to **[www.MDLive.com/44North](http://www.MDLive.com/44North)** and select "Activate Now"
2. Enter your First Name, Last Name, and Date of Birth, and click "Continue".
3. Enter your Primary Phone, Alternate Phone, Email Address, and Select a Username and Password.
4. Choose one of the Security Question options from the drop down box and provide the Answer.
5. To receive treatment and prevention tips by email from MDLive, leave the corresponding check box selected or deselect to opt out of emails, and then click "Continue".
6. You're in! You will receive an email from MDLive asking you to validate your email address.
7. Before you can request a consult, you will need to take a few minutes to fill out your health information. Click on "My Health" and then complete each of the sections for "My Health History", "My Behavioral Health History", "My Lifestyle", and "My Family History".
8. To add your dependents go to the drop down arrow next to your name in the upper right corner of your screen and select "Add New Dependent". Once you've registered your dependent, you will also need to complete their "My Health" information. *Anyone over the age of 18 will need to register under their own account after you have added them.*
9. To request a consult for treatment after you have registered, please do so online from the portal or by calling (888) 548-4251.

#### **Registration Checklist: Have this information on hand when registering:**

Medications, PCP info, Health Conditions, Height/Weight, Allergies & Family History



## ***Reminder***

# **Michigan No-Fault Auto Insurance is Changing**

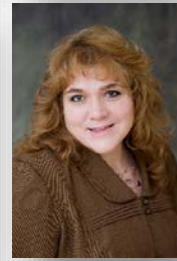
- Effective date is **July 1, 2020**
- To obtain a Qualified Health Plan (QHP) letter from BCBSM to present to your auto agent, please call the number on the back of your BCBSM ID Card
  - Letter can be mailed or emailed to you
  - If you choose email, please be advised that you will receive a ***secure*** email that will ***require the set up of a UserID and Password***

\*Please contact your auto insurance agent for additional information.



Call to speak with a Patient Advocate to:

- Navigate your healthcare bills
- Understand your EOBs
- Assist with pharmacy charges



We find the errors, contact the provider and insurance carriers to resolve any misbillings that can cost you money.

We've saved members **\$8 million** dollars from misbilled claims

NEED HELP WITH CLAIMS

855-306-1099



## Dedicated Service Team



Vince Rose  
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(888)269-7620 Ext. 8112



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