



Employee Benefit Guide

Benefit Plan Year 2019

Plan Period: January 1, 2019 to December 31, 2019

OUR COMMITMENT TO YOU

We understand that our greatest asset is people like you. We value your hard work and understand benefits are a valuable part of your compensation package. They help protect important things like your health, income and assets if you become sick or injured and can't work. That is why we have made these valuable insurance products available to you and your family.

We have chosen providers with outstanding reputations and name recognition for each level of coverage included in our program. Each provider will give you solid protection now and in the future.

Please review the information in this booklet to learn about the plans being offered and to determine if this coverage is right for you.

Sincerely,

Work Skills Corporation

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HEALTHCARE REFORM

Nearly all Americans are required to carry “minimum essential health insurance coverage” or pay a penalty beginning in 2014. Most employer sponsored group health insurance qualifies as minimum essential coverage, as does governmental coverage (like Medicare, Medicaid, CHIP and TRICARE), retiree coverage, COBRA coverage and individual policies.

The coverage we offer you qualifies as minimum essential coverage and is considered affordable per the Affordable Healthcare Act. You or your family members ARE NOT eligible for a government subsidy at the individual marketplace. As part of the Tax Cuts and Jobs Act of 2017, there will no longer be penalties for not having medical coverage in 2019.

For more information, visit www.HealthCare.gov and/or your financial advisor.

YOUR RESPONSIBILITY

It will be your responsibility to notify the Human Resources Department within 30 days of a Life Status Change event taking place. Failure to notify and provide supporting documentation within the 30-day time frame will make you ineligible to make a change until the next open enrollment period, or your next qualifying event.

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. In general, Internal Revenue Service (IRS) rules prohibit a change in benefit elections after the plan year begins. However, some changes are permitted when certain qualified Life Status Change events occur such as:

- Marriage, divorce or legal separation; or
- Birth or adoption of a child; or
- Death of a child or spouse; or
- A change in your employment; or
- Termination or commencement of spouse's employment; or
- Significant benefit cost increase or benefit curtailment
- A child attaining age 26

Note: Benefits elected pre-tax, Section 125 plan, require you to be locked into the elected plan for the year. This is not an employer requirement but a federal requirement that applies to Section 125 plans.

IMPORTANT CONTACTS

Provider	Benefit	Contact Information	
Blue Care Network	Medical (HMO)	Claim / Eligibility Questions Provider Search	800-662-6667 www.bcbsm.com
Delta Dental	Dental	Claims / Eligibility Questions Provider Search	800-524-0149 www.deltadental.com
EyeMed	Vision	Claims / Eligibility Questions Provider Search	866-804-0982 www.eyemed.com

GRACE & PORTA BENEFITS

Niki Schraft	Account Executive	810-227-7540 ext. 256 nschraft@graceandporta.com
Karrie Sterken	HR Solutions Consultant Employee Navigator Support	810-227-7540 ext. 258 ksterken@graceandporta.com
Client Services	Enrollments, Terminations & Claims Questions	810-227-7540 clientservices@graceandporta.com
Fax		810-494-4861

Are you eligible for benefits?

Benefits Eligibility	Full time employees working a regular schedule of 30 or more hours per week are eligible for benefits.
Dependent Children Eligibility for Medical, Dental & Vision Coverage	<p>Eligible for medical until the end of the month in which they reach age 26. Eligible for dental and vision until they reach age 26.</p> <p>These dependents include:</p> <ul style="list-style-type: none"> ▪ Children by birth, legal adoption or legal guardianship and eligible foster children while in the employee’s custody and dependent on the employee. ▪ A child is defined as an individual who is the son, daughter, stepson, or stepdaughter of the employee. A child includes both a legally adopted individual of the employee and an individual who is lawfully placed with the employee for legal adoption by the employee. ▪ Children who do not reside with the employee but for whom the employee is legally responsible for the provision of medical care, e.g. children of divorced parents and children covered under a Qualified Medical Child Support Order (QMCSO). <p>Full-time student is defined by the plan as:</p> <ul style="list-style-type: none"> ▪ enrolled in an accredited college or university for at least 5 months during the calendar year, and ▪ maintaining 12 credit hours per semester and/or term, or ▪ the equivalent of full-time as defined by the accredited institution.

When Coverage Begins

Waiting Period for Newly Hired Employees	First of the month following 30 days of full time employment
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When Coverage Ends

All Benefits	Date of Termination or when you are no longer an eligible employee
Dependent Coverage	Ends when your coverage ends, or earlier if the individual is no longer an eligible dependent (i.e., divorce or child reaches limiting age).
COBRA	Certain coverage may continue after your termination date through a COBRA option. Premiums for COBRA are fully paid by the employee.

OPEN ENROLLMENT INSTRUCTIONS: EMPLOYEE NAVIGATOR

Security: Employee Navigator uses the highest encryption standards available, including 256-bit SSL encryption. This is the same technology that banks use to keep your account information safe.

Employee Navigator is a one-stop online benefits portal for you to enroll, update, and maintain your benefits elections. By enrolling in benefits online, we eliminate unnecessary typographical errors and ensure enrollment accuracy.

Once registered you can:

- Enroll in benefits
- Update address
- Add or delete dependents (with Qualifying Event)
- Make qualified life event changes

How to Register:

- Open your internet browser and navigate to:
<https://graceandporta.employeenavigator.com/benefits/Account/Login>
- **Begin Registration Process:** Click on “**Register as a New User**” and then enter your information as shown below.
Your Company Identifier is: Work Skills

Find your employment information

If you do not know your company identifier or your information cannot be found, then please contact your administrator.

First Name

Last Name

Company Identifier

Last 4 Digits of SSN

Birth Date

[Next](#)

- **Create your Username and Password:** Please document these and keep them in a safe place.
 - We suggest you use your email address as your username
 - Passwords must consist of at least 6 characters, a symbol, and a number

Benefits Enrollment:

- Follow the system prompts to begin the enrollment process.
- **Personal Information:** Fill in, edit, or verify any personal information listed in your employee profile. Then click “**Save & Continue.**”
- **Spouse & Dependent Information:** Add a spouse or children if applicable. You will need to enter your spouse and/or children’s social security number. When complete click “**Save & Continue.**”

Begin Election Process: You are now entering the area where you will make your elections. Please use the example below to move through your elections.

The screenshot shows a web interface for enrolling in medical insurance. It is divided into several sections:

- Medical:** A header section with a brief explanation of medical insurance.
- Progress:** A progress indicator showing '0 of 6' steps completed.
- Who am I enrolling?:** A section where users can select family members. 'Myself' is selected by default. 'Spouse Test (Spouse)' and 'Child Test (Child)' are also selected, indicated by green checkmarks. A callout box points to these options with the text: "Select who will be enrolled in the plan".
- Which plan do I want?:** A section showing a plan card for 'PPO Platinum \$500'. The card includes a heart icon, a cost of '\$289.70' (per pay period), and an effective date of '12/01/18' for 'Employee + Family'. There are three buttons: 'Compare', 'Details', and 'Select'. A callout box points to the 'Details' button with the text: "Click for Benefit Details". Another callout box points to the 'Select' button with the text: "Click Select to Enroll in Plan".
- Eligibility Questions:** A section with a 'View my answers' link.
- My Selections:** A summary section showing 'Open Enrollment: No election yet' and 'Current: CB PPO Platinum \$500, \$304.97 per pay'.

At the bottom of the interface, there are two buttons: a green 'Save & Continue' button and a blue 'Don't want this benefit?' button. Callout boxes provide instructions for these buttons: "Click Save & Continue to move to the next plan" and "Click if you want to waive this benefit".

- **Primary Care Physician** – If you elect the Blue Care Network HMO – You will need to assign a Primary Care Physician (PCP) for each member of your family. There is a link on the selection page to the BCN find a doctor website. You will want to search for a PCP in your area, and in the **Blue Care Network PCP Focus** network. If you do not elect a PCP for yourself and all members of your family, you will be auto-assigned a PCP by Blue Care Network.
- **Finalize Enrollment and Confirm Elections:** Move through each plan and make your elections. At the end, you are provided with a summary of all elections. Review them for accuracy and when ready, click **“Agree”** and then **“Done”** to end the enrollment process. Be sure to print the confirmation sheet for your records.
- **Logout of Employee Navigator** – Click on your name in the top right corner of the window and select Logout.

Questions? If you have any benefit questions, or need assistance with the Employee Navigator enrollment process, please contact Karrie Sterken at 810-227-7540 ext 258.

MEDICAL INSURANCE PLAN: Blue Care Network

Benefit Provision	BCN HMO HSA \$6350
	In-Network
Deductible Single / Family	\$6,350 / \$12,700
Coinsurance for Employee	0% after deductible
Annual Coinsurance Maximum Single / Family	N/A
Total Annual Out-of-Pocket Maximum Single / Family	\$6,350 / \$12,700
Office Visit Primary Care	0% after deductible
Office Visit Online/Virtual Visit	0% after deductible
Office Visit Specialist	0% after deductible
Urgent Care	0% after deductible
Office Visit Chiropractic <i>See Summary of Benefits for limitations</i>	0% after deductible
Emergency Room	0% after deductible
Preventive Services	Covered in Full
Hospital Services	0% after deductible
Prescription Drugs	
• Value / Generic	0% after deductible
• Preferred Brand	0% after deductible
• Non-Preferred Brand	0% after deductible
• Preferred Specialty	0% after deductible
• Non-Preferred Specialty	0% after deductible

Weekly Employee Contributions

Employee Only	\$32.54
Employee + One	\$129.92
Employee + Family	\$171.65

Please Note: If you make less than \$11/hr see Human Resources for your contributions.



➔ Online Visits: What You Need to Know about Getting Health Care Online

What you use Blue Cross Online VisitsSM, you'll have access to online medical services anywhere in the U.S. Here is what you need to do to use online visits:

- **Mobile** Download the BCBSM Online VisitsSM app
- **Web** Visit bcbsmonlinevisits.com
- **Phone** Call 844-606-1608

If you're new to online visits, sign up after January 1, 2019. Be sure to add your Blue Cross or Blue Care Network health plan information. You'll also need to add the service key **BLUE**.

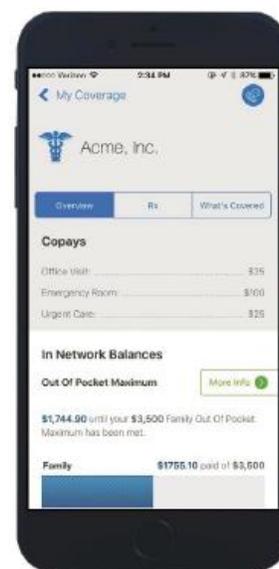
Note that online medical care doesn't replace primary doctor relationships.

➔ Manage your health care plan with the BCBS mobile app

The BCBS mobile app provides the tools and features to help you access information and make informed decisions from the convenience of your smartphone. From seeing where you stand with your deductible and out-of-pocket balances, to reviewing service claims, to finding the best doctor or place to go for treatment – count on the BCBS mobile app to give you the information you need, when and where you need it.

These are just some of the app's features:

- **Benefit details:** see what your plan covers so you're more informed when you need care.
- **Deductible and out-of-pocket balances:** Know how much you've paid toward your deductible and out-of-pocket maximum balances.
- **Access to pharmacy and drug information:** Look up drug prices, see coverage warnings and find lower cost alternatives
- **View claims and EOBs:** See what providers charged and why before you pay. Quickly filter and search claims by time frame, member, service type or provider.
- **Find a Doctor:** Find a doctor or hospital in your network. Search by location, specialties, quality recognitions and extended office hours. Get GPS-enabled directions to get there fast.
- **Compare cost estimates:** Compare cost information in real time for health care services
- **Virtual ID card:** Show your virtual ID card to your doctor, so they have the information they need to look up your coverage.



Search BCBS within the Apple App Store or Google Play. Learn more at bcbsm.com/app

➔ Save money and live healthier with [Blue365](#)

Membership has its benefits

Blue Cross Blue Shield of Michigan and Blue Care Network members can score big savings on a variety of health products and services from businesses in Michigan and across the United States. Member discounts with Blue 365 offer exclusive deals on things like:

- Fitness and wellness: Health magazines, fitness gear and gym memberships
- Health eating: Cookbooks, cooking classes and weight-loss programs
- Lifestyle: Travel and recreation
- Personal care: Lasik and eye care services, dental care and hearing aids

Cash in on Discounts

Start saving today! Show your Blue Cross or Blue Care Network ID card at participating local retailers or use an offer code online to take advantage of these savings. You can view all savings in one place through your member account on bcbsm.com.

Benefit Provisions	Delta Dental PPO		
	PPO Dentist	Premier Dentist	Nonparticipating Dentist*
Calendar Year Deductible Individual / Family	<i>Waived for preventive</i> \$50 / \$150	<i>Waived for preventive</i> \$50 / \$150	<i>Waived for preventive</i> \$50 / \$150
Annual Maximum per Person	\$500	\$500	\$500
Preventive Care <i>Examinations, cleanings, sealants, brush biopsy, bitewing x-rays, etc.</i>	100%	100%	100%
Basic Services <i>Fillings and crown repair, emergency palliative treatment, gold foil, simple extractions, etc.</i>	80%	80%	80%

*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Weekly Employee Contributions	
Employee Only	\$5.45
Employee + Spouse	\$10.08
Employee + Child(ren)	\$15.69
Employee + Family	\$23.75

Benefit Provisions	EyeMed Choice Network	
	In-Network	Out-of-Network
Eye Exams Frequency	\$10 copay Once every 12 months	Up to \$40 reimbursement Once every 12 months
Prescription Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Standard / Premium Progressive Lens Lenticular Lenses Frequency	\$15 copay \$15 copay \$15 copay \$80 / \$100 - \$125 \$15 copay Once every 12 months	Up to \$30 reimbursement Up to \$50 reimbursement Up to \$70 reimbursement Up to \$50 reimbursement Up to \$70 reimbursement Once every 12 months
Frames Frequency	\$150 allowance; 80% of charge over \$150 Once every 24 months	Up to \$105 reimbursement Once every 24 months
Contact Lenses (in lieu of glasses) Fit and Follow-up Exam: Standard / Premium (allowance) Conventional Disposable Medically Necessary Frequency	Up to \$55 / 10% off Retail \$150 allowance; 15% off retail price over \$150 \$150 allowance; plus, balance over \$150 Paid in full Once every 12 months	N/A Up to \$150 reimbursement Up to \$150 reimbursement Up to \$210 reimbursement Once every 12 months

Weekly Employee Contributions	
Employee Only	\$1.69
Employee + Spouse	\$3.22
Employee + Child(ren)	\$3.39
Employee + Family	\$4.98

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins on November 1, 2018 for coverage starting as early as January 1, 2019.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.*

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your HR department.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer name Work Skills Corporation	2. Employer Identification Number (EIN) 38-2025701	
3. Employer address 100 Summit Street	4. Employer phone number 810-227-4868	
5. City Brighton	6. State MI	7. ZIP 48116
8. Who can we contact at this job? Kelly Lutman		
9. Phone number (if different from above) 810-534-6113	10. Email address kellyl@wskills.com	

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:
All employees.

Some employees. Eligible employees are:

You are eligible for benefits if you are a full-time employee regularly scheduled to work a minimum of 30 hours per week. If you are eligible, your spouse and dependent children are also eligible.

▪ With respect to dependents:

We do offer coverage. Eligible dependents are:

Dependent children are eligible for medical coverage until the end of the month they reach age 26. These dependents include: children by birth, by marriage, legal adoption or legal guardianship, eligible foster child.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee, or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the marketplace, **HealthCare.gov** will guide you through the process.

Powered by:



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