



Mary Free Bed[®]
Rehabilitation

2026 BENEFITS OVERVIEW

BENEFIT ELIGIBILITY

	403(b)	Health	Dental	Vision	STD & LTD	Life	FSA & HSA	Identity Protection	Hospital Indemnity/ Critical Illness/ Accident Insurance	Time Off	EI
Full-time Regular Employees (0.75+ FTE)	X	X	X	X	X	X	X	X	X	X	X
Management (0.75—1.0)	X	X	X	X	X	X	X	X	X	X	
Contract Employees	X	X	X	X	X	X	X	X	X	X	
Part-time Regular Employees (0.5-0.74 FTE)	X	X	X	X			X	X	X	X	X
Part-time Regular Employees (less than 0.5 FTE)	X									X	X
Resource Employees	X										

ELIGIBLE DEPENDENTS

• Your legal spouse

- ONLY if they **do not have medical insurance available** through their employer.
- A spousal verification form is required for new enrollees.

• **Dependent child** –biological child, stepchild, legally adopted child, or child for whom you have legal guardianship

- Dental: to age 23; All Other: to the end of the month of which they turn 26
- Your disabled child(ren) up to any age (if disabled prior to age 26)

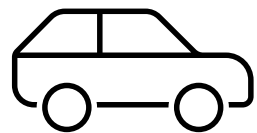
ENROLLMENT

HOW TO ENROLL

Please visit Workday [Benefit Elections – Workday](#) to access your benefits and make your elections for 2026. There will be a task on your home page.

Federal regulations require Mary Free Bed to obtain the following information during enrollment:

- Social security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents



Auto Exclusion – Michigan Residents Only

Our health plan **EXCLUDES** auto-related injuries. This means you **MUST** ensure your auto insurance covers medical expenses as primary, Choose the right Personal Injury Protection (PIP) and refer to your auto insurance provider for guidance.

MARY & ME

Mary & Me Healthier Together with Nurse Concierge partners with you to:

- Find **low-cost, high-quality** health care and prescription medication
- **Maximize benefits** available to you and your family
- Review health **plan options** and coverage
- Find health care and medication options to **reduce spend**

They can also provide information on **benefits available to you** and guidance on:

- Overall health and well-being
- Family planning
- Chronic health management
- Chronic health management
- Mental health support
- General nutrition and fitness coaching
- Financial fitness and guidance
- Medical bill audits

Employees and spouses enrolled in the Mary Free Bed medical plan who opt-in and engage with the Mary & Me program will receive a discount on their medical plan premiums.

BI-WEEKLY COST OF COVERAGE

MEDICAL: BCBSM HDHP PPO				
Coverage type	FTE 0.75 – 1.0		FTE 0.5 – 0.74	
	Mary & Me Participant	Non-Mary & Me Participant	Mary & Me Participant	Non-Mary & Me Participant
Employee Only	\$10.00	\$33.00	\$15.00	\$38.00
Employee + Spouse	\$82.51	\$142.51	\$107.26	\$167.26
Employee + Child(ren)	\$72.19	\$95.19	\$98.85	\$121.85
Employee + Family	\$103.14	\$163.14	\$134.08	\$194.08

DENTAL: DELTA DENTAL		
Coverage type	FTE 0.75 – 1.0	FTE 0.5 – 0.74
Employee Only	\$7.86	\$11.79
Employee + Spouse	\$15.32	\$22.98
Employee + Child(ren)	\$21.80	\$32.70
Employee + Family	\$29.51	\$44.26

MEDICAL: BCBSM STANDARD PPO				
Coverage type	FTE 0.75 – 1.0		FTE 0.5 – 0.74	
	Mary & Me Participant	Non-Mary & Me Participant	Mary & Me Participant	Non-Mary & Me Participant
Employee Only	\$85.00	\$108.00	\$115.00	\$138.00
Employee + Spouse	\$185.00	\$245.00	\$280.00	\$340.00
Employee + Child(ren)	\$155.00	\$178.00	\$225.00	\$248.00
Employee + Family	\$235.00	\$295.00	\$350.00	\$410.00

VISION: VSP	
Coverage type	FTE 0.5 – 1.0
Employee Only	\$4.72
Employee + Spouse	\$7.95
Employee + Child(ren)	\$8.11
Employee + Family	\$13.08

No change for Mary & Me participants!

TERMS TO KNOW

COINSURANCE: A percentage of healthcare costs, 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 certain services. Plans usually require separate limits per person and per family.

OUT-OF-POCKET LIMITS: The most an employee could pay during the plan year for their share of the costs of covered services, including deductible, 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 and deducted from their paycheck.

MEDICAL PLANS: IN-NETWORK

	BCBSM HDHP PPO Member's Responsibility	
	Mary Free Bed & Designated Providers*	Other In-Network Providers
Annual Deductible (individual/family)	\$1,700/\$3,400	\$2,000/\$4,000
Coinsurance	10%	20%
Deductible Type	Aggregate	Aggregate
Annual Out-of-Pocket Maximum (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000
Preventive & Wellness Care	\$0	\$0
Virtual Visit	Not Available	20% after deductible
Primary Care Office Visit	\$0 after deductible	20% after deductible
Specialist Visit	\$0 after deductible	20% after deductible
Urgent Care Visit	10% after deductible	20% after deductible

	BCBSM Standard PPO Member's Responsibility	
	Mary Free Bed & Designated Providers*	Other In-Network Providers
Annual Deductible (individual/family)	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	10%	20%
Deductible Type	Embedded	Embedded
Annual Out-of-Pocket Maximum (individual/family)	\$2,500/\$5,000	\$6,350/\$12,700
Preventive & Wellness Care	\$0	Covered 100%
Virtual Visit	Not Available	\$25 copay
Primary Care Office Visit	\$10 copay	\$25 copay
Specialist Visit	\$25 copay	\$40 copay
Urgent Care Visit	\$50 copay	\$75 copay

PRESCRIPTION DRUG: IN-NETWORK

	PRESCRIPTION MEDICATION Member's Responsibility	
	BCBSM HDHP PPO	BCBSM Standard PPO
Deductible (individual/family)	\$2,000/\$4,000* *Integrated with medical deductible	\$500/\$750
Generic	\$20 copay after deductible	\$15 copay after deductible
Preferred Brand	\$60 copay after deductible	\$50 copay after deductible
Non-Preferred Brand	\$80 copay after deductible	\$75 copay after deductible
Generic & Preferred Specialty Medication	20% coinsurance after deductible; \$200 maximum	20% coinsurance after deductible; \$100 maximum
Non-Preferred Specialty Medication	20% coinsurance after deductible; \$400 maximum	20% coinsurance after deductible; \$200 maximum

Health Plan Advocate is our partner to assist you with prescription drug needs connecting you to lower cost opportunities for high-cost medications. In 2026, we will offer an expanded menu of eligible medications that qualify for these programs.

**FOR MORE INFORMATION
ABOUT HEALTH PLAN
ADVOCATE, SCAN HERE**



The Saver 90 program that requires maintenance medications to be filled through mail order or through Walgreens is discontinued effective January 1, 2026. While you can still take advantage of filling your medications at Walgreens or through mail order, we encourage you to look at the best pricing for your specific medication. The Mary & Me Nurse Concierge Team is available to assist.

BEHAVIORAL HEALTH SYSTEMS

Employee Assistance Program (EAP)

(Available to all employees and their dependents)

- **Five (5) visits/consults** per year (including counseling services you'd normally use your medical plan for)
- Coverage for: marriage & family, stress, financial/legal, and work/life balance
- Full service Member Access portal

Mental Health/Substance Abuse Benefits

(Available to employees and dependents enrolled in a medical plan)

- Inpatient and outpatient benefits
- Copays, coinsurance and deductibles match your medical plan
- Present your BHS ID card

BHS Care Coordinator:

Assists with benefits, eligibility, provider availability and issues such as:

Stress Management | Personal Relationships | Marital/Family | Parent-Child Conflict
Grief | Coping After Tragedy | Depression & Anxiety | Work-Related Problems
Alcohol & Drug Abuse | ADHD | Life Transition | Eating Disorder | Financial/Legal

TEXTCARE by One to One Health

Provided at no cost to you; available to employees and families (FTE of 0.5+)

- Can write or refill prescriptions for non-controlled substances
- Discuss primary and urgent care needs through virtual diagnosis and treatment of acute issues (i.e. avoiding an ER or urgent care visit)
- Coordination of care including scheduling appointments
- Manage chronic conditions issues
- Order and help review lab results
- Refer and schedule with a high-quality, high-value specialist (e.g. cardiology, orthopedics, allergists, dermatologist)

You can initiate a visit **24/7** by texting **616.236.2993** through text message any time.

**FOR MORE INFORMATION
ABOUT TEXTCARE, SCAN
HERE**



DENTAL & VISION: IN-NETWORK

	DELTA DENTAL PPO & PREMIER DENTISTS Member's Responsibility
Deductible (individual/family)	\$50/\$150
Diagnostic & Preventive	Covered 100%
Basic Services	20%
Major Services	50%
Maximum Payment	\$1,500
Orthodontics	50% to a lifetime maximum of \$1,500 per person, no age limit

	VSP SIGNATURE NETWORK Member's Responsibility
Eye Exam	\$20
Standard Lenses (one pair every year)	\$20 copay for standard lenses
Standard Frames (one pair every other year)	80% of cost after \$200 frame allowance
Contact Lenses (instead of glasses)	\$60 copay; any cost after \$200 allowance

HEALTH SAVINGS ACCOUNT (HSA)

New Banking Partner – Wex

Decide How Much to Save:
www.myhsaplanner.com

	2026 IRS Contribution Limit	MFB HDHP PPO Annual Contribution	MFB HDHP PPO Bi-weekly Contribution	Employee Maximum Contribution
Employee Only	\$4,400	\$500	\$19.23	\$3,900
Employee + Spouse or Child(ren)	\$8,750	\$750	\$28.84	\$8,000
Employee + Family	\$8,750	\$1,000	\$38.46	\$7,750

HSA RULES TO REMEMBER

Taxes: If you use funds for qualified health care expenses, you will pay no taxes. However, if you use the money for other expenses, you will pay a tax and a penalty fee.

Contribution Change: You make contributions to your HSA through regular payroll deductions, and you may change the amount at any time. Changes can be entered in Workday.

HSA Eligibility: Covered by an HDHP & not enrolled under another medical plan that's not an HDHP

- Not entitled to (or eligible for AND enrolled in) Medicare benefits
- Not eligible to be claimed on another person's tax return
- Not covered by a Medical FSA funded by your spouse

You can choose to open an account through another financial institution. However, you would not receive the company contribution or the convenience of pretax payroll deductions.

You can keep your LMCU HSA OR Rollover the funds to Wex.

FLEXIBLE SPENDING ACCOUNT (FSA)

Continues through Wex

Plan Carefully:
wexinc.com/wh/calculator

HEALTH FSA

Maximum annual election amount: \$3,400

LIMITED PURPOSE FSA

HSA plan participants, for dental and vision expenses only

Maximum annual election amount: \$3,400

DEPENDENT CARE FSA

Maximum annual election amount: \$7,500

HEALTH FSA CARRYOVER

Carry over up to \$680

2026 balances over \$680 will be forfeited after
March 31, 2027

CLAIM SUBMISSION

Submit claims by March 31, 2027 for 2026 plan
year

If you terminate during the year, you have 90
days from your separate to submit claims

LIFE, AD&D, DISABILITY

EMPLOYER PAID LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT:

- Life insurance provides a lump sum benefit to your beneficiary on your death
- Accidental Death and Dismemberment doubles the life amount if you die in an accidental death or if you lose a body part or the function of a body part in an accident.
- Provided as a multiple of salary at no additional cost to you, check Workday for your specific benefit amount

EMPLOYER PAID SHORT-TERM DISABILITY

- Disability pays 60% of your earnings up to \$1,500 per week if you are not able to work due to a non-work related accident or illness
- Benefits are paid after 14 days for up to 11 weeks

LONG-TERM DISABILITY

- If you continue to be disabled, Long Term Disability provides a portion of your paycheck
- Benefits can continue as long as you are disabled up to Social Security Normal Retirement Age

Don't forget to review and update your beneficiaries in Workday.

OPTIONAL LIFE AND AD&D

EMPLOYEE PAID LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT:

- You have the option to purchase additional life and AD&D coverage for yourself and you can purchase coverage for your spouse and children

EMPLOYEE

- Increments of \$10,000 to a maximum of \$400,000
- Guarantee Issue Amount: \$200,000

SPOUSE

- Increments of \$10,000 to a maximum of \$100,000
- Guarantee Issue Amount: \$30,000

CHILDREN

- Maximum of \$10,000

New Hires: Enroll within 30 days up to the guarantee issue amount without answering medical questions

Open Enrollment: If you (the employee) are currently enrolled, you can increase by one \$10,000 increment at open enrollment without answering medical questions. If you are already enrolled for \$200,000 or more, you must answer medical questions for any increase.

SYMETRA SUPPLEMENTAL INSURANCE

HOSPITAL INDEMNITY:

Pays a benefit when you are inpatient in the hospital for accident or illness

Choose from Option 1 or Option 2:

Benefit Type: Hospital Benefit	Benefit Limits	OPTION 1	OPTION 2
Hospital Confinement	Up to 5 time(s) per calendar year	\$1,000 first day, \$100 day 2+, 30 incident(s) pp/per calendar year	\$1,500 first day, \$200 day 2+, 30 incident(s) pp/per calendar year
Intensive Care Unit	Up to 5 time(s) per calendar year	\$1,000 first day, \$100 day 2+ 30 incident(s) pp/per calendar year	\$1,500 first day, \$400 day 2+ 30 incident(s) pp/per calendar year

ACCIDENT

Pays a benefit based on services needed following an accidental injury

Coverage Type	Benefit Amount
Hospital Admission	\$2,000 + \$400/day, up to 365 days. ICU: \$4,000 + \$800/day, up to 30 days Rehab/Skilled Nursing: \$200/day, up to 90 days
Ambulance	Ground: \$400 / Air \$3,000
Emergency Room	\$400
Office Visit	Initial: \$200, Follow-Up \$200, up to 6 visits, PT: \$100 up to 10 visits, Chiro \$100 up to 10 visits
Diagnostic Testing	MRI, CT, EEG: \$400 / X-ray: \$100
Burns	Up to \$20,000
Paralysis	Up to \$50,000
Surgery	Up to \$3,000
Orthopedic	Dislocations: up to \$5,000, Fractures: up to \$5,000
Lacerations	Up to \$800

SYMETRA SUPPLEMENTAL INSURANCE

CRITICAL ILLNESS

Pays a benefit on diagnosis of a covered illness

Choose the coverage level based on the chart below

	Employee	Spouse	Child(ren) – no add'l cost
Benefit Amount	\$10,000, \$20,000, \$30,000	100% of Employee Amount	50% of Employee Amount

Benefit Amount	Covered Diagnoses
100% of the elected amount	Invasive Cancer
50% of the elected amount	Heart Attack, Stroke
25% of the elected amount	Minor Cancer (Skin Cancer \$250), Coronary Artery Disease Needing Surgery or Angioplasty, Major Organ Failure, Occupational HIV, End-Stage Renal Failure, Loss of Sight, Speech, or Hearing, Paralysis, Severe Burns, ALS, Advanced Alzheimers, Parkinson's Disease, Advanced Multiple Sclerosis, Coma, Benign Brain Tumor
10% of the elected amount	Infertility Level I, Infertility Level II, Infertility Level III

ALLSTATE SUPPLEMENTAL INSURANCE

IDENTITY THEFT PROTECTION

Provides advance tools and proactive monitoring to protect your identity, provides assistance and up to \$1M financial support if your identity is stolen

- Identity health status
- Alert high-risk transaction
- Monitor financial transactions
- Identify dark web activity
- Social media account takeover monitoring
- Provide easy access to credit reports
- Reduce solicitation

The identity theft expense reimbursement when a member falls victim to identity theft is up to \$1 million. This helps cover out-of-pocket costs such as lost wages, legal fees, medical record request fees, CPA fees, childcare costs, and more while privacy experts help restore participant's identity.

Questions?

Call 800.789.2720 or visit myaip.com.

403(b) RETIREMENT SAVINGS

EMPLOYEE CONTRIBUTIONS: Traditional pre-tax or ROTH post-tax 403(b) plan options

- Employees will be auto-enrolled in the traditional 403(b) plan with a 3% pre-tax contribution
- You can opt out, increase, or decrease at any time through the website
- Rollover from prior plans are allowed by contacting Empower

MARY FREE BED CONTRIBUTIONS: two Mary Free Bed contribution types: non-elective and elective match. Eligibility requirements are the same for both types, but have different contribution schedules.

1. NON-ELECTIVE CONTRIBUTION: Does not require an employee contribution, Eligible at hire, Deposited every paycheck for employees FTE 0.5+, Contribution based on years of service:

- 2% of annual earnings with <5 years of service
- 3% of annual earnings with 5-10 years of service
- 4% of annual earnings with 10-15 years of service

2. ELECTIVE MATCHING CONTRIBUTION: Requires an employee contribution, Deposited in the summer for the prior calendar year, Match based on your contributions to the plan in the prior calendar year:

- Lesser of 50% of your deferral amount, or 50% up to 6% of your salary
- Max matching contribution of 3%

TIME OFF POLICIES

PAID TIME OFF (PTO)

Cumulative Years of Service	Max. Annual Accrual Hours	Accrual by Pay Period (FTE 1.0)	Accrual per Hour	Maximum PTO Hours
0 to <3	144	5.5384	0.06923	152
3 to <10	184	7.0768	0.8846	232
10+ or Mgt	224	8.6152	0.10769	312

Employee-to-Employee Giving: You have the opportunity to donate PTO to assist fellow employees during financial hardship. Employees will be able to give to this fund throughout the year, but the annual campaign is during the Open Enrollment period. Forms can be found on the benefit website. Donations are tax deductible!

EXTENDED ILLNESS INSURANCE (EII)

Cumulative Years of Service	Total EII Per Year (FTE 1.0)	EII Accrual per Hour	EII Maximum Accrual Balance
0 to <5	48 hours	0.02308	240 hours
5 to <10	72 hours	0.3462	240 hours
10+	96 hours	0.4616	240 hours

CONTACT LIST

Coverage	Plan Number	Carrier	Phone Number	Online Resources
Medical & Rx	000071771, RxBIN610011	BCBSM	877.752.1233	bcbsm.com
Dental	1735	Delta Dental	800.524.0149	deltadentalmi.com
Vision	30001227	VSP	800.877.7195	vsp.com
Diabetes Management	-	Teladoc	800.835.2362	teladochealth.com/register/BCBSM Code: BCBSM
HSA & FSA	33350	Wex	866.451.3399	wexinc.com
Life/AD&D	72383	Prudential	800.524.0542	prudential.com/mybenefits
Disability	72383	Prudential	877.367.7781	prudential.com/mybenefits
Retirement	95900	Empower	866.467.7756	empowermyretirement.com
Identity Protection	3991	Allstate	800.789.2720	myaip.com
Accident, Critical Illness, Hospital Indemnity	13270000	Symetra	800.497.3699	www.symetra.com/MyGO
Behavioral Health Systems	-	Behavioral Health Systems	800.442.0809	www.behavioralhealthsystems.com
Employee Discounts	-	Benefits Hub	-	maryfreebed.benefithub.com Code: N1WU31
Pharmacy Savings	-	Health Plan Advocate	866.680.4859 ext. 206	pharmsavings@healthplanadvocate.com
General Benefit Questions	-	Benefits – HR	616.840.8846	benefits@maryfreebed.com
Leave of Absence Questions	-	Leave of Absence – HR	-	employeeLOA@maryfreebed.com
Nurse Concierge	-	Mary & Me	616.840.7355 F: 616.840.9776	wellbeing@maryfreebed.com

Mary Free Bed[®]
Rehabilitation



Thank You!