Detroit Academy of Arts and Sciences

2018-2019 Benefits Guide
Welcome to Your 2018 Benefits Guide

What is new for 2018?

For the 2018 benefit year, you will choose from several benefits to fit your needs. Each of these options is explained in this guide.

- The dental carrier is Delta Dental.
- Life, AD&D, Short and Long Term Disability, and Voluntary Life

**REMINDER**
- Check out the benefits for 2018
- Don't forget to enroll.

**ID CARDS**
- You will not receive a ID card if you enroll in Dental with Delta.
Who Can Be Covered

Who Is Eligible?

- If you are a Detroit Academy of Arts and Sciences regular full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. Each benefit option will show you the amount that you will pay, if you elect that coverage.

When To Enroll...

- The open enrollment period runs from August 27, 2018 through midnight on September 7, 2018. The benefits you elect during open enrollment will be effective October 1, 2018 through September 30, 2019.

Life Events

- Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in a child's dependent status, death of a spouse, child or other qualified dependent, or your spouse gains or loses coverage. You MUST notify HR within 30 days of a life event.

What Can I Choose In 2018?

- For the 2018 benefit year, you will choose several benefits to fit your needs. Each of these options is explained in this packet:
  
  * Delta Dental Insurance
  * Life, AD&D, STD, LTD and Voluntary Life Insurance

- You may also enroll your eligible dependents in (proof of dependent status required):
  
  * Dental Coverage
  * Voluntary Term Life Insurance

DON'T FORGET TO HAVE THE FOLLOWING WHEN ENROLLING:

- Dependents Information (date of birth, Social Security Number, etc.)
- Beneficiary Information
Dental Plan

Your Delta Dental Dental Plan

We are able to offer this benefit with the same great coverage as last year! The plan is Delta Dental PPO. To find a dentist near you please visit www.deltadentalmi.com

All Full Time Employees are eligible first of month after completing 30 days of full time service with Detroit Academy of Arts and Sciences

Maximum Payment – $1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. $1,000 per person total per lifetime on Orthodontics.

<table>
<thead>
<tr>
<th>DENTAL BENEFIT</th>
<th>Delta Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Services: Clean-</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services: Fillings, crown repair, root</td>
<td>75%</td>
</tr>
<tr>
<td>canals, biteguards</td>
<td></td>
</tr>
<tr>
<td>Major Services: Bridges, implants, dentures</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Services for dependents</td>
<td>50%</td>
</tr>
<tr>
<td>under age 19 (max $1000 benefit)</td>
<td></td>
</tr>
</tbody>
</table>
Life AD&D, Voluntary Life and AD&D

Life Insurance

Detroit Academy of Arts and Sciences is happy to be able to continue to provide peace of mind to you and your family by offering you 100% employer paid life insurance. You also have the opportunity to purchase additional voluntary life and AD&D insurance at affordable group rates. You can also purchase spouse and dependent life and AD&D as well.

Who is Eligible and When:
All Full Time Employees first of month after 30 days of full time service with Detroit Academy of Arts and Sciences.

Benefits You Receive:
When you become eligible this benefit is paid for by Detroit Academy of Arts and Sciences, the benefits you will receive are as noted below:

Life Insurance Amount: An amount equal to 1 times your basic annual earnings, rounded the next higher $1,000

Please make sure to update your beneficiaries during the benefit election process. Make sure your beneficiaries add up to 100%. You can also name contingent beneficiaries. They will not be paid unless there are no primary beneficiaries.

AD&D Amount: An Amount equal to your basic life insurance

Voluntary Life and AD&D Insurance - You have the opportunity to purchase additional Voluntary Life Insurance. This coverage is available for you, your spouse, and your children at group rates. Upon first eligibility, you may purchase some level of coverage without questions. Subsequent purchases or coverage increases, however, are subject to Evidence of Insurability (EOI) rules. Please see Cost Summary page for rates.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Employee</th>
<th>Spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts</td>
<td>$10,000 increments</td>
<td>$5000 increments</td>
<td>Flat Amount: $1,000, $2,000, $4,000, $5,000, or $10,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>Lesser of 5x annual earnings or $500,000</td>
<td>$100,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Guarantee Issue</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>
Short Term Disability

Who is Eligible and When:
All Full Time Employees first of month after 30 days of full time service with Detroit Academy of Arts and Sciences.

Benefits You Receive:
In the event you become residually disabled and unable to perform the duties of your own occupation due to a non-work related injury or sickness, disability income benefits are provided as a source of income.

<table>
<thead>
<tr>
<th></th>
<th>Short Term Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elimination Periods</strong></td>
<td>7-Days Illness; 0-Days Injury</td>
</tr>
<tr>
<td><strong>Benefit Amounts</strong></td>
<td>66.67% of pre-disability earnings</td>
</tr>
<tr>
<td><strong>Maximum Weekly Benefit</strong></td>
<td>$500/week</td>
</tr>
<tr>
<td></td>
<td>Up to 13 week benefit</td>
</tr>
</tbody>
</table>
Long Term Disability

Who is Eligible and When:
All Full Time Employees first of month after 30 days of full time service with Detroit Academy of Arts and Sciences.

Benefits You Receive:
Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your pre-disability earnings at your own occupation for any employer in your local economy.

<table>
<thead>
<tr>
<th></th>
<th>Long Term Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination Period</td>
<td>90 Days</td>
</tr>
<tr>
<td>Benefit Amounts</td>
<td>66.67% of pre-disability earnings</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$5000</td>
</tr>
</tbody>
</table>
Your Right to Know...

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)
The Women’s Health and Cancer Rights Act of 1998 is a federal law that provides protection to patients who choose to have breast reconstruction in connection with a mastectomy. This required coverage includes all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema.

MICHELLE’S LAW ACT OF 2008
This Law is an amendment to ERISA, PHSA, and IRC. It ensures that dependent students who take a medically necessary leave of absence do not lose health insurance coverage. It allows seriously ill college students, who are covered dependents under health plans, to continue coverage for up to one year while on leave. The leave must be medically necessary as certified by a physician, and the change in enrollment must commence while the dependent is suffering from a serious illness or injury and must cause the dependent to lose student status.

SPECIAL ENROLLMENT RIGHTS
If you are declining enrollment for yourself or your dependents because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

THE CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009
Employees and dependents who are eligible for healthcare coverage under, but are not enrolled, will be permitted to enroll in the plan if they lose eligibility for Medicaid, or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP. Individuals must request coverage under the plan within 60 days of the loss of Medicaid or CHIP coverage or determination of eligibility for the premium assistance subsidy. CHIPRA allows states to offer eligible low-income children and families a premium assistance subsidy to help
ACCIDENT ADVANTAGE OPTION 3
- Coverage (on or off the job)
- Benefits payable for emergency treatment, hospitalization, surgery, physical therapy, exams, ambulance, home modification, family support, lodging, transportation
- Accidental death life insurance
- Additional 25% of benefits payable for organized sporting activity injury.
- One wellness benefit per policy per year.

CANCER PROTECTION ASSURANCE OPTION 2
- $4,000 upon initial diagnosis
- Children covered at no extra cost
- Benefits payable for radiation, chemotherapy, surgery, hospitalization, transportation, lodging, experimental treatments, home health care, hospice, preventative, reconstructive
- One wellness benefit per covered person per year.

HOSPITAL CHOICE
Option 1
- $500 Hospital confinement benefit
  Benefits payable for rehabilitation facility, hospital ER, hospital short stay

CRITICAL CARE PROTECTION OPTION TWO
- $7,500 upon first occurrence for heart attack, stroke, coronary artery bypass surgery, sudden cardiac arrest, third-degree burns, coma, paralysis, major human organ transplant, end-stage renal failure, persistent vegetative state
- Benefits payable for coronary angioplasty, daily hospital confinement, continuing care treatments, ambulance, transportation, lodging
- Hospital ICU Benefit:
  Days 1-7 $800 per day
  Days 8-15 $1,300 per day
  Step-Down ICU Benefit $300 per day
  (both are limited to 15 days per period of confinement- no lifetime max)
# Contacts and Resources

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Carrier</th>
<th>Phone/Fax</th>
<th>Website/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>Jeramecka Harris</td>
<td>1-313-259-1744</td>
<td><a href="mailto:jeharris@daask12.com">jeharris@daask12.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ext 1444</td>
<td></td>
</tr>
<tr>
<td>General Claims and Benefit Questions</td>
<td>Claire McCord</td>
<td>1-734-282-2499</td>
<td><a href="mailto:claire.mccord@dalymerritt.com">claire.mccord@dalymerritt.com</a></td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td>1-800-524-0149</td>
<td><a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></td>
</tr>
<tr>
<td>Life/AD&amp;D/Voluntary Life</td>
<td>MetLife</td>
<td>1-800-638-5433</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
<tr>
<td>Voluntary Worksite</td>
<td>Aflac</td>
<td>1-800-992-3522</td>
<td><a href="http://www.aflac.com">www.aflac.com</a></td>
</tr>
</tbody>
</table>
Executive Summary
Vision Proposal to Detroit Academy of Arts and Sciences

Hi! We’re Heritage Vision Plans!

As an organization devoted to vision care our roots lie in learning and building upon those key attributes that make up the personalized, direct relationship between a provider and the patient: always listening and positively responding to the voice of the customer/member. These core understandings of our user's expectations of quality and service have guided us as we have grown from a single optometric practice into a full service vision plan administrator with national scope and capabilities.

As proud as we are of our Detroit, Michigan, based business origins, our vision has always been to build on our direct knowledge of the customer and grow our company by providing our business partners with continuous improvement in every facet of our operation. The result has been the creation of a world-class vision care provider that has the privilege of serving a variety of large, medium and small businesses.

We meet all of the requirements for: operational excellence, medical management using state-of-the-art technology, commitment to quality, provider and purchasing contracts, best-of-market pricing, outstanding customer service, dedicated account management, aggressive and quantifiable performance, sterling reputation, and the highest integrity.

Look for back to school.

To help you get the most out of your vision benefit, we’ve provided the requested benefit, along with the following highlights:

15% Off LASIK available through the LCA-Vision Network.

Investment in Detroit. We offer a Detroit-based partnership to help keep dollars in our local economy.

Vision is our only focus. Privately held company devoted solely to vision, and not a division of a giant health care corporation.

20-40% off additional pairs at network providers, anytime.

Special Offers at Heritage Optical Centers.
With Heritage, it’s the difference between a true business partner and a “supplier” of services

With today’s rapidly changing health care environment, the ability to adapt quickly, while continuing to deliver the highest quality of service, is our central focus. In our minds there is no separation between our success and yours. That is why we have made it our initiative to always go above and beyond what is expected in our business relationship; and to continue it as a fundamental of our relationship going forward.

Our commitment is simple: to create a relationship that is productive and mutually rewarding. Here’s how we make it work:

A network for every lifestyle

Whether a member is looking for evening and weekend availability, or is more focused on fashion or great value, we have the provider that is right for them. Our network offers the right mix of independent and chain providers across the country.

- Access results show [100% overall desired access to 2 providers in 10 miles. But that’s not all. . .100% of your members have access to 5 providers in 10 miles and 99.3% have access to 10 providers within 10 miles!]

- 30% of our provider locations can provide one-hour or same day eyeglass turnaround.

- Independent and retail providers nationwide – including popular regional favorites like Henry Ford OptimEyes and Heritage Optical Center, national chains like Pearle Vision, RX Optical, Sears, Target, JC Penney, America’s Best, Wal-Mart and many more.

A price you’ll love

Heritage offers a 3-year pricing structure to gain long term price stability.

<table>
<thead>
<tr>
<th>Current Plan</th>
<th>Voluntary – 100% Employee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>12/12/12</td>
</tr>
<tr>
<td>Co-pays</td>
<td>$5 Exam, $10 Material</td>
</tr>
<tr>
<td>Single</td>
<td>$6.49</td>
</tr>
<tr>
<td>Two Person</td>
<td>$11.79</td>
</tr>
<tr>
<td>Family</td>
<td>$19.19</td>
</tr>
</tbody>
</table>

Note: Fees are subject to adjustment in the event of changes to plan allowances/benefits after the start of the plan year; or should there be any future additional tax, fee or assessment imposed by the federal or state governments with associated costs.
Go further with service dedicated to your success

With over 40 years’ experience, we understand how employees like to use their vision benefits. With these powerful insights, we built your proposed vision benefit with services dedicated to making the benefit easy for members – and you too!

ACCOUNT TEAM
The same team that implements your vision plan will continue to service your account throughout the contract term. We at Heritage Vision Plans are strong believers in continuity. We will establish strong relationships with your health care and benefits team, as well as the employee base. You can count on us to participate in the open enrollment fairs held at your various locations and become a vital part of the Detroit Academy of Arts and Sciences family.

IMPLEMENTATION
We are acutely aware of the fact that changing vendors can sometimes present challenges, which is why we go out of our way to make the transition to a new vendor hassle-free.

All costs associated with your implementation are included in the quoted pricing. This includes benefit set-up, communication, programming/IT hours, eligibility file load, etc. Heritage will send initial communication to members; however, program materials including benefit summaries and ID cards can be downloaded from the website. We will also coordinate communications with the medical carriers, where necessary.

CUSTOMER SERVICE OPERATIONS
Due to the importance of the customer relationship, the Heritage philosophy is to insure that members are connected to highly trained, knowledgeable and pleasant customer service representative with the necessary information technology systems and supervisory support to enable them to perform effectively.

EASY FOR MEMBERS
We make it as simple as possible for your employees to take care of their vision health. How? With member communications, online tools and resources that make understanding and using their vision benefits easy.

At Heritage, we’re always thinking forward. That’s why our proposal is providing you and your employees with all the opportunity to get the most from your vision benefit. On behalf of our entire team, we look forward to serving you and your employees. If you have any questions, please feel free to contact us.

Thank you,

Leonard Barnes
Vice President of Sales & Business Development
313.863.1633 – direct
lbarnes@heritagevisionplans.com
# Detroit Academy of Arts & Sciences

**Heritage Vision Benefits at a Glance**

*Frequency is once every 12 Months (from date of last service)*

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-Network Coverage</th>
<th>Out-Of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Eye Exam</td>
<td>100% Covered, $5.00 Co-Pay</td>
<td>Reimbursed up to $45.00</td>
</tr>
</tbody>
</table>

### Frames:

<table>
<thead>
<tr>
<th>Frames</th>
<th>In-Network Coverage</th>
<th>Out-Of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>$130.00 Retail Frame Allowance (Member pays retail frame expenses over $130.00 less 20% discount)</td>
<td>Reimbursed up to $70.00</td>
<td></td>
</tr>
</tbody>
</table>

### Lenses Standard Plastic

<table>
<thead>
<tr>
<th>Lenses</th>
<th>In-Network Coverage</th>
<th>Out-Of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>100% Covered, $10.00 Co-Pay</td>
<td>Reimbursed up to $30.00</td>
</tr>
<tr>
<td>Bifocal</td>
<td>100% Covered, $10.00 Co-Pay</td>
<td>Reimbursed up to $50.00</td>
</tr>
<tr>
<td>Trifocal</td>
<td>100% Covered, $10.00 Co-Pay</td>
<td>Reimbursed up to $65.00</td>
</tr>
<tr>
<td>Lenticular</td>
<td>100% Covered, $10.00 Co-Pay</td>
<td>Reimbursed up to $90.00</td>
</tr>
<tr>
<td>Progressive</td>
<td>100% Covered, $55.00 Co-Pay</td>
<td>Reimbursed up to $50.00</td>
</tr>
<tr>
<td>Premium/Custom Progressive</td>
<td>$55 co-pay plus 80% of the difference between the standard and premium/custom progressive lens.</td>
<td>Reimbursed up to $50.00</td>
</tr>
</tbody>
</table>

### Lens Options:

<table>
<thead>
<tr>
<th>Lens Options</th>
<th>In-Network Coverage</th>
<th>Out-Of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Polycarb (available to age 14)</td>
<td>100% Covered, No Co-Pay</td>
<td>N/A</td>
</tr>
<tr>
<td>Lens Enhancements: Thinner Lenses, Scratch Coating, U.V. Coating, Anti-Reflective Coating, Transitions, Etc.</td>
<td>A 20% Preferred Pricing Discount will be granted for eyeglass lens options not covered by the plan</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Contact Lenses: (in lieu of eyeglasses)

*The Contact Lens Benefit includes Contact Lenses and Professional Fitting / Follow-Up Care. This benefit is in addition to the Comprehensive Eye Exam.*

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>In-Network Coverage</th>
<th>Out-Of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Contact Lenses</td>
<td>$130.00 Retail Contact Lens Allowance (Member pays retail contact expenses over $130.00)</td>
<td>Reimbursed up to $105.00</td>
</tr>
<tr>
<td>Standard Contact Lens Fit</td>
<td>100% Covered, $40.00 Co-Pay</td>
<td>N/A</td>
</tr>
<tr>
<td>Medically Necessary Contacts</td>
<td>100% Covered up to Approved UCR Amount, $10.00 Co-Pay (Prior Approval is required to Authorize M.N. Contacts)</td>
<td>Reimbursed up to $210.00</td>
</tr>
</tbody>
</table>

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1. You are eligible for contact lenses OR eyeglasses, not both, in any Plan Year.

2. If you choose to utilize Wal-Mart Vision Centers or Sam's Club Optical locations, please be advised that Wal-Mart’s “Everyday Low Price” EDLP covered frame benefit level differs from other providers in the network. Additionally, due to Wal-Mart’s heavily discounted prices, there are no added preferred pricing discounts on non-covered upgrades, options or 2nd pair purchases at these locations. Please keep this in mind as you select a network provider.

### Additional In-Network Discounts

- Minimum 20% discount off an additional prescription Eyeglass or Sunglass (2nd pair) purchase made during the initial visit.
- 15% Discount off Retail Price (or 5% off Promotional Pricing) on Lasik Refractive Surgery through the LCAV nationwide network.

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This is intended as an easy-to-read summary and provides a general overview of benefits. It is not a contract. Exclusions and limitations may apply. To find a Heritage Vision Provider, please call **800.252.2053** or log on to the Heritage Website at [heritagevisionplans.com](http://heritagevisionplans.com).
New Member Enrollment Form

INSTRUCTIONS:
This form should be legibly printed or typed in black or blue ink. Please check "X" all applicable boxes and enter the corresponding information requested. If more space is needed than provided, attach additional sheet(s) and reference the question.

ACCOUNT INFORMATION:
Name of Group/Company: [Field blank]
Name of Employee: [Field blank]
Social Security Number: [Field blank]
Coverage Effective Date: [Field blank]
Gender: ☐ Male ☐ Female
Date of Birth: [Field blank]

ADDRESS:
Street Address: [Field blank]
City: [Field blank]
State: [Field blank]
County: [Field blank]
ZIP Code: [Field blank]
Apt. or Unit #: [Field blank]
Home Phone Number: ()

DEPENDENTS:
Name of Dependent: [Field blank]
Date of Birth: [Field blank]
Relationship: ☐ Spouse ☐ Child ☐ Other [Field blank]
Gender: ☐ Male ☐ Female

Name of Dependent: [Field blank]
Date of Birth: [Field blank]
Relationship: ☐ Spouse ☐ Child ☐ Other [Field blank]
Gender: ☐ Male ☐ Female

Name of Dependent: [Field blank]
Date of Birth: [Field blank]
Relationship: ☐ Spouse ☐ Child ☐ Other [Field blank]
Gender: ☐ Male ☐ Female

Name of Dependent: [Field blank]
Date of Birth: [Field blank]
Relationship: ☐ Spouse ☐ Child ☐ Other [Field blank]
Gender: ☐ Male ☐ Female

Name of Dependent: [Field blank]
Date of Birth: [Field blank]
Relationship: ☐ Spouse ☐ Child ☐ Other [Field blank]
Gender: ☐ Male ☐ Female

Name of Dependent: [Field blank]
Date of Birth: [Field blank]
Relationship: ☐ Spouse ☐ Child ☐ Other [Field blank]
Gender: ☐ Male ☐ Female

Name of Dependent: [Field blank]
Date of Birth: [Field blank]
Relationship: ☐ Spouse ☐ Child ☐ Other [Field blank]
Gender: ☐ Male ☐ Female

SIGNATURE: I hereby certify that the above information is true and correct
________________________
Employee Signature
________________________
Date: [mm/dd/yyyy]

HERITAGE VISION PLANS USE ONLY
Received: [Field blank]
Processed: [Field blank]
Confirmation Sent: [Field blank]
Initials: [Field blank]