

2026

Plan Year



EMPLOYEE BENEFITS GUIDE

Effective Date:

January 1, 2026 through

December 31, 2026

Scan the QR Code or click link to view
the Employee Benefits Education Video.



<https://vimeo.com/1024710912?share=copy>





ELIGIBILITY REQUIREMENTS & COVERAGE EFFECTIVE DATES

You are eligible for health benefits if you are a full-time active employee unless otherwise stated. Full-time active employees must be regularly scheduled to work 30 hours or more per week or 130 hours of service per month to be eligible for medical and prescription drug coverage.

As a participant of the Monroe Public Schools Employee Benefits Plan, you may choose coverage for **yourself only, yourself and one dependent, yourself and two or more dependents.**

Eligible dependents are defined as your **legal spouse, natural child(ren), legally adopted child(ren), child(ren) placed in your home for legal adoption, stepchild(ren), or child(ren) over whom you have legal guardianship.**

Dependent children include children of the employee or spouse by birth, legal adoption, legal guardianship or children from a former marriage of whom the subscriber has custody.

WHEN COVERAGE BEGINS

Coverage for you and your eligible dependents will begin following the completion of your waiting period for each benefit option. The waiting period for the various benefits offered by Monroe Public Schools is the first of the month following your date of hire.

WHEN COVERAGE ENDS

Coverage for you and your dependents will end at the end of the month on which your employment terminates, or you or your dependent(s) are no longer eligible for benefits. Dependent children will continue to be covered under the medical plan until the end of the year they turn 26. For dental, and vision, benefits will continue until their 26th birthday.

TELL US WHEN YOU ARE MEDICARE ELIGIBLE

Please notify us when you or your dependent become eligible for Medicare. You can become eligible for Medicare based on age, declaration of total disability, or diagnosis of ESRD.

We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pay primary.

MAKING CHANGES MID-YEAR

The choices you make during open enrollment or when you first become eligible remain in effect for the remainder of the plan year. Once you are enrolled, you must wait until the next open enrollment period to change your benefits or add/remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. Changes to your coverage must be made within 30 days of the life event.

Examples include, but are not limited to, the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of other health coverage
- New eligibility for other health coverage
- Change in your dependent's eligibility status

Any change you make to your coverage must be consistent with the change in status. Changes to coverage made within 30-days of the life event will become effective as follows:

- Birth or adoption of a child, divorce: Date of the event
- Other qualified events: On the first of the month following the date on which you make your new benefit election



HEALTH & DENTAL BENEFITS GLOSSARY OF TERMS

The following is a glossary of commonly used health and dental benefit terms.



HEALTH

Please refer to your SBC for more details.

- **COINSURANCE:** A percentage of healthcare cost, such as 20%, that the covered employee pays after meeting the deductible.
- **COPAY:** The fixed dollar amount, such as \$25 for each doctor visit, that the covered employee pays for medical services.
- **DEDUCTIBLE:** A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits per person and per family.
 - ◇ **Aggregate Deductible:** Each covered family member's deductible amounts are applied toward the family deductible accumulation. Once the family deductible has been met, the entire family's deductible is considered met regardless of the individual amounts applied to the deductible. Individual deductible does not apply unless single coverage was elected.
 - ◇ **Embedded Deductible:** Each covered family member only needs to satisfy his or her individual deductible prior to receiving plan benefits. Benefits are payable for the entire family once family deductible has been reached.
- **FORMULARY:** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low cost generics at a higher percentage than more expensive brand name or specialty drugs.
- **HEALTH SAVINGS ACCOUNT (HSA):** HSAs may be opened by employees who enroll in a high deductible health plan (HDHP). Employees can put money in an HSA up to an annual limit set by the government using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- **HIGH DEDUCTIBLE HEALTH PLAN (HDHP):** A HDHP features higher annual deductibles than traditional health plans, such as a preferred provider organization (PPO) or health maintenance organization (HMO) plan. With the exception of preventive care, covered employees must meet the annual deductible before the plan pays benefits. HDHPs, however, may have significantly lower premiums than a PPO, HMO or other traditional plans.
- **IN-NETWORK:** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- **OUT-OF-NETWORK:** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network.
- **OUT-OF-POCKET LIMITS:** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
- **PREMIUM:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

DENTAL

Please refer to your benefit summary for more details.

- **ANNUAL MAXIMUM:** The total amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) in a specified benefit period, typically a calendar year.
- **LIFETIME MAXIMUM:** The cumulative dollar amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) for the life of the enrollee or the plan. Lifetime maximums usually apply to specific services such as orthodontic treatment.

Source: SHRM.



MEDICAL PLAN

IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries and SBCs for out-of-network coverage and additional plan details.



	PLAN 1 BCBSM PPO \$1,000 Member's Responsibility		PLAN 2 BCBSM PPO HSA \$2,500/0% Member's Responsibility		PLAN 3 BCBSM PPO HSA \$2,500/20% Member's Responsibility	
Deductible (individual/family)	\$1,000/\$2,000		\$2,500/\$5,000		\$2,500/\$5,000	
Deductible Type	Embedded		Aggregate		Aggregate	
Coinsurance	None		None		20%	
Out-of-Pocket Maximum	\$8,150/\$16,300		\$4,000/\$8,000		\$4,000/\$8,000	
Virtual Care Visit Copay	\$30		Covered after deductible		20% after deductible	
Office Visit Copay	\$30		Covered after deductible		20% after deductible	
Specialist Visit Copay	\$50		Covered after deductible		20% after deductible	
Chiropractic Services	\$30 (12 visits per calendar year)		Covered after deductible (12 visits per calendar year)		20% after deductible (12 visits per calendar year)	
Urgent Care Copay	\$60		Covered after deductible		20% after deductible	
Emergency Room Copay	\$250		Covered after deductible		20% after deductible	
Hospitalization (in-patient)	Covered after deductible		Covered after deductible		20% after deductible	
Prescription Drug Coverage	\$10 generic \$40 preferred brand \$80 non-preferred brand 15% (\$150 max) preferred specialty brand 25% (\$300 max) non-preferred specialty brand 2x copay for mail order		After Deductible \$10 generic \$40 preferred brand \$80 non-preferred brand 15% (\$150 max) preferred specialty brand 25% (\$300 max) non-preferred specialty brand 2x copay for mail order		After Deductible \$10 generic \$40 preferred brand \$80 non-preferred brand 15% (\$150 max) preferred specialty brand 25% (\$300 max) non-preferred specialty brand 2x copay for mail order	
EMPLOYEE PER PAY CONTRIBUTIONS	<u>20 Pays</u>	<u>24 Pays</u>	<u>20 Pays</u>	<u>24 Pays</u>	<u>20 Pays</u>	<u>24 Pays</u>
Single	\$92.77	\$77.31	\$15.85	\$13.21	\$0.00	\$0.00
Two Person	\$345.22	\$287.68	\$160.61	\$133.84	\$59.46	\$49.55
Family	\$386.59	\$322.16	\$155.83	\$129.86	\$29.39	\$24.50
PLAN 3 - DISTRICT PER PAY HSA CONTRIBUTIONS					<u>20 Pays</u>	<u>24 Pays</u>
Single					\$26.29	\$21.91



MEDICAL SOLUTIONS

Additional detailed information is available at bcbsm.com

Click on or scan the below QR codes to learn more about the BCBSM programs available to you at no additional cost.

ACCESS TO CARE

Network options, benefits and cost management innovations that save.

Virtual Care by Teladoc Health

Convenient, high quality virtual options for non-emergency care that's always there - minor illnesses and mental health.



Virtual Primary Care by Teladoc Health (BCBSM PPO members only)

Simple and thorough virtual primary care - checkups, preventive care, and treatment for ongoing concerns or chronic conditions.

Choices for Care

Helps you avoid costly ER visits and get the care you need quickly and conveniently.



Preventive Care

Understand the importance of preventive tests and screenings as well as your options for early detection.

Mobile App and Online Member Portal

Manage your health plan within one secure account through the mobile app or online portal. You can check your out-of-pocket balance/plan benefits, track your claims, find care, look up estimated costs, and access your virtual ID card.



Blue365 Member Discounts

Provides you with exclusive savings on national and Michigan-based products and services for a healthy and well-balanced lifestyle.

Blue Cross Rewards (BCBSM PPO members only)

Earn unlimited rewards in the form of gift cards when you visit a designated health care facility for certain services.





MEDICAL SOLUTIONS

Additional detailed information is available at bcbsm.com

Click on or scan the below QR codes to learn more about the BCBSM programs available to you at no additional cost.

IMPROVED CARE

Solutions to better manage care and address specific health and well-being needs.

Maternity and Menopause through Maven

Virtual programs to fully support family building (pregnancy/postpartum) and woman's health.



Chronic Conditions Management - care for diabetes, hypertension, weight management through Teladoc Health, along with programs for spine & joint conditions and more

Personalized support centered around your day-to-day needs of living with chronic or complex conditions.

Medication Adherence Programs through Sempre Health, PillarRx, and Price Edge

Ensures that you receive safe, appropriate and high-quality medications while keeping costs down.



Cancer Care through Iris by OncoHealth

Additional support that complements your care team/doctors by providing you with quick access to reliable clinical specialists and resources that are often needed between appointments & treatment.

Behavioral Health Care through Teladoc Health, AbleTo, Quartet, and more

Helps you manage everyday stress to substance abuse and provides several convenient ways to get confidential help.



Health and Well-Being - new & improved through Personify Health in 2026

Gives you access to various online tools and resources to help you build healthy habits and improve your overall well-being journey.



HEALTH SAVINGS ACCOUNTS

HealthEquity
Building Health Savings™



We are pleased to offer you a Health Savings Account (HSA) option through Health Equity. This program is designated to give you greater control in managing your health and funding your health care services. Keep in mind, you can only contribute to an HSA if you enroll in a HSA Qualifying Plan.

An HSA combines a high-deductible health plan (HDHP) with a tax-free individually owned savings account. Money in the savings account can help pay for your qualified medical expenses, or you can save and use it for qualified medical expenses when you retire. The balance in your HSA rolls over from year to year and the account earns interest and is yours to keep, even if you leave the company.

HSAs are designated to provide participants with triple tax benefits. The following are tax-free:

- HSA contributions
- Interest and other earnings on HSA contributions
- Amounts distributed from an HSA for qualified medical expenses

You are eligible for an HSA if you are:

- Covered by a HDHP (Plan 2 and Plan 3)
- Not enrolled under another medical plan that is not a HDHP
- Not entitled to (eligible for AND enrolled in) Medicare benefits
- Not eligible to be claimed on another person's tax return
- Not covered by a Health FSA funded by your spouse

You can make contributions to your HSA through regular payroll deductions. You may change the amount at any time. Please contact your Human Resources Department for assistance.

HOW MUCH CAN I CONTRIBUTE TO MY HSA?

	2025	2026
Single Coverage	\$4,300	\$4,400
Family Coverage	\$8,550	\$8,750
Catch up Contributions*	\$1,000	\$1,000

*If you are age 55 or older, you can make an additional catch-up contribution. The maximum IRS contribution for the year includes the sum of all employee and employer contributions. For more information, visit www.irs.gov/publications/p969.

DISTRICT CONTRIBUTIONS FOR PLAN 3

Single Coverage	\$26.29 \$21.91
Frequency	20-Pay 24-Pay



DENTAL & VISION

IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries for out-of-network coverage and additional plan details.



BENEFITS	GUARDIAN DentalGuard Preferred Network Member's Responsibility
Deductible	\$0
Diagnostic & Preventive	Covered 100%
Basic Services	20%
Major Services	20%
Maximum Payment	\$1,200 plus Maximum Rollover
Maximum Rollover	\$1,200 (see Employee Navigator for more details)
Orthodontics (to age 19)	50%
Orthodontics Maximum	\$1,000 Lifetime Maximum
EMPLOYEE CONTRIBUTIONS Single Two Person Family	Employer-provided



BENEFITS	GUARDIAN VISION Member's Responsibility
Network	VSP/Full Feature - Choice C
Eye Exam (once-12 months)	\$10 copay
Standard Lenses (one pair-12 months)	\$25 copay
Standard Frames (one pair-12 months)	\$200 allowance; 20% off balance \$110 allowance for Costco, Walmart, Sam's Club Frame
Medically Necessary Contact Lenses (one pair-12 months)	\$10 copay
Elective Contact Lenses (one pair-12 months)	\$200 allowance (copay waived)
EMPLOYEE CONTRIBUTIONS Single Two Person Family	Employer-provided

LIFE & DISABILITY

COVERAGE OPTIONS CONTINUED

Please refer to your benefit summaries for additional plan details.



GUARDIAN EMPLOYER PAID LIFE/AD&D INSURANCE

EMPLOYEE

Benefit amount: \$25,000

AD&D: 100% of life benefit to a maximum of \$25,000

SPOUSE

Benefit amount: \$2,500

AD&D: not included

DEPENDENT

Benefit amount: \$2,500

AD&D: not included

GUARDIAN EMPLOYEE PAID VOLUNTARY LIFE/AD&D INSURANCE

EMPLOYEE

Benefit amount: \$10,000 increments to a maximum of \$150,000

Minimum benefit amount: \$10,000

Maximum benefit amount: \$150,000

Guarantee issue amount: \$150,000

Benefit reduction (of original amount): Age 65: 35%; age 70: 60%; age 75: 75%; age 80: 85%

SPOUSE

Benefit amount: \$5,000 increments. Employees must elect coverage for themselves in order for spouse to be eligible. Not to exceed 100% of the employee elected amount

Minimum benefit amount: \$5,000

Maximum benefit amount: \$150,000

Guarantee issue amount: \$25,000

Benefit reduction (of original amount): Age 65: 35%; terminates at age 70

DEPENDENT

Coverage amount: Day 1 to 14 days: \$500; 14 days to age 26 (to age 26 if a full-time student): \$1,000 increments up to \$10,000. Not to exceed 100% of employee amount.

Minimum benefit amount: \$1,000

Maximum benefit amount: \$10,000

Guarantee issue amount: \$10,000

Please refer to your benefit summary for age and rates.

EMPLOYEE PAID SHORT AND LONG-TERM DISABILITY

GUARDIAN EMPLOYEE PAID VOLUNTARY SHORT-TERM DISABILITY - Option #1

- **Weekly Benefit Amount:** 60% of weekly earnings not to exceed \$700 per week
- **Elimination Period:** Benefits begin on the 8th day of accident/illness
- **Maximum Benefit Period:** 26 weeks

GUARDIAN EMPLOYEE PAID VOLUNTARY SHORT-TERM DISABILITY - Option #2

- **Weekly Benefit Amount:** 60% of weekly earnings not to exceed \$700 per week
- **Elimination Period:** Benefits begin on the 30th day of accident/illness
- **Maximum Benefit Period:** 26 weeks

GUARDIAN EMPLOYEE PAID VOLUNTARY LONG-TERM DISABILITY

- **Monthly Benefit Amount:** 60% of monthly earnings not to exceed \$1,500 per month
- **Elimination Period:** Benefits begin on the 181st day of accident/illness
- **Maximum Benefit Period:** Social Security Normal Retirement Age

Please note: You will see the details of these coverages and cost when you login to Employee Navigator.

ADDITIONAL VALUE ADD BENEFITS

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

EMPLOYER PAID COVERAGES

GUARDIAN EMPLOYER PAID TOBACCO CESSATION - INCLUDED WITH FULLY INSURED GUARDIAN DENTAL

According to the American Dental Association (ADA), tobacco use is one of the leading causes of preventable illness in the U.S. Tobacco use not only damages oral health but can also impact physical and mental well-being¹. The decision to quit can have positive effects on oral, physical, and mental health. As a market leader in oral health and well-being, we are committed to supporting our members and their families with resources to help them lead healthier and more productive lives.

Guardian + Pelago tobacco cessation program connects dental members that are struggling with tobacco or vaping use with personalized resources that can help them reduce their usage or quit for good.

This embedded benefit provides access to an evidence-based virtual clinic for enrolled employees and their enrolled dependents 15 years of age and above.

Features Include:

- Dedicated care team: Access to qualified coaches to help guide members at every step of their recovery journey
- Personalized tracking: Tools to help members track their personal triggers, cigarettes smoked, dollars saved, and health progress
- Helpful cognitive behavioral therapy (CBT) content: Audio sessions and interactive exercises to help members learn new techniques for dealing with craving triggers
- Craving tools: Support for members to manage cravings and reach their goals
- Nicotine replacement therapy: Access to gums and patches to manage and lessen cravings (if your employees need them)

Positive Outcomes

- 44% quit rate at 26 weeks
- 48% fewer cigarettes smoked by non-quitters
- 5x greater likelihood of quitting over the course of one year with Pelago over other programs



You can sign up, book a call, or email Pelago from:

[Tobacco Cessation-Pelago](#)

ADDITIONAL VOLUNTARY BENEFITS

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

EMPLOYEE PAID COVERAGES

GUARDIAN EMPLOYEE PAID VOLUNTARY CRITICAL ILLNESS

If you're diagnosed with an illness that is covered by this insurance, you'll receive a benefit payment in one lump sum. You can use the money however you want.

Benefit amounts:

Employee may choose lump sum of \$10,000 or \$20,000

Spouse: 50% employee's amount (\$5,000 or \$10,000) | Child: 25% of employee's amount

Why is this coverage so valuable?

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover.
- Cost is deducted from your paycheck.
- You can keep coverage if you leave the company or retire.

Who can get coverage?

- You
- Your Spouse - 50% of employee's lump sum benefit
- Your Children - Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 25% of employee's lump sum benefit.

GUARDIAN EMPLOYEE PAID VOLUNTARY ACCIDENT INSURANCE

Accident Insurance pays you the lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including:

- Emergency Treatment
- Ambulance
- Burns
- Dislocations
- Fractures
- Hospital Confinement
- Surgery

Accident insurance is a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even can be used for rent and groceries.

See Employee Navigator for full cost illustrations and benefit coverage.

ADDITIONAL VOLUNTARY BENEFITS

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

EMPLOYEE PAID COVERAGES

GUARDIAN EMPLOYEE PAID VOLUNTARY HOSPITAL INDEMNITY

Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs - even if they are not hospital bills.

- Hospital Indemnity insurance supplements your medical coverage and provides a cash benefit for hospital related fees and admissions for you and your insured family member to sustain as a result of being hospitalized.
- This benefit can be used to pay out-of-pocket medical expenses, to help supplement your daily living expenses or cover unpaid time off work.
- Payments are made directly to YOU.
- \$1000 per hospital/ICU admission to a max of 2 admissions per year, per insured
- \$100 / \$200 per day hospital/ICU confinement to a max of 15 days per year, per insured

See Employee Navigator for full cost illustrations and benefit coverage.



CANCER EXPERT NOW

CANCER EXPERT NOW

WELCOME TO CANCER EXPERT NOW

If you or your family member have been diagnosed with cancer, we are here for you. Contact us to connect with one of the world's top cancer doctors — all from the comfort of your home.



SCAN TO VISIT
OUR WEBSITE

CANCER EXPERT NOW

CANCER EDUCATION JUST GOT PERSONAL™

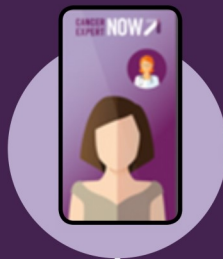
Learn more: email carenavigator@onviv.com
or call 1-855-946-5735
or visit cancerexpertnow.com/access/welcome

**This benefit is 100% employer paid, and you are auto-enrolled in coverage.
Coverage extends to your family: spouse, partner, dependents, parents & in-laws.**

A leading cancer expert at your side—we work with leading Centers of Excellence (COE)s to connect our members with leading experts who specialize in the member's cancer type.

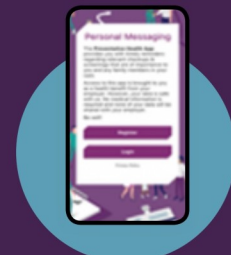
A premier benefit

White glove cancer concierge and expert opinions supports members, families, employers globally



Clinical Advocacy, Coordination and Navigation

Understand options for appropriate sites of care, local clinicians and resources



Oncology Expert Opinions

Thought leaders curated from the leading COEs to provide authoritative insights into the complexity surrounding treatment decisions



Education for All and Early Intervention

Cancer Awareness Program featuring Oncology Experts to answer member questions and promote wellbeing

Your Life. Your Work. Your Best.®

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Services:

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

Wellness Support

Flexible 3-5 coaching session model

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
- Get help with smoking cessation, back care, resiliency and more

Life is challenging. We can help.
Confidential 24/7 support.

COMPSYCH®
GuidanceResources® Worldwide

Guardian®



24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: Guardian

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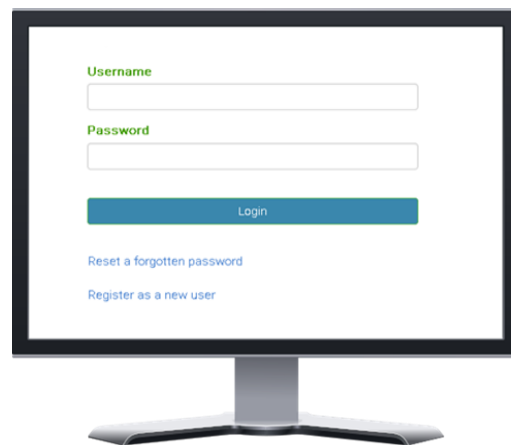
EMPLOYEE NAVIGATOR

Log In Now!

- Elect your benefits
- Make address or dependent changes through the year
- Access benefit summaries and more

To create your account, you will need to know the following information:

- First Name
- Last Name
- Company Identifier: MonPubSch
- PIN (last 4 digits of the SSN)
- Birth Date



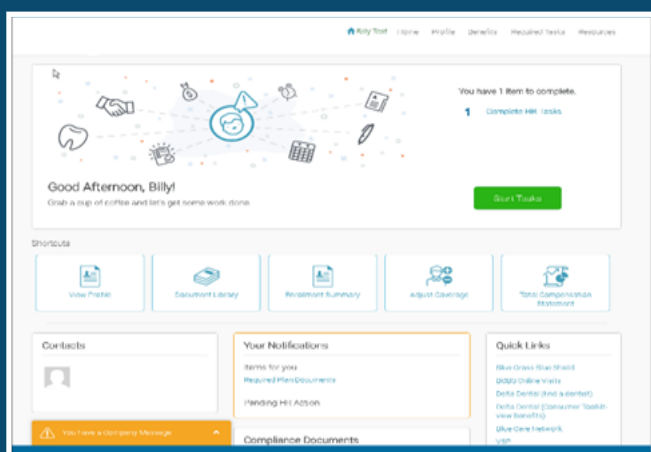
Access the Benefits Online Center:
<https://hremote.employeeenavigator.com>

HOW TO ENROLL WITH EMPLOYEE NAVIGATOR:

Step 1: Login to website and register as a new user if you have not already done so.

Step 2: The select registration link takes you to the **CREATE YOUR ACCOUNT** page. Once information has been entered, **click NEXT**.

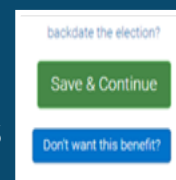
Step 3: The **EMPLOYEE HOME PAGE** should look like this:



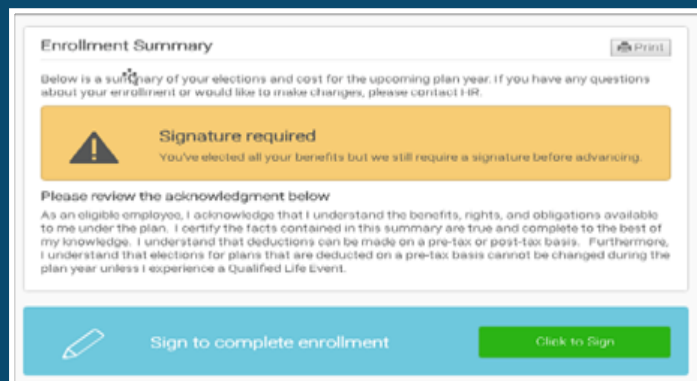
Step 4: Next you will need to verify your personal and dependent information. Click **SAVE** when completed.

Step 5: You will automatically arrive at the benefits tab to begin making your elections. Please select the coverage level for you and your dependents. You must select dependents in order to cover them under each benefit.

Click **SAVE** and **CONTINUE**. This will automatically take you to the next selection. If you do not wish to elect a benefit, click the **DON'T WANT THIS BENEFIT** button option.



Step 6: Once you have made your elections, you may review your enrollment summary. Click on the green **AGREE** button and print a copy for your records. Also, please complete any required forms.





WHO SHOULD I CALL FOR ASSISTANCE?

Most of the day to day administration of your employee benefits coverage can be accomplished directly with the insurance providers either through their websites or customer service telephone numbers.

In the event you run into problems that cannot be resolved directly from the insurance companies, Kapnick is always available to assist you.

KAPNICK EMPLOYEE BENEFITS CALL CENTER

Available Monday—Friday, 8:30 am – 5:00 pm (EST) to answer questions concerning:



- Explanation of Benefits
- ID Card Reorders
- Carrier Information
- Participating Provider Assistance
- Claim Assistance
- Life Status Events

* TRANSLATION SERVICES AVAILABLE IN 100+ LANGUAGES

CONTACT US AT
877.233.1164



MEDICAL	DENTAL/VISION	LIFE	HOSPITAL INDEMNITY/ACCIDENT
Blue Cross Blue Shield Phone Number: 800.637.2227 www.bcbsm.com	Guardian #00072826 Phone Number: 888.600.1600 www.guardiananytime.com	Guardian #00072826 Phone Number: 800.525.4542 Email: Group_Life_Claims@glic.com	Guardian #00072826 Phone Number: 800.541.7846 www.guardiananytime.com



STD	LTD	CRITICAL ILLNESS	EMPLOYEE ASSISTANCE PROGRAM (EAP)
Guardian #00072826 Phone Number: 800.268.2525 Email: Group_STD_Claims@glic.com	Guardian #00072826 Phone Number: 800.538.4583 Email: Group_LTD_Claims@glic.com	Guardian #00072826 Phone Number: 800.268.2525 Email: Group_Critical_Illness_Claims@Guardianlife.com	ComPsych Phone Number: 855-239-0743 www.guidanceresources.com Web ID: Guardian App: GuidanceNow



CANCER EXPERT

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